

**CASE PRACTICE AUDIT REPORT**  
**Scw'exmx Child & Family Services Society (SCFSS)**  
**IEA**

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 March 30, 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 fourth audit for Scw'exmx Child & Family Services Society (SCFSS). The last audit of the agency was completed in May 2014 as per the regularly scheduled 3 year audit cycle.

The specific purposes of the audit are:

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

## **2. METHODOLOGY**

There were 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 March 12-16 and March 26-30, 2018. An introduction meeting was held at the Scw'exmx office on May 14<sup>th</sup> between analysts, the executive director and all agency staff 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 started during the fieldwork and completed by phone after the fieldwork was finished. The database Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the child service and resource cases and generate agency compliance tables (see below) and a compliance report for each file audited. A MCFD SharePoint site was used to collect the data for the Family Service Cases, Incidents, Service Requests and Memos.

The population and sample sizes were based on data entered into ICM and confirmed with the agency prior to the audit commencing. At the time of the audit, the population sizes were: 24 open and 9 closed child service cases; 9 open and 12 closed resource cases; 5 open Family Service Cases; 2 closed Family Service Cases; 11 closed Service Request; 26 closed Memos and 34 closed Incidents.

The sample sizes were: 19 open and 9 closed child service cases; 7 open and 11 closed resource cases; 5 open Family Service Cases; 2 closed Family Service Cases; 11 Service Requests; 19 Memos; and 23 Incidents. Sample sizes were based on a confidence level of 90% with a margin of error of +/-10%.

The scope of the practice audit was:

- Open child service: CS records with legal categories of VCA, SNA, removal, interim order, TCO and CCO, open on January 31, 2018 and managed by the agency for at least six months.
- Closed child service: CS records with legal categories of VCA, SNA, removal, interim order, TCO and CCO, closed between August 1, 2015 and January 31, 2018 and managed by the agency for at least six months.
- Open and closed resource: RE records managed by the agency for at least three months, between May 1, 2015 and January 31, 2018.
- Open family service: FS records open on January 31, 2018 and had been managed by the agency for at least six months.
- Closed family service: FS records closed between August 1, 2017 and January 31, 2018 and managed by the agency for at least six months.
- Closed Incidents: Incidents created after November 4, 2014, and closed between February 1, 2017 and January 31, 2018, where the type was family development response or investigation.
- Closed Service Requests: SRs closed between February 1, 2017 and January 31, 2018, where the type was request service (CFS), request service (CAPP), request family support or youth services.
- Closed Memos: Memos closed between February 1, 2017 and January 31, 2018 where the type was screening.

### **3. AGENCY OVERVIEW**

#### **a) Delegation**

Scw'exmx Child and Family Services Society operates under C6 delegation. This level of delegation enables the agency to provide the following services:

- Child protection
- Temporary custody of children
- Permanent guardianship of children in continuing custody
- Support services to families
- Voluntary Care Agreements
- Special Needs Agreements
- Establishing residential resources

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

- Restoring Balance Program
- Aboriginal Child and Youth Mental Health
- Family Preservation
- Aboriginal Family Circles & Support
- Cultural Program

A Bi-lateral Off Reserve Delegation Confirmation Agreement was signed on December 1, 2017 ending on March 31, 2019 enabling the agency to provide services to non-Metis, Indigenous children and families living within the service boundaries of the agency. Specifically, SCFSS provides services on the reserves of the member Bands and in the communities of Merritt, Lower Nicola, Quilchena, Douglas Lake and Aspen Grove, and surrounding areas throughout the Nicola Valley. The current agency structure has all on reserve members of the five bands accessing service through the off reserve office in Merritt.

## **b) Demographics**

SCFSS provides services to five bands of the Nicola Tribes in the Merritt area of the BC Interior. These five member bands are: Coldwater (Nlaka'mapux), Lower Nicola (Nlaka'mapux), Nooaitch (Nlaka'mapux), Shacken (Nlaka'mapux ) and Upper Nicola (Syilx). Together, the numbers of the 5 Nicola Tribes totals well over 3,000 individuals (Source: <https://www.scwexmx.com/our-people>).

## **c) Professional Staff Complement**

Current staffing at SCFSS for the delegated services is comprised of the executive director, two team leaders, five caseworkers, one kinship care worker, one resource worker, one executive assistant, one admin assistant, and one file management clerk. The executive director started with the agency in November 2010 and holds C4 delegation. Prior to this position, she practiced Indigenous child welfare at two other delegated Aboriginal agencies (DAA) in various roles. She is seen as a leader who is building strong relationships with the communities and band representatives. SCFSS staff described feeling valued by the executive director and they appreciate the open communication she fosters within the agency and amongst the larger community stakeholders. The rural team leader for family services and guardianship has been with the agency for eight years and in this position permanently for one year. The urban team leader for family services and resources is new to the agency and in this position for six months. Previously, she practiced Indigenous child welfare at another DAA for eight years. All of the delegated staff completed the Indigenous social work delegation training. Of those delegated staff with conduct and/or supervision of files at the time of the audit, all have C6 delegation.

SCFSS also has the following non-delegated program positions that work closely with the delegated staff to provide holistic, cultural services to Indigenous people in the Merritt area:

- restoring balance coordinator
- child & youth mental health clinician
- child & youth mental health support worker
- family support worker
- family circle worker
- cultural youth support worker
- cultural youth program coordinator
- child & youth care worker

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

- finance manager
- finance clerk

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

The two team leaders provide supervision to the delegated social workers on their respective teams; intake, resource/kinship care, and family services (urban and rural). Supervision styles are described as “open door policy” with daily consultation as needed. The staff reported they are very comfortable stopping into their team leaders’ offices for consultations. Monthly supervision is scheduled with each staff member on both teams to track caseloads. All delegated and non-delegated teams have monthly team meetings and wellness days the last Wednesday of every month.

Team leaders are supervised by the executive director and this supervision was described as unstructured but effective. Supervision may be in person, by phone and through email. Team leaders consult with the agency’s practice analyst from Aboriginal Services Branch for delegated practice support 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:

- Current leadership at the agency was reported as positively impacting staff and community relationships.
- Staff continue to develop close relationships with community partners. One community developed an Elders advisory group to work alongside social workers to keep children from coming into care.

These relationships assist workers in supporting and advocating for children, youth and families in the community.

- The agency has done a very good job in maintaining the connection between those children/youth in care and their families, extended families and communities.
- Staff reported that their teams work well together and are supportive of one another. Many staff have been employed at the agency for five years or more.
- The agency encourages social workers to practice in culturally knowledgeable and creative ways.
- Staff practice using a buddy system with cases.
- A family circle coordinator was newly recruited.
- The agency's financial team is stable.

## **5. CHALLENGES FACING THE AGENCY**

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

- The large geographical area that the agency covers presents a challenge for workers to maintain direct personal contact with families and children in care and other caseload management duties.
- Travel for staff training is a barrier.
- Recruiting Aboriginal foster homes is difficult.
- The physical space of the agency limits cultural practices such as sweats that cannot be conducted in the current building. Programs offered such as Feel the Beat continue to grow and require more space.
- Staff identified the need for a life skills program to support high risk youth.
- Executive identified the need for a practice manager to supervise and support C6 practice and team leaders as staff at the agency is growing.
- Increased workload requires more funding for social work positions at the agency.
- Merritt has the highest provincial rates of domestic violence which increases the agency's caseloads and the need for additional support services.
- Executive and staff noted the need for human resource issues and possibly the need for a HR position.

## 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 Comprehensive Plan of Care	When assuming responsibility for a child in care the social worker develops a Comprehensive Plan of Care/Care Plan. The comprehensive plan of care/care plan is completed within the required timeframes.
St. 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care/Care Plan	The Comprehensive Plan of Care/Care Plan is monitored to determine progress toward goals, the continued safety of the child, the effectiveness of services, and/or any barrier to services. The comprehensive plan of care/care plan is reviewed every six months or anytime there is a change in circumstances.
St 4: Supervisory Approval Required for Guardianship Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Guardianship Services and ensures there is a thorough review of relevant facts and data before decisions are made. There is documentation on file to confirm that the social worker has consulted with the supervisor on the applicable points in the standard.
St 5: Rights of Children in Care	The social worker has reviewed the rights with the child on a regular basis. The social worker has discussed the advocacy process with the child. Given the age of the child, the rights of the child or advocacy process has not been reviewed with the child but they have been reviewed with the caregiver or a significant adult to the child.
St. 6: Deciding Where to Place the Child	Documented efforts have been made to place the child as per the priority of placement.
St 7: Meeting the Child's Needs for Stability and Continuity of Relationships	There are documented efforts to support continued and ongoing attachments.
St 8: Social Worker's Relationship and Contact with a Child in Care	There is documentation that the social worker meets with the child when required as per the frequency of visits listed in the standard. Meetings are held in person and in private, and in a manner that allows the child and the social worker to communicate freely.



St 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	There is documentation that written information on the child has been provided to the caregiver as soon as possible at the time of placement, and the social worker has reviewed appropriate discipline standards with the caregiver and the child.
St 10: Providing Initial and Ongoing Medical and Dental Care for a Child in Care	The social worker ensures a child in care receives a medical and, when appropriate, dental examination when coming into care. All urgent and routine medical services, including vision and hearing examinations, are provided for the child in care.
St. 11: Planning a Move for a Child in Care	The social worker has provided an explanation for the move to the child and has explained who his/her new caregiver will be.
St. 12: Reportable Circumstances	The agency Director and the Provincial Director of Child Welfare have been notified of reportable circumstances and grievous Incidents.
St 13: When a Child or Youth is Missing, Lost or Runaway	The social worker in cooperation with the parents has undertaken responsible action to locate a missing, lost or runaway child or youth, and to safeguard the child or youth from harm or the threat of harm.
St 14: Case Documentation for Guardianship Services	There are accurate and complete recordings on file to reflect the circumstances and admission on the child to care, the activities associated with the Comprehensive Plan of Care/Care Plan, and documentation of the child's legal status.
St. 15: Transferring Continuing Care Files	Prior to transferring a Continuing Care file, the social worker has completed all required documentation and followed all existing protocol procedures.
St. 16: Closing Continuing Care Files	Prior to closing a Continuing Care file, the social worker has completed all required documentation and follows all existing protocol procedures.
St. 17: Rescinding a Continuing Care Order and Returning the Child to the Family Home	When returning a child in care of the Director to the parent entitled to custody, the protection social worker and the guardianship social worker develop a plan to ensure the child's safety. The plan is developed prior to placing a Continuing Care ward in the family home and reviewed prior to rescinding the Continuing Care Order.
St. 19: Interviewing the Child About the Care Experience	When a child leaves a placement and has the capability to understand and respond, the child is interviewed, and his/her views are sought about the quality of care, service and supports received in the placement. There is documentation that the child has been interviewed by the social worker in regard 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:** There was strong documentation of children/youth in care involvement in Secwepemc community cultural events and culturally appropriate services in 27 of the 28 records (**96%** compliance).
- **St. 2 Development of a Comprehensive Plan of Care:** Completed initial care plans were not found in the 4 applicable records (**0%** compliance).
- **St. 3 Monitoring and Reviewing the Child’s Plan of Care:** Very low compliance was found to the standard related to monitoring and reviewing care plans. Specifically, 9 of the 28 records contained care plans over the three-year audit scope period (**32%** compliance). Of the 19 records rated not achieved; 1 did not contain annual care plans over the three year audit scope period; 3 did not have care plans for 2015; 1 did not have a care plan for 2016; 7 did not have care plans for 2017; 1 did not have a care plan for 2015 and 2016; 2 did not have care plans for 2015 and 2017; and 4 did not have care plans for 2016 and 2017.
- **St. 4 Supervisory Approval Required for Guardianship Services:** Good documentation of supervisory approvals and consults was found throughout 26 of the 28 records (**93%** 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 28 records (**39%** compliance).
- **St 6 Deciding Where to Place the Child:** Rationales for placement selections were well documented and efforts were made to involve family members as options for placements in 27 of the 28 records (**96%** 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 27 of the 28 records (**96%** compliance).
- **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 none of the 28 records (**0%** 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 2 of the 28 records (**7%** compliance).
- **St 10 Providing Initial and Ongoing Medical and Dental Care:** Good documentation of annual medicals, dental and optical appointments, speech, occupational and physical therapy appointments as well as other assessments were found in 23 of the 28 records (**82%** compliance).
- **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 6 of the 8 applicable records (**75%** compliance).
- **St 12 Reportable Circumstances:** Complete documentation on reportable circumstances was found in 7 of the 10 applicable records (**70%** compliance).
- **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 over the three-year scope period with 7 of the 28 records having the required documentation to meet the standard (**25%** compliance).
- **St 15 Transferring Continuing Care Files:** Internal transfer recordings were documented in all of the 5 applicable records (**100%** compliance).
- **St 16 Closing Continuing Care Files:** Closing documentation was completed in 5 of the 6 applicable records (**83%** compliance). One record was missing a closing recording and other closing documentation.
- **St 17 Rescinding a CCO and Returning the Child to the Family Home:** There was 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 1 of the 14 applicable records (**7%** 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 4 of the 8 applicable records (**50%** 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 all 23 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%**).
- **St 23 Quality of Care Review:** There were no quality of care reviews for this audit scope.
- **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 28 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 Resource Practice Audit are based on the AOPSI Voluntary Service Practice Standards. The standards are as follows:

AOPSI Voluntary Service Practice Standards	Compliance Description
St. 28: Supervisory Approval Required for Family Care Home Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Family Care Home Services and ensures there is a thorough review of relevant facts and data before decisions are made.
St. 29: Family Care Homes – Application and Orientation	People interested in applying to provide family care, restricted care, or specialized care complete an application and orientation process. The social worker provides an orientation for applicants re: the application process and the agency's expectations of caregivers when caring for children.
St. 30: Home Study	Family Care Homes are assessed to ensure that caregivers understand and meet the Family Care Home Standards.
St 31: Training of Caregivers	Upon completion of the application, orientation and home study processes, the approved applicant(s) will participate in training to ensure the safety of the child and to preserve the child's cultural identity.
St 32: Signed Agreement with Caregiver	All caregivers have a written Family Care Home Agreement that describes the caregiver's role, responsibilities, and payment level.

St. 33: Monitoring and Reviewing the Family Care Home	The social worker will monitor the family care home regularly and formally review the home annually to ensure the standards of care and the needs of the child(ren) placed in the home continue to be met.
St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home	Allegations of abuse and neglect in family care homes are investigated by the Child Protection delegated social worker according to the Protocol Investigation of a Family Care Home.
St 35: Quality of Care Review	A 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 19 open and closed resource records audited, 12 were restricted caregivers, 3 were regular caregivers and 4 were levelled specialized caregivers.
- **St. 28 Supervisory Approval for Family Care Home Services:** Strong documentation was found related to supervisory approvals and consults in 16 of the 19 records (**84%** 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 applications and orientation documentation was found in 8 of the 19 records (**42%** compliance). With respect to the records that received not achieved ratings, 5 did not contain updated consolidated criminal record checks, 4 did not contain updated criminal record checks, 1 did not contain both the consolidated criminal record check and criminal record check, and 1 did not contain completed references and completed caregiver orientation was not documented.
- **St. 30 Home Study:** Completed home studies were found in 8 of the 10 applicable records (**80%** compliance). Of the 2 records with incomplete home studies, 1 was an open case with no home study documented and 1 home study did not address the history of alcohol misuse of caregivers prior to opening the home.
- **St. 31 Training of Caregivers:** Training offered to and taken by the caregivers was documented in 8 of the 19 records (**42%** compliance). The lack of internet or connectivity issues impacts rural caregivers attending or completing online training.
- **St. 32 Signed Agreement with Caregiver:** Signed and consecutive family care home agreements were found in 12 of the 19 records (**63%** compliance).

- **St. 33 Monitoring and Reviewing the Family Care Home:** Completed annual reviews were found for the entire three-year audit scope period in 5 of the 19 records (**26%** compliance). Of the 14 records rated not achieved; 4 did not have 2016 annual reviews; 1 did not have annual reviews completed for 2015 and 2016; 3 did not have annual reviews for 2015 and 2017; 3 did not have annual reviews for 2017; and 3 did not have any annual reviews on file during the scope of the audit. Overall there was limited documentation that the social workers are maintaining regular contact with their caregivers through in-person home visits and phone/email contact.
- **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 2 applicable records (**100%** compliance).
- **St 35: Quality of Care Review:** The documentation of the quality of care review of a family care home was incomplete in the 1 applicable record (**0%** compliance).
- **St 36: Closure of the Family Care Home:** In 5 of the 5 closed records, incomplete closing documentation was found and the reasons for closures were not documented in closing recordings and/ or closing letters to the caregivers (**0%** compliance).

### c) Family Service

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

Critical Measure	Compliance Description
1. Gathering Full and Detailed Information	For every new report, the information gathered was full, detailed and sufficient to assess and respond to the report.
2. Conducting and Initial Record Review (IRR)	An IRR was conducted from electronic databases within 24 hours of receiving the call/report and the IRR identified previous issues or concerns and the number of past SRs, Incidents or reports.
3. Completing the Screening Assessment	A Screening Assessment was completed immediately or within 24 hours.
4. Determining Whether the Report Requires a Protection or Non-Protection Response	The protection or non-protection response decision was appropriate.
5. Assigning an Appropriate Response Priority	The response priority was appropriate and if there was an override it was approved supervisor.

6. Conducting a Detailed Record Review (DRR)	A DRR was conducted in electronic and physical files and contained any information that was missing in the IRR and all of the following information: how previous issues or concerns have been addressed; the responsiveness of the family in addressing the issues and concerns and effectiveness of the last intervention or a DRR was not required because there was no previous MCFD/DAA history.
7. Assessing the Safety of the Child or Youth	The Safety Assessment process was completed during the first significant contact with the child/youth's family and if concerns about the child/youth's immediate safety were identified and the child/youth was not removed under the CFCSA, a Safety Plan was developed, and the Safety Plan was signed by the parents and approved by the supervisor.
8. Documenting the Safety Assessment	The Safety Assessment was documented within 24 hours after completion of the Safety Assessment process.
9. Making a Safety decision Consistent with the Safety Assessment	The Safety Decision was consistent with the information documented in the Safety Assessment.
10. Meeting with or Interviewing the Parents and Other Adults in the Family Home	The SW met with or interviewed the parents and other adults in the home and gathered sufficient information about the family to assess the safety and vulnerability of all children/youth living or being cared for in the family home.
11. Meeting with every Child or Youth Who Lives in the Family Home	The SW has private, face-to-face conversation with every child/youth living in the family home, according to their developmental level or the supervisor granted an exception and the rationale was documented.
12. Visiting the Family Home	The SW visited the family home before completing the FDR assessment or the Investigation or the supervisor granted an exception and the rationale was documented.
13. Assessing the Risk of Future Harm	The Vulnerability Assessment was completed in its entirety and approved by the supervisor or the supervisor approved ending the protection response early and the rationale was documented.
14. Determining the Need for Protection Services	The decision regarding the need for FDR Protection Services or Ongoing Protection Services was consistent with the information obtained during the FDR Assessment or Investigation.
15. Timeframe for Completing FDR Assessment or Investigation	The FDR Assessment or Investigation was completed within 30 days of receiving the report or the FDR Assessment or Investigation was completed in accordance with the extended timeframe and plan approved by the supervisor.
16. Completing a Family and Child Strengths and Needs Assessment	The Strengths and Needs Assessment was completed in its entirety.

17. Supervisory Approval of the Strengths and Needs Assessment	The Family and Child Strengths and Needs Assessment was approved by the supervisor.
18. Developing the Family Plan with the Family	The Family Plan or its equivalent was developed in collaboration with the family.
19. Timeframe for Completing the Family Plan	The Family Plan or its equivalent was created within 30 days of initiating Ongoing Protection Services or the Family Plan was revised within the most recent 6 month Ongoing Protection Services cycle.
20. Supervisory Approval of the Family Plan	The Family Plan or its equivalent was approved the supervisor.
21. Completing a Vulnerability Reassessment OR a Reunification Assessment	A Vulnerability Reassessment or Reunification Assessment was completed within the most recent 6 month ongoing protection cycle or a Reunification Assessment was completed within the 3 months of the child's return or a court proceeding regarding custody.
22. Making the Decision to End Ongoing Protection Services	All of the relevant criteria were met before the decision to end ongoing protection services was made and approved by the supervisor.

Findings from the audit of the 11 closed Service Requests, 19 closed Memos, 23 closed Incidents, 5 open Cases and 2 closed Cases include the following:

**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 possible action and brought to the attention of the executive director.

**FS 1: Gathering Full and Detailed Information:** The compliance rate for this critical measure was **87%**. The measure was applied to all 53 records in the samples; 46 of the 53 records were rated achieved and 7 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 7 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 **36%**. The measure was applied to all 53 records in the samples; 19 of the 53 records were rated achieved and 34 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 34 records that were rated not achieved: 3 did not have IRRs completed; 5 had IRRs but they were not completed within 24 hours; 1 had an IRR but it contained insufficient information; 14 had IRRs but no indications that Best Practice was searched; 1 had an IRR but it was not completed within 24 hours, contained insufficient information and no indication that Best Practice was searched; 2 had IRRs but they contained insufficient information and no indications that Best Practice was searched; and 8 had IRRs but no indications that Best Practice was searched and they were not completed within 24 hours.

Of the 14 records that did not document the IRRs within 24 hours, the range of time it took to complete the IRRs was between 2 and 53 days, with the average time being 11 days.

**FS 3: Completing the Screening Assessment:** The compliance rate for this critical measure was **62%**. The measure was applied to all 53 records in the samples; 33 of the 53 records were rated achieved and 20 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 20 records that were rated not achieved: 20 had Screening Assessments that were completed past the immediate or 24-hour timeframe.

Of the 20 records that had Screening Assessments that were completed past the immediate or 24 hour timeframe, the range of time it took to complete the Screening Assessments was between 2 and 45 days, with the average time being 22 days.

**FS 4: Determining Whether the Report Requires a Protection or Non-Protection Response:** The compliance rate for this critical measure was **91%**. The measure was applied to all 53 records in the samples; 48 of the 53 records were rated achieved and 5 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 5 records that were rated not achieved, 4 were Memos and 1 was a Service Request but the nature of the reported child protection concerns warranted child protection responses. The 4 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 **82%**. The measure was applied to all 28 records in the augmented sample; 23 of the 28 records were rated achieved and 5 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 5 records rated not achieved, all had had inappropriate non-protection responses.

The audit also assessed whether families were contacted within the timeframes of the assigned response priorities. Of the 23 records in the Incident sample, 17 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, and the range of time it took to contact the families was between 6 days and 35 days, with the average time being 13 days.

**FS 6: Conducting a Detailed Record Review (DRR):** The compliance rate for this critical measure was **36%**. The measure was applied to all 28 records in the augmented sample; 10 of the 28 records were rated achieved and 18 were rated not achieved. To receive a rating of achieved, the record contained documentation that:

- a DRR was conducted in electronic databases and physical file
- the DRR contained any information that was missing in the IRR
- the DRR 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
- the DRRs was not required because there were no previous MCFD/DAA histories.

Of the 18 records that were rated not achieved, 11 had no DRRs, 1 had a DRR that did not contain the information missing in the IRR, 1 had a DRR that did not indicate how previous issues/concerns were addressed nor the family's responsiveness to previous issues and 5 Memos/Service Requests had inappropriate non-protection responses.

**FS 7: Assessing the Safety of the Child or Youth:** The compliance rate for this critical measure was **57%**. The measure was applied to all 28 records in the augmented sample; 16 of the 28 records were rated achieved and 12 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 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, or the supervisor approved ending the protection response before the safety assessment process was completed and the rationale was documented and appropriate.

Of the 12 records that were rated not achieved, 7 either did not have the safety assessment processes completed or did not have the safety assessment processes completed during the first significant contacts with the children's/youth's families and 5 Memos/Service Requests had inappropriate non-protection responses.

**FS 8: Documenting the Safety Assessment:** The compliance rate for this critical measure was **32%**. The measure was applied to all 28 records in the augmented sample; 9 of the 28 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, 3 had no Safety Assessment forms, 11 had Safety Assessment forms that were not completed within 24 hours after the safety assessment processes, and 5 Memos/Service Requests had inappropriate non-protection responses.

Of the 11 records where the Safety Assessment forms were not completed within 24 hours of the safety assessment processes, 2 did not document the dates when the safety assessment processes took place, and the range of time it took to complete the remaining 9 forms was between 4 days and 70 days, with the average time being 14 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 28 records in the augmented sample; 20 of the 28 records were rated achieved and 8 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 8 records that were rated not achieved, 3 had no Safety Assessment forms and 5 Memos/Service Requests had 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 **54%**. The measure was applied to all 28 records in the augmented sample; 15 of the 28 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, and 5 Memo/Service Requests had 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 28 records in the augmented sample; 8 of the 28 records were rated achieved and 20 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 20 records that were rated not achieved, 15 did not document that the social workers had private, face-to-face conversations with every child/youth living in the homes, and 5 Memos/Service Requests had inappropriate non-protection responses.

**FS 12: Visiting the Family Home:** The compliance rate for this critical measure was **54%**. The measure was applied to all 28 records in the augmented sample; 15 of the 28 records were rated achieved and 13 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 13 records that were rated not achieved, 8 did not document that the social workers visited the family homes and 5 Memos/Service Requests had inappropriate non-protection responses.

**FS 13: Working with Collaterals:** The compliance rate for this critical measure was **61%**. The measure was applied to all 28 records in the augmented sample; 17 of 28 records were rated achieved and 11 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 11 records that were rated not achieved, 6 had no documentation of collaterals being completed and 5 Memos/Service Requests had inappropriate non-protection responses.

**FS 14: Assessing the Risk of Future Harm:** The compliance rate for this critical measure was **46%**. The measure was applied to all 28 records in the augmented sample; 13 of the 28 records were rated achieved and 15 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 15 records that were rated not achieved, 5 had no Vulnerability Assessments, 3 had Vulnerability Assessments that were not approved by the supervisors, 2 had incomplete Vulnerability Assessments and 5 Memos/Service Requests had inappropriate non-protection responses.

Of the 13 records where the Vulnerability Assessments were completed, the range of time it took to complete the forms was between 1 day and 94 days, with the average time being 25 days.

**FS 15: Determining the Need for Protection Services:** The compliance rate for this critical measure was **79%**. The measure was applied to all 28 records in the augmented sample; 22 of the 28 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, 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 5 Memos/Service Requests had inappropriate non-protection responses. Within the 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 **32%**. The measure was applied to all 28 records in the augmented sample; 9 of the 28 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, 14 did not have the FDR assessments or investigations completed within 30 days and 5 Memos/Service Requests had inappropriate non-protection responses. Of the 14 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 45 and 283 days, with the average being 119 days

**FS 17: Completing a Family and Child Strengths and Needs Assessment:** The compliance rate for this critical measure was **14%**. The measure was applied to all 7 records in the samples; 1 of the 7 records was rated achieved and 6 were rated not achieved. To receive a rating of achieved, the record contained a completed Family and Child Strength and Needs Assessment.

Of the 6 records rated not achieved: 4 did not contain Strengths and Needs Assessments and 2 contained incomplete Strengths and Needs Assessments. It was noted that in the 1 record that was rated achieved, the Family and Child Strengths and Needs Assessment was completed within the most recent 6-month protection cycle.

**FS 18: Supervisory Approval of the Strengths and Needs Assessment:** The compliance rate for this critical measure was **14%**. The measure was applied to all 7 records in the samples; 1 of the 7 records was 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 rated not achieved, 4 did not contain Family and Child Strength and Needs Assessments and 2 contained incomplete Family and Child Strength and Needs Assessments that were not signed by the supervisors.

**FS 19: Developing the Family Plan with the Family:** The compliance rate for this critical measure was **43%**. The measure was applied to all 7 records in the samples; 3 of the 7 records were rated achieved and 4 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
- 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
- review dates when progress towards the goals will be reviewed and when determinations are made on whether the goals have been met.

Of the 4 records rated not achieved, all did not contain Family Plans or equivalents.

The audit also assessed whether the Family Plan was developed following the Family and Child Strengths and Needs Assessment, as required. Of the 3 records that were rated achieved, 2 had Family Plans or equivalents developed after the completion of Family and Child Strengths and Needs Assessments and 1 had a Family Plan or equivalent developed without first completing the Family and Child Strengths and Needs Assessment.

**FS 20: Timeframe for Completing the Family Plan:** The compliance rate for this critical measure was **0%**. The measure was applied to all 7 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 7 records that were rated not achieved, 4 did contain Family Plans or equivalents and 3 had Family Plans or equivalents but they were not developed within the most recent 6-month ongoing protection services cycle but were developed within the 12-month timeframe of the audit.

**FS 21: Supervisory Approval of the Family Plan:** The compliance rate for this critical measure was **29%**. The measure was applied to all 7 records in the samples; 2 of the 7 records were rated achieved and 5 were rated not achieved. To receive a rating of achieved, the record contained a Family Plan that was approved by the supervisor.

Of the 5 records rated not achieved, 4 did contain Family Plans or equivalents and 1 had a Family Plan or equivalent that was not approved by the supervisor.

**FS 22: Completing a Vulnerability Reassessment OR a Reunification Assessment:** The compliance rate for this critical measure was **57%**. The measure was applied to all 7 records in the samples; 4 of the 7 records were rated achieved and 3 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 3 records rated not achieved, 2 did not contain either a Vulnerability Reassessment or Reunification Assessment completed within the most recent 6 month protection cycle and 1 did not contain a Reunification Assessment completed within 3 months of the child's return or a court proceeding regarding custody. Of the 3 records that did not contain either a Vulnerability Reassessment or Reunification Assessment completed within the required timeframes above, all 3 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 **50%**. The measure was applied to all 2 records in the sample: 1 of the 2 records was rated achieved and 1 was rated not 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.

In the 1 record rated not achieved, there was no Vulnerability Reassessment or Reunification Assessment completed within the last 6-month protection cycle.

## 7. COMPLIANCE TO PROGRAMS AUDITED

### a) Child Service

In total, 28 open and closed child service records were audited. The overall compliance to the child service standards was **62%**. 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	28	27	1	96%
Standard 2 Development of a Comprehensive Plan of Care	4*	4	0	100%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	28	9	19	32%
Standard 4 Supervisory Approval Required for Guardianship Services	28	26	2	93%
Standard 5 Rights of Children in Care	28	11	17	39%
Standard 6 Deciding Where to Place the Child	28	27	1	96%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	28	27	1	96%
Standard 8 Social Worker's Relationship & contact with a Child in Care	28	0	28	0%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	28	2	26	7%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	28	23	5	82%
Standard 11 Planning a Move for a Child in Care	8*	6	2	75%



Standard 12 Reportable Circumstances	10*	7	3	70%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	1*	1	0	100%
Standard 14 Case Documentation	28	7	21	25%
Standard 15 Transferring Continuing Care Files	5*	5	0	100%
Standard 16 Closing Continuing Care Files	6*	5	1	83%
Standard 17 Rescinding a Continuing Custody Order	0*			
Standard 19 Interviewing the Child about the Care Experience	14*	1	13	7%
Standard 20 Preparation for Independence	8*	4	4	50%
Standard 21 Responsibilities of the Public Guardian and Trustee	23*	23	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	28	28	0	100%

Standard 2: 24 records involved children or youth who entered care prior to August 1, 2015

Standard 11: 20 records did not involve children or youth who were not moved from their care home

Standard 12: 18 records did not contain information regarding reportable circumstances

Standard 13: 27 records did not contain information regarding children missing, lost or run away

Standard 15: 23 records were not transferred

Standard 16: 22 records were not closed continuing care files

Standard 17: 28 records did not involve rescindment of a continuing custody order

Standard 19: 14 records did not involve a child or youth moving from a placement

Standard 20: 20 records did not require planning for independence

Standard 21: 5 records did not require the involvement of the Public Guardian & Trustee

Standard 22: 25 records did not involve an investigation of abuse or neglect in a family care home

Standard 23: 28 records did not involve a quality of care review

## b) Resources

In total, 19 open and closed resource records were audited. Overall compliance to the resource standards was **52%**. The following provides a breakdown of the compliance ratings. For those files that were not applicable to specific standards, explanations are provided in the footnotes:

Standard	Applicable	Compliant	Not Compliant	Compliance Rate
Standard 28 Supervisory Approval Required for Family Care Home Services	19	16	3	84%
Standard 29 Family Care Homes – Application and Orientation	19	8	11	42%
Standard 30 Home Study	10*	8	2	80%
Standard 31 Training of Caregivers	19	8	11	42%
Standard 32 Signed Agreements with Caregivers	19	12	7	63%
Standard 33 Monitoring and Reviewing the Family Care Home	19	5	14	26%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	2*	2	0	100%
Standard 35 Quality of Care Review	1*	0	1	0%
Standard 36 Closure of the Family Care Home	5*	0	5	0%

Standard 30: 9 records included home studies completed prior to December 1, 2013

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

Standard 35: 18 records did not involve a quality of care review.

Standard 36: 14 records were not closed family care home files

### c) Family Service

The agency's overall compliance rate for the Family Service files was **57%**. 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 11 closed Service Requests, 19 closed Memos and 23 closed Incidents.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 1: Gathering Full and Detailed Information	53	46	7	87%
FS 2: Conducting an Initial Record Review (IRR)	53	19	34	36%
FS 3: Assessing the Report about a Child or Youth's Need for Protection (Completing the Screening Assessment)	53	33	20	62%
FS 4: determining Whether the Report Requires a Protection or Non-protection Response	53	48	5	91%

**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 23 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	28	23	5	82%
FS 6: Conducting a Detailed Record Review (DRR)	28	10	19	36%
FS 7: Assessing the Safety of the Child or Youth	28	16	12	57%
FS 8: Documenting the Safety Assessment	28	9	19	32%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	28	20	8	71%

\*Total Applicable includes the sample of 23 Incidents augmented with the addition of 1 Service Request and 4 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 23 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	28	15	13	54%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	28	8	20	29%
FS 12: Visiting the Family Home	28	15	13	54%
FS 13: Working with Collateral Contacts	28	17	11	61%

\*Total Applicable includes the sample of 23 Incidents augmented with the addition of 1 Service Request and 4 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 53 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	28	13	15	46%
FS 15: Determining the Need for Protection Services	28	22	6	79%
FS 16: Timeframe for Completing the FDR Assessment or Investigation	28	9	19	32%

\*Total Applicable includes the sample of 23 Incidents augmented with the addition of 1 Service Request and 4 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 5 open FS Cases and 2 closed FS Cases.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 17: Completing a Family and Child Strengths and Needs Assessment	7	1	6	14%
FS 18: Supervisory Approval of the Strengths and Needs Assessment	7	1	6	14%
FS 19: Developing the Family Plan with the Family	7	3	4	43%
FS 20: Timeframe for Completing the Family Plan	7	0	7	0%
FS 21: Supervisory Approval of the Family Plan	7	2	5	29%

## Reassessments

FS 22 relates to the completion of a Vulnerability Reassessment or Reunification Assessment. The records included the selected sample of 5 open FS Cases and 2 closed FS Cases.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 22: Completing a Vulnerability Reassessment or a Reunification Assessment	7	4	3	57%

## Decision to End Protection Services

FS 23 relates to making the decision to end ongoing protection services. The records included the selected sample of 2 closed FS Cases

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 23: Making the Decision to End Ongoing Protection Services	2	1	1	50%

## 8. ACTIONS COMPLETED TO DATE

Prior to the development of the action plan on January 28, 2019, the following actions were implemented by the agency:

### Child Service:

1. On September 18, 2018 the guardianship team leader reviewed with staff the documentation requirements for private visits every 30 days. Private visits every 30 days for each child in care are to be documented in bold and capitalized in the "Case Documentation" tab within ICM.
2. In July 2018, the Aboriginal Services practice analyst provided training to all delegated staff on reportable circumstances, Out of Care Options and the Extended Family Program.

## Family Service:

1. In February 2019, a tracking template was implemented by FS supervisors to ensure timely completion for SDM tools and Family Plans. This tracking template was provided to the manager of Quality Assurance on March 22, 2019.

## Resources:

1. On September 2018, a contractor was brought in to train the resource social worker and supervisor on how to complete all procedures forms associated with resource practice.
2. In March 2019, all outstanding criminal record and Criminal Record Review Act checks for current resource caregivers were completed.

## 9. ACTION PLAN

On January 28, 2019 the following action plan was developed in collaboration between Scw'exmx Child and Family Services Society and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Persons Responsible	Completion dates
1. The agency will review all open child service files and complete all outstanding annual care plans. Confirmation of completion will be provided, via email, to the manager of Quality Assurance, MCFD.	Executive Director, SCFSS	July 31, 2019
2. The agency will review all open family service files and complete all outstanding family plans. Confirmation of completion will be provided, via email, to the to the manager of Quality Assurance, MCFD.	Executive Director, SCFSS	July 31, 2019
3. The agency will review all open resource files and complete all outstanding family care home annual reviews. Confirmation of completion will be provided, via email, to the to the manager of Quality Assurance, MCFD.	Executive Director, SCFSS	July 31, 2019