

CASE PRACTICE AUDIT REPORT

Ktunaxa Kinbasket Child & Family Services Society

(IAB, IAC, IAD)

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 September 22, 2017

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1. PURPOSE

The purpose of the audit is to improve and support Child Service, Resource and Family Service practice. Through a review of a sample of records, the audit is expected to provide a measure of the level of practice during the scope periods (see below for dates), confirm good practice, and identify areas where practice requires strengthening. This is the fifth audit for Ktunaxa Kinbasket Children & Family Services (KKCFS). 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

In 2012, KKCFS received an exception from using the Structured Decision Making (SDM) tools as outlined in the Child Protection Response Policies (Chapter 3) by the then Provincial Director of Child Welfare. In place of the SDM tools, KKCFS began exclusively using their internally developed Case Management Model (CMM) that employed the Signs of Safety (SOS) framework for their child protection (C6) delegated program. In 2013, KKCFS's C6 program was audited using an audit tool developed from the Aboriginal Operational and Practice Standards and Indicators (AOPSI) Child Protection Practice Standards.

In 2017, the designated director instructed the quality assurance manager to develop a new audit tool to assess compliance to practices and procedures specific to the CMM. The intention of the new tool is to develop a better understanding of how the CCM is employed by KKCFS, to produce more robust data and to provide more meaningful feedback to KKCFS. In June 2017, the quality assurance manager along with the 2 practice analysts who conducted this audit and other quality assurance analysts developed audit tool in consultation with KKCFS's practice manager.

The audit was conducted by a quality assurance manager and 2 practice analysts from MCFD's Office of the Provincial Director of Child Welfare and Aboriginal Services, Quality Assurance Branch. Fieldwork was completed from September 11 - 22, 2017. Upon arrival at the Ktunaxa Kinbasket Cranbrook office, the manager and both analysts met with the executive director, practice manager, and team leaders to review the audit process. The analysts were also available to answer any questions from staff that arose throughout the audit process. Interviews with the delegated staff were 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 and Intakes.

The population and sample sizes were based on data entered into ICM and confirmed in Best Practices (BP) prior to the audit commencing. At the time of the audit, the population sizes were: 68 open and closed Child Service cases; 28 open and closed Resource cases; 69 open Family Service cases; 34 closed Family Service cases; and 81 Intakes. The sample sizes were 34 open and closed Child Service cases; 20 open and closed Resource cases; 34 open Family Service cases; 18 closed Family Service cases; and 37 Intakes. 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, CCO, and Out of Province and managed by the agency for at least 6 months between February 1, 2015 and July 31, 2017;
- open and closed Resource cases: Any foster home that had a child or youth in care managed by the agency for at least 6 months between August 1, 2014 and July 31, 2017;
- open Family Service cases: open on July 31, 2017 and had been managed by the agency for at least 6 months;
- closed Family Service cases: closed between August 1, 2016 and July 31, 2017, and had been managed by the agency for at least 6 months;
- closed Intakes: closed between February 1, 2017 and July 31, 2017, where the type was family development response or investigation.

3. AGENCY OVERVIEW

a) Delegation

Ktunaxa Kinbasket Children and Family Services operate 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.

The agency currently operates under a bilateral delegation agreement that was signed for April 1, 2017 through to March 31, 2018.

b) Demographics

Ktunaxa Kinbasket Children and Family Services Society provides services to 5 communities of the Ktunaxa Nation: Lower Kootenay, Shuswap, St. Mary's, Akisqnuq and Tobacco Plains, and the Métis and urban Aboriginal people in the Ktunaxa territory. The Aqam (Cranbrook) office is the main office of the agency and it is located on St. Mary's Band land.

The total registered population of the 5 communities is approximately 1390 (Source: AANDC Aboriginal Peoples & Communities, First Nations Profiles Registered Population May 2018).

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

- Aboriginal Child and Youth Mental Health;
- Early Years Supported Child Development;
- Traditional Prevention Cultural Reconnection Program;
- Ktunaxa House & Community Programs;
- Youth Justice Services.

For several years now, the Ktunaxa Nation has engaged with the “away from home populations” through Operation Street Angel, the Urban Governance Initiative and more recently Scotty’s House (2017 Ktunaxa Nation AGM Report, p. 19).

c) Professional Staff Complement

Current staffing at KKCFS for the delegated services is comprised of the executive director, practice manager, 5 team leaders, 8 caseworkers, 4 guardianship workers, 2 kinship care/resource workers, 1 delegated Aboriginal support worker, 1 office manager, 3 admin support and 1 executive assistant. At the time of the audit, 1 kinship care/resource position and 1 Aboriginal support worker was vacant. The executive director began with the agency in 2002 and worked for 12 years in various positions. She left the agency briefly for a year and a half while still working for the Nation, as an urban service manager, prior to recently becoming the executive director. The practice manager has been with the agency for over 5 years, including 1 year in his current role and 1 year as a team leader. The Intake team leader has been with the agency for 7 years and in this position for 1 year. The Lower Kootenay team leader has been with the agency for 7 years and the Akisqnuq team leader for 11 years. The Resource team leader has been with the agency for 19 years and in her position for 5 years.

KKCFS also has the following non –delegated positions that work closely with the delegated staff to provide holistic, cultural services to the Metis and urban Aboriginal people and all 7 communities in the Cranbrook, Creston, and Lower Kootenay areas:

- 4 Aboriginal support workers;
- genealogy worker;
- human resources;
- trainer;
- mental health team leader;
- 2 counsellors;
- traditional prevention team leader;
- resident Elder;
- ISSP worker;
- 9 family support workers;
- justice worker;
- early years team leader;
- 3 early years support workers;
- proposal writer;
- Ktunaxa house and community programs team leader;

- 7 residential youth care workers;
- cultural support worker;
- wellness educator.

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

- business and finance manager;
- accounts payable clerk;
- maintenance worker.

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 as does the executive director.

d) Supervision and Consultation

The 5 team leaders provide supervision to the delegated social workers on their respective teams; Intake, long term, and kinship care (Resources) in Cranbrook, Lower Kootenay and Akisqnuq office locations. Supervision styles are described as “open door policy” and teams have monthly, bi-weekly, or weekly pod/team meetings. The Cranbrook Intake and kinship care teams have bi-monthly pod/team meetings and team mappings are sometimes done in pods and the long term team has monthly team meetings. The Lower Kootenay team has weekly team meetings and schedules 1:1 supervision every 6 weeks that includes tracking the progress of required tasks associated with each record on a caseload. The Akisqnuq team has a bi-monthly team meeting and 1:1 supervision every 2 weeks that includes tracking.

Team leaders are supervised by the practice manager and a supervision meeting for all team leaders is scheduled monthly. One to one supervision for team leaders with the practice manager was noted as inconsistent.

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 reported that they embrace the Signs of Safety (SOS) practice model developed by the agency. Staff noted further that the agency works towards transparency and family unity in using the SOS model.
- Many of the staff members have been employed by the agency for long periods of time. This demonstrates their commitment to the agency and the families they serve as well as provides a level of stability to the agency.
- The agency encourages social workers to practice in culturally knowledgeable and creative ways.
- Relational and strength based practice with children, youth and families are the main focus for agency staff.

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 limits workers' ability to maintain direct personal contact with families and children in care and clients' ability to access available services.
- The large geographical area also creates inconsistency in clinical practice and staff cohesion difficulties between the 3 offices.
- There have been 3 different executive directors in the past 3 years and this frequent change in leadership was described as problematic by staff members.
- Intra-agency communication between all levels within the agency was identified by staff members as needing improvement.
- Staff members identified the need for more training on the SOS model and particularly for new employees.
- High turnover of less experienced staff is recognized as an issue needing attention.

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 Intakes.
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:

- **St. 1 Preserving the identity of the Child in Care:** Completed documentation of children/youth in care involvement in Ktunaxa community cultural events and culturally appropriate services was found in 23 of the 34 records (**68%** compliance).
- **St. 2 Development of a Comprehensive Plan of Care:** A completed initial care plan was found in 1 of the 13 applicable records (**8%** compliance).
- **St. 3 Monitoring and Reviewing the Child's Plan of Care:** Very low compliance was found to completing annual care plans. Specifically, only 5 of the 29 applicable records contained annual care plans over the 3 year audit scope period (**17%** compliance). Of the 25 records rated not achieved; 7 did not contain care plans over the 3 year audit scope period; 8 did not have a care plan for 2015; 2 did not have care plans for 2016;

7 did not have care plans for 2015 and 2016; and 1 did not have a care plan for 2015 and 2017.

- **St. 4 Supervisory Approval Required for Guardianship Services:** Good documentation of team leader approvals and consults was found throughout 25 of the 34 records (**74%** compliance).
- **St 5 Rights of Children in Care:** 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 4 of the 34 records (**12%** compliance).
- **St 6 Deciding Where to Place the Child:** Rationales for placement selections were well documented and efforts were made to involve family members as options for placements in 25 of the 33 records (**76%** compliance).
- **St 7 Meeting the Child's Needs for Stability and Continuity of Relationships:** 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 significant others in 28 of the applicable 33 records (**85%** compliance).
- **St 8 Social Worker's Relationship and Contact with the Child:** Documentation of the social workers' private contact with children/youth in care met the standard in 6 of the 34 records (**18%** 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.
- **St 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards:** 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 annually with the caregiver met the standard in 6 of the 31 applicable records (**19%** compliance).
- **St 10 Providing Initial and Ongoing Medical and Dental Care:** Good documentation of annual medical, dental and optical appointments, speech, occupational and physical therapy as well as other assessments was found in 22 of the 34 records (**65%** compliance).
- **St 11 Planning a Move for a Child in Care:** Documentation about planning a move of a child or youth in care, including the reasons for the move, met the standard in 11 of the 16 applicable records (**69%** compliance).
- **St 12 Reportable Circumstances:** Documentation on the follow up to reportable circumstances was found in 6 of the 10 applicable records (**60%** compliance).
- **St 13 When a Child or Youth is Missing, Lost or Runaway:** There was 1 applicable record where a child/youth in care was missing, lost or runaway and documentation of the social worker's collaborative responses to locating the youth was evident (**100%** compliance).

- **St 14 Case Documentation:** Overall, case documentation was negatively impacted by the lack of care plans and review recordings over the 3 year scope period with only 5 of the 34 records having the required documentation to meet the standard (**15%** compliance).
- **St 15 Transferring Continuing Care Files:** Internal transfer recordings were documented in 12 of the 15 applicable records (**80%** compliance).
- **St 16 Closing Continuing Care Files:** Closing documentation was completed in 4 of the 6 applicable records (**67%** compliance). Two records were missing closing recordings and other closing documentation.
- **St 17 Rescinding a CCO and Returning the Child to the Family Home:** There were no applicable documents for this standard.
- **St 19 Interviewing the Child about the Care Experience:** Interviews with children and youth in care about their care experiences when leaving their placements was documented in only 2 of the 12 applicable records (**17%** compliance).
- **St 20 Preparation for Independence:** Strong 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 8 of 11 applicable records (**73%** compliance).
- **St 21 Responsibilities of the PGT:** Detailed documentation of the involvement of the Public Guardian and Trustee (PGT) was found in 20 of 22 applicable records (**91%** compliance). There was also evidence of involvement of the PGT for financial planning assistance for youth turning 19.
- **St 22 Investigation of Alleged Abuse or Neglect in a Family Care Home:** There were no applicable documents for this standard.
- **St 23 Quality of Care Review:** There were no applicable documents for this standard.
- **St 24 Guardianship Agency Protocols:** 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 32 of the 34 records (**94%** compliance).

b) Resources

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

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

Findings from the audit of the Resource records include:

- There are a large number of level 2 and 3 resources caring for the children/youth in care of the agency. Of the 20 open and closed Resource records audited, 16 were levelled specialized caregivers and 4 were restricted caregivers.
- **St 28 Supervisory Approval Required for Family Care Home Services:** Excellent documentation was found related to team leader approvals and consults was found in 20 of the 20 records (**100%** compliance). These included team leader approvals on key documents such as the home studies, exceptions to policy and family care home agreements.
- **St 29 Family Care Homes- Application and Orientation:** Complete application and orientation documentation was found in 14 of the 19 applicable records, (**74%** compliance). In 1 of the records, updated consolidated criminal record checks had not been completed and in the other 4 of the records rated not achieved, criminal record checks and consolidated criminal record checks had not been completed.
- **St 30 Home Study:** Completed home studies were found in 4 of the 7 applicable records (**57%** compliance). Of the 3 records rated not achieved, 1 was re-opened with no updated home study and no previous home study documented, 1 record required an addendum home study to update changes in the home; and 1 home study was missing the third reference required.
- **St 31 Training of Caregivers:** Training offered to, and taken by, the caregivers was documented in 17 of the 20 records (**85%** compliance).
- **St 32 Signed Agreement with Caregivers:** 19 of 20 records had complete, signed and consecutive family care home agreements (**95%** compliance).
- **St 33 Monitoring and Reviewing the Family Care Home:** Completed annual reviews were found in 14 of the 20 records (**70%** compliance). Of the 6 records rated not achieved; 2 did not have a 2014 annual review; 2 did not have a 2015 annual review; 1 did not have a 2016 annual review; 1 did not have annual reviews completed for 2014, 2015, 2016 and 2017.
- **St 34 Investigation of Alleged Abuse or Neglect in a Family Care Home:** There was a completed report on a protocol investigation of a family care home in only 1 of the 3 applicable records (**33%** compliance).
- **St 35 Quality of Care Review:** There was no quality of care reviews during the scope of this audit report.
- **St 36 Closure of the Family Care Home:** Completed closing documentation was not found in the 3 applicable files (**0%** compliance).

c) Family Service

The 20 critical measures in the FS Practice Audit are based on the Ktunaxa Kinbasket Case Management Model. The critical measures are as follows:

Critical Measure	Compliance Description
1. Receiving the Request/Report	For every new Intake, the information gathered was full, detailed and sufficient to assess and respond to the request for services OR report of concern for a child (child protection).
2. Conducting a Prior Contact Check (PCC) and History of Involvement	A review of current or past involvement with the family, including the past history of vulnerability for children who have been in the care of parent/caregiver through a prior contact check with ICM, Protective Order Registry (POR) and Best Practices was conducted within 24 hours of receiving the report AND if there was reason to believe there may be prior child protection involvement in other jurisdictions, the worker contacted the appropriate child protection authorities.
3. Completing the Section 16 Assessment	A Section 16 Assessment was completed immediately, if the child/youth appeared to be in a life-threatening or dangerous situation, OR within 24 hours, in all other situations AND in consultation with a supervisor.
4. Determining if a Protection Response is Required	The protection or non-protection response decision was appropriate.
5. Determining Priority of Response	The response priority was appropriate.
6. Notification to the Aboriginal Community	When the assessment was a non-protection response, the social worker consulted the supervisor to determine if and how to notify the Aboriginal community OR when the assessment was a protection response and protocols existed, the social worker notified the Aboriginal community OR if the assessment was a protection response and no protocol existed, the social worker consulted the supervisor to decide if and how to notify the Aboriginal community.
7. Involving the Aboriginal Community	The social worker sought input from the Aboriginal community in developing the response plan and completing the Intake/investigation process.
8. Collateral Checks	The decisions respecting collateral checks were made in consultation with a supervisor AND completed.
9. Interviewing the Child(ren)	The social worker saw and privately interviewed every child/youth living in the family home according to their developmental level.
10. Interviewing the Parent(s)	The social worker interviewed the parent(s) AND presented the child's information.
11. Assessing the Safety of a Child or Youth	The Safety Assessment was completed in its entirety AND approved by the supervisor AND if concerns were identified there was a safety plan.

12. Making a Safety Decision Consistent with the Safety Assessment	The safety decision was consistent with the information documented in the Safety Assessment.
13. Child Safety Plan Mapping	The child was found to be unsafe AND the mapping was completed in its entirety by a social worker or a supervisor AND in consultation with a supervisor.
14. Outcome of Intake	The decision regarding the need for ongoing protection services was consistent with the information obtained during the protective response AND the decision was made in consultation with a supervisor.
15. Notifications	All necessary individuals and agencies were notified of the outcome of the Intake AND if the parent(s) were not notified of the outcome of the Intake, the decision not to notify the parent(s) was made in consultation with a supervisor.
16. Timeframe for completing the Protection Response	The protection response was completed within 30 days of receiving the report OR the protection response was completed in accordance with the extended timeframe and plan that was developed in consultation with a supervisor.
17. Family Support Plan Mapping	The mapping was completed in its entirety by a social worker or a supervisor and in consultation with a supervisor.
18. Timeframe for Completing the Family Support Plan Mapping	The family support plan map was created within 3 months of initiating ongoing protection services and revised every 3 months thereafter OR the family support plan map was revised every 3 months throughout the 12 month period of the audit.
19. Completing a Closing or Transfer Recording	A closing or transfer recording was completed in its entirety AND in consultation with a supervisor.
20. Making the Decision to End Ongoing Protection Services	The decision to end ongoing protection services was consistent with the information obtained during the provision of ongoing protection services.

Applicability of Audit Critical Measures by Record Type:

Type of Family Service Record	Applicable Critical Measures
<ul style="list-style-type: none"> Intakes (non-protection) 	FS1 – FS4
<ul style="list-style-type: none"> Intakes (protection) 	FS1 – FS16
<ul style="list-style-type: none"> FS Open and Closed Cases 	FS11 - FS18
<ul style="list-style-type: none"> Closed cases 	FS19 - FS20

Findings from the audit of the closed Intakes, open Family Service cases and closed Family Service cases include the following:

Intakes

FS 1: Receiving the Request/Report: The compliance rate for this critical measure was **97%**. The measure was applied to all 37 records in the sample; 36 of the 37 records were rated achieved and 1 was rated not achieved. The 36 records rated achieved had comprehensive documented information on the report about a child or youth's need for protection, and this information was sufficient to inform an appropriate response decision. The 1 record that was rated non-compliant lacked detailed and sufficient information from the caller to adequately assess the appropriateness of the response decision.

FS 2: Conducting a Prior Contact Check (PCC) and History of Involvement: The compliance rate for this critical measure was **65%**. The measure was applied to all 37 records in the sample; 24 of the 37 records were rated achieved and 13 were rated not achieved. The 24 records rated achieved had a PCC conducted from the Best Practices and ICM electronic databases within 24 hours of receiving the report. Of the 13 records that were rated not achieved: 2 had insufficient information documented in the PCC; 7 did not have the PCC completed within 24 hours; 3 did not have a POR check when concerns of domestic violence were reported; 1 did not have a POR check and the PCC was not completed within 24 hours.

FS 3: Completing the Section 16 Assessment: The compliance rate for this critical measure was **5%**. The measure was applied to all 37 records in the sample; 2 of the 37 records were rated achieved and 35 were rated not achieved. The 2 records rated achieved had a Section 16 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 35 records that were rated not achieved: 2 did not have a Section 16 Assessment; 32 had Section 16 Assessments that the analysts were unable to determine the timeframe when the Section 16 Assessments were completed because the form does not have a date requirement and there were no corresponding case notes when the Section 16 Assessment was completed; and 1 was not completed within 24 hours and had no team leader consultation.

FS 4: Determining if a Protection Response is Required: The compliance rate for this critical measure was **95%**. The measure was applied to all 37 records in the sample; 35 of the 37 records were rated achieved and 2 were rated not achieved. The 35 records rated achieved documented appropriate protection or non-protection response decisions. The 2 records rated not achieved had documented inappropriate non-protection response decisions as child protection concerns had been reported by the callers.

Note: As only protection Intakes are applicable from FS5 to FS16, the sample from this point onwards was augmented by the removal of 5 Intakes that were found to have appropriate non-protection response decisions. Furthermore, the 2 Intakes that were deemed to have inappropriate non-protection response decisions as child protection concerns had been reported by the callers remained in the sample and were rated as not achieved from FS5 to 16.

FS 5: Determining Priority of Response: The compliance rate for this critical measure was **91%**. The measure was applied to all 32 records in the augmented sample; 29 of the 32 records were rated achieved. Of the 29 records rated as achieved, all 29 contained a response decision that was deemed appropriate for the reported concerns. Of the 3 records rated not achieved;

2 were inappropriately determined as non-protection Intakes, but the reported concerns required a protection response within 5 days and 1 record contained a response priority of “high” with a 5 day response, but the reported concerns required a more urgent response priority and a 24 hour response.

FS 6: Notification of the Aboriginal Community: The compliance rate for this critical measure was **50%**. The measure was applied to 30 of the 32 records in the augmented sample; 15 of the 30 records were rated achieved and 15 were rated not achieved. Of the 15 records rated achieved, notification of the Aboriginal community was documented. Of the 15 records rated not-achieved, notification of the Aboriginal community was not documented.

FS 7: Involving the Aboriginal Community: The compliance rate for this critical measure was **37%**. The measure was applied to 30 of the 32 records in the augmented sample; 11 of the 30 records were rated achieved and 19 were rated not achieved. The 11 records rated achieved contained documentation involving the Aboriginal community. Of the 19 records that were rated not achieved, involvement of the Aboriginal community was not documented.

FS 8: Collateral Checks: The compliance rate for this critical measure was **56%**. The measure was applied to all 32 records in the augmented sample; 18 of the 32 records were rated achieved and 14 were rated not achieved. The 18 records rated achieved had documentation of required collateral checks. Of the 14 records rated not achieved, all had no collateral checks documented.

FS 9: Interviewing the Child(ren): The compliance rate for this critical measure was **41%**. The measure was applied to all 32 records in the augmented sample; 13 of the 32 records were rated achieved and 19 were rated not achieved. Of the 13 records rated achieved, all documented that the social worker had a private, face-to-face conversation with every child/youth living in the family home. Of the 19 records rated not achieved, 12 did not document the children were seen and interviewed privately and 5 did not document that the children were seen and interviewed by the social worker and 2 did not interview the children because the Intake was inappropriately coded as non-protection.

FS 10: Interviewing the Parent(s): The compliance rate for this critical measure was **75%**. The measure was applied to all 32 records in the augmented sample; 24 of the 32 records were rated achieved and 8 were rated not achieved. The 24 records rated achieved documented that the social worker interviewed the parents and other adults in the home (if applicable) and gathered sufficient information about the family to assess the safety of all children/youth living or being cared for in the family home. Of the 8 records rated not achieved, 6 did not document that the social worker interviewed the parents and 2 did not interview the children because the Intake was inappropriately coded as non-protection.

FS 11: Assessing the Safety of a Child or Youth: The compliance rate for this critical measure was **56%**. The measure was applied to all 32 records in the augmented sample; 18 of the 32 records were rated achieved and 14 were rated not achieved. The 18 records rated achieved had a documented assessment of the safety of the child or youth. Of the 14 records that were rated as not achieved, 1 safety assessment had concerns identified but a safety plan was not developed, 5 safety assessments had concerns identified and a safety plan was developed but it was not approved by a team leader, 6 had a safety assessment that was not completed in its entirety, and 2 did not have a safety assessment because the Intake was inappropriately coded as non-protection.

FS 12: Making a Safety Decision Consistent with the Safety Assessment: The compliance rate for this critical measure was **75%**. The measure was applied to all 32 records in the augmented sample; 24 of the 32 records were rated achieved and 8 were rated not achieved. The 24 records rated achieved had a safety decision that was consistent with the information documented in the safety assessment. Of the 8 records that were rated not achieved, 3 safety decisions were inconsistent with the information documented in the safety assessment, 3 safety assessments did not document a safety decision and 2 did not have a safety assessment because the Intake was inappropriately coded as non-protection.

FS 13: Child Safety Plan Mapping: The compliance rate for this critical measure was **50%**. The measure was applied to 24 of the 32 records in the augmented sample; 12 of the 24 records were rated achieved and 12 were rated not achieved. The 12 records rated achieved contained a child safety plan mapping that was completed in its entirety and approved by the team leader. Of the 12 records rated as not achieved, 9 had no child safety plan map after the child was deemed unsafe, 1 had an incomplete child safety plan map and 2 did not have a child safety map because the Intake was inappropriately coded as non-protection.

FS 14: Outcome of Intake: The compliance rate for this critical measure was **88%**. The measure was applied to all 32 records in the augmented sample; 28 of the 32 records were rated achieved and 4 records were rated not achieved. The 28 records rated achieved documented decisions regarding the need for FDR Protection Services or Ongoing Protection Services that were consistent with the information obtained during the FDR Assessment or investigation. Of the 4 records rated not achieved, 2 decisions not to provide FDR Protection Services or Ongoing Protection Services was inconsistent with the information obtained during the protection response as the child protection risks remained unaddressed and 2 did not document a decision regarding the need for FDR Protection Services or Ongoing Protection Services because the Intake was inappropriately coded as non-protection. Regarding the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

FS 15: Notifications: The compliance rate for this critical measure was **31%**. The measure was applied to all 32 records in the augmented sample; 10 of the 32 records were rated achieved and 22 were rated not achieved. The 10 records rated achieved had notified the family and all applicable support services of the outcome. Of the 22 records rated as not achieved, 6 did not notify the Aboriginal community, 8 did not notify the Aboriginal community and the reporter, 1 did not notify Aboriginal community and the RCMP, 2 did not notify the Aboriginal community, the reporter and the RCMP, 3 did not notify the Aboriginal community, the reporter, and the custodial parent, and 2 did not document notifications because the Intake was inappropriately coded as non-protection.

FS 16: Timeframe for Completing the Protection Response: The compliance rate for this critical measure was **63%**. The measure was applied to all 32 records in the augmented sample; 20 of the 32 records were rated achieved and 12 were rated not achieved. The 20 records rated achieved had a protection response completed in its entirety within the required 30 day timeframe. Of the 12 records rated not achieved, 10 were not completed within the required 30 day timeframe and 2 were not completed within the required 30 day timeframe because the Intake was inappropriately coded as non-protection.

Open and Closed Family Service Cases

FS 17: Family Support Plan Mapping: The compliance rate for this critical measure was **17%**. The measure was applied to all 52 records in the sample; 9 of the 52 records were rated achieved and 43 were rated not achieved. The 9 records rated achieved had a family support mapping plan documented that was developed in collaboration with the family. Of the 43 records rated not achieved, 41 had no family support plan map documented, 1 had a family support plan map without a team leader consultation documented, and 1 had an incomplete family support plan map with no team leader consultation documented.

FS 18: Timeframe for Completing the Family Support Plan Mapping: The compliance rate for this critical measure was **4%**. The measure was applied to all 52 records in the sample; 2 of the 52 records were rated achieved and 50 were rated not achieved. The 2 records rated achieved had a family support plan (or its equivalent) that was developed within the required timeframes. Of the 50 records rated as not achieved, 36 did not have a family support plan map (or its equivalent) and 14 had a family support plan map but not one that was revised every 3 months as required.

Closed Cases

FS 19: Completing a Closing or a Transfer Recording: The compliance rate for this critical measure was **44%**. The measure was applied to all 18 records in the sample; 8 of the 18 records were rated achieved and 10 were rated not achieved. The 8 records rated achieved had a completed closing recording that was signed by the team leader. Of the 10 records rated not achieved, 3 had no closing recording, 1 had an incomplete closing recording, 5 had an incomplete closing recording that was not signed by the team leader, and 1 had a completed closing recording that was not signed by the team leader.

FS 20: Making a Decision to End Ongoing Protection Services: The compliance rate for this critical measure was **78%**. The measure was applied to all 18 records in the sample; 14 of the 18 records were rated achieved and 4 were rated not achieved. The 14 records rated achieved had documentation of the decision to end ongoing protection services and this decision was consistent with the information documented within the case. Of the 4 records rated not achieved all had a decision to end ongoing protection services that was inconsistent with the information documented within the case as the child protection risks remained unaddressed. Regarding the records rated not achieved, the analysts were able to confirm that the immediate safety of the children was not a concern at the time that they reviewed the records.

7. COMPLIANCE TO PROGRAMS AUDITED

a) Child Service

In total, 34 Child Service records were audited. The overall compliance to the Child Service standards was **52%**. The following table provides a breakdown of the compliance ratings. For those records 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)	34	23	11	68%
Standard 2 Development of a Comprehensive Plan of Care (VS 12) *	13	1	12	8%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13) *	30	5	25	17%
Standard 4 Supervisory Approval Required for Guardianship Services (Guardianship 4)	34	25	9	74%
Standard 5 Rights of Children in Care (VS 14)	34	4	30	12%
Standard 6 Deciding Where to Place the Child (VS 15) *	33	25	8	76%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships (VS 16)*	33	28	5	85%
Standard 8 Social Worker's Relationship & contact with a Child in Care (VS 17)	34	6	28	18%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18) *	31	6	25	19%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	34	22	12	65%
Standard 11 Planning a Move for a Child in Care (VS 20) *	16	11	5	69%

Standard 12 Reportable Circumstances (VS 21) *	10	6	4	60%
Standard 13 When a Child or Youth is Missing, Lost or Runaway (VS 22) *	1	1	0	100%
Standard 14 Case Documentation (Guardianship 14)	34	5	29	15%
Standard 15 Transferring Continuing Care Files (Guardianship 14) *	15	12	3	80%
Standard 16 Closing Continuing Care Files (Guardianship 16) *	6	4	2	67%
Standard 17 Rescinding a Continuing Custody Order (Guardianship 17) *	0	0	0	
Standard 19 Interviewing the Child about the Care Experience (Guardianship 19) *	12	2	10	17%
Standard 20 Preparation for Independence (Guardianship 20) *	11	8	3	73%
Standard 21 Responsibilities of the Public Guardian and Trustee (Guardianship 21) *	22	20	2	91%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home *	0	0	0	
Standard 23 Quality of Care Review *	0	0	0	
Standard 24 Guardianship Agency Protocols (Guardianship 24)	34	32	2	94%

Standard 2: 21 records included initial Care Plans completed prior to February 1, 2015.

Standard 3: 4 records included children or youth who were discharged from care prior to the first annual due date of the Care Plans.

Standard 9: 3 records involved a youth who was living independently.

Standard 6: 1 record involved a youth who was living independently prior to scope period.

Standard 7: 1 record involved a youth who was living independently prior to scope period.

Standard 11: 18 records involved children who were not moved from their care home.

Standard 12: 24 records did not contain information regarding reportable circumstances.

Standard 13: 33 records did not contain information regarding children missing, lost or run away.

Standard 15: 19 records were not transferred.

Standard 16: 28 records were not closed continuing care files

Standard 17: 34 records did not include rescindment of a continuing custody order.

Standard 19: 22 records did not include an interview with the child or youth regarding a change in placement.

Standard 20: 23 records did not include planning for independence.

Standard 21: 12 records did not include the involvement of the Public Guardian & Trustee.

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

Standard 23: 34 records did not include a quality of care review.

b) Resources

In total, 20 open and closed Resource records were audited. Overall compliance to the Resource standards was **79%**. 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	20	20	0	100%
Standard 29 Family Care Homes – Application and Orientation*	19	14	5	74%
Standard 30 Home Study *	7	4	3	57%
Standard 31 Training of Caregivers	20	17	3	85%
Standard 32 Signed Agreements with Caregivers	20	19	1	95%
Standard 33 Monitoring and Reviewing the Family Care Home	20	14	6	70%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	3	1	2	33%
Standard 35 Quality of Care Review *	0	0	0	
Standard 36 Closure of the Family Care Home *	3	0	3	0%

Standard 29: 1 record included application and orientation prior to February 1, 2015.

Standard 30: 13 records included home studies completed prior to February 1, 2015.

Standard 34: 17 records did not include an investigation of alleged abuse or neglect in a family care home.

Standard 35: 20 records did not include a quality of care review.

Standard 36: 17 records were not closed.

c) Family Service

In total, there were 37 Intakes, 34 open Family Service cases and 18 closed Family Service cases audited. The agency's overall compliance rate for the Family Service records was 54%. The following provides a breakdown of the compliance ratings. For those files that were not applicable to specific standards, explanations are provided in the footnotes:

Intakes

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 1: Receiving the Request/Report	37	36	1	97%
FS 2: Conducting a Prior Contact Check (PCC) and History of Involvement	37	27	10	73%
FS 3: Completing the Section 16 Assessment	37	2	35	5%
FS 4: Determining if a Protection Response is Required	37	35	2	95%
FS 5: Determining Priority of Response*	32	29	3	91%
FS 6: Notification to the Aboriginal Community*	30	15	15	50%
FS 7: Involving the Aboriginal Community*	30	11	19	37%
FS 8: Collateral Checks*	32	18	14	56%
FS 9: Interviewing the Child(ren)*	32	13	19	41%
FS 10: Interviewing the Parent(s)*	32	24	8	75%
FS 11: Assessing the Safety of a Child or Youth*	32	18	14	56%

FS 12: Making a Safety Decision Consistent with the Safety Assessment*	32	24	8	75%
FS 13: Child Safety Plan Mapping*	24	12	12	50%
FS 14: Outcome of Intake*	32	28	4	88%
FS 15: Notifications*	32	10	22	31%
FS 16: Timeframe for Completing the Protection Response*	32	20	12	63%

Standard 5 to 16: 5 records were removed from the sample as they were appropriately deemed as requiring a non-protection response

Standard 6: 2 records were not applicable as they were non-aboriginal families.

Standard 7: 2 records were not applicable as they were non-aboriginal families

Standard 13: 8 records were not applicable as the child was determined to be safe with no need for support.

Open FS and Closed FS Cases

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 17: Family Support Plan Mapping	52	9	43	17%
FS 18: Timeframe for Completing a Family Support Plan Mapping	52	2	50	4%

Closed Cases

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 19: Completing a Closing or Transfer Recording	18	8	10	44%
FS 20: Making the Decision to End Ongoing Protection Services	18	14	4	78%

8. ACTIONS COMPLETED TO DATE

Prior to the development of the Action Plan on February 28, 2018, the following actions were implemented by the agency:

- A permanent part-time trainer was hired to deliver training to staff on KKCFSS's Case Management Model
- Indigenous Perspectives Society is scheduled to do training with the local bands' staff and the Ktunaxa Kinbasket board of directors in May 2018.
- The Case Management Model was updated with a more robust manual that has clearer expectations that align with Chapter 3 policies.
- A new training manual and Signs of Safety guide are being developed as references for social workers. Emphasis will be given to the appropriate use of assessment tools and timelines. Scheduled completion is May 2018.

9. ACTION PLAN

Actions	Person Responsible	Completion date
1. The agency will review all open Child Service files and complete all overdue care plans and care plan reviews. Confirmation of completion will be provided, via email, to the manager of Quality Assurance.	Executive Director, KKCFSS	July 1, 2018
2. The agency will review all open Resource files and complete all overdue annual foster home reviews and updated criminal record checks. Confirmation of completion will be provided, via email, to the manager of Quality Assurance	Executive Director, KKCFSS	July 1, 2018
3. The agency will create and implement a tracking system to monitor the completion of the following: annual care plans and care plan reviews; social workers' private contacts and reviews of rights with children and youth in care; annual reviews of foster homes; training offered to, and taken by, caregivers; and the review of discipline standards with caregivers. This tracking system will be provided to the manager of Quality Assurance.	Executive Director, KKCFSS	July 1, 2018
4. A re-audit of Family Service practice, including closed Intakes, open cases and closed cases will occur at the agency in the 2019 audit schedule.	Manager, DAA Quality Assurance	December 31, 2019