

CASE PRACTICE AUDIT REPORT
Secwepemc Child & Family Services
(IEC, IEF, IEG)

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 February 3, 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 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 Secwepemc Children & Family Services (SCFS). The last audit of the agency was completed in November 2013 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 and 1 manager from MCFD's Office of the Provincial Director of Child Welfare and Aboriginal Services, Quality Assurance who conducted the practice audit. The fieldwork was completed from January 23- February 3, 2017. Upon arrival at the Secwepemc Chilcotin office both analysts met with the executive director and practice manager to review the audit process. The analysts were also available to answer any questions from staff that arose throughout the audit process. An update meeting was held at the end of the first week with the practice manager and practice analyst from Aboriginal Services for the agency. During the second week, both quality assurance analysts attended a team meeting with staff at the urban office to discuss the audit process. Interviews with the delegated staff were started during the fieldwork and completed by phone after the fieldwork was finished. 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, the population sizes were: 288 open and closed child service cases; 97 open and closed resource cases; 75 open family service cases; 26 closed family service cases; 30 closed service request; 637 closed memos and 122 closed incidents. The sample sizes were: 55 open and closed child service cases; 40 open and closed resource cases; 34 open family

service cases; 18 closed family service cases; 21 service requests; 61 memos; and 44 incidents. Sample sizes were based on a confidence level of 90% with 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 December 1, 2013 to November 30, 2016
- Open and closed resource cases: managed by the agency for at least 3 months, from December 1, 2013 to November 30, 2016
- Open family service cases: open on November 30, 2016 and had been managed by the agency for at least 6 months
- Closed family service cases: closed between June 1, 2016 and November 30, 2016 and had been managed by the agency for at least 6 months
- Closed incidents: created after November 4, 2014, and closed between June 1, 2016 and November 30, 2016, where the type was family development response or investigation
- Closed Service Requests: closed between June 1, 2016 and November 30, 2016 where the type was request service (CFS), request service (CAPP), request family support or youth services
- Closed Memos: closed between June 1, 2016 and November 30, 2016 where the type was screening

3. AGENCY OVERVIEW

a) Delegation

Secwepemc Children and Family Services 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

SCFS was established on April 28, 1999 and received C6 delegation on September 3, 2008. The agency currently operates under a bilateral delegation agreement that was first signed for March 2016 through to March 2017 and was extended through a modification agreement until March 2018. The agency provides services to band members residing on and off reserve, and recruits caregivers both on and off reserve.

b) Demographics

Secwepemc Children and Family Services provides services to 7 bands in the Kamloops area. These 7 bands are: Cstalen (Adams Lake), Stuctwewsemc (Bonaparte), Tk'emlups te Secwepémc (Kamloops), Sk'atsin (Neskonlith), Simpcw (North Thompson), Skeetchestn, and Pellt'iq't (Whispering Pines/Clinton). In 2008, the service was expanded to include all Aboriginal people living in the Kamloops area. The total registered population of the 7 communities is approximately 4500 (Source: AANDC Aboriginal Peoples & Communities, First Nations Profiles Registered Population May 2013). The current agency structure has all on reserve members of the 7 bands accessing service through the on reserve office at Tk'emlups te Secwepemc. The urban office provides service to all Aboriginal and Inuit people residing within the city of Kamloops. The agency does not serve the Métis population or the Little Shuswap Band as they are served by MCFD Aboriginal team in Kamloops.

In addition to the delegated programs, SCFS provides the following non-delegated programs/services to the members of their bands and urban Aboriginal children and families:

- Aboriginal Child and Youth Mental Health
- Infant Development/Supported Child Development
- Aboriginal Family Group Conferencing (family circles)
- Cultural Program

c) Professional Staff Complement

Current staffing at SCFS for the delegated services is comprised of the executive director, practice manager, 4 team leaders, 15 caseworkers, 1 screener, 6 guardianship workers, 4 resource workers, 1 executive administrator, 1 office manager, 2 receptionists, 1 admin assistant, 1 casework assistant and 3 file clerks. At the time of the audit, 1 resource position was vacant and 1 guardianship social worker was on long term leave. The executive director is a Tk'emlups te Secwepémc Band member who began with the agency in 2016. Prior to this position, she practiced law for over 16 years and worked with the management of the Tk'emlups te Secwepémc Band for 5 years. She is seen as a leader with a tremendous source of cultural and community knowledge. The practice manager has been with the agency for 10 years, including one year in her current role and 2 years as a team leader. The urban family service team leader has been with the agency for 10 years as well, and in this position for 8 years. The rural team leader for family services and guardianship has been with the agency for 7 years and in this position for 2 years. The resource team leader has been with the agency for 13 years.

SCFS also has the following non –delegated program positions that work closely with the delegated staff to provide holistic, cultural services to Aboriginal and Inuit people in the Kamloops area:

- Aboriginal family group coordinator
- Clinical supervisor
- Wellness counselor
- Wellness consultant
- Infant Development worker
- ASCD consultant
- Early Years key worker
- Early Years family enrichment worker
- AIDP consultant
- AIDP/ASCD consultant
- Cultural worker
- Kinship workers (2)
- Family Finder worker

Additionally the agency consists of the following staff in the finance department:

- Finance administrator
- Finance associates (2)

All of the delegated staff completed the Aboriginal social work delegation training. Of those delegated staff with conduct and/or supervision of files at the time of the audit, all have C6 delegation. The executive director is not delegated.

d) Supervision and Consultation

The 4 team leaders provide supervision to the delegated social workers on their respective teams; intake, resource/guardianship, and family services (urban and rural). Supervision styles are described as "open door policy" and all teams have weekly team meetings. The staff reported they are very comfortable stopping into their team leaders' offices for consultations. The urban family service team recently developed a plan to schedule bi-weekly 1:1 supervision that includes tracking the progress of required tasks associated with each record on a caseload. The rural family service team has a weekly team meeting that also include the guardianship workers to discuss cases and updates. Monthly 1:1 supervision is scheduled for the family service team in rural office as well.

Team leaders are supervised by the practice manager and although this supervision was described as valuable, the need for more regularly scheduled structured supervision for team leaders was identified. Changing leadership at the agency was reported as positively impacting supervision for team leaders and the practice manager, as regular supervision is now occurring.

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 have developed close relationships with community partners including the local RCMP, Band representatives and social workers, hospitals and health workers, schools and businesses. These relationships assist workers in supporting and advocating for children, youth and families in the community.
- The agency has done a very good job in maintaining the connection between those children/youth in care and their families, extended families and communities.
- A new human resources manager was hired to support the agency in hiring practices, staffing challenges and wages and appraisals processes.
- Staff reported that their teams work very well together and are supportive of one another. Many staff stated that their teams aim for open communication.
- Co-location of the urban intake and family service teams is seen as a benefit to staff and clients.
- Staff employed by the agency for longer periods of time demonstrate commitment, resilience and they provide stability to the agency.
- The agency encourages social workers to practice in culturally knowledgeable and creative ways.

5. CHALLENGES FACING THE AGENCY

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

- The large geographical area that the agency covers presents a challenge for workers to maintain direct personal contact with families and children in care and other caseload management duties.
- Recruiting Aboriginal foster homes is difficult. Childcare during expected caregiver training is often a challenge for foster families.
- Staff and executive identified the need for an orientation and increased training for new staff. In addition, further training on MIS, ICM, guardianship practice, care plans and transitioning youth for aging out of care was identified as a need.
- Staff turnover is a challenge due to pay inequity with similar positions within MCFD.

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 strong documentation of children/youth in care involvement in Secwepemc community cultural events and culturally appropriate services was found in 46 of the 55 records (**84%** compliance);
- Completed initial care plans were found in 15 of the 35 applicable records (**44%** compliance);
- Very low compliance was found to the standard related to monitoring and reviewing care plans. Specifically, only 11 of the 50 applicable records contained care plans over the 3 year audit scope period (**22%** compliance). Of the 39 records rated non-compliant; 5 did not contain care plans over the 3 year audit scope period; 7 did not have care plans for 2014; 5 did not have care plans for 2016; 7 did not have care plans for 2014 and 2015; 3 did not have care plans for 2015 and 2016; 6 did not have care plans for 2014, 2015 and 2016; and 1 had one care plan that spanned for five years from 2012 – 2016;
- Good documentation of supervisory approvals and consults was found throughout 50 of the 55 records (**91%** compliance);
- The review of rights of children in care were completed regularly with the child/youth in care, or with a significant person to the child or youth if there are capacity concerns or child is of a young age in only 14 of the 55 records (**25%** compliance);
- Rationales for placement selections were well documented and efforts were made to involve family members as options for placements in 52 of the 55 records (**95%** compliance);
- Significant efforts are being made by the social workers to support and maintain contact between the children/youth in care and their siblings, parents, extended families and community members (**98%** compliance). There was considerable documentation of family and community contact with the children/youth in care;
- Documentation of the social workers' private contact with children/youth in care met the standard in 1 of the 55 applicable records (**2%** compliance). While there was evidence in the records of regular social worker contact with the children and

youth in care and others involved, including caregivers, it was difficult to determine the frequency of contacts (required every 30 days) and whether the contacts were being made in private;

- Documentation that information about the children and youth had been provided to the caregivers at the time of placements, or that the appropriate discipline standards were reviewed with the caregiver met the standard in 13 of the 53 applicable records (**25%** compliance).
- Good documentation of annual medical, dental and optical appointments, speech, occupational and physical therapy as well as other assessments was found in 41 of the 55 records (**75%** compliance);
- Documentation about planning a move of a child or youth in care, including the reasons for the move, met the standard in 30 of the 33 applicable records (**91%** compliance);
- Documentation on the follow up to reportable circumstances was found in 12 of the 13 applicable records (**92%** compliance);
- There were 3 applicable records where a child/youth in care was missing, lost or runaway and excellent documentation of the social workers' collaborative responses 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 14 of the 55 records having the required documentation to meet the standard (**25%** compliance);
- Internal transfer recordings were documented in 24 of the 29 applicable records (**83%** compliance);
- Closing documentation was completed in 30 of the 32 applicable records (**94%** compliance). Two records were missing closing recordings and other closing documentation;
- There was a lack of documentation of the rationales, assessments and approvals regarding the rescindments of continuing care orders and returning the child/youth to their families in 1 of the 2 applicable records (**50%** compliance);
- Interviews with children and youth in care about their care experiences when leaving their placements was documented in only 1 of the 13 applicable records (**8%** compliance).
- Excellent 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 all 15 applicable records (**100%** compliance);
- Detailed documentation of the involvement of the Public Guardian and Trustee (PGT) was found in 22 of 24 applicable records (**92%** compliance). There was also evidence of involvement of the PGT for financial planning assistance for youth turning 19;
- Incomplete documentation of protocol investigations was found in 0 of 3 applicable records (**0%**);
- Complete documentation of quality of care reviews was found in 1 of 1 applicable record (**100%** 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 51 of the 55 records (93% 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.
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Findings from the audit of the resource records include:

- There are a large number of levelled specialized resources caring for the children/youth in care of the agency. Of the 40 open and closed resource records audited, 14 were restricted caregivers, 8 were regular caregivers and 18 were levelled specialized caregivers;
- Strong documentation was found related to supervisory approvals and consults was found in 37 of the 40 records (**93%** compliance). These included supervisory approvals on key documents such as the home studies, exceptions to policy and family care home agreements;
- Complete application and orientation documentation was found in 16 of the 38 applicable records, (**42%** compliance). In 6 of the records, updated consolidated criminal record checks had not been completed and in 12 of the records, criminal record checks were not up to date in 4 records, completed PCCs and references were not documented and completed caregiver orientation was not documented;
- Completed home studies were found in 18 of the 28 applicable records (**62%** compliance). Of the 10 records with incomplete home studies, 2 were open with no home study documented, and 2 records were re- opened homes without an addendum home study completed to update changes in the home;
- The agency currently is not consistently using the SAFE model for home studies;
- Training offered to, and taken by, the caregivers was documented in 17 of the 40 records (**43%** compliance). It was reported that caregiver training is primarily being offered in the Kamloops area which often doesn't work for caregivers in the rural communities. The lack of internet or connectivity issues impacts rural caregivers attending or completing online training as well. Childcare for foster parents to attend training is not available creating another barrier;
- Half of the 40 records had complete, signed and consecutive family care home agreements (**50%** compliance);
- Completed annual reviews were found for the entire 3 year audit scope period in only 7 of the 40 records (**18%** compliance). Of the 33 records rated non-compliant; 4 did not have a 2014 annual review; 5 did not have a 2015 annual review; 6 did not have a 2016 annual review; 4 did not have 2013, 2014 and 2015 annual reviews; 3 did not have annual reviews completed for 2015 and 2016; 1 did not have annual reviews for 2014 and 2015; 5 did not have annual reviews completed for 2014, 2015 and 2016; 1 did not have annual reviews for 2014 and 2016; and 4 did not have any annual reviews on file. 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;
- There was documentation of the quality of care review of a family care home in the 1 applicable record (**100%** compliance); and
- Incomplete documentation of the response to an investigation of alleged abuse or neglect in a family care home was found in the 3 applicable records (**0%**

compliance). Specifically, the protocol report and related documents were not found;

- In 6 of the 10 closed records, complete closing documentation was found and the reasons for closures were documented in closing recordings (60% 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 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 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 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 **97%**. The measure was applied to all 126 records in the samples; 122 of the 126 records were rated achieved and 4 were rated not achieved. The 122 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 4 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 **75%**. The measure was applied to all 126 records in the samples; 94 of the 126 records were rated achieved and 32 were rated not achieved. The 94 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 32 records that were rated non-compliant: 3 did not have the IRR completed within 24 hours; 10 had no indication that Best Practice was searched; 1 had no indication that Best Practice was searched and had insufficient information documented in the IRR; 3 had no indication that Best Practice was searched and the IRR was not completed within 24 hours; 7 did not have an IRR documented; 2 did not have a POR check when concerns of domestic violence were reported; 2 had insufficient information documented in the IRR; 4 had insufficient information documented in the IRR and the IRR was not completed within 24 hours.

FS 3: Completing the Screening Assessment: The compliance rate for this critical measure was **66%**. The measure was applied to all 126 records in the samples; 83 of

the 126 records were rated achieved and 43 were rated not achieved. The 83 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 43 records that were rated non-compliant: 15 did not have a Screening Assessment; 1 had a blank Screening Assessment; and 27 had Screening Assessments that were completed past the immediate or 24 hour timeframe. Of the 27 records that had Screening Assessments that were completed past the immediate or 24 hour timeframe, the average time it took to complete was 23 days (range from 2 to 155 days).

FS 4: Determining Whether the Report Requires a Protection or Non-Protection

Response: The compliance rate for this critical measure was **99%**. The measure was applied to all 126 records in the samples; 125 of the 126 records were rated achieved and 1 was rated not achieved. The 125 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 43 records in the augmented sample; 43 of the 43 records were rated achieved.

Of the 43 records rated as compliant: 40 contained documentation that the family was contacted within the timeframe of the assigned response decision and 3 contained documentation that the family was not contacted within the timeframe of the assigned response decision. Of the 3 records that contained documentation that the family was not contacted within the timeframe of the assigned response decision, the average time it took was 36 days (range from 18 to 63 days).

FS 6: Conducting a Detailed Record Review (DRR): The compliance rate for this critical measure was **69%**. The measure was applied to 42 records in the augmented sample; 29 of the 42 records were rated achieved and 13 were rated not achieved. The 29 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 13 records rated as non-compliant: 1 DRR was missing information not included in the IRR; 1 DRR did not indicate effectiveness of previous interventions; 8 records had no DRR; 1 DRR did not indicate the family's responsiveness to previous issues and did not indicate effectiveness of previous intervention; 1 DRR did not indicate how previous issues/concerns were addressed and did not indicate responsiveness to intervention and effectiveness of last intervention; and 1 DRR was missing information not included in the IRR and did not indicate effectiveness of previous intervention.

FS 7: Assessing the Safety of the Child or Youth: The compliance rate for this critical measure was **86%**. The measure was applied to 42 records in the augmented sample; 36 of the 42 records were rated achieved and 6 were rated not achieved. The 36 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: 2 lacked documentation that a Safety Assessment process was completed during the first significant contact with the families; 2 Safety Plans were not signed by the parents; and 2 did not have Safety Plans when risk factors were identified during the first significant contact with the families.

FS 8: Documenting the Safety Assessment: The compliance rate for this critical measure was **50%**. The measure was applied to 42 records in the augmented sample; 21 of the 42 records were rated achieved and 21 were rated not achieved. The 21 records rated achieved had a Safety Assessment form completed within 24 hours after completion of the Safety Assessment process. Of the 21 records rated non-compliant, all had a Safety Assessment that was not completed within 24 hours after completion of the Safety Assessment process. Of these 21 records, the average time it took to complete the Safety Assessment form was 74 days (range from 3 and 218 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 **100%**. The measure was applied to 42 records in the augmented sample; 42 of the 42 records were rated achieved. The records rated achieved had a safety decision that was consistent with the information documented 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 **98%**. The measure was applied to 42 records in the augmented sample; 41 of the 42 records were rated achieved and 1 was rated not achieved. The 41 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. The 1 record rated as non-compliant had insufficient information documented about whether the social worker met with or interviewed the parents.

FS 11: Meeting with Every Child or Youth Who Lives in the Family Home: The compliance rate for this critical measure was **88%**. The measure was applied to 42 records in the augmented sample; 37 of the 42 records were rated achieved and 5 were rated not achieved. The 37 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 5 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 **88%**. The measure was applied to 42 records in the augmented sample; 37 of the 42 records were rated achieved and 5 were rated not achieved. The 37 records rated achieved documented that the social worker visited the family home before completing the FDR Assessment or the Investigation. Of the 5 records that were 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 **90%**. The measure was applied to 42 records in the augmented sample; 38 of the 42 records were rated achieved and 4 were rated not achieved. The 38 records rated achieved contained a Vulnerability Assessment that was completed in its entirety and approved by the supervisor. Of the 4 records rated as not achieved, 2 had no Vulnerability Assessment, 1 had an incomplete Vulnerability Assessment 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 **100%**. The measure was applied to 42 records in the augmented; 42 of the 42 records were rated achieved. The 42 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.

FS 15: Timeframe for Completing the FDR Assessment or Investigation: The compliance rate for this critical measure was **12%**. The measure was applied to 42 records in the augmented sample; 5 of the 42 records were rated achieved and 37 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 37 records rated as non-compliant, the average time it took to complete the FDR Assessment or Investigation was 130 days (range from 33 to 673 days). Most of the 37 non-compliant records were created in 2015 and not closed until late 2016 or 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 **50%**. The measure was applied to all 52 records in the sample; 26 of the 52 records were rated achieved and 26 were rated not achieved. The 26 records rated achieved had a Strengths and Needs Assessment completed in its entirety within the previous 12 month period. The analysts noted that 12 of the 26 records rated compliant had a Strengths and Needs Assessment completed or revised within the last 6 month protection cycle. Of the 26 records rated non-compliant: 20 did not have a Strengths and Needs Assessment completed within the previous 12 month period; and 6 had an incomplete Strengths and Needs

Assessment within the previous 12 month period. Of the 6 incomplete Strengths and Needs Assessment within the previous 12 month period, narrative boxes for low ratings were blank and no analysis was given.

FS 17: Supervisory Approval of the Strengths and Needs Assessment: The compliance rate for this critical measure was **35%**. The measure was applied to all 52 records in the sample; 18 of the 52 records were rated achieved and 34 were rated not achieved. The 18 records rated achieved had a Strengths and Needs Assessment that was approved by the supervisor. Long periods of time sometimes pass between the completion of the Strengths and Needs Assessment (and other SDM tools) and supervisory approval (up to 6 months). Of the 34 records rated non-compliant, 20 did not have a completed Strengths and Needs Assessment within the previous 12 month period and 14 had a Strengths and Needs Assessment that was not approved by the supervisor.

FS 18: Developing the Family Plan with the Family: The compliance rate for this critical measure was **56%**. The measure was applied to all 52 records in the sample; 29 of the 52 records were rated achieved and 23 were rated not achieved. The 29 records rated achieved had a Family Plan (or its equivalent) that was developed in collaboration with the family. Of the 23 records rated as non-compliant, 21 did not have a Family Plan (or its equivalent) and 2 had a Family Plan but no documentation was found to suggest that it was completed in collaboration with the family.

FS 19: Timeframe for Completing the Family Plan: The compliance rate for this critical measure was **50%**. The measure was applied to all 52 records in the sample; 26 of the 52 records were rated achieved and 26 were rated not achieved. The 26 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 26 records rated non-compliant: 21 did not have a Family Plan and 5 did not have a Family Plan revised within the last 6 month protection cycle.

FS 20: Supervisory Approval of the Family Plan: The compliance rate for this critical measure was **19%**. The measure was applied to all 52 records in the sample; 10 of the 52 records were rated achieved and 42 were rated not achieved. The 10 records rated achieved had a Family Plan (or its equivalent) that was approved by the supervisor. Of the 42 records rated non-compliant: 21 did not have a Family Plan (or its equivalent); and 21 had Family Plans that were not approved by the supervisor. The analysts observed that most often supervisors are not attending Aboriginal Family Group Conferences (AFGC) and are not signing the Family Plans that are developed in these meetings as required.

FS 21: Completing a Vulnerability Reassessment OR a Reunification Assessment: The compliance rate for this critical measure was **27%**. The measure was applied to all 52 records in the sample; 14 of the 52 records were rated achieved and 38 were rated not achieved. The 14 records rated achieved had a Vulnerability Reassessment or Reunification Assessment completed within the most recent 6 month ongoing protection

cycle. Of the 38 records rated non-complaint: 3 did not have a Reunification Assessment; 4 did not have a Reunification Assessment completed within 3 months of a child's return to parent or court hearing; 12 did not have a Vulnerability Reassessment; 11 did not have a Vulnerability Reassessment or Reunification Assessment completed within the last 6 month protection cycle; 5 had an incomplete Reunification Assessment; and 3 had incomplete Vulnerability Reassessments.

Reunification assessments are sometimes done after court hearings (i.e.: after Continuing Care Orders were granted) or after children have been returned to parents. Reunification assessments are to be completed at least 3 months before decisions are made about children's permanency. It appears that these are being completed to meet administrative requirements not as a means to making informed decisions.

FS 22: Making the Decision to End Ongoing Protection Services: The compliance rate for this critical measure was **50%**. The measure was applied to all 28 records in the sample: 9 of the 28 records were rated achieved and 9 were rated not achieved. The 9 records rated achieved contained 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 contributing to high vulnerability no longer existed or have been addressed sufficiently. In the 9 records rated not achieved, there was no recent Vulnerability Reassessment or Reunification Assessment completed prior to closure.

7. COMPLIANCE TO PROGRAMS AUDITED

a) Child Service

In total, 55 open and closed child service records were audited. The overall compliance to the child service standards was **63%**. 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)	55	46	9	84%
Standard 2 Development of a Comprehensive Plan of Care (VS 12) *	35	15	20	44%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13) *	50	11	39	22%

Standard 4 Supervisory Approval Required for Guardianship Services (Guardianship 4)	55	50	5	91%
Standard 5 Rights of Children in Care (VS 14)	55	14	41	25%
Standard 6 Deciding Where to Place the Child (VS 15) *	55	52	3	95%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	55	54	1	98%
Standard 8 Social Worker's Relationship & contact with a Child in Care (VS 17)	55	1	54	2%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18) *	53	13	40	25%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	55	41	14	75%
Standard 11 Planning a Move for a Child in Care (VS 20) *	33	30	3	91%
Standard 12 Reportable Circumstances (VS 21) *	13	12	1	92%
Standard 13 When a Child or Youth is Missing, Lost or Runaway (VS 22) *	3	3	0	100%
Standard 14 Case Documentation (Guardianship 14)	55	14	41	25%
Standard 15 Transferring Continuing Care Files (Guardianship 14) *	29	24	5	83%
Standard 16 Closing Continuing Care Files (Guardianship 16) *	32	30	2	94%
Standard 17 Rescinding a Continuing Custody Order (Guardianship 17) *	2	1	1	50%

Standard 19 Interviewing the Child about the Care Experience (Guardianship 19) *	13	1	12	8%
Standard 20 Preparation for Independence (Guardianship 20) *	15	15	0	100%
Standard 21 Responsibilities of the Public Guardian and Trustee (Guardianship 21) *	24	22	2	92%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home *	3	0	3	0%
Standard 23 Quality of Care Review *	1	1	0	100%
Standard 24 Guardianship Agency Protocols (Guardianship 24)	55	51	4	93%

Standard 2: 20 records included initial Care Plans completed prior to December 1, 2013.

Standard 3: 5 records included children or youth who were discharged from care prior to the first annual due date of the Care Plans.

Standard 9: 2 records involved a youth who was living independently.

Standard 11: 22 records involved children who were not moved from their care home.

Standard 12: 42 records did not contain information regarding reportable circumstances.

Standard 13: 52 records did not contain information regarding children missing, lost or run away.

Standard 15: 26 records were not transferred.

Standard 16: 23 records were not closed continuing care files

Standard 17: 53 records did not include rescindment of a continuing custody order.

Standard 19: 42 records did not include an interview with the child or youth regarding a change in placement.

Standard 20: 40 records did not include planning for independence.

Standard 21: 31 records did not include the involvement of the Public Guardian & Trustee.

Standard 22: 52 records did not include an investigation of abuse or neglect in a family care home.

Standard 23: 54 records did not include a quality of care review.

b) Resources

In total, 40 open and closed resource records were audited. Overall compliance to the resource standards was **52%**. 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	40	37	3	93%
Standard 29 Family Care Homes – Application and Orientation*	38	16	22	42%
Standard 30 Home Study *	28	18	10	62%
Standard 31 Training of Caregivers	40	17	23	43%
Standard 32 Signed Agreements with Caregivers	40	20	20	50%
Standard 33 Monitoring and Reviewing the Family Care Home	40	7	33	18%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	6	5	1	83%
Standard 35 Quality of Care Review *	1	1	0	100%
Standard 36 Closure of the Family Care Home *	10	6	4	60%

Standard 29: 2 records included application and orientation prior to December 1, 2013.

Standard 30: 12 records included home studies completed prior to December 1, 2013.

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

Standard 35: 39 records did not include a quality of care review.

Standard 36: 30 records were not closed.

c) Family Service

The agency's overall compliance rate for the Family Service files was **71%**. 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	126	122	4	97%
FS 2: Conducting an Initial Record Review (IRR)	126	94	32	75%
FS 3: Assessing the Report about a Child or Youth's Need for Protection (Completing the Screening Assessment)	126	83	43	66%
FS 4: determining Whether the Report Requires a Protection or Non-protection Response	126	125	1	99%

Incidents (augmented with the removal of an incident with non-compliance at FS 4)

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 5: Assigning an Appropriate Response Priority	43	43	0	100%
FS 6: Conducting a Detailed Record Review (DRR)*	42	29	13	69%
FS 7: Assessing the Safety of the Child or Youth*	42	36	6	86%
FS 8: Documenting the Safety Assessment*	42	21	21	50%
FS 9: Making a Safety Decision Consistent with the Safety Assessment*	42	42	0	100%
FS 10: Meeting with or Interviewing the Parents and Other Adults in the	42	41	1	98%

Family Home*				
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home*	42	37	5	88%
FS 12: Visiting the Family Home*	42	37	5	88%
FS 13: Assessing the Risk of Future Harm*	42	38	4	90%
FS 14: Determining the Need for Protection Services*	42	42	0	100%
FS 15: Timeframe for Completing the FDR Assessment or Investigation*	42	5	37	12%

* 1 record was not applicable because the supervisor appropriately terminated the protection response early.

Open and Closed Cases

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 16: Completing a Family and Child Strengths and Needs Assessment	52	26	26	50%
FS 17: Supervisory Approval of the Strengths and Needs Assessment	52	18	34	35%
FS 18: Developing the Family Plan with the Family	52	29	23	56%
FS 19: Timeframe for Completing the Family Plan	52	26	26	50%
FS 20: Supervisory Approval of the Family Plan	52	10	42	19%
FS 21: Completing a Vulnerability Reassessment or a Reunification Assessment	52	14	38	27%

Closed Cases

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 22: Making the Decision to End Ongoing Protection Services	18	9	9	50%

8. ACTIONS COMPLETED TO DATE

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

- A tracking system was developed to improve care plan completion.
- Training of agency staff on ICM regarding updating care plans occurred on April/May 2017.
- An additional resource worker has been hired and a navigator will be hired to support guardianship social workers with completing care plans and 30 day private visits.
- The guardianship team leader re-submitted criminal record check requests starting in April 2017 for all files with no criminal record reply and started using a tracking system to record when criminal checks are completed.
- APPF Circle & Path Training was delivered to Secwepemc staff at the end of June 2017. This training included permanency and guardianship practice processes.

9. ACTION PLAN

On June 29, 2017, the following Action Plan was developed in collaboration between Secwepemc Child & Family Services and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Person Responsible	Completion date
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)	Executive Director, SCFS	January 31, 2018
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.	Executive Director, SCFS	January 31, 2018

<p>3. A tracking system will be created and implemented by all team leaders to monitor and document the completion of the SDM tools and family plans associated with ongoing protection services cases. This tracking system will be provided to the Office of the PDCW.</p>	<p>Executive Director, SCFS</p>	<p>January 31, 2018</p>
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