

**CASE PRACTICE AUDIT REPORT**

**Knucwentwecw Society (KS)**

**IMA**

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 June 15, 2018

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## 1. PURPOSE

The purpose of the audit is to improve and support child service, resources 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 seventh audit for Knucwentwecw Society (KS). The last audit of the agency was a Family Service re-audit, completed in October 2017.

The specific purposes of the audit are to:

- Further the development of practice
- Assess and evaluate practice in relation to existing legislation, the Aboriginal Operational and Practice Standards and Indicators (AOPSI) and the Child Protection Response Policies
- Determine the current level of practice across a sample of cases
- Identify barriers to providing an adequate level of service
- Assist in identifying training needs
- Provide information for use in updating and/or amending practice standards or policy

## 2. METHODOLOGY

There were two quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare, Quality Assurance who conducted the practice audit. The fieldwork was completed from June 11-15, 2018. Upon arrival at the agency, the analysts met with the executive director 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 Aboriginal Case Practice Audit Tool (ACPAT) database 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. The sample sizes below will provide a confidence level of 90% with a +/- 10% margin of error:

Type	Population	Sample Size
Closed Incidents	27	20
Closed Service Requests	7	7
Closed Memos	9	9
Open Family Service Cases	10	10
Closed Family Service Cases	1	1
Open Child Service Cases	30	21
Closed Child Service Cases	14	12
Open and Closed Resource Cases	24	18

The scope of the practice audit was:

- Open child service cases: legal categories of VCA, SNA, removal, interim order, TCO and CCO, open on April 30, 2018 and managed by the agency for at least six months.
- Closed child service cases: legal categories of VCA, SNA, removal, interim order, TCO and CCO, closed between November 1, 2015 and April 30, 2018 and managed by the agency for at least six months.
- Open and closed resource cases: managed by the agency for at least three months, between May 1, 2015 and April 30, 2018.
- Open Family Service Cases: open on April 30, 2018 and had been managed by the agency for at least six months continuously with a service basis listed as protection.
- Closed Family Service Cases: closed between November 1, 2017 and January 31, 2018 and managed by the agency for at least six months continuously with a service basis of protection.
- Closed Incidents: created after November 4, 2014, and closed between May 1, 2017 and April 30, 2018, where the type was family development response or investigation.
- Closed Service Requests: closed between May 1, 2017 and April 30, 2018, where the type was request service (CFS), request service (CAPP), request family support or youth services.
- Closed Memos: closed between May 1, 2017 and April 30, 2018 where the type was screening and with the resolution of “No Further Action”.

### **3. AGENCY OVERVIEW**

#### **a) Delegation**

Knucwentwecw Society operates under C6 delegation under a bilateral delegation agreement that was signed for April 1, 2018 through to March 31, 2019. 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 vision of the Knucwentwecw Society is to provide services that re-enforce children’s cultural and traditional heritage, while protecting the children and supporting the families of the Northern Shuswap. The agency does not currently hold any contracts with MCFD for the provision of programs for support services. The agency provides services to band members residing on and off reserve, and recruits caregivers both on and off reserve

Some of the community service providers the agency utilizes are as follows:

- Three Corners Health Services Society
- Axis Family Resources
- White Feather Wellness Centre
- Indigenous CYMH Outreach
- Cariboo Friendship Centre
- Family support workers from Canim Lake and Sugar Cane

#### **b) Demographics**

Knucwentwecw Society provides services to the five member First Nations of Canim Lake (Tsq'escen), Canoe Creek, Dog Creek (Stwecem'c/ Xgat'tem), Soda Creek/Deep Creek (Xat'sull/Cmetem') and Williams Lake (T'exelc). Included are services to reserve communities of the member First Nations as well as those members living in the urban communities of Williams Lake, 100 Hundred Mile House, Lac La Hache, McLeese Lake, Horsefly and Likely and the surrounding areas. The population of the First Nations are approximately 2638 (Source: Registered Indian Population by Sex and Residence October 2017, Indigenous Affairs and Northern Development Canada).

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

At the time of the audit, the agency staff included: the executive director, two full time social workers, a full time resource social worker and a team assistant. The team leader was on a leave and the executive director was covering this position. In addition, a third social worker was on a leave and the two remaining social workers were covering this caseload. The resource social worker has been with the agency since the spring of 2018 and has extensive resource experience. . In early 2018, the agency had two social workers seconded from another DAA for two months to cover the vacant team leader position and the vacant social worker position. At the time of the audit, these two position were actively being recruited through job postings. The agency also has an administrative assistant, a data entry clerk and a payroll clerk.

All of the social work staff and the executive director are C6 delegated and have completed the IPS or MCFD delegation training. The agency collaborates with MCFD to ensure staff receives mandatory training. The staff confirmed that opportunities for outside community training or educational workshops are provided on a case by case basis which is dependent on caseload coverage due to the small number of staff.

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

The executive director provides supervision to the delegated social workers through an "open door policy" and staff reported her as always being available whether in person or by phone or email. There are no scheduled team meetings or individual case tracking meetings.

#### **4. STRENGTHS OF THE AGENCY**

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

- The executive director has been with the agency for more than ten years and has a wealth of practice and community knowledge that she shares with the staff.
- Staff reported that they work well together and are supportive of one another. This has been important over the past year when the agency has been short staffed and additional caseload coverage has been necessary.
- The agency hired a team assistant in September 2017.
- 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:

- High staff turnover and long term staff vacancies have resulted in higher caseloads and travel responsibilities.
- The need for a full time team leader is a high priority. The lengthy vacancy was reported to have negatively impacted practice, particularly for the new C6 social workers, who require additional support and supervision.
- The large geographical area that the agency covers presents a challenge for workers to maintain direct personal contact with families and children in care.
- Geographical distance and case load coverage is a barrier to staff training.
- Recruiting Indigenous foster homes is difficult. The new resource social worker has reached out to MCFD and other DAAs to borrow resources as needed however the agency would like to increase their number of Indigenous caregivers.

## 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 three 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 Care Plan	When assuming responsibility for a child in care the social worker develops a care plan. The comprehensive plan of care/care plan is completed within the required timeframes.
St. 3: Monitoring and Reviewing the Child's Care Plan	The 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 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 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:** Documentation of involvement in community cultural events and culturally appropriate services such as language classes, traditional drumming and singing, gathering berries and time with the elders was found in 20 of the 33 records (61% compliance). Of the 13 records rated not achieved, 7 were open with limited to no documentation of cultural involvement or planning.
- **St. 2 Development of a Care Plan:** Completed initial and six month care plans were found in 1 of the 18 applicable records (6% compliance). Of the 17 records rated not achieved, 10 were open. Of these 10 open files, 8 missing both care plans, 1 was missing the 30 day care plan and 1 was missing the 6 month care plan.
- **St. 3 Monitoring and Reviewing the Care Plan:** Very low compliance was found to the standard related to reviewing care plans across the three year scope period of the audit. Specifically, only 3 of the 21 applicable records contained the required care plans over the three year period (14% compliance). Of the 18 records rated not achieved: 4 did not have annual care plans for all three years, 3 did not have care plans for 2015, 3 did not have a care plans for 2016, 4 did not have care plans for 2017, 2 did not have a care plans for 2015 and 2016, and 2 did not have care plans for 2015 and 2017. Of the 18 records rated not achieved, 4 were open without completed 2017 care plans.
- **St. 4 Supervisory Approval Required for Guardianship Services:** Good documentation of supervisory approvals and consults was found throughout 27 of the 33 records (82% 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 11 of the 33 records (33% compliance). Of the 22 records rated not achieved: 3 did not have the rights reviewed over the 3 year audit scope period, 4 did not have the rights reviewed in 2015, 2 did not have the rights reviewed in 2016, 2 did not have the rights reviewed in 2015 and 2016, 2 did not have the rights reviewed in 2015 and 2017, 2 did not have the rights reviewed in 2015, 2016 and 2017, 6 did not have the rights reviewed in 2017 and 1 did not have the rights reviewed in 2018. Of the 22 records rated as not achieved, 11 were open and did not have the rights reviewed in the previous 12 months.
- **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 30 of the 33 records (91% 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 community members in 32 of the 33 records (**97%** compliance). In the 1 open record rated as not achieved, there was a lack of documentation regarding the child in care's contact with their family and community without a plan of how the contact will be made.
- **St 8 Social Worker's Relationship and Contact with the Child:** Documentation of the social workers' private contacts with children/youth in care met the standard in 1 of the 33 records (**3%** compliance).

While there was evidence in the records of social workers' contacts with the children and youth in care, it was difficult to determine the frequency of the 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 were provided to the caregivers at the times of placements and that the appropriate discipline standards were reviewed with the caregivers met the standard in none of the 33 records (**0%** compliance). Of the 33 records rated not achieved, 15 were open and 18 were closed. Of the 15 open records, all did not contain information confirming that the discipline standards were reviewed with the caregivers during the three year scope period of the audit. Of these 15 open records, 6 did not have documentation confirming that information about the care and safety of the children/youth was provided to the caregivers at the time of the placements and the remaining 9 open records contained information that information about the care and safety of the children/youth was provided to the caregivers at the time of the placements
- **St 10 Providing Initial and Ongoing Medical and Dental Care:** Documentation of annual medical, dental and optical appointments, speech, occupational and physical therapy appointments as well as other assessments were found in 23 of the 33 records (**70%** compliance). Of the 10 records rated not achieved, 7 were open without documentation of an admission medical, or ongoing medical, dental or optical appointments scheduled or completed.
- **St 11 Planning a Move for a Child in Care:** Documentation about planning moves of children and youth in care, including the reasons for the moves, met the standard in 3 of the 4 applicable records (**75%** compliance).
- **St 12 Reportable Circumstances:** Complete documentation on reportable circumstances was found in 3 of the 8 applicable records (**38%** compliance). For those records where incomplete or missing documentation was found, the analysts notified the executive director for follow up.
- **St 13 When a Child or Youth is Missing, Lost or Runaway:** Excellent documentation of the social worker's collaborative response when locating a missing, lost or runaway youth was evident in the 1 applicable record (**100%** compliance).
- **St 14 Case Documentation:** Overall, case documentation was negatively impacted by the lack of care plans and review recordings/review care plans over the 3 year scope period with 4 of the 33 records having the required documentation to meet the standard (**12%** compliance).
- **St 15 Transferring Continuing Care Files:** Internal transfer recordings were documented in all of the 6 applicable records (**100%** compliance).

- **St 16 Closing Continuing Care Files:** Closing documentation was completed in the 2 applicable records (**100%** compliance).
- **St 17 Rescinding a CCO and Returning the Child to the Family Home:** There were no rescindments of continuing care orders during this audit scope.
- **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 none of the 10 applicable records (**0%** compliance).
- **St 20 Preparation for Independence:** 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 the 3 applicable records (**100%** compliance);
- **St 21 Responsibilities of the PGT:** Detailed documentation of the involvement of the Public Guardian and Trustee (PGT), including financial planning assistance for youth turning 19, was found in the 12 applicable records (**100%** compliance).
- **St 22 Investigation of Alleged Abuse or Neglect in a Family Care Home:** Complete documentation of protocol investigations was found in none of the 3 applicable records (**0%** compliance).
- **St 23 Quality of Care Review:** There was no quality of care reviews for this audit scope period.
- **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 all 33 records (**100%** compliance).

## b) Resources

The audit reflects the work done by the staff in the agency's resources program over the past three years. The nine standards in the RE 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 restricted resources caring for the children/youth in care of the agency. Of the 16 open records, 8 were restricted caregivers, 3 were regular caregivers and 5 were levelled specialized caregivers. Of the 2 closed records, 1 was a restricted caregiver and 1 was a levelled specialized caregiver.
- **St. 28 Supervisory Approval for Family Care Home Services:** Documentation was found related to supervisory approvals and consults in 13 of the 18 records (**72%** compliance). These included supervisory 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 2 of the 18 records (**11%** compliance). Of the 16 records rated not achieved, 14 were open and 2 were closed: 15 did not contain criminal record review act (CRRRA) checks, 6 did not contain updated consolidated criminal record checks and 11 did not contain completed references, medicals and caregiver orientation. The analysts learned that the agency was not aware that the CRRRA was required to be completed as part of the caregiver application process. For the 13 records without criminal record checks and/or CRRAs, the analysts notified the executive director for follow up.
- **St. 30 Home Study:** Completed home studies were found in 1 of the 12 applicable records (**8%** compliance). Of the 11 records rated not achieved, all were open: 9 records did not have a home study completed and 2 records had a question and answer style home study which did not include an assessment of the caregiver's skills and suitability for fostering and an approval by the team leader. The agency is not using the Structured Analysis Family Evaluation (SAFE). Of the 11 open records without completed home studies, the analysts notified the executive director for follow up.
- **St. 31 Training of Caregivers:** Training offered to, and taken by, the caregivers was documented in 11 of the 18 records (**61%** compliance).
- **St. 32 Signed Agreement with Caregiver:** Signed and consecutive family care home agreements were found in 8 of the 18 records (**44%** compliance).  
Of the 10 records rated not achieved, 4 were open with no agreements, 6 were open with missing agreements for periods of time over the audit timeframe and 1 was closed with a missing agreement for a period of time over the audit timeframe. For the 4 records without signed agreements, the analysts notified the executive director for follow up.
- **St. 33 Monitoring and Reviewing the Family Care Home:** Completed annual reviews were found for the entire 3 year audit scope period in 1 of the 18 records (**6%** compliance). Of the 17 records rated not achieved, 15 were open and 2 were closed: 2 did not have an annual reviews due but did not have any documentation of ongoing monitoring of the family care home, 3 did not have any annual reviews for the entire audit scope period, 2 did not have annual reviews for 2017, 4 did not have 2016 and 2017 annual reviews, 1 did not have an annual review completed for 2016, 1 did not have annual reviews for 2015 and 2017, 2 did not have annual reviews for 2015 and 2018, 1 did not have annual reviews completed for 2015/2016, 2016/2017 and 2018 and 1 did not have an annual review completed for 2018. In all records, there was limited to no documentation that the social workers were maintaining regular contact with their caregivers through in-person home visits and phone/email contact.

- **St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home:** Complete documentation of investigations of alleged abuse or neglect in a family care home was found in the 1 applicable record (**100%** compliance).
- **St 35: Quality of Care Review:** Complete documentation of the quality of care review of a family care home was found in the 1 applicable record (**100%** compliance).
- **St 36: Closure of the Family Care Home:** Incomplete closing documentation was found in the 2 applicable closed records (**0%** compliance). The reasons for closures were not documented in closing recordings and/ or closing letters to the caregivers.

**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:

<b>Critical Measure</b>	<b>Compliance Description</b>
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"> <li>• Memos</li> <li>• Service Requests</li> <li>• Incidents</li> </ul>	FS1 – FS4
<ul style="list-style-type: none"> <li>• Incidents</li> <li>• Memos or Service Requests with an inappropriate non-protection response</li> </ul>	FS5 – FS15
<ul style="list-style-type: none"> <li>• Open and Closed Cases</li> </ul>	FS16 – FS21
<ul style="list-style-type: none"> <li>• Closed Cases</li> </ul>	FS22

Findings from the audit of the closed Memos, closed Service Requests, closed Incidents, open Family Service Cases and closed Family Service Cases include the following:

Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the Child, Family and Community Service Act. During the course of this audit, no records were identified for action because the information in the record suggested that the children may have been at risk at the time the record was audited and therefore in need of further protection services.

**FS 1: Gathering Full and Detailed Information:** The compliance rate for this critical measure was **86%**. The measure was applied to all 36 records in the samples; 31 of the 36 records were rated achieved and 5 were rated not achieved. To receive a rating of achieved, the information gathered from the caller was full, detailed and sufficient to determine an appropriate pathway.

Of the 5 records that were rated not achieved, 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 **22%**. The measure was applied to all 36 records in the samples: 8 of the 36 records were rated achieved and 28 were rated not achieved. To receive a rating of achieved, the record contained documentation that:

- the IRR was conducted from electronic databases within 24 hours of receiving the report
- the IRR identified previous issues or concerns and the number of past Service Requests, Incidents or reports
- 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 28 records that were rated not achieved: 11 did not have IRRs completed, 1 had an IRR but was not completed within 24 hours, 2 had IRRs but they contained insufficient information, 11 had IRRs but no indications that Best Practice was searched, 1 had an IRR but it contained



insufficient information and no indication that Best Practice was searched and 2 had IRRs but no indications that Best Practice was searched and they were not completed within 24 hours. Of the 3 records that did not document the IRRs within 24 hours, the range of time it took to complete the IRRs was between 2 and 17 days, with the average time being 8 days.

**FS 3: Completing the Screening Assessment:** The compliance rate for this critical measure was **89%**. The measure was applied to all 36 records in the samples: 32 of the 36 records were rated achieved and 4 were rated not achieved. To receive a rating of achieved, the record contained documentation that a Screening 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.

Of the 4 records that were rated not achieved: 4 had Screening Assessments that were completed past the immediate or 24 hour timeframe. Of the 4 records that had Screening Assessments that were completed past the immediate or 24 hour timeframe, all were required within 24 hours and the range of time it took to complete the Screening Assessments was between 2 and 6 days, with the average time being 4 days.

**FS 4: Determining Whether the Report Requires a Protection or Non-Protection Response:** The compliance rate for this critical measure was **89%**. The measure was applied to all 36 records in the samples: 32 of the 36 records were rated achieved and 4 were rated not achieved. To receive a rating of achieved the decision to provide a protection or non-protection response was appropriate and consistent with the information gathered.

Of the 4 records that were rated not achieved, 3 were Memos and 1 was a Service Requests but the nature of the reported child protection concerns warranted child protection responses. The 3 Memos and 1 Service Request were added to the Incident sample from FS 5 to FS 16 and received ratings of not achieved for these measures because the required protection responses were not provided. Within these records, further information was collected by the social workers and/or supports were subsequently provided to the families which adequately addressed the risk factors presented in the initial reports and documented family histories.

**FS 5: Determining the Response Priority:** The compliance rate for this critical measure was **83%**. The measure was applied to all 24 records in the augmented sample (the sample included the 20 closed Incidents augmented with the records described in the note below the table on page 5): 20 of the 24 records were rated achieved and 4 were rated not achieved. To receive a rating of achieved the record contained documentation that the response priority was appropriate and if there was an override it was approved by the supervisor.

Of the 4 records rated not achieved, all were Memos/Service Requests with inappropriate non-protection responses.

The audit also assessed whether families were contacted within the timeframes of the assigned response priorities. Of the 20 Incidents in the original sample, 14 contained documentation confirming that the families were contacted within the assigned response priorities and 6 did not. Of these 6 records, all were given the response priority of within 5 days, but the range of time it took to contact the families was between 6 days and 169 days, with the average time being 41 days. It is noted that 1 of these 6 records did not document contact with the family and therefore was not included in the above calculation.

**FS 6: Conducting a Detailed Record Review (DRR):** The compliance rate for this critical measure was 17%. The measure was applied to all 24 records in the augmented sample: 4 of the 24 records were rated achieved and 20 were rated not achieved. To receive a rating of achieved, the record contained documentation that the DRR:

- was conducted in electronic databases and physical files
- contained any information that was missing in the IRR
- described how previous issues or concerns had been addressed, the responsiveness of the family in addressing the issues and concerns and the effectiveness of the last intervention
- was not required because there were no previous MCFD/DAA histories
- was not required because the supervisor approved ending the protection response before the DRR was conducted and the rationale was documented and appropriate.

Of the 20 records rated of not achieved, 13 had no DRRs, 3 had DRRs that did not contain the information missing in the IRR and 4 were Memos/Service Requests with inappropriate non-protection responses.

**FS 7: Assessing the Safety of the Child or Youth:** The compliance rate for this critical measure was 71%. The measure was applied to all 24 records in the augmented sample; 17 of the 24 records were rated achieved and 7 were rated not achieved. To receive a rating of achieved, the record contained documentation that:

- the safety assessment process was completed during the first significant contact with the child/youth's family
- 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
- the supervisor approved ending the protection response before the safety assessment process was completed and the rationale was documented and appropriate.

Of the 7 records that were rated not achieved, 2 did not have the safety assessment processes completed during the first significant contacts with the children's/youth's families, 1 did not have a safety plan developed when safety concerns were identified and 4 were Memos/Service Requests with inappropriate non-protection responses.

**FS 8: Documenting the Safety Assessment:** The compliance rate for this critical measure was 21%. The measure was applied to all 24 records in the augmented sample: 5 of the 24 records were rated achieved and 19 were rated not achieved. To receive a rating of achieved, the record contained documentation that the Safety Assessment form was documented within 24 hours after the completion of the safety assessment process, or the supervisor approved ending the protection response before the Safety Assessment was documented and the rationale was documented and appropriate.

Of the 19 records that were rated not achieved, 2 had no Safety Assessment forms, 13 had Safety Assessment forms that were not completed within 24 hours after the safety assessment processes, and 4 were Memos/Service Requests with inappropriate non-protection responses.

Of the 13 records where the Safety Assessment forms were not completed within 24 hours of the safety assessment processes, the range of time it took to complete the forms was between 8 days and 297 days, with the average time being 92 days.

**FS 9: Making a Safety Decision Consistent with the Safety Assessment:** The compliance rate for this critical measure was **71%**. The measure was applied to all 24 records in the augmented sample: 17 of the 24 records were rated achieved and 7 were rated not achieved. To receive a rating of achieved, the record contained documentation that the safety decision was consistent with the information documented in the Safety Assessment form, or the supervisor approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.

Of the 7 records that were rated not achieved, 2 had no Safety Assessment forms, 1 had a safety decision that was not consistent with the Safety Assessment and 4 were Memos/Service Requests with inappropriate non-protection responses.

**FS 10: Meeting or Interviewing the Parents and Other Adults in the Family Home:** The compliance rate for this critical measure was **46%**. The measure was applied to all 24 records in the augmented sample: 11 of the 24 records were rated achieved and 13 were rated not achieved. To receive a rating of achieved, the record contained documentation that the social worker met with or interviewed the parent(s) 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, or the supervisor approved ending the protection response before the social worker met with or interviewed the parents and other adults in the home and the rationale was documented and appropriate.

Of the 13 records that were rated not achieved, 7 did not contain documentation that the social workers had met with or interviewed the parents, 1 did not contain documentation that the social worker had met with or interviewed the other adults in the home, 1 did not contain sufficient information to assess the safety/vulnerability of all children/youth in the home, 1 did not contain documentation that the social worker met with or interviewed the parents and insufficient information was gathered to assess the safety/vulnerability of all children/youth in the home and 4 were Memos/Service Requests with inappropriate non-protection responses.

**FS 11: Meeting with Every Child or Youth Who Lives in the Family Home:** The compliance rate for this critical measure was **29%**. The measure was applied to all 24 records in the augmented sample: 7 of the 24 records were rated achieved and 17 were rated not achieved. To receive a rating of achieved, the record contained documentation that the social worker had a 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, or the supervisor approved ending the protection response before the social worker had a private, face-to-face conversation with every child/youth living in the family home and the rationale was documented and appropriate.

Of the 17 records that were rated not achieved, 13 did not document that the social workers had private, face-to-face conversations with every child/youth living in the homes and 4 Memos/Service Requests with inappropriate non-protection responses.

**FS 12: Visiting the Family Home:** The compliance rate for this critical measure was **38%**. The measure was applied to all 24 records in the augmented sample: 9 of the 24 records were rated achieved and 15 were rated not achieved.

To receive a rating of achieved, the record contained documentation that the social worker visited the family home before completing the FDR assessment or the investigation, or the supervisor granted an exception and the rationale was documented, or the supervisor approved ending the protection response before the social worker visited the family home and the rationale was documented and appropriate.

Of the 15 records that were rated not achieved, 11 did not document that the social workers visited the family homes and 4 were Memos/Service Requests with inappropriate non-protection responses.

**FS 13: Working with Collaterals:** The compliance rate for this critical measure was **38%**. The measure was applied to all 24 records in the augmented sample: 9 of 24 records were rated achieved and 15 were rated not achieved.

To receive a rating of achieved, the record contained documentation that the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth before completing the FDR assessment or the investigation, or the supervisor approved ending the protection response before the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth and the rationale was documented and appropriate.

Of the 15 records that were rated not achieved, 10 had no documentation of collaterals being completed, 1 had no documentation that the designated Band representative and police were contacted and 4 were Memos/Service Requests with inappropriate non-protection responses.

The audit also assessed whether the social workers, if the records were Incidents with FDR protection responses, made contact with the parents prior to initiating the FDR responses and also whether the social workers had discussions about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals. Of the 20 Incidents in the original sample, 19 were FDR protection responses. Of these 19 FDR responses, 18 did not have immediate safety concerns that would have prevented the social worker from contacting the parents prior to initiating the FDR responses. Of these 18 FDR responses, 12 documented contacts with the parents prior to initiating the FDR responses. Furthermore, of these 18 FDR responses, 2 documented discussions with parents about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals.

**FS 14: Assessing the Risk of Future Harm:** The compliance rate for this critical measure was **46%**. The measure was applied to all 24 records in the augmented sample: 11 of the 24 records were rated achieved and 13 were rated not achieved. To receive a rating of achieved the record contained documentation that the Vulnerability Assessment was completed in its entirety and approved by the supervisor, or the supervisor approved ending the protection response before the Vulnerability Assessment was completed in its entirety and the rationale was documented and appropriate.

Of the 13 records that were rated not achieved, 4 had no Vulnerability Assessments, 3 had Vulnerability Assessments that were not approved by the supervisors, 2 had incomplete Vulnerability Assessments and 4 were Memos/Service Requests with inappropriate non-protection responses.

Of the 10 records where the Vulnerability Assessments were rated achieved, 1 was not required because the supervisor approved ending the protection response early and the rationale was appropriate. For the remaining 9 records with completed Vulnerability Assessments, the range of time it took to complete the forms was between 1 day and 256 days, with the average time being 108 days.

**FS 15: Determining the Need for Protection Services:** The compliance rate for this critical measure was **75%**. The measure was applied to all 24 records in the augmented sample: 18 of the 24 records were rated achieved and 6 were rated as not achieved. To receive a rating of achieved, the record contained documentation that the decision regarding the need for FDR protection services or ongoing protection services was consistent with the information obtained during the FDR assessment or the investigation, or the supervisor approved ending the protection response before the decision was made regarding the need for FDR protection services or ongoing protection services and the rationale was documented and appropriate.

Of the 6 records that were rated not achieved, 2 had decisions to not provide FDR protection services or ongoing protection services and these decisions were not consistent with the information obtained, and 4 were Memos/Service Requests with inappropriate non-protection responses. Within the records rated not achieved for having decisions to not provide FDR protection services or ongoing protection services that were not consistent with the information obtained, supports were subsequently provided to the families which adequately addressed the risk factors presented in the initial reports and documented family histories.

**FS 16: Timeframe for Completing the FDR Assessment or Investigation:** The compliance rate for this critical measure was **13%**. The measure was applied to all 24 records in the augmented sample: 3 of the 24 records were rated achieved and 21 were rated not achieved. To receive a rating of achieved the record contained documentation that 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 that had been approved by the supervisor.

Of the 21 records that received ratings of not achieved, 17 did not have the FDR assessments or investigations completed within 30 days and 4 were Memos/Service Requests with inappropriate non-protection responses. Of the 17 records where the FDR assessments or investigations were not completed within 30 days, the range of time it took to complete the FDR assessments or investigations was between 38 and 454 days, with the average being 175 days.

**FS 17: Completing a Family and Child Strengths and Needs Assessment:** The compliance rate for this critical measure was **89%**. The measure was applied to all 9 records in the samples: 8 of the 9 records were rated achieved and 1 was rated not achieved.

The 1 record rated not achieved did not contain a Family Strengths and Needs Assessment. Of the 8 records that received ratings of achieved, 7 had Family and Child Strengths and Needs Assessments completed within the most recent 6 month protection cycle and 1 did not have a Family and Child Strengths and Needs Assessment completed within the most recent 6 month protection cycle, but it was completed within the 12 month time frame of the audit.

**FS 18: Supervisory Approval of the Strengths and Needs Assessment:** The compliance rate for this critical measure was **56%**. The measure was applied to all 9 records in the samples: 5 of the 9 records were rated achieved and 4 were rated not achieved. To receive a rating of achieved, the record contained a Family and Child Strength and Needs Assessment that was approved by the supervisor.

Of the 4 records that received ratings of not achieved, 1 did not contain Family and Child Strengths and Needs Assessments, and 3 contained completed Family and Child Strength and Needs Assessments that were not approved by the supervisors.

**FS 19: Developing the Family Plan with the Family:** The compliance rate for this critical measure was **0%**. The measure was applied to all 9 records in the samples: 0 of the 9 records were rated achieved and 9 were rated not achieved. To receive a rating of achieved, the record contained a completed Family Plan form or its equivalent and was developed in collaboration with the family. An equivalent to the Family Plan form can be the plan developed during a facilitated meeting, such as at a Family Case Planning Conference or Family Group Conference. The plan developed may be in lieu of a Family Plan if the plan has the following key components:

- the priority needs to be addressed
- the goals, described in clear and simple terms regarding what the family would like to change in their lives in relation to the identified need
- indicators that described in clear and simple terms what will appear different when the need is met (from the viewpoint of the family or from the viewpoint of others)
- strategies to reach goals, where the person responsible for implementing the strategy is also noted
- a review date, when progress towards the goal will be reviewed and a determination made on whether the goal has been met.

Of the 9 records rated not achieved, all did not contain Family Plans or equivalents.

**FS 20: Timeframe for Completing the Family Plan:** The compliance rate for this critical measure was **0%**. The measure was applied to all 9 records in the samples: all records were rated not achieved. To receive a rating of achieved, the record contained a Family Plan or its equivalent that was created within 30 days of initiating ongoing protection services and the Family Plan was revised within the most recent 6 month protection cycle.

Of the 9 records that were rated not achieved, all did not contain Family Plans or equivalents.

**FS 21: Supervisory Approval of the Family Plan:** The compliance rate for this critical measure was **0%**. The measure was applied to all 9 records in the samples: all records were rated not achieved. To receive a rating of achieved, the record contained a Family Plan that was approved by the supervisor.

Of the 9 records rated not achieved, all did contain Family Plans or equivalents.

**FS 22: Completing a Vulnerability Reassessment OR a Reunification Assessment:** The compliance rate for this critical measure was **44%**. The measure was applied to all 9 records in the samples; 4 of the 9 records were rated achieved and 5 were rated not achieved.

To receive a rating of achieved, the record contained a Vulnerability Reassessment or Reunification Assessment completed within the most recent 6 month protection cycle and a Reunification Assessment completed within 3 months of the child's return or a court proceeding regarding custody and the assessment(s) was approved by the supervisor.

Of the 5 records rated not achieved, 3 did not contain Reunification Assessments and 2 contained incomplete Reunification Assessments within the most recent 6 month protection cycle. Of the 5 records that did not contain completed Reunification Assessments within the required timeframe, all 5 also did not have Vulnerability Reassessments or Reunification Assessments completed within the 12 month time frame of the audit.

**FS 23: Making the Decision to End Ongoing Protection Services:** The compliance rate for this critical measure was **100%**. The measure was applied to the 1 record in the sample and it was rated achieved. To receive a rating of achieved, the record contained documentation that:

- the decision to conclude ongoing protection services was made in consultation with a supervisor
- there were no unaddressed reports of abuse or neglect
- there were no indications of current or imminent safety concerns
- the family demonstrated improvements as identified in the Family Plan
- a recent Vulnerability Reassessment or Reunification Assessment confirmed that factors identified as contributing to high vulnerability no longer existed or have been sufficiently addressed
- the family demonstrated the ability to access and use formal and informal resources and the family had the ability to parent without MCFD support.

## 7. COMPLIANCE TO PROGRAMS AUDITED

### a) Child Service

In total, 33 open and closed 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 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	33	20	13	61%
Standard 2 Development of a Comprehensive Plan of Care	18*	1	17	6%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	21*	3	18	14%
Standard 4 Supervisory Approval Required for Guardianship Services	33	27	6	82%

Standard 5 Rights of Children in Care	33	11	22	33%
Standard 6 Deciding Where to Place the Child	33	30	3	91%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	33	32	1	97%
Standard 8 Social Worker's Relationship & contact with a Child in Care	33	1	32	3%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	31*	0	31	0%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	33	23	10	70%
Standard 11 Planning a Move for a Child in Care	4*	3	1	75%
Standard 12 Reportable Circumstances	8*	3	5	38%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	1*	1	0	100%
Standard 14 Case Documentation	33	4	29	12%
Standard 15 Transferring Continuing Care Files	6*	6	0	100%
Standard 16 Closing Continuing Care Files	2*	2	0	100%
Standard 17 Rescinding a Continuing Custody Order	0*			
Standard 19 Interviewing the Child about the Care Experience	10*	0	10	0%
Standard 20 Preparation for Independence	3*	3	0	100%



Standard 21 Responsibilities of the Public Guardian and Trustee	12*	12	0	100%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	3*	0	3	0%
Standard 23 Quality of Care Review	0*			
Standard 24 Guardianship Agency Protocols	33	33	0	100%

Standard 2: 15 records involved children or youth who entered care prior to May 1, 2015

Standard 3: 12 records involved children or youth who entered care since April 30, 2017.

Standard 9: 2 records did not involve youth who were placed in a family care home

Standard 11: 29 records did not involve children or youth who were not moved from their care home

Standard 12: 25 records did not contain information regarding reportable circumstances

Standard 13: 32 records did not contain information regarding children missing, lost or run away

Standard 15: 27 records were not transferred

Standard 16: 31 records were not closed continuing care files

Standard 17: 33 records did not involve rescindment of a continuing custody order

Standard 19: 23 records did not involve a child or youth moving from a placement

Standard 20: 30 records did not require planning for independence

Standard 21: 21 records did not require the involvement of the Public Guardian & Trustee

Standard 22: 30 records did not involve an investigation of abuse or neglect in a family care home

Standard 23: 33 records did not involve a quality of care review

**b) Resources**

In total, 18 open and closed resource records were audited. Overall compliance to the resource standards was **36%**. 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	18	13	5	72%
Standard 29 Family Care Homes – Application and Orientation	18	2	16	11%
Standard 30 Home Study	12*	1	11	8%
Standard 31 Training of Caregivers	18	11	7	61%
Standard 32 Signed Agreements with Caregivers	18	8	10	44%
Standard 33 Monitoring and Reviewing the Family Care Home	18	1	17	6%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	1*	1	0	100%
Standard 35 Quality of Care Review	1*	1	0	100%
Standard 36 Closure of the Family Care Home	2*	0	2	0%

Standard 30: 6 records included home studies completed prior to May 1, 2015

Standard 34: 17 records did not include information regarding alleged abuse or neglect in a family care home

Standard 35: 17 records did not involve a quality of care review

Standard 36: 16 records were not closed family care home files

### c) Family Service

The agency's overall compliance rate for the Family Service files was **52%**. The following provides a breakdown of the compliance ratings.

#### Report and Screening Assessment

FS 1 to FS 4 relate to obtaining and assessing a child protection report. The records included the selected samples of 7 closed Service Requests, 9 closed Memos and 20 closed Incidents.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 1: Gathering Full and Detailed Information	36	31	5	86%
FS 2: Conducting an Initial Record Review (IRR)	36	8	18	22%
FS 3: Assessing the Report about a Child or Youth's Need for Protection (Completing the Screening Assessment)	36	32	4	89%
FS 4: determining Whether the Report Requires a Protection or Non-protection Response	36	32	4	89%

## Response Priority, Detailed Records Review and Safety Assessment

FS 5 to FS 9 relate to assigning a response priority, conducting a detailed record review (DRR) and completing the safety assessment process and form. The records included the selected sample of 20 closed Incidents augmented with the records described in the note below the table.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 5: Assigning an Appropriate Response Priority	24*	20	4	83%
FS 6: Conducting a Detailed Record Review (DRR)	24*	4	20	17%
FS 7: Assessing the Safety of the Child or Youth	24*	17	7	71%
FS 8: Documenting the Safety Assessment	24*	5	19	21%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	24*	17	7	71%

\*Total Applicable includes the sample of 20 Incidents augmented with the addition of 1 Service Request and 3 Memos with inappropriate non-protection responses.

## Steps of the FDR Assessment or Investigation

FS 10 to FS 13 relate to meeting with or interviewing the parents and other adults in the family home, meeting with every child or youth who lives in the family home, visiting the family home and working with collateral contacts. The records included the selected sample of 20 closed Incidents augmented with the records described in the note below the table.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	24*	11	13	46%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	24*	7	17	29%
FS 12: Visiting the Family Home	24*	9	15	38%
FS 13: Working with Collateral Contacts	24*	9	15	38%

\*Total Applicable includes the sample of 20 Incidents augmented with the addition of 1 Service Request and 3 Memos with inappropriate non-protection responses.

### Assessing the Risk of Future Harm and Determining the Need for Protection Services

FS 14 to FS 16 relate to assessing the risk of future harm, determining the need for protection services and the timeframe for completing the FDR assessment or investigation. The records included the selected sample of 20 closed Incidents augmented with the records described in the note below the table.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS14: Assessing the Risk of Future Harm	24*	11	13	46%
FS 15: Determining the Need for Protection Services	24*	18	6	75%
FS 16: Timeframe for Completing the FDR Assessment or Investigation	24*	3	21	13%

\*Total Applicable includes the sample of 20 Incidents augmented with the addition of 1 Service Request and 3 Memos with inappropriate non-protection responses.

### Strength and Needs Assessment and Family Plan

FS 17 to FS 21 relate to the completion of the Family and Child Strengths and Needs Assessment and the Family Plan. The records included the selected sample of 8 open FS cases and 1 closed FS case.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 17: Completing a Family and Child Strengths and Needs Assessment	9	8	1	89%
FS 18: Supervisory Approval of the Strengths and Needs Assessment	9	5	4	56%
FS 19: Developing the Family Plan with the Family	9	0	9	0%
FS 20: Timeframe for Completing the Family Plan	9	0	9	0%
FS 21: Supervisory Approval of the Family Plan	9	0	9	0%

## Reassessments

FS 22 relates to the completion of a Vulnerability Reassessment or Reunification Assessment. The records included the selected sample of 8 open FS cases and 1 closed FS case.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 22: Completing a Vulnerability Reassessment or a Reunification Assessment	9	4	5	44%

## Decision to End Protection Services

FS 23 relates to making the decision to end ongoing protection services. The records included the selected sample of 1 closed FS case

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 23: Making the Decision to End Ongoing Protection Services	1	1	0	100%

## 8. ACTIONS COMPLETED TO DATE

Prior to the development of the Action Plan on February 1, 2019, the following actions were implemented by the agency:

Child Service:

1. In May, 2018, the executive director reviewed the care plan template with all guardianship social workers.
2. In May, 2018, the executive director reviewed the requirements of Standard 8 with the social workers. Social workers were reminded of the requirement to document the 30 day private visits clearly in ICM.

Resources:

3. On December 17, 2018, the agency received additional funding from MCFD to hire a contractor to complete all of the outstanding home studies identified in the audit.

Family Service:

4. In April, 2018, MCFD's Aboriginal Services Branch practice analyst provided in-person training on SDM tools to all delegated social workers.

## 9. ACTION PLAN

On February 1, 2019, the following action plan was developed in collaboration between Knucwentwecw Society and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Persons Responsible	Completion Dates
<p>Child Service:</p> <ol style="list-style-type: none"> <li>1. The agency will review all open child service cases and complete all required annual care plans. The required care plans will be completed in person, and in collaboration, with the children and youth according to their developmental capacity. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.</li> <li>2. The agency will ensure that the Section 70 Rights are reviewed in-person with, and are provided in writing to, each child and youth in care. For children without the capacity to understand their rights, the social workers will review their rights with relatives or other adults (not their caregivers). Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.</li> <li>3. The agency will complete all outstanding reportable circumstance identified during this audit. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.</li> </ol>	<p>Executive Director</p> <p>Executive Director</p> <p>Executive Director</p>	<p>August 1, 2019</p> <p>August 1, 2019</p> <p>August 1, 2019</p>
<p>Resources:</p> <ol style="list-style-type: none"> <li>4. The agency will review all open resource cases and complete all required annual reviews. The required annual reviews will be completed in person, and in collaboration, with the care givers in the caregivers' homes Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.</li> </ol>	<p>Executive Director</p>	<p>August 1, 2019</p>

<p>5. The agency will review all open resource cases and complete all required CRRAs and consolidated criminal record checks. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.</p>	<p>Executive Director</p>	<p>May 1, 2019</p>
<p>Family Service:</p>		
<p>6. The agency will invite the MCFD Aboriginal Services practice analyst to the agency to provide a second in-person training session on conducting child protection interviews, assessing home environments, SDM tools and Family Plans. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.</p>	<p>Executive Director</p>	<p>August 1, 2019</p>
<p>7. The agency will review all open ongoing family service cases and complete, in collaboration with the families whenever possible, all required Family Plans. Confirmation will be sent, via email, to the manager of Quality Assurance, MCFD.</p>	<p>Executive Director</p>	<p>August 1, 2019</p>