



Ktunaxa Kinbasket Child & Family Service Society
(IAB, IAC, IAD)

CASE PRACTICE AUDIT REPORT

Report Completed: June 2020

Re-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 15th, 2019.

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1. PURPOSE

The purpose of the re-audit was to fulfill a required action within the 2018 Case Practice Audit Report for Ktunaxa Kinbasket Child and Family Service (KKCFS). Through a review of representative samples of records associated with child safety practice, the re-audit is expected to provide KKCFS with a measure of the quality of documentation during the scope period (see below for dates), confirm good practice, and identify areas where practice requires strengthening. The review of child service and resource records were not in scope for this re-audit.

The specific purposes of the re-audit are to:

- further the development of family service 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 records;
- identify barriers to providing an adequate level of service;
- assist in identifying training needs;
- provide information for use in updating and/or amending practice standards or policy.

2. METHODOLOGY

There were two quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare, Quality Assurance, who conducted the practice re-audit. The fieldwork was completed from July 8, to August 15, 2019. Upon arrival at the agency, the analysts met with the KKCFS manager to review the samples. The MCFD SharePoint site was then used to collect the data from the records. When auditing each record, the analysts assessed documentation entered in the Integrated Case Management (ICM) and the Best Practices (BP) databases. After the data collection phase was completed, SharePoint tables were then generated to demonstrate agency compliance (see below) and a compliance report for each record audited.

The populations and sample sizes were based on data entered in ICM and BP and confirmed with the agency during the re-audit. The sample sizes below provided a confidence level of 90% with a +/- 10% margin of error except the closed family service cases which demonstrate census results:

Types of Records	Populations	Sample Sizes
Service requests and non-protection intakes	222	51
Incidents and protection intakes	288	45
Open family service cases	26	22
Closed family service cases	12	12

The four samples were drawn from four populations with the following parameters:

- Service requests closed in ICM between June 1, 2018 and May 31, 2019, with the type request service (CFS), request service (CAPP), request family support or youth services. In addition, intake records closed in BP between June 1, 2018 and May 31, 2019 with a service bases of non-protection and not found in ICM were included.
- Incidents closed in ICM between June 1, 2018 and May 31, 2019, with the type family development response or investigation. In addition, intake records closed in BP between June 1, 2018 and May 31, 2019 with a service bases of protection and not found in ICM were included.
- Family service cases open in ICM on May 31, 2019 and managed by the agency for at least six months (continuously) with a service basis listed as protection. In addition, FS records open in BP on May 31, 2019 and not found in ICM were included.
- Family service cases closed in ICM between December 1, 2018 and May 31, 2019 and managed by the agency for at least six months (continuously) with a service basis listed as protection. In addition, FS records closed in BP between December 1, 2018 and May 31, 2019 and not found in ICM were included.

The 24 critical measures used in the 2019 case practice re-audit changed from the 20 critical measures utilized for the 2018 Case Practice Audit Report. On January 1, 2018, the policies within the revised Ktunaxa Kinbasket CFSS Case Management Model Manual came into affect at the agency. This re-audit reflects the new case management model. A description of the criteria for each of the 24 critical measure is included in the narratives in the following section. However, not all measures were applied to every record. The following table provides a breakdown of the applicability by record type:

Types of Records	Applicable Critical Measures
Service requests, non-protection intakes, incidents and protection intakes	FS1 – FS4
Incidents and protection intakes. Service requests and non-protection intakes with inappropriate non-protection responses are also included.	FS1 – FS18
Open and closed family service cases	FS19 – FS23

3. DETAILED FINDINGS AND ANALYSIS

The agency’s overall compliance rate for all record types was **72%**. The following provides the compliance ratings and analysis for each critical measure.

3.1 Report and Screening Assessment

Table 1 provides compliance rates for measures FS 1 to FS 4, which relate to obtaining and assessing a child protection report. The selected samples include 51 closed service requests and closed non-protection intakes and 45 closed incidents and closed protection intakes.

Table 1: Report and Screening Assessment (N = 96)

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 1: Receiving the Request/Report	96	90	6	94%
FS 2: Conducting a Prior Contact Check (PCC)	96	85	11	89%
FS 3: Completing the Section 16 Assessment	96	77	19	80%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	96	88	8	92%

FS 1: Receiving the Request/Report: The compliance rate for this critical measure was **94%**. The measure was applied to all 96 records in the samples; 90 were rated achieved and six 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 six records rated not achieved, all lacked detailed and sufficient information from the callers to determine appropriate pathways.

FS 2: Conducting a Prior Contact Check (PCC): The compliance rate for this critical measure was **89%**. The measure was applied to all 96 records in the samples: 85 were rated achieved and 11 were rated not achieved. To receive a rating of achieved:

- a PCC was conducted from ICM and BP electronic databases within 24 hours of receiving the report;
- the PCC 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 other jurisdictions, the appropriate child protection authorities were contacted and information was requested and recorded.

Of the 11 records rated not achieved: three did not document PCCs; five PCCs did not confirm that ICM was checked; two PCCs were not completed within the required 24 hours; and one PCC contained insufficient information. Of the two PCCs not completed within the required 24 hours, one was completed in five days and one was completed in six days.

FS 3: Completing the Section 16 Assessment: The compliance rate for this critical measure was **80%**. The measure was applied to all 96 records in the samples: 77 were rated achieved and 19 were rated not achieved. To receive a rating of achieved:

- 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; and
- a supervisor was consulted 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 19 records rated not achieved, 14 did not contain Screening Assessments, three Screening Assessments were not completed within the required timeframe, three did not document consultations with supervisors, two consultations with supervisors were not completed within the required timeframe, and one documented a consultation with a supervisor but the date was not recorded. The total adds to more than the number of records rated not achieved because four records had combinations of the above noted reasons. Of the three Screening Assessments that were not completed within the required timeframe, all required the Screening Assessments to be completed within 24 hours; two were completed in two days and one was completed in three days.

FS 4: Determining Whether the Report Requires a Protection or Non-protection Response: The compliance rate for this critical measure was **92%**. The measure was applied to all 96 in the samples: 88 were rated achieved and eight 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 eight records rated not achieved, seven were service requests and one was an incident. The seven service requests were added to the incident sample from FS 5 to FS 18 and received the rating of not achieved for these measures because the required protection responses were not provided. Of these seven service requests, all confirmed that 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 one incident that received a not achieved rating for FS4 was removed from the incident sample from FS 5 to FS 18 because the protection response was not required.

3.2 Conducting a Child Protection Response

Table 2 provides compliance rates for measures FS5 to FS FS18 which relate to assigning a response priority, notifying the Indigenous community, conducting a DRR, completing collateral checks, conducting interviews, viewing the family home, completing the safety assessment process and form, following the domestic violence protocol, completing a risk assessment

mapping, determining the need for ongoing protection services, notifying the stakeholders of the outcome and completing the protection response within 30 days. The samples included the selected 45 incidents and protection intakes augmented with the records described in the note below the table.

Table 2: Conducting a Child Protection Response (N = 51)

Measure	Applicable	# Achieved	# Not Achieved	Compliance Rate
FS 5: Determining Priority of Response	51*	44	7	86%
FS 6: Involvement of the Indigenous Community	51*	34	17	67%
FS 7: Conducting a Detailed Record Review	51*	27	24	53%
FS 8: Collateral Checks	51*	27	24	53%
FS 9: Interviewing the Child(ren) or Youth	51*	31	20	61%
FS 10: Interviewing the Parent(s)	51*	32	19	63%
FS 11: Viewing the Residence of the Child(ren) or Youth	51*	26	25	51%
FS 12: Assessing the Safety of the Child(ren) or Youth	51*	37	14	73%
FS 13: Making a Safety Decision Consistent with the Safety Assessment	51*	39	12	76%
FS14: Following Domestic Violence Protocol	24**	13	11	54%
FS 15: Risk Assessment Mapping	38***	22	16	58%
FS 16: Determining Need for Ongoing Protection Services	51*	41	10	80%
FS 17: Notifications	51*	34	17	67%
FS18: Timeframe for Completing the Protection Response	51*	40	11	78%

*Total applicable includes the sample of 45 incidents and protection intakes augmented with the addition of seven service requests with inappropriate non-protection responses and the removal of one incident with an inappropriate protection response.

**Total applicable includes 24 records that described domestic violence factors

***Total applicable includes 32 records that substantiated child protection concerns augmented with the addition of seven service requests with inappropriate non-protection responses and the removal of one incident with an inappropriate protection response.

FS 5: Determining the Response Priority: The compliance rate for this critical measure was **86%**. The measure was applied to all 51 records in the augmented sample: 44 were rated achieved and

seven were rated not achieved. To receive a rating of achieved, the response priority was consistent with the risk factors presented in the initial reports and documented family histories.

All seven records rated not achieved had inappropriate non-protection responses.

The audit also assessed whether the families were contacted within the timeframes of the assigned response priorities. Of the 44 records in the incident sample that were correctly deemed to require protection responses, 27 families were contacted within the assigned response priorities, seven ended prior to the social workers contacting the families and the rationales for ending early were approved and appropriate and ten did not confirm that the families were contacted within the assigned response priorities. Of these ten records, two did not document the dates the families were contacted and the range of time it took to contact the remaining eight families was between three days and 20 days, with the average time being 13 days.

FS 6: Notification of the Indigenous Community: The compliance rate for this critical measure was **67%**. The measure was applied to all 51 records in the augmented sample: 34 were rated achieved and 17 were rated not achieved. To receive a rating of achieved:

- the social worker notified the Indigenous community that has a protocol agreement with KKCFS and recorded the efforts to obtain input from the Indigenous community when developing the response plan; or
- if the Indigenous community does not have a protocol agreement with KKCFS, the social worker consulted the supervisor about how to notify the Indigenous community and recorded the efforts to obtain input from the Indigenous community when developing the response plan.

Of the 17 records rated of not achieved, four did not notify the Indigenous communities that have protocol agreements with KKCFS, four notified the Indigenous communities that have protocol agreements with KKCFS but did not document the efforts to obtain their input, one did not identify the Indigenous community and there was no documentation of a consultation with a supervisor; one protection response ended prior to notifying the Indigenous community that has a protocol agreement with KKCFS and the rationale for ending early was not appropriate, and seven had inappropriate non-protection responses.

FS 7: Conducting a Detailed Record Review: The compliance rate for this critical measure was **53%**. The measure was applied to all 51 records in the augmented sample: 27 were rated achieved and 24 were rated not achieved. To receive a rating of achieved, the DDR:

- was conducted from ICM and BP 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 appropriate.

Of the 24 records rated not achieved, 14 did not document DRRs, one DRR did not indicate the effectiveness of the last intervention with the family, two protection responses ended prior to completing the DRRs and the rationales for ending early were not appropriate, and seven had inappropriate non-protection responses.

FS 8: Collateral Checks: The compliance rate for this critical measure was **53%**. The measure was applied to all 51 records in the augmented sample: 27 were rated achieved and 24 were rated not achieved. To receive a rating of achieved, the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth before completing the protection response, 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 appropriate.

Of the 24 records rated not achieved, 15 did not document collaterals, one report identified possible safety concerns for the family and/or social worker and a collateral with the police was not conducted, one protection response ended prior to completing collateral contacts and the rationale for ending early was appropriate, and seven had inappropriate non-protection responses.

FS 9: Interviewing the Child(ren) or Youth: The compliance rate for this critical measure was **61%**. The measure was applied to all 51 records in the augmented sample: 31 were rated achieved and 20 were rated not achieved. To receive a rating of achieved:

- the social worker had a private, face-to-face conversation with every child/youth living in the family home according to their developmental level and sufficient information was documented to assess the safety of the children; or
- the supervisor granted an exception to conducting private, face-to-face conversation with every child/youth living in the family home; 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 appropriate.

Of the 20 records rated not achieved, seven did not document private face-to-face conversations with any of the children/youth living in the family homes and supervisor exceptions were not documented, three documented private face-to-face conversations with some, but not all, the children/youth living in the family homes and supervisor exceptions were not documented, one documented face-to-face conversations with all of the children/youth living in the family home but the conversations were not private and no supervisor exception was documented, one documented face-to-face conversations with all of the children/youth living in the family home but insufficient information was documented to assess the safety of the children, two protection responses ended prior to completing the conversations with the children/youth and the rationales for ending early were not appropriate, and seven had inappropriate non-protection responses. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

The audit also assessed whether the conversations with the children and youth living in the family home followed the “My Three Houses” technique as outlined in the Case Management Model Manual. Of the 31 records rated achieved, 13 followed the “My Three Houses” technique, eight did not follow the “My Three Houses” technique, and ten protection responses ended prior to completing conversations with the children/ youth and these decisions were approved and appropriate.

FS 10: Interviewing the Parent(s): The compliance rate for this critical measure was **63%**. The measure was applied to all 51 records in the augmented sample: 32 were rated achieved and 19 were rated not achieved. To receive a rating of achieved:

- the social worker met with or interviewed the parent(s) and other adults living in the home (if applicable) privately and in person 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 appropriate.

Of the 19 records rated not achieved, two did not document that the social workers had met with or interviewed the parents, five documented that one parent was interviewed and the other parent was not interviewed, one documented an interview with a parent but it was conducted on the telephone, one documented an interview with a parent but it was not conducted in private, one did not document that the social worker had met with or interviewed the other adults in the home, two protection responses ended prior to completing the interviews with

parents and other adults living in the family homes and the rationales for ending early were not appropriate, and seven had inappropriate non-protection responses.

FS 11: Viewing the Residence of the Child(ren) or Youth: The compliance rate for this critical measure was **51%**. The measure was applied to all 51 records in the augmented sample: 26 were rated achieved and 25 were rated not achieved. To receive a rating of achieved, the social worker visited the family home or the supervisor approved ending the protection response before the social worker visited the family home and the rationale was appropriate.

Of the 25 records rated not achieved, 16 did not document that the social workers visited the family homes, two protection responses ended prior to visiting the family homes and the rationales for ending early were not appropriate, and seven had inappropriate non-protection responses.

FS 12: Assessing the Safety of the Child(ren) or Youth: The compliance rate for this critical measure was **73%**. The measure was applied to all 51 records in the augmented sample; 37 were rated achieved and 14 were rated not achieved. To receive a rating of achieved:

- the Safety Assessment form was completed in its entirety;
- the social worker consulted with a supervisor;
- 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 appropriate.

Of the 14 records rated not achieved, three did not contain Safety Assessment forms, one contained an incomplete Safety Assessment form (no scaling), one Safety Assessment identified safety concerns but a Safety Plan was not documented, two protection responses ended prior to completing the Safety Assessment forms and the rationales for ending early were not appropriate, and seven had inappropriate non-protection responses

The audit also assessed whether the records described a safety assessment process that was conducted during the first significant contact with the family. Of the 44 incidents in the sample that were correctly deemed to require protection responses, 29 documented safety assessment processes that were completed during the first significant contacts with the families, five did not document safety assessment processes with the families and ten ended prior to conducting the safety assessment processes and these decisions were approved and appropriate.

The audit also assessed whether the Safety Assessment form was completed within 24 hours after the completion of the safety assessment process. Of the 37 records where the Safety

Assessment forms were rated achieved, 22 were completed within 24 hours of the safety assessment processes, five did not document safety assessment processes, three did not record the dates of the safety assessment processes, and seven Safety Assessment forms were not completed within the required 24 hours. Of the seven Safety Assessment forms that were not completed within the required 24 hours, the range of time it took to complete the forms was between two days and 20 days, with the average time being seven days.

FS 13: Making a Safety Decision Consistent with the Safety Assessment: The compliance rate for this critical measure was **76%**. The measure was applied to all 51 records in the augmented sample: 39 were rated achieved and 12 were rated not achieved. To receive a rating of achieved, 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 appropriate.

Of the 12 records rated not achieved, three did not contain Safety Assessment forms, two protection responses ended prior to completing the Safety Assessment forms and the rationales for ending early were not appropriate, and seven had inappropriate non-protection responses.

FS 14: Following Domestic Violence Protocol: The compliance rate for this critical measure was **54%**. The measure was applied to 24 of the 51 records in the augmented sample: 13 were rated achieved and 11 were rated not achieved. To receive a rating of achieved, the record, if it described domestic violence factors, documented the following components of the Domestic Violence Protocol:

- if there was reason to believe there may have been past police involvement with the family, a check of the Protection Order Registry was conducted;
- the Safety Assessment form adequately assesses domestic violent risk and protective factors;
- if the Safety Assessment identifies a rating of “unsafe”, a consultation with a manager was conducted;
- the Safety Plan includes safety planning with the offending parent;
- the offending parent is reunited with the family following an assessment.

Of the 11 records rated not achieved, two had domestic violence factors present but the Safety Assessment forms did not adequately assess domestic violence risk and protective factors nor did they confirm that safety planning was conducted with the offending parents, one contained a Safety Assessment form that did not adequately assess domestic violence risk and protective factors (the offender was not a parent), one did not contain a Safety Assessment form and seven had inappropriate non-protection responses.

FS 15: Risk Assessment Mapping: The compliance rate for this critical measure was **58%**. The measure was applied to 38 of the 51 records in the augmented sample; 22 were rated achieved and 16 were rated not achieved. To receive a rating of achieved, the record, if it involved a substantiated concern as defined by section 13 of the Child, Family and Community Services Act, contained a Risk Assessment Map that was completed in its entirety and approved by the supervisor within 30 days of receiving the report.

Of the 16 records rated not achieved, six did not contain the required Risk Assessment Maps, one contained an incomplete Risk Assessment Map, two protection responses ended prior to determining if a Risk Assessment Map was required and the rationales for ending early were not appropriate, and seven had inappropriate non-protection responses.

FS 16: Determining Need for Ongoing Protection Services: The compliance rate for this critical measure was **80%**. The measure was applied to all 51 records in the augmented sample: 41 were rated achieved and 10 were rated as not achieved. To receive a rating of achieved, the decision regarding the need for ongoing protection services was consistent with the information documented during the protection response 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 appropriate.

Of the 10 records rated not achieved, one decision was not consistent with the information documented during the protection response, two protection responses ended prior to determining if ongoing protection services were required and the rationales for ending early were not appropriate, and seven had inappropriate non-protection responses. With respect to the record with an inconsistent decision, further supports were subsequently provided to the family which adequately addressed the risk factors presented in the initial reports and documented family history.

FS 17: Notifications: The compliance rate for this critical measure was **67%**. The measure was applied to all 51 records in the augmented sample; 34 were rated achieved and 17 were rated not achieved. To receive an achieved rating:

- the parent(s) were notified of the outcome;
- the reporter was notified of the outcome;
- the supervisor granted an exception to notifying any of the above;
- the uninvolved Indigenous community was notified of the outcome.

Of the 17 records rated not achieved, two did not document notifications to the parents and supervisor exceptions were not documented, one did not document the notification to the reporter and a supervisor exception was not documented, seven did not document notifications

to the uninvolved Indigenous communities, two protection responses ended early and the rationales were not appropriate, and seven had inappropriate non-protection responses. The total adds more than the number of not achieved because two records had a combination of the above noted reasons.

FS 18: Time for Completing the Protection Response: The compliance rate for this critical measure was **78%**. The measure was applied to all 51 records in the augmented sample: 40 were rated achieved and 11 were rated not achieved. To receive a rating of achieved, the protection response was completed within 30 days of receiving the report or the protection response was completed in accordance with the extended timeframe that had been approved by the supervisor.

Of the 11 records rated not achieved, two protection responses were not completed within 30 days and no approved extension was documented, two protection responses ended early and the rationales were not appropriate, and seven had inappropriate non-protection responses. Of the two records where the protection responses were not completed within 30 days, the times it took to complete the protection responses were 31 and 40 days, with the average time being 36 days.

3.3 Open and Closed Family Service Cases

Table 3 provides compliance rates for measures FS 19 to FS FS4 which relate to completing the Adult Safety Plan and the Reunification Trajectory and making the decision to end ongoing protection services. The records included the selected sample of 22 open family service cases and 12 closed family service cases. The notes below the table indicate the number of records to which the measures were applied.

Table 2: Open and Closed Family Service Cases (N = 34)

Measure	Applicable	# Achieved	# Not Achieved	Compliance Rate
FS 19: Developing the Adult Safety Plan	34	10	24	29%
FS 20: Adult Safety Plan Sign Off	34	15	19	44%
FS 21: Timeframe for Completing the Adult Safety Plan	34	7	27	21%
FS 22: Developing Reunification Trajectory	17*	2	15	12%
FS 23: Timeframe for Completing Reunification Trajectory	17*	1	16	6%
FS 24: Making the Decision to End Ongoing Protection Services	12**	10	2	83%

*Total applicable includes 17 records associated with children and youth living outside of the family homes due to protection concerns

**Total applicable includes the sample of 12 closed family service cases.

FS 19: Developing the Adult Safety Plan: The compliance rate for this critical measure was **29%**. The measure was applied to all 34 records in the samples: 10 were rated achieved and 24 were rated not achieved. To receive a rating of achieved, the record contained a completed Adult Safety Plan form or its equivalent and it was developed in collaboration with the family. An equivalent to the Adult Safety Plan form can be the plan developed during a mapping meeting or another type of facilitated meeting, such as at a Network Meeting, Family Case Planning Conference, Traditional Family Planning Circle, or Family Group Conference. The plan developed may be in lieu of an Adult Safety Plan if the plan contains:

- what the agency is concerned about, also known as danger statements;
- what the family needs to do in order to address the concerns, also known as safety goals;
- the steps and supports required to achieve the safety goals;
- the agency's expectations, also known as bottom lines;
- the names of the support people.

Of the 24 records rated not achieved, 14 did not contain Adult Safety Plans or equivalents and ten contained incomplete Adult Safety Plans or equivalents. Of the ten records rated not achieved due to incomplete Adult Safety Plans or equivalents, one did not document a danger statement, one did not document a danger statement and safety goals, one did not document a danger statement, safety goals and safety scaling, one did not document review dates, one did not document review dates and safety scaling, four did not document safety scaling, and one did not document safety goals.

The audit also assessed whether the Adult Safety Plans or equivalents were developed during mapping meeting or other types of facilitated meetings. Of the 20 records with complete or incomplete Adult Safety Plans or equivalents, 15 were created during mapping meetings or other types of facilitated meetings and five were not

FS 20: Adult Safety Plan Sign Off: The compliance rate for this critical measure was **44%**. The measure was applied to 34 records in the samples: 15 records were rated achieved and 19 were rated not achieved. To receive a rating of achieved, the Adult Safety Plan form or its equivalent was:

- signed by all the participants attending the mapping meeting;
- signed by the parent(s);
- signed by the supervisor;
- signed by the social worker.

Of the 19 records rated not achieved, 14 did not contain Adult Safety Plans or equivalent, one Adult Safety Plan was not signed by the participants attending the mapping meeting; one Adult Safety Plan did not list participants and was not signed by the participants, two Adult Safety Plans were not signed by the parents, and one Adult Safety Plan was not signed by the social worker nor the supervisor. The total adds to more than the number of plans not signed off because one record had a combination of the above noted reasons.

FS 21: Timeframe for Completing Adult Safety Plan: The compliance rate for this critical measure was **21%**. The measure was applied to all 34 records in the samples: eight were rated achieved and 27 were rated not achieved. To receive a rating of achieved, the Adult Safety Plan or its equivalent was created within three months of opening the family service case and was reviewed every three months.

Of the 27 records rated not achieved, 14 did not contain Adult Safety Plans or equivalent, one Adult Safety Plan was not developed within three months of opening the family service case, two Adult Safety Plans were not developed within three month of opening and not reviewed every three months, and 10 plans were not reviewed every three months.

FS 22: Developing Reunification Trajectory: The compliance rate for this critical measure was **12%**. The measure was applied to 17 of the 34 records in the sample: two records were rated achieved and 15 were rated not achieved. To receive a rating of achieved, a Reunification Trajectory was developed when a child or youth was living outside the family home due to protection concerns and contained the following components:

- danger statement(s);
- agency expectations;
- safety scaling;
- a plan for increased access;
- the child(ren)'s perspective, if developmentally able;
- and a planned timeframe for reunification.

Of the 15 records rated not achieved, none contained Reunification Trajectories.

FS 23: Timeframe for Completing the Reunification Trajectory: The compliance rate for this critical measure was **6%**. The measure was applied to 17 of the 34 records in the samples: one was rated achieved and 16 were rated not achieved. To receive a rating of achieved, the required Reunification Trajectory was completed no less than six months after a child or youth left the family home due to protection concerns and reviewed within the most recent six-month practice cycle.

Of the 16 records rated not achieved, 15 did not contain Reunification Trajectories and one Reunification Trajectory was not reviewed within the most recent six-month practice cycle.

FS 24: Making the Decision to End Ongoing Protection Services: The compliance rate for this critical measure was **83%**. The measure was applied to all 12 records in the closed family service sample; 10 were rated achieved and 2 were rated not achieved. To receive a rating of achieved, the record contained:

- a Closing Recording;
- no unaddressed reports of abuse or neglect;
- no indication of current or imminent safety concerns;
- a recent review of the safety goals and, if safety goals have not been achieved, a supervisor approved an exception to close;
- evidence that the family was able to access informal and/or formal supports;
- confirmation that the decision to conclude ongoing protection services was made in consultation with a supervisor;

Of the two records rated not achieved, one did not contain a Closing Recording, and one did not document a supervisor's approval prior to closure.

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, no records were identified for possible action.

4. ACTIONS TAKEN TO DATE

1. December 2019. Program restructuring commenced. The protection teams are moving from generalized caseloads to specialized caseloads (screening, intake and family service). Expected implementation is the summer of 2020.
2. January 2020. Negotiations began to secure an additional delegated FTE. This FTE will manage all screening and assessment duties at the agency. Expected implementation in late 2020.

5. ACTION PLAN

On March 4, 2020 the following action plan was developed in collaboration between Ktunaxa Kinbasket Child and Family Services and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

ACTIONS	PERSONS RESPONSIBLE	DATES TO BE COMPLETED
1. Review with all delegated staff the Signs of Safety tools and procedures associated with completing protection and non-protection responses and managing protection family service cases. This review will emphasize the following: Section 16 Assessments, completing IRRs and DRRs, collateral checks, Safety Assessments, the Domestic Violence Protocol, Risk Assessment Mappings, Adult Safety Plans, and Reunification Trajectories. Confirmation that this review has been completed will be sent to the manager of Quality Assurance, MCFD.	Executive Director	September 30, 2020