

## **CASE PRACTICE AUDIT REPORT**

**Nlha'7kapmx Child & Family Services Society**

**IEB**

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 August 10th, 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 confirm good practice and identify areas where practice requires strengthening. This is a re-audit for Niha'7kapmx Child & Family Services Society (NCFSS). The last audit of the agency was completed March 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 three 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 August 7 – 10, 2018. Upon arrival at the agency, the analysts met with the team leader to review the audit process as the executive director was not available. The analysts were available to answer any questions from staff that arose throughout the audit process. Interviews with most of 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 records and generate compliance tables (see below) and a compliance report for each record audited. A MCFD Sharepoint site was used to collect the data for the Family Service Cases, Incidents, Service Requests and Memos.

Below are 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 will provide a confidence level of 90% with a +/- 10% margin of error. For those samples equal to the populations, the sizes will provide a confidence level of 100% with a 0% margin of error:

Type	Population	Sample Size
Open Child Service Cases	10	10
Closed Child Service Cases	4	4
Resource Files	8	8
Service Requests	6	6
Memos	35	23
Incidents	9	9
Open Family Service Cases	8	8
Closed Family Service Cases	3	3

The scope of the practice audit was:

1. Open Child Service: CS records open in the IEB office on June 30, 2018 and had been open at the agency for at least six months (continuously) with the following legal categories: VCA, SNA, Removed, Interim Care Order, Temporary Care Order, and Continuing Custody Order.
2. Closed Child Service: CS records that were closed in the IEB office between January 1, 2017 and June 30, 2018 and had been open at the agency for at least six months (continuously) with the following legal categories: VCA, SNA, Removed, Interim Care Order, Temporary Care Order, Continuing Custody Order.
3. Open and closed Resource: RE records in the IEB office that had a child or youth in care for at least three months between July 1, 2016 and June 30, 2018. Children or youth in care had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level 1 Care, Level 2 Care, Level 3 Care, and First Nations Foster Home.
4. Closed Service Requests: records that were closed in the IEB office between July 1, 2017 and June 30, 2018, where the type was request service – CFS, request service – CAPP, request for family support, or youth services.
5. Closed Memos: records that were closed in the IEB office between July 1, 2017 and June 30, 2018, where the type was screening and with the resolution of No Further Action. Memos that were created in error were excluded.
6. Closed Incidents: records that were created after November 4, 2014 and were closed in the IEB office between July 1, 2017 and June 30, 2018, where the type was family development response or investigation.
7. Open Family Service: FS cases that were open in the IEB office on June 30, 2018 and had been open for at least six months (continuously) with a service basis listed as protection.
8. Closed Family Service: FS cases that were closed in the IEB office between July 1, 2017 and June 30, 2018 and had been open for at least six months (continuously) with a service basis listed as protection.

### **3. AGENCY OVERVIEW**

#### **a) Delegation**

NCFSS was established in 1994 and immediately received C6 delegation. The agency currently operates under a bi-lateral delegation modification agreement from April 1, 2018 to March 31, 2019. The agency provides services only to those band members residing on reserve. The exception to this is caregivers for children in care, who may live off reserve. The agency recruits caregivers both on and off reserve. The vision of NCFSS is to provide holistic services with Niha'7kapmx cultural beliefs, values and traditions.

The C6 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

In addition to the delegated programs, NCFSS provides the following non-delegated programs/services to their member Nation children and families:

- Family Enhancement Program
- Youth/Adult Support Program

#### **b) Demographics**

Niha'7kapmx Child and Family Services provides services to six bands in the Lytton area. These six bands are: Cook's Ferry, Kanaka Bar, Lytton, Nicomen, Siska, and Skuppah. The NCFSS office is located on Skuppah Band land, which is four kilometers west of Lytton. The band furthest away is only a half hour drive from the office unless the Fraser River ferry is not operating. In that case the drive time can be as much as three hours each way. The registered on-reserve population for these six bands is approximately 1098. (Source: Aboriginal Peoples & Communities, First Nation Profiles, Aboriginal Affairs and Northern Development Canada, September 2018).

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

At the time of the audit, the agency staff included: the executive director, the team leader (C6 delegated), and four C6 delegated case managers. The executive director has been with the agency since it began over 20 years ago and is a tremendous source of cultural and community knowledge. She is seen as a leader and knowledge keeper amongst the other delegated Aboriginal agencies (DAA). She has been on a leave for the past year. The acting executive director is also the finance administrator/office manager. The team leader has been on contract with the agency since March 2014 and works three days a week in the office and is available by phone at all other times. He is a retired MCFD social worker who was the regional Aboriginal practice consultant prior to working at the agency. All the delegated staff have completed the Aboriginal social work delegation training through the Indigenous Perspectives Society. The executive director and acting executive director are not delegated.

NCFSS also has the following positions, supervised by the team leader or by the executive director, that work closely with the delegated staff to provide holistic, cultural services to Nhla'7kapmx people:

- family enhancement worker
- youth worker
- data entry/case aide
- finance administrator/office manager
- executive assistant
- receptionist

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

The team leader provides supervision to the delegated social workers, the family enhancement worker and the youth worker. The staff reported they are comfortable stopping into his office or calling him when he is out of the office for consultations. The team leader and delegated social workers have weekly team meetings and monthly case review meetings where they can discuss and review cases and engage in collaborative decision making. The team leader consults with the agency's practice analyst from Aboriginal Services Branch for complex cases and delegated practice support. He reports having numerous MCFD contacts that he can consult with as needed.

### **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 report they've developed close relationships with the local RCMP, schools and businesses. These relationships assist workers in planning for the needs of children and youth in care.
- Most of the children/youth in care are in placements with their families or within their own communities thereby maintaining the connections with their cultures, families, extended families and significant others.
- All the staff are expected to, and do, participate in community cultural events. Staff described this as an important because being visible and part of the communities is necessary to build the trust with the children/youth in care and the families they serve.
- Staff reported that they work very well together and are supportive of one another. They can count on one another to help out as needed, and they greatly appreciate the 'in-service monthly wellness days'.
- The agency places a lot of emphasis on keeping kids out of care. A family support worker engages with children, youth and families within the schools and communities.
- The agency hosts an annual open house and cultural camp which strengthens relationships with the local bands.
- Staff reported that they work very well with the current leadership.

## **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:

- Lytton is a small and isolated community and there is a lack of services and resources. Specifically, there are no local physicians, mental health services, or family court and the closest counselling/play therapists are in Chilliwack or Merritt, B.C. The general hospital is in Kamloops and only a few of the bands in the area have alcohol and drug services. This negatively impacts the social workers' ability to plan for the children/youth in care, caregivers and families. This also creates additional expenses for the agency when services are brought into the communities.
- Recruitment and retention of staff is difficult due to the agency's location, their limited budget for salary parity, and limited housing vacancies in the communities. Additionally, it can take almost a year for a social worker to acquire C6 delegation which limits the agency's ability to allocate delegated duties.
- Training for staff and caregivers is limited due to the agency's location and small operational budget. For these reasons, staff may attend local training opportunities, but travelling lengthy distances for professional development is not always possible. Staff have identified a desire for further training in ICM.
- The acting executive director has an administrative background with no child welfare experience.

## **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 two year period from July 01, 2016 to June 30, 2018. The 23 standards are based on the AOPSI Guardianship Practice Standards. The standards are as follows:

<b>AOPSI Guardianship Practice Standard</b>	<b>Compliance Description</b>
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:

- **CS 1 Preserving the identity of the Child in Care:** There was documentation of involvement in community cultural events and culturally appropriate services such as language classes, traditional drumming and singing, and time with the elders in all 14 records (**100% compliance; 2017 audit result 77%**).
- **CS 2 Development of a Care Plan:** For those records that were opened during the three-year audit scope period, Initial Care Plans (required after 30 days) and Care Plans (required after six months) were not found in the 9 applicable records (**0% compliance; 2017 audit result 0%**).

- **CS 3 Monitoring and Reviewing the Care Plan:** Over the three year audit scope period, all required annual Care Plans were found in 2 of the 13 applicable records. (15% compliance; 2017 audit result 24%). Of the 9 records rated not achieved, 7 were open and, of these, 5 were missing current care plans for 2018.
- **CS 4 Supervisory Approval Required for Guardianship Services:** Documentation of supervisory approvals and consults at key decision points were found in 13 of the 14 records (93% compliance; 2017 audit result 91%).
- **CS 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 8 of the 14 records (57% compliance; 2017 audit result 27%). Of the 6 records rated not achieved, 5 were open with at least one annual review missing during the scope period and, of these 5, 1 was missing the annual review for 2018.
- **CS 6 Deciding Where to Place the Child:** Rationales for placement selections and efforts to involve family members as options for placements were documented in all 14 records (100% compliance; 2017 audit result 90%).
- **CS 7 Meeting the Child's Needs for Stability and Continuity of Relationships:** Significant efforts were 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 all 14 records (100% compliance; 2017 audit result 100%).
- **CS 8 Social Worker's Relationship and Contact with the Child:** Documentation of the social workers' private contacts with children/youth in care did not meet the standard in any of the 14 records (0% compliance; 2017 audit result 5%). 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 they were completed in private.
- **CS 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 times of placements and that appropriate discipline standards were reviewed annually with the caregivers, did not meet the standard in any of the 14 records (0% compliance; 2017 audit result 5%). Of the 10 open records rated not achieved, all of them were missing the 2018 annual review of appropriate discipline standards.
- **CS 10 Providing Initial and Ongoing Medical and Dental Care:** Documentation of required medical exams and dentist care and, when necessary, optical, speech, occupational and physical therapy appointments were found in all 14 records (100% compliance; 2017 audit result 68%).
- **CS 11 Planning a Move for a Child in Care:** When children/youth in care were moved to new placements, there was documentation of the reasons for the move and the children and youth were prepare for those moves in 4 of the 5 applicable records (80% compliance; 2017 audit result 78%).
- **CS 12 Reportable Circumstances:** The analysts found the required reportable circumstances reports in all 2 applicable records (100% compliance; 2017 audit result 100%). The analysts notified the executive director of these 2 records with incomplete or missing documentation.

- **CS 13 When a Child or Youth is Missing, Lost or Runaway:** There were no missing, lost or runaway youth during the audit scope period (2017 audit result 100%).
- **CS 14 Case Documentation:** Opening and Closing Recordings (when required) and Care Plan reviews (required after 6 months of completing the annual Care Plans) were found in 2 of the 14 records (14% compliance; 2017 audit result 14%).
- **CS 15 Transferring Continuing Care Files:** The required documentation when transferring CCO records was found in all 2 applicable records (100% compliance; 2017 audit result 100%).
- **CS 16 Closing Continuing Care Files:** The required documentation when closing CCO records was found in 3 of the 4 applicable records (75% compliance; 2017 audit result 60%).
- **CS 17 Rescinding a CCO and Returning the Child to the Family Home:** The required documentation when rescinding CCO orders was not found in any of the 2 records. (0% Compliance; 2017 audit result 0%).
- **CS 19 Interviewing the Child about the Care Experience:** Interviews with children and youth in care about their care experiences when leaving their placements was not documented in any of the 5 applicable records (0% compliance; 2017 audit result 0%).
- **CS 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 1 applicable record (100% compliance; 2017 audit result 83%).
- **CS 21 Responsibilities of the PGT:** Documentation related to notifying and involving the PGT (when required) was found in all 8 applicable records (100% compliance; 2017 audit result 90%).
- **CS 22 Investigation of Alleged Abuse or Neglect in a Family Care Home:** There were no protocol investigations required during this audit scope period (2017 audit result: N/A).
- **CS 23 Quality of Care Review:** Complete documentation of quality of care reviews was not found for any of the 3 applicable records (0% compliance; 2017 audit result: N/A).
- **CS 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 14 records (100% compliance; 2017 audit result 100%).

## b) Resources

The audit reflects the work done by the staff in the agency's resources program over the past two years from July 01, 2016 to June 30, 2018. The nine standards 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:

- A total of 8 records were audited; 6 open and 2 closed. Of the 6 open records, 1 was a restricted caregiver, 3 were regular caregivers and 2 were specialized caregivers. Of the 2 closed records, both were restricted caregivers.
- **RE 28 Supervisory Approval for Family Care Home Services:** Documentation of supervisory approvals and consults at key decision points were found in 6 of the 8 records (**75%** compliance; 2017 audit result 67%).
- **RE 29 Family Care Homes – Application and Orientation:** Complete application and orientation documentation was found in 2 of the 8 records (**25%** compliance; 2017 audit result 42%). Of the 6 records rated not achieved, 5 were open and 1 was closed. Of the 5 open records, 3 did not have CRA's, 1 had a CRA that expired in 2017, and 1 was missing the CRRA, references, a PCC, medicals, and the caregiver orientation.
- **RE 30 Home Study:** Completed and comprehensive home studies were found in 1 of the 6 applicable records (**17%** compliance; 2017 audit result 20%). Of the 5 records rated not achieved, 4 were open and 1 was closed. Of the 4 records open records rated not achieved, 2 records did not have home studies completed, 1 record did not have a current home study on file (RE re-opened March 2013), and 1 record had a home study that did not include assessments of the caregivers' skills and suitability for fostering as required. The agency is not using the Structured Analysis Family Evaluation (SAFE).
- **RE 31 Training of Caregivers:** Training offered to and taken by the caregivers was documented in 4 of the 8 records (**50%** compliance; 2017 audit result 17%).
- **RE 32 Signed Agreement with Caregiver:** Signed and consecutive Family Care Home Agreements were found in 5 of the 8 records (**63%** compliance; 2017 audit result 100%). Of the 3 records rated not achieved, 1 was open with no agreements, 1 was open and missing a current agreement within the three year scope of the audit, and 1 was closed with a missing agreement within the three year scope of the audit.
- **RE 33 Monitoring and Reviewing the Family Care Home:** Over the three year audit scope period, all required annual reviews was found in 1 of the 8 records (**13%** compliance; 2017 audit result 17%). Of the 7 records rated not achieved, 5 were open and 2 were closed and all lacked documentation confirming that social workers maintained regular contact with their caregivers through in-person home visits and phone/email contacts. In 3 of these 7 records, no contact information between social workers and caregivers was found. Of the 5 open records rated not achieved, none contained current 2017/18 reviews.
- **RE 34: Investigation of Alleged Abuse or Neglect in a Family Care Home:** The required documentation when completing a protocol investigation was not found in the1 applicable record (**0%** compliance; 2017 audit result 0%).
- **RE 35: Quality of Care Review:** The required documentation when completing a quality of care review was not found in the1 applicable record (**0%** compliance; 2017 audit result N/A).
- **RE 36: Closure of the Family Care Home:** Complete closing documentation, including Closing Recordings and closing letters to the caregivers, was found in 1 of the 2 applicable records (**50%** compliance; 2017 audit result 60%).

### c) Family Service

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

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

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

Applicability of Audit Critical Measures by Record Type:

Type of Family Service Record	Applicable Critical Measures
• Memos • Service Requests • Incidents	FS1 – FS4
• Incidents • Memos or Service Requests with an inappropriate non-protection response	FS5 – FS15
• Open and Closed Cases	FS16 – FS21
• Closed Cases	FS22

Findings from the audit of the resource records include:

**Records Identified for Action**

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 this audit, 1 record was 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.

**FS 1: Gathering Full and Detailed Information:** The compliance rate for this critical measure was **74%** (2017 audit result 88%). The measure was applied to all 38 records in the samples; 28 of the 38 records were rated achieved and 10 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 10 records that were rated not achieved, all lacked detailed and sufficient information from the callers to assess and respond to the reports.

**FS 2: Conducting an Initial Record Review (IRR):** The compliance rate for this critical measure was **21%** (2017 audit result 48%). The measure was applied to all 38 records in the samples: 8 of the 38 records were rated achieved and 30 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 30 records that were rated not achieved, 1 did not have an IRR completed, 9 had IRRs but they were not completed within 24 hours, 19 had IRRs but they contained insufficient information, 27 had IRRs but no indications that Best Practice was searched. Of the 9 records that did not document the IRRs within 24 hours, the range of time it took to complete the IRRs was between 2 and 238 days, with the average time being 72 days. The total adds to more than the number of records rated not achieved as 22 records had combinations of the above noted reasons.

**FS 3: Completing the Screening Assessment:** The compliance rate for this critical measure was **74%** (2017 audit result 62%). The measure was applied to all 38 records in the samples: 28 of the 38 records were rated achieved and 10 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 10 records that were rated not achieved: all 10 had Screening Assessments that were completed past the required timeframe. The range of time it took to complete the Screening Assessments that were completed beyond the required timeframe was between 2 and 262 days, with the average time being 69 days.

**FS 4: Determining Whether the Report Requires a Protection or Non-Protection Response:** The compliance rate for this critical measure was **63%** (2017 audit results 88%). The measure was applied to all 38 records in the samples: 24 of the 38 records were rated achieved and 14 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 14 records that received ratings of not achieved, all were Memos with inappropriate non-protection responses. These 14 Memos were added to the Incident sample from FS 5 to FS 16 and received ratings of not achieved for these measures because there were partial protection responses documented but the records were not converted to Incidents, as required. The purpose of a Memo is to screen the report to determine if an Incident or Service Request is to be opened. When a Memo is used to document an investigation or FDR response, a Safety Assessment and a Vulnerability Assessment are not generated nor completed.

In 13 of the 14 records that received ratings of not achieved, 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. The remaining record was brought to the attention of the involved team leader and executive director because the information in the record suggested that the child(ren) may have been left at risk of harm at the time the record was audited.

**FS 5: Determining the Response Priority:** The compliance rate for this critical measure was **35%** (2017 audit result 71%). The measure was applied to all 23 records in the augmented sample: 8 of the 23 records were rated achieved and 15 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 15 records rated not achieved, 1 had a response priority of 5 days when it should have been within 24hrs and 14 were Memos with inappropriate non-protection responses.

The audit also assessed whether families were contacted within the timeframes of the assigned response priorities. Of the 9 records in the Incident sample, 5 contained documentation confirming that the families were contacted within the assigned response priorities, and 4 did not. Of these 4 records where the families were not contacted within the timelines determined by the assigned response priority timeframes, all 4 were given the response priority timeframe of within 5 days. Of these 4 records, 2 did not document the dates the families were contacted, and the time it took to contact the families in the remaining 2 records was 20 and 66 days.

**FS 6: Conducting a Detailed Record Review (DRR):** The compliance rate for this critical measure was 13% (2017 audit result 0%). The measure was applied to all 23 records in the augmented sample: 3 of the 23 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 as not achieved, 6 did not have DRRs and 14 were Memos with inappropriate non-protection responses.

**FS 7: Assessing the Safety of the Child or Youth:** The compliance rate for this critical measure was 17% (2017 audit result 43%). The measure was applied to all 23 records in the augmented sample: 4 of the 23 records were rated achieved and 19 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 19 records that were rated not achieved, 4 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 14 were Memos with inappropriate non-protection responses.

**FS 8: Documenting the Safety Assessment:** The compliance rate for this critical measure was 4% (2017 audit result 14%). The measure was applied to all 23 records in the augmented sample: 1 of the 23 records was rated achieved and 22 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 22 records that were rated not achieved, 2 did not have Safety Assessment forms, 6 had Safety Assessment forms that were not completed within 24 hours after the safety assessment processes, and 14 were Memos with inappropriate non-protection responses. Of the 6 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 10 days and 304 days, with the average time being 136 days.

**FS 9: Making a Safety Decision Consistent with the Safety Assessment:** The compliance rate for this critical measure was 30% (2017 audit result 43%). The measure was applied to all 23 records in the augmented sample: 7 of the 23 records were rated achieved and 16 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 16 records that were rated not achieved, 2 did not have Safety Assessment forms and 14 were Memos 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 17% (2017 audit result 7%). The measure was applied to all 23 records in the augmented sample: 4 of the 23 records were rated achieved and 19 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 19 records that were rated not achieved, 3 did not contain documentation that the social workers had met with or interviewed the parents, 2 did not contain sufficient information to assess the safety/vulnerability of all children/youth in the homes, and 14 were Memos 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 17% (2017 audit result 7%). The measure was applied to all 23 records in the augmented sample: 4 of the 23 records were rated achieved and 19 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 19 records that were rated not achieved, 5 did not document that the social workers had private, face-to-face conversations with every child/youth living in the homes and 14 were Memos with inappropriate non-protection responses.

**FS 12: Visiting the Family Home:** The compliance rate for this critical measure was **22%** (2017 audit result 29%). The measure was applied to all 23 records in the augmented sample: 5 of the 23 records were rated achieved and 18 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 18 records that were rated not achieved, 4 did not document that the social workers visited the family homes and 14 were Memos with inappropriate non-protection responses.

**FS 13: Working with Collaterals:** The compliance rate for this critical measure was **17%** (2017 audit result: not assessed). The measure was applied to all 23 records in the augmented sample: 4 of 23 records were rated achieved and 19 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 19 records that were rated not achieved, 4 had no documentation of collaterals being completed, 1 had no documentation of collaterals being checked and no indication that a required medical exam was conducted, and 14 were Memos with inappropriate non-protection responses.

The audit also assessed whether the social workers, if the records were Incidents with FDR protection responses, contacted 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 9 Incidents in the original sample, 8 were FDR protection responses. Of these 8 FDR responses, all 8 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 8 FDR responses, 1 documented contact with the parents prior to initiating the FDR response and 7 did not. Furthermore, of these 8 FDR responses, none 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 **22%** (2017 audit result: not assessed). The measure was applied to all 23 records in the augmented sample: 5 of the 23 records were rated achieved and 18 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 18 records that were rated not achieved, 1 did not have a Vulnerability Assessment, 1 had a Vulnerability Assessment that was not approved by the supervisor, 2 had incomplete Vulnerability Assessments, and 14 were Memos with inappropriate non-protection responses.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. Of the 4 records where the Vulnerability Assessments were completed, the times it took to complete the forms was 7, 30, 87, and 152 days.

**FS 15: Determining the Need for Protection Services:** The compliance rate for this critical measure was 35% (2017 audit result 43%). The measure was applied to all 23 records in the augmented sample: 8 of the 23 records were rated achieved and 15 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 15 records that were rated not achieved, 1 had a decision to not provide FDR protection services or ongoing protection services and this decision was not consistent with the information obtained and 14 were Memos with inappropriate non-protection responses. With respect to the 1 record rated not achieved for having a decision to not provide FDR protection services or ongoing protection services that was 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 17% (2017 audit result 0%). The measure was applied to all 23 records in the augmented sample: 4 of the 23 records were rated achieved and 19 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 19 records that received ratings of not achieved, 5 did not have the FDR assessments or investigations completed within 30 days and 14 were Memos with inappropriate non-protection responses. Of the 5 records where the FDR assessments or investigations were not completed within 30 days, the times it took to complete the FDR assessments or investigations were 59, 144, 235, 452, and 537 days, with the average time being 285 days.

**FS 17: Completing a Family and Child Strengths and Needs Assessment:** The compliance rate for this critical measure was 22% (2017 Audit result 50%). The measure was applied to 9 records within the samples: 2 of the 9 records were rated achieved and 7 were rated not achieved.

Of the 7 records that received ratings of not achieved, 5 did not contain Family and Child Strengths and Needs Assessments and 2 contained incomplete Family and Child Strengths and Needs Assessments.

Of the 2 records that received ratings of achieved, 1 had a Family and Child Strengths and Needs Assessments completed within the most recent 6 month protection cycle and 1 did not have Family and Child Strengths and Needs Assessments 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 33% (2017 audit result 50%). The measure was applied to all 9 records in the samples: 3 of the 9 records were rated achieved and 6 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 6 records that received ratings of not achieved, 5 did not contain Family and Child Strengths and Needs Assessments and 1 contained an incomplete Family and Child Strengths and Needs Assessment (that was not approved by the supervisor).

**FS 19: Developing the Family Plan with the Family:** The compliance rate for this critical measure was 33% (2017 audit result 38%). The measure was applied to all 9 records in the samples: 3 of the 6 records were rated achieved and 6 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 key components of:

- 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 6 records rated not achieved, all did not contain Family Plans or equivalents.

The audit also assessed whether the Family Plans were informed by completed Family and Child Strengths and Needs Assessments. Of the 3 records that received ratings of achieved, 1 had completed the Family Plan or equivalent after the completion of the Family and Child Strengths and Needs Assessment and 2 had completed the Family Plans or equivalents without first completing the Family and Child Strengths and Needs Assessments.

**FS 20: Timeframe for Completing the Family Plan:** The compliance rate for this critical measure was 22% (2017 audit result 25%) The measure was applied to all 9 records in the samples: 2 records were rated achieved and 7 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 7 records that received ratings of not achieved, 6 did not have Family Plans or equivalents and 1 had a Family Plan or equivalent within the 12 month time frame of the audit but did not have a Family Plan or equivalent created within the most recent 6-month ongoing protection services cycle.

**FS 21: Supervisory Approval of the Family Plan:** The compliance rate for this critical measure was 22% (2017 audit result 13%). The measure was applied to all 9 records in the samples: 2 records were rated achieved and 7 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 7 records that received ratings of not achieved, 6 did not have Family Plans or equivalents and 1 Family Plan or equivalent was not approved by the supervisor.

**FS 22: Completing a Vulnerability Reassessment OR a Reunification Assessment:** The compliance rate for this critical measure was **33%** (2017 audit result 38%). The measure was applied to all 9 records in the samples; 3 of the 9 records were rated achieved and 6 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 6 records rated not achieved, 2 did not have Vulnerability Reassessments completed within the most recent 6 month protection cycle, 1 had an incomplete Vulnerability Reassessment within the most recent 6 month protection cycle, and 3 did not have the required Reunification Assessments completed within the most recent 6 month protection cycle.

**FS 23: Making the Decision to End Ongoing Protection Services:** The compliance rate for this critical measure was **100%** (2017 audit result 50%). 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, 14 open and closed child service records were audited. The overall compliance to the child service standards was **59%** (2017 audit result: 56%). 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	14	14	0	100%
Standard 2 Development of a Comprehensive Plan of Care	9*	0	9	0%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	13*	2	11	15%
Standard 4 Supervisory Approval Required for Guardianship Services	14	13	1	93%
Standard 5 Rights of Children in Care	14	8	6	57%
Standard 6 Deciding Where to Place the Child	14	14	0	100%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	14	14	0	100%
Standard 8 Social Worker's Relationship & contact with a Child in Care	14	0	14	0%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	14	0	14	0%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	14	14	0	100%
Standard 11 Planning a Move for a Child in Care	5*	4	1	80%
Standard 12 Reportable Circumstances	2*	2	0	100%

Standard 13 When a Child or Youth is Missing, Lost or Runaway	0*	-	-	-
Standard 14 Case Documentation	14	2	12	14%
Standard 15 Transferring Continuing Care Files	2*	2	0	100%
Standard 16 Closing Continuing Care Files	4*	3	1	75%
Standard 17 Rescinding a Continuing Custody Order	2*	0	2	0%
Standard 19 Interviewing the Child about the Care Experience	5*	0	5	0%
Standard 20 Preparation for Independence	1*	1	0	100%
Standard 21 Responsibilities of the Public Guardian and Trustee	8*	8	0	100%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	0*	-	-	-
Standard 23 Quality of Care Review	3*	0	3	0%
Standard 24 Guardianship Agency Protocols	14	14	0	100%

Standard 2: 5 records involved children or youth who entered care prior to July 01, 2016

Standard 3: 1 record involved a child or youth whose one year review was not yet due

Standard 11: 9 records did not involve children or youth who were moved from their care homes

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

Standard 13: None of the records contained information regarding children missing, lost or run away

Standard 15: 12 records were not transferred

Standard 16: 10 records were not closed CCO files

Standard 17: 12 records did not involve rescindments of CCO orders

Standard 19: 9 records did not involve children or youth moving from their placements

Standard 20: 13 records did not require planning for independence

Standard 21: 6 records did not require the involvement of the Public Guardian & Trustee

Standard 22: None of the records involved investigations of abuse or neglect in family care homes

Standard 23: 11 records did not involve quality of care reviews

## b) Resources

In total, 8 open and closed resource records were audited. Overall compliance to the resource standards was **40%** (2017 Audit result: 44%). 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	8	6	2	75%
Standard 29 Family Care Homes – Application and Orientation	8	2	6	25%
Standard 30 Home Study	6*	1	5	17%
Standard 31 Training of Caregivers	8	4	4	50%
Standard 32 Signed Agreements with Caregivers	8	5	3	63%
Standard 33 Monitoring and Reviewing the Family Care Home	8	1	7	13%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	1*	0	1	0%
Standard 35 Quality of Care Review	1*	0	1	0%
Standard 36 Closure of the Family Care Home	2*	1	1	50%

Standard 30: 2 records included home studies completed prior to July 01, 2016

Standard 34: 7 records did not include information regarding alleged abuse or neglect in family care homes

Standard 35: 7 records did not involve quality of care reviews.

Standard 36: 6 records were not closed family care homes

### c) Family Service

The agency's overall compliance rate for the Family Service files was **33%** (2017 Audit result: 49%). The following provides a breakdown of the compliance ratings.

#### Report and Screening Assessment

The table below provides compliance rates for measures FS 1 to FS 4, which relate to obtaining and assessing a child protection report. The records included the selected samples of 6 closed Service Requests, 23 closed Memos and 9 closed Incidents.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 1: Gathering Full and Detailed Information	38	28	10	74%
FS 2: Conducting an Initial Record Review (IRR)	38	8	30	21%
FS 3: Assessing the Report about a Child or Youth's Need for Protection (Completing the Screening Assessment)	38	28	10	74%
FS 4: determining Whether the Report Requires a Protection or Non-protection Response	38	24	14	63%

#### Response Priority, Detailed Records Review and Safety Assessment

The table below provides compliance rates for measures FS 5 to FS 10, which 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 9 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	23*	8	15	35%
FS 6: Conducting a Detailed Record Review (DRR)	23*	3	20	13%
FS 7: Assessing the Safety of the Child or Youth	23*	4	19	17%
FS 8: Documenting the Safety Assessment	23*	1	22	4%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	23*	7	16	30%

\*Total Applicable includes sample of 14 Incidents augmented with the addition of 7 Memos with inappropriate non-protection responses.

## **Steps of the FDR Assessment or Investigation**

The table below provides compliance rates for measures FS 10 to FS 13, which 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 9 closed Incidents augmented with the records described in the note below the table.

<b>Measure</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Not Compliant</b>	<b>Compliance Rate</b>
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	23	4	19	17%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	23	4	19	17%
FS 12: Visiting the Family Home	23	5	18	22%
FS 13: Working with Collateral Contacts	23	4	19	17%

\*Total Applicable includes sample of 14 Incidents augmented with the addition of 7 Memos with inappropriate non-protection responses.

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

The table below provides compliance rates for measures FS 14 to FS 16, which 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 9 closed Incidents augmented with the records described in the note below the table.

<b>Measure</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Not Compliant</b>	<b>Compliance Rate</b>
FS14: Assessing the Risk of Future Harm	23	5	18	22%
FS 15: Determining the Need for Protection Services	23	8	15	35%
FS 16: Timeframe for Completing the FDR Assessment or Investigation	23	4	19	17%

\*Total Applicable includes sample of 14 Incidents augmented with the addition of 7 Memos with inappropriate non-protection responses.

## **Strength and Needs Assessment and Family Plan**

The table below provides compliance rates for measures FS 17 to FS 21, which relate to the completion of the Family and Child Strengths and Needs Assessment and the Family Plan. The records included the selected samples of 8 open FS cases and 1 closed FS case.

<b>Measure</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Not Compliant</b>	<b>Compliance Rate</b>
FS 17: Completing a Family and Child Strengths and Needs Assessment	9	2	7	22%
FS 18: Supervisory Approval of the Strengths and Needs Assessment	9	3	6	33%
FS 19: Developing the Family Plan with the Family	9	3	6	33%
FS 20: Timeframe for Completing the Family Plan	9	2	7	22%
FS 21: Supervisory Approval of the Family Plan	9	2	7	22%

## **Reassessment and the Decision to End Protection Services**

The table below provides compliance rates for measure FS 22 and FS 23 which relate to the completion of a Vulnerability Reassessment or Reunification Assessment and making the decision to end ongoing protection services. The records included the selected sample of 8 open FS cases and 1 closed FS case.

<b>Measure</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Not Compliant</b>	<b>Compliance Rate</b>
FS 22: Completing a Vulnerability Reassessment or a Reunification Assessment	9	3	6	33%
FS 23: Making the Decision to End Ongoing Protection Services	1*	1	0	100%

\*Total Applicable includes the sample of 1 closed FS case.

## 8. ACTION PLAN

Actions	Person Responsible	Completion Dates
1. The agency will review the policies, procedures and SDM tools associated with completing FDR assessments and investigations with all delegated staff. This review will also include detailed instruction on the purposes and documentation requirements of Memos and Incidents within ICM. Confirmation that this review has been completed will be sent, via email, to the manager of Quality Assurance.	Executive Director	June 30, 2019
2. The agency will review the policies, procedures and SDM tools associated with the six-month protection cycle for family service cases. This review will have an emphasis placed on the importance of completing the SDM tools and Family Plans in collaboration with the families. Confirmation that this review has been completed will be sent, via email, to the manager of Quality Assurance.	Executive Director	June 30, 2019
3. The agency will review all open child service cases and complete all outstanding care plans. These care plans will be completed in collaboration with the children and youth in care according to their developmental abilities. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.	Executive Director	September 30, 2019
4. The agency will review all open resource cases and complete all outstanding documentation, including criminal record checks on caregivers, signed agreements and annual reviews. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.	Executive Director	September 30, 2019