



USMA NUU-CHAH-NULTH FAMILY AND CHILD
SERVICES IKA, IKF, IKG, IKH

CASE PRACTICE AUDIT REPORT

Report Completed: January 2019

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1. PURPOSE

The purpose of the audit is to improve and support child service, resource and family service practice. Through a review of a sample of records, the audit is expected to provide a measure of the level of practice during the scope periods (see below for dates), confirm good practice, and identify areas where practice requires strengthening. This is the fifth audit for USMA Family and Child Services. The last audit of the agency was a full C6 audit, completed in August 2015.

The specific purposes of the audit are to:

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

2. METHODOLOGY

There were three quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare, Quality Assurance who conducted the practice audit. The fieldwork was completed from September 10-28, 2018. Upon arrival at the agency, the analysts met with the executive director to review the audit process. The analysts were also available to answer any questions from staff that arose throughout the audit process. Interviews with the delegated staff were mainly completed by phone after the fieldwork was finished. The MCFD SharePoint site was used to collect the data for the child service, resource and family service records. SharePoint tables were further generated to demonstrate agency compliance (see below) and a compliance report for each file audited.

The population and sample sizes were based on data entered into ICM and confirmed with the agency prior to the audit commencing. The sample sizes below will provide a confidence level of 90% with a +/- 10% margin of error:

Type	Population	Sample Size
Closed Incidents	236	53
Closed Service Requests	44	27
Closed Memos	173	49
Open Family Service Cases	43	27
Closed Family Service Cases	37	24
Open Child Service Cases	119	44
Closed Child Service Cases	65	33
Open and Closed Resource Cases	71	35

The scope of the practice audit was:

- Open child service: CS records open at the agency on July 31, 2018 and managed by the agency for at least six months. Records had to have one of the following legal categories: VCA, SNA, removal, interim order, TCO or CCO.
- Closed child service: CS records closed at the agency between February 1, 2016 and July 31, 2018 and managed at the agency for at least six months. Records had to have one of the following legal categories: VCA, SNA, removal, interim order, TCO or CCO.
- Open and closed resource: RE records managed by the agency that had children or youth in care for at least three months between August 1, 2015 and July 31, 2018. Children or youth in care had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level One Care, Level Two Care, Level Three Care, and First Nations Foster Home.
- Open family service: FS Cases with a service basis listed as protection that were open at the agency on July 31, 2018 and had been managed by the agency for at least six months.
- Closed family service: FS Cases with a service basis listed as protection that were closed at the agency between August 1, 2017 and July 31, 2018 and had been managed by the agency for at least six months.
- Closed Incidents: Incidents created after November 4, 2014, and closed at the agency between August 1, 2017 and July 31, 2018, where the type was family development response or investigation.
- Closed Service Requests: SRs closed at the agency between August 1, 2017 and July 31, 2018, where the type was request service (CFS), request service (CAPP), request family support or youth services.
- Closed Memos: Memos closed at the agency between August 1, 2017 and July 31, 2018 where the type was screening and with the resolution of “No Further Action”.

3. AGENCY OVERVIEW

a) Delegation

Usma Family and Child Services (FCS) operates under C6 delegation under a bilateral delegation agreement that expires on March 31, 2020. This level of delegation enables the agency to provide the following services:

- child protection
- temporary custody of children

- permanent guardianship of children
- support services to families
- Voluntary Care Agreements
- Special Needs Agreements
- establishing residential resources

Some of the Nuu-Chah-nulth Tribal Council community services the agency utilizes are as follows:

- Teechuktl mental health
- early years outreach
- Nuu-chah-nulth nursing services
- HUU-Pee-Stalth suicide prevention
- Quu'asa traditional healing
- social development
- education and employment training

b) Demographics

Nuu-chah-nulth Tribal Council (NTC) is a not-for-profit society that provides a wide variety of services and supports to Nuu-chah-nulth First Nations with approximately 10,000 members (<https://nuuchahnulth.org/about-ntc>). The agency provides services to band members residing on and off Nuu-chah-nulth reserves. Under the NTC umbrella, Usma FCS provides services to the 14 member First Nations on Vancouver Island that are part of the following regions:

1. Southern Region: Ditidaht, HUU-ay-aht, Hupacasath, Tse-shaht, and Uchucklesaht,
2. Central Region: Ahousaht, Hesquiaht, Tla-o-qui-aht, Toquaht, and YUU-cluth-aht,
3. Northern Region: Ehattesaht, Kyuquot/Cheklesah, Mowachaht/Muchalaht, and Nuchatlaht (<https://nuuchahnulth.org/about-ntc>).

c) Professional Staff Complement

At the time of the audit, the staffing complement included: the executive director, four team leaders (one each for the intake, family service, resource and guardianship teams), 15 full time social workers, an office coordinator, four team assistants (one for each team), a receptionist and a finance clerk. Please note that the guardianship team leader, two intake, two family service and one guardianship social work positions were vacant at the time of the audit. The prevention program consists of a program manager and four family wellness workers to support the families involved with the child protection program. The guardianship team leader position was being covered by the other team leaders. All the social work staff and the executive director are C6 delegated.

d) Supervision and Consultation

The executive director provides supervision to the team leaders and the team leaders provide supervision to the delegated social workers. Agency all-staff meetings are held monthly and are facilitated by the executive director. Staff reported that team leaders are available for ad hoc in-person, phone and email consultations. Team meetings are held weekly to organize staff travel and practice. Case tracking meetings occur between every social worker and his/her team leader every two weeks.

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:

- Social workers are encouraged to practice in culturally knowledgeable and creative ways.
- Many of the staff self identify as Indigenous.
- Social workers noted administrative staff are helpful, supportive and enhance agency functioning.
- Staff reported that all four program areas work well together.
- A collaborative approach with children and families was described as a strength in practice.
- Nuu-Chah-nulth Tribal Council programs and services are accessible and utilized by children, youth and families.
- The staff confirmed that opportunities for outside community training and educational workshops are frequently offered to, and taken by, staff.

5. CHALLENGES FACING THE AGENCY

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

- High staff turnover and long-term staff vacancies have resulted in higher caseloads and travel responsibilities.
- There is a pressing need to fill the staff vacancies to reduce workload and stress.
- The large geographical area that the agency covers presents a challenge for workers to maintain direct personal contact with families and children in care.
- Staff described as problematic the limited communication from the agency's executive and interpersonal tension amongst staff.

6. DISCUSSION OF THE PROGRAMS AUDITED

a) Child Service

The 23 standards in the CS practice audit are based on the AOPSI Guardianship Practice Standards. The standards are as follows:

AOPSI Guardianship Practice Standards	Compliance Descriptions
St. 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	The social worker has preserved and promoted the cultural identity of the child in care and provided services sensitive to the child's views, cultural heritage and spiritual beliefs.
St. 2: Development of a Care Plan	When assuming responsibility for a child in care the social worker develops a care plan. The comprehensive plan of care/care plan is completed within the required timeframes.
St. 3: Monitoring and Reviewing the Child's Care Plan	The care plan is monitored to determine progress toward goals, the continued safety of the child, the effectiveness of services, and/or any barrier to services. The care plan is reviewed every six months or anytime there is a change in circumstances.
St 4: Supervisory Approval Required for Guardianship Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Guardianship Services and ensures there is a thorough review of relevant facts and data before decisions are made. There is documentation on file to confirm that the social worker has consulted with the supervisor on the applicable points in the standard.
St 5: Rights of Children in Care	The social worker has reviewed the rights with the child on a regular basis. The social worker has discussed the advocacy process with the child. Given the age of the child, the rights of the child or advocacy process has not been reviewed with the child but they have been reviewed with the caregiver or a significant adult to the child.
St. 6: Deciding Where to Place the Child	Documented efforts have been made to place the child as per the priority of placement.
St 7: Meeting the Child's Needs for Stability and Continuity of Relationships	There are documented efforts to support continued and ongoing attachments.
St 8: Social Worker's Relationship and Contact with a Child in Care	There is documentation that the social worker meets with the child when required as per the frequency of visits listed in the standard. Meetings are held in person and in private, and in a manner that allows the child and the social worker to communicate freely.
St 9: Providing the Caregiver with Information and Reviewing	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	appropriate discipline standards with the caregiver and the child.
St 10: Providing Initial and Ongoing Medical and Dental Care for a Child in Care	The social worker ensures a child in care receives a medical and, when appropriate, dental examination when coming into care. All urgent and routine medical services, including vision and hearing examinations, are provided for the child in care.
St. 11: Planning a Move for a Child in Care	The social worker has provided an explanation for the move to the child and has explained who his/her new caregiver will be.
St. 12: Reportable Circumstances	The agency Director and the Provincial Director of Child Welfare have been notified of reportable circumstances and grievous incidents.
St 13: When a Child or Youth is Missing, Lost or Runaway	The social worker in cooperation with the parents has undertaken responsible action to locate a missing, lost or runaway child or youth, and to safeguard the child or youth from harm or the threat of harm.
St 14: Case Documentation for Guardianship Services	There are accurate and complete recordings on file to reflect the circumstances and admission on the child to care, the activities associated with the care plan, and documentation of the child's legal status.
St. 15: Transferring Continuing Care Files	Prior to transferring a Continuing Care file, the social worker has completed all required documentation and followed all existing protocol procedures.
St. 16: Closing Continuing Care Files	Prior to closing a Continuing Care file, the social worker has completed all required documentation and follows all existing protocol procedures.
St. 17: Rescinding a Continuing Care Order and Returning the Child to the Family Home	When returning a child in care of the Director to the parent entitled to custody, the protection social worker and the guardianship social worker develop a plan to ensure the child's safety. The plan is developed prior to placing a Continuing Care ward in the family home and reviewed prior to rescinding the Continuing Care Order.
St. 19: Interviewing the Child About the Care Experience	When a child leaves a placement and has the capability to understand and respond, the child is interviewed and his/her views are sought about the quality of care, service and supports received in the placement. There is documentation that the child has been interviewed by the social worker in regards to the criteria in the standard.
St. 20: Preparation for Independence	The social worker has assessed the youth's independent living skills and referred to support services and involved relevant family members/caregivers for support.
St. 21: Responsibilities of the Public Guardian and Trustee	The social worker has notified the Public Guardian and Trustee as required in the standard.
St. 22: Investigation of Alleged Abuse or Neglect in a Family Care Home	The social worker has followed procedures in Protocol Investigation of a Family Care Home.

St. 23: Quality of Care Reviews	The social worker has appropriately distinguished between a Quality of Care Review and Protocol Investigation. The social worker has provided a support person to the caregiver.
St. 24 Guardianship Agency Protocols	The social worker has followed all applicable protocols.

Findings from the audit of the child service records include:

- St. 1 Preserving the identity of the Child in Care:** Documentation of involvement in cultural events and culturally appropriate services such as traditional drumming, singing, fishing and time with the elders was found in 58 of the 77 records (**75%** compliance). Of the 19 records rated not achieved, 1 was opened without an Indigenous community identified and 18 were open with limited to no documentation of cultural involvement or planning.
- St. 2 Development of a Care Plan:** Completed initial and six-month care plans were found in 5 of the 37 applicable records (**14%** compliance). Of the 32 records rated not achieved, 15 were missing both the initial 30 day and six-month care plans and 17 were missing the six-month care plans.
- St. 3 Monitoring and Reviewing the Care Plan:** Annual care plans for each of the three-years within the scope period were found in 15 of the 56 applicable records (**27%** compliance). Of the 41 records rated not achieved, 7 did not contain care plans, 2 contained care plans but there was no evidence of collaboration with the youth, and 32 contained care plans but care plans were not completed annually, as required. Of the 41 records rated not achieved, 30 were open. Of these 30 open records rated not achieved, 23 required annual care plans for the current year.
- St. 4 Supervisory Approval Required for Guardianship Services:** Documentation of supervisory approvals and consults were found throughout 61 of the 77 records (**79%** compliance).
- St 5 Rights of Children in Care:** The review of the section 70 rights of children in care were completed annually with the children/youth in care, or with significant persons if there are capacity concerns or children were of a young age, in 32 of the 77 records (**42%** compliance). Of the 45 records rated not achieved, 12 did not have confirmations that the section 70 rights were reviewed at any time during the three-year scope period and 33 contained confirmations that the section 70 rights were reviewed but these reviews were not completed annually, as required. Of the 45 records rated not achieved, 28 were open. Of these 28 open records rating not achieved, 24 required the annual review of section 70 rights for the current year.

- **St 6 Deciding Where to Place the Child:** Rationales for placement selections and efforts to involve family members as options for placements were documented in 55 of the 77 records (**71%** compliance).
- **St 7 Meeting the Child’s Needs for Stability and Continuity of Relationships:** Efforts 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 were documented in 71 of the 77 records (**92%** 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 1 of the 77 records (**1%** compliance). Of the 76 records rated not achieved, 12 did not have confirmations that the children and youth had visits of any kind with their social workers and 65 had confirmations that the children and youth had private visits with their social workers, but these visits were not conducted every 30 days as required. Of the 12 records that had no documentation of contact between the social workers and the children and youth in care, 4 were open.
- **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 20 of the 77 records (**26%** compliance). Of the 57 records rated not achieved, 31 did not have confirmations that discipline standards had ever been reviewed with the caregivers, 16 contained confirmations that discipline standards had been reviewed with the caregivers but not annually as required, and 10 did not contain confirmations that information about the children and youth were provided to the caregivers at the times of placements. Of the 31 records rated not achieved because disciplinary standards had never been reviewed with the caregivers, 23 were open.
- **St 10 Providing Initial and Ongoing Medical and Dental Care:** Required medical, dental, optical, speech, occupational and physical therapy appointments as well as other assessments were documented in 66 of the 77 records (**86%** compliance). Of the 11 records rated not achieved, 6 did not contain confirmations that admission medical exams were completed, and 5 did not have medical follow ups as recommended by physicians. Of these 5 records rated not achieved for not having documentation of required medical follow ups, 3 were open.
- **St 11 Planning a Move for a Child in Care:** Documentation about planned moves of children and youth in care, including the reasons for the moves, met the standard in 18 of the 29 applicable records (**62%** compliance). Of the 11 records rated not achieved, 9

did not contain confirmations that the children and youth were provided with reasons for the moves and 2 did not have documented pre-placement visits and orientations.

- **St 12 Reportable Circumstances:** Required reportable circumstance reports were found in 18 of the 24 applicable records (**75%** compliance). Of the 6 records rated not achieved, 5 contained reportable circumstance reports that were not submitted with the 24-hour requirement and 1 contained documentation describing a reportable circumstance, but a submitted report was not found in the record.
- **St 13 When a Child or Youth is Missing, Lost or Runaway:** Documentation of the social workers' collaborative responses when locating missing, lost or runaway youth was evident in 3 of the 5 applicable records (**60%** compliance). Of the 2 records rated not achieved, once the youth were found, safety plans were not developed.
- **St 14 Case Documentation:** Required file recordings and review care plans throughout the three-year scope period were found in 21 of the 77 records (**27%** compliance).
- **St 15 Transferring Continuing Care Files:** Transfer recordings of CCO records were documented in 12 of the 28 applicable records (**43%** compliance). Of the 16 records rated not achieved, 2 did not have transfer recordings, 16 did not contain confirmations that the social workers met with the caregivers prior to the transfers and 15 did not contain confirmations that the social workers met with the children and youth prior to the transfers. The total adds to more than the number of records rated not achieved because all 16 records had combinations of the above noted reasons.
- **St 16 Closing Continuing Care Files:** Closing documentation of CCO records was completed in 11 of the 22 applicable records (**50%** compliance). Of the 11 records rated not achieved, 4 did not have closing recordings, 2 did not notify the service providers prior to closings, and 5 did not document meeting with the children and youth prior to closings.
- **St 17 Rescinding a CCO and Returning the Child to the Family Home:** Documentation requirements for rescinding CCOs was not found in the 3 applicable records (**0%** compliance) The records did not have safety plans developed with the child, family, caregiver, service providers and designated Indigenous representative by the guardianship and child safety social workers.
- **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 28 applicable records (**4%** compliance).
- **St 20 Preparation for Independence:** Documentation of Independent Living Plans, referrals for support, transitioning to adult CLBC services, persons with disabilities applications, budget planning, job searches and youth participation in skills/trades

training met the standard in 10 of 15 applicable records (**57%** compliance). Of the 5 records rated not achieved, 2 did not have Independent Living Plans and 3 did not contain assessments of the youths' independent living skills.

- **St 21 Responsibilities of the PGT:** The required involvement of the Public Guardian and Trustee (PGT), including financial planning assistance for youth turning 19, was found in 40 of 46 applicable records (**87%** compliance).
- **St 22 Investigation of Alleged Abuse or Neglect in a Family Care Home:** Complete documentation of protocol investigations was found in 1 of the 6 applicable records (**17%** compliance). Of the 5 records rated not achieved, 4 did not have the required protocol summary reports and 1 described a circumstance that required a protocol investigation, but there was not confirmation that a protocol investigation commenced.
- **St 23 Quality of Care Review:** There was no quality of care reviews for this audit scope period.
- **St 24 Guardianship Agency Protocols:** Social workers are familiar with and follow all protocols related to the delivery of child and family services that the agency has established with local and regional agencies in 76 of the 77 applicable records (**99%** compliance). In the 1 record rated not achieved, there was insufficient information in the record to assess this standard.

b) Resources

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 Descriptions
St. 28: Supervisory Approval Required for Family Care Home Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Family Care Home Services and ensures there is a thorough review of relevant facts and data before decisions are made.
St. 29: Family Care Homes – Application and Orientation	People interested in applying to provide family care, restricted care, or specialized care complete an application and orientation process. The social worker provides an orientation for applicants re: the application process and the agency's expectations of caregivers when caring for children.
St. 30: Home Study	Family Care Homes are assessed to ensure that caregivers understand and meet the Family Care Home Standards.

St 31: Training of Caregivers	Upon completion of the application, orientation and home study processes, the approved applicant(s) will participate in training to ensure the safety of the child and to preserve the child's cultural identity.
St 32: Signed Agreement with Caregiver	All caregivers have a written Family Care Home Agreement that describes the caregiver's role, responsibilities, and payment level.
St. 33: Monitoring and Reviewing the Family Care Home	The social worker will monitor the family care home regularly and formally review the home annually to ensure the standards of care and the needs of the child(ren) placed in the home continue to be met.
St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home	Allegations of abuse and neglect in family care homes are investigated by the Child Protection delegated social worker according to the Protocol Investigation of a Family Care Home.
St 35: Quality of Care Review	Quality of Care Review of a Family Care Home is conducted by a delegated social worker whenever a quality of care concern arises where the safety of the child is not an issue.
St 36: Closure of the Family Care Home	When a Family Care Home is closed, the caregivers are notified of the reasons for closure verbally and in writing.

Findings from the audit of the resource records include:

- **St. 28 Supervisory Approval for Family Care Home Services:** Required supervisory approvals and consults were documented in 34 of the 35 records (**97%** compliance). Of the 1 record rated not achieved, the following was not located in the record: supervisory approval of the home study, supervisory signature on the Family Care Home Agreement, and supervisory approval of placing a child in a resource prior to completing the home study.
- **St. 29 Family Care Homes – Application and Orientation:** Complete application and orientation documentation was found in 19 of the 35 records (**54%** compliance). Of the 16 records rated not achieved, 1 did not have a consent form, 15 did not contain one or both required criminal record checks, 4 did not contain completed medical exam forms, 5 did not contain confirmations of caregiver orientations, and 1 file did not contain the three required reference checks. Of the 15 records without the required criminal record checks, 6 were open. The total adds to more than the number of records rated not achieved because 6 records had combinations of the above noted reasons.
- **St. 30 Home Study:** Completed home studies were found in 17 of the 20 applicable records (**85%** compliance). Of the 3 records rated not achieved, all did not contain home studies. Of these 3 records rated not achieved, 2 were open.

- **St. 31 Training of Caregivers:** Training offered to, and taken by, the caregivers were documented in 33 of the 35 records (**94%** compliance).
- **St. 32 Signed Agreement with Caregiver:** Signed and consecutive Family Care Home Agreements were found in 30 of the 35 records (**86%** compliance). Of the 5 records rated not achieved, 1 did not contain any agreements, 3 contained agreements but they were not consecutive during the three-year audit scope period, and 1 contained an agreement that was not signed by the applicant.
- **St. 33 Monitoring and Reviewing the Family Care Home:** Completed annual reviews were found for the entire three-year audit scope period in 19 of the 35 records (**54%** compliance). Of the 16 records rated not achieved, 1 did not have annual reviews for the entire three-year audit scope period, 10 contained annual reviews but they were not completed for each year in the audit scope period, and 8 did not have documentation of regular home visits. The total adds to more than the number of records rated not achieved because 4 records had combinations of the above noted reasons.
- **St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home:** Documentation of investigations of alleged abuse or neglect in a family care home was found in the 5 of the 6 applicable records (**83%** compliance). Of the 1 record rated not achieved, there was confirmation that a protocol investigation was completed but protocol summary report was not found in the file and there was no confirmation that support was provided to the caregiver.
- **St 35: Quality of Care Review:** There was no quality of care reviews during the audit scope.
- **St 36: Closure of the Family Care Home:** Complete closing documentation was found in 5 of the 9 applicable records (**56%** compliance). Of the 4 records rating not achieved, closing letters to the caregivers were not found in the records.

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 Measures	Compliance Descriptions
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 closed Memos, closed Service Requests, closed Incidents, open Cases and 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, no records were identified for possible action.

FS 1: Gathering Full and Detailed Information: The compliance rate for this critical measure was **98%**. The measure was applied to all 129 records in the samples; 126 of the 129 records were rated achieved and 3 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 3 records rated not achieved, all lacked detailed and sufficient information from the callers to determine appropriate pathways.

FS 2: Conducting an Initial Record Review (IRR): The compliance rate for this critical measure was **36%**. The measure was applied to all 129 records in the samples: 47 of the records were

rated achieved and 82 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 82 records rated not achieved: 4 did not have IRRs documented, 23 had IRRs documented but they were not completed within 24 hours, 21 had IRRs documented but they contained insufficient information, and 64 had IRRs but they did not contain the results from Best Practice checks. Of the 23 records that did not document the IRRs within 24 hours, the range of time it took to complete the IRRs was between 2 and 128 days, with the average time being 12 days. The total adds to more than the number of records rated not achieved because 26 records had combinations of the above noted reasons.

FS 3: Completing the Screening Assessment: The compliance rate for this critical measure was **65%**. The measure was applied to all 129 records in the samples: 84 of the 129 records were rated achieved and 45 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 45 records rated not achieved, all had Screening Assessments that were completed past the required 24-hour timeframe and the range of time it took to complete the Screening Assessments was between 2 and 86 days, with the average time being 13 days.

FS 4: Determining Whether the Report Requires a Protection or Non-Protection Response: The compliance rate for this critical measure was **99%**. The measure was applied to all 129 records in the samples: 128 of the 129 records were rated achieved and 1 was 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 1 record rated not achieved, the call was documented in a Memo but the nature of the reported child protection concerns warranted opening an Incident to document a child protection response. As a result, this Memo was added to the Incident sample from FS 5 to FS 16 and received ratings of not achieved for these measures because the required protection response was not provided.

Within this record, further information was collected by the social workers and/or supports were subsequently provided to the family which adequately addressed the risk factors presented in the initial report and documented family history.

FS 5: Determining the Response Priority: The compliance rate for this critical measure was **96%**. The measure was applied to all 54 records in the augmented sample: 52 of the 54 records were rated achieved and 2 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 2 records rated not achieved, 1 had a response priority of within 5 days but the nature of the reported concerns required a response within 24 hours and 1 Memo had an inappropriate non-protection response.

The audit also assessed whether the families were contacted within the timeframes of the assigned response priorities. Of the 53 records in the original Incident sample, 29 contained documentation confirming that the families were contacted within the assigned response priorities and 24 did not. Of these 24 records, all were given the response priority of within 5 days. Of these 24 records, 1 did not document the date the family was contacted and the range of time it took to contact the remaining 23 families was between 6 days and 98 days, with the average time being 28 days.

FS 6: Conducting a Detailed Record Review (DRR): The compliance rate for this critical measure was **48%**. The measure was applied to all 54 records in the augmented sample: 26 of the 54 records were rated achieved and 28 were rated not achieved. To receive a rating of achieved, the record contained documentation that the DDR:

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

Of the 28 records rated of not achieved, 20 had no DRRs documented, 7 had DRRs that did not contain the information missing in the IRRs and 1 was a Memo with an inappropriate non-protection response.

FS 7: Assessing the Safety of the Child or Youth: The compliance rate for this critical measure was **69%**. The measure was applied to all 54 records in the augmented sample; 37 of the 54

records were rated achieved and 17 were rated not achieved. To receive a rating of achieved, the record contained documentation that:

- the safety assessment process was completed during the first significant contact with the child/youth's family
- if concerns about the child/youth's immediate safety were identified and the child/youth was not removed under the CFCSA, a Safety Plan was developed and the Safety Plan was signed by the parents and approved by the supervisor
- the supervisor approved ending the protection response before the safety assessment process was completed and the rationale was documented and appropriate.

Of the 17 records rated not achieved, 6 did not have the safety assessment processes completed during the first significant contacts with the families, 9 did not have Safety Plans developed when safety concerns were identified, 3 had Safety Plans that were not signed by the parents, 1 did not have the Safety Plan approved by the supervisor and 1 was a Memo with inappropriate non-protection response. The total adds to more than the number of records rated not achieved because 3 records had combinations of the above noted reasons.

FS 8: Documenting the Safety Assessment: The compliance rate for this critical measure was **31%**. The measure was applied to all 54 records in the augmented sample: 17 of the 54 records were rated achieved and 37 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 37 records rated not achieved, 36 had Safety Assessment forms that were not completed within 24 hours of completing the safety assessment processes and 1 was a Memo with an inappropriate non-protection response. Of the 36 records where the Safety Assessment forms were not completed within 24 hours of the safety assessment processes, the range of time it took to complete the forms was between 2 days and 663 days, with the average time being 76 days.

FS 9: Making a Safety Decision Consistent with the Safety Assessment: The compliance rate for this critical measure was **98%**. The measure was applied to all 54 records in the augmented sample: 53 of the 54 records were rated achieved and 1 was 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.

The 1 record rated not achieved was a Memo with an inappropriate non-protection response.

FS 10: Meeting or Interviewing the Parents and Other Adults in the Family Home: The compliance rate for this critical measure was **78%**. The measure was applied to all 54 records in the augmented sample: 42 of the 54 records were rated achieved and 12 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 12 records rated not achieved, 5 did not contain documentation that the social workers had met with or interviewed any of the parents, 2 contained documentation that the social workers met with or interviewed one but not both parents entitled to custody, 2 contained documentation that the social workers interviewed the parents but insufficient information from those interviews was documented to adequately assess the safety and vulnerability of all children/youth, 4 did not contain documentation that the social workers had met with or interviewed the other adults in the homes, and 1 was a Memo with an inappropriate non-protection response. The total adds to more than the number of records rated not achieved because 2 records had combinations of the above noted reasons.

FS 11: Meeting with Every Child or Youth Who Lives in the Family Home: The compliance rate for this critical measure was **69%**. The measure was applied to all 54 records in the augmented sample: 37 of the 54 records were rated achieved and 17 were rated not achieved. To receive a rating of achieved, the record contained documentation that the social worker had a private, face-to-face conversation with every child/youth living in the family home according to their developmental level, or the supervisor granted an exception and the rationale was documented, or the supervisor approved ending the protection response before the social worker had a private, face-to-face conversation with every child/youth living in the family home and the rationale was documented and appropriate.

Of the 17 records rated not achieved, 9 did not document that the social workers had private face-to-face conversations with any of the children/youth living in the homes, 5 documented that the social workers had private face-to-face conversations with some but not all children/youth living in the homes, 3 documented that the social workers had private face to face conversations with all the children/youth living in the homes but insufficient information from those interviews was documented to adequately assess the safety and vulnerability of all children/youth, 1 documented that the social worker had face to face conversations with all the children/youth living in the home but those interviews were not conducted in private, and 1 was a Memo with

an inappropriate non-protection response. The total adds to more than the number of records rated not achieved because 1 record had a combination of the above noted reasons.

FS 12: Visiting the Family Home: The compliance rate for this critical measure was **80%**. The measure was applied to all 54 records in the augmented sample: 43 of the 54 records were rated achieved and 11 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 11 records rated not achieved, 10 did not document that the social workers visited the family homes and 1 was a Memo with an inappropriate non-protection response.

FS 13: Working with Collaterals: The compliance rate for this critical measure was **85%**. The measure was applied to all 54 records in the augmented sample: 46 of 54 records were rated achieved and 8 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 8 records rated not achieved, 7 had no documentation of collaterals being completed, and 1 was a Memo with an inappropriate non-protection response.

If the records were Incidents with FDR protection responses, the audit assessed whether the social workers contacted the parents prior to contacting collaterals. The audit also assessed whether there were discussions with the parents about which collateral contacts could provide the necessary information and reached agreements with the parents about the plans to gather information from specific collaterals. Of the 53 records in the Incident sample, all 53 were deemed to require FDR protection responses. Of these 53 FDR protection responses, 4 documented that the social workers contacted the parents prior to contacting collaterals. Furthermore, of these 53 FDR protection responses, 29 documented discussions with the parents about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals.

FS 14: Assessing the Risk of Future Harm: The compliance rate for this critical measure was **85%**. The measure was applied to all 54 records in the augmented sample: 46 of the 54 records were rated achieved and 8 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 8 records rated not achieved, 1 did not contain a Vulnerability Assessment, 3 had Vulnerability Assessments that were not approved by the supervisors, 3 had incomplete Vulnerability Assessments and 1 was a Memo with an inappropriate non-protection response.

Of the 46 records where the Vulnerability Assessments were rated achieved, 1 did not have a Vulnerability Assessment because the protection response ended early and the rationale for the decision was appropriate and the range of time it took to complete the remaining 45 forms was between 17 days and 665 days, with the average time being 118 days.

FS 15: Determining the Need for Protection Services: The compliance rate for this critical measure was **98%**. The measure was applied to all 54 records in the augmented sample: 53 of the 54 records were rated achieved and 1 was 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.

The 1 record rated not achieved was a Memo with an inappropriate non-protection response.

FS 16: Timeframe for Completing the FDR Assessment or Investigation: The compliance rate for this critical measure was **4%**. The measure was applied to all 54 records in the augmented sample: 2 of 54 records were rated achieved and 52 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 52 records rated not achieved, 51 did not have the FDR assessments or investigations completed within 30 days and 1 was a Memo with an inappropriate non-protection response. Of the 51 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 16 and 679, with the average time being 132 days.

FS 17: Completing a Family and Child Strengths and Needs Assessment: The compliance rate for this critical measure was **43%**. The measure was applied to all 51 records in the samples: 22 of the 51 records were rated achieved and 29 was rated not achieved. To receive a rating of

achieved the record contained a Family and Child Strength and Needs Assessment completed in its entirety.

Of the 29 records rated not achieved, 25 did not contain Family Strengths and Needs Assessments and 4 contained incomplete Strengths and Needs Assessments.

Of the 22 records rated achieved, 12 had Family and Child Strengths and Needs Assessments completed within the most recent six-month protection cycle and 10 did not have a Family and Child Strengths and Needs Assessment completed within the most recent six-month protection cycle, but they were completed within the 12-month scope period of the audit.

FS 18: Supervisory Approval of the Strengths and Needs Assessment: The compliance rate for this critical measure was **37%**. The measure was applied to all 51 records in the samples: 19 of the 51 records were rated achieved and 32 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 32 records rated not achieved, 25 did not contain Family Strengths and Needs Assessments, 4 contained incomplete Strengths and Needs Assessments that were not approved by the supervisors, and 3 contained Family and Child Strengths and Needs Assessments that were not approved by the supervisors.

FS 19: Developing the Family Plan with the Family: The compliance rate for this critical measure was **22%**. The measure was applied to all 51 records in the samples: 11 of the 51 records were rated achieved and 40 were rated not achieved. To receive a rating of achieved, the record contained a completed Family Plan form or its equivalent and was developed in collaboration with the family.

An equivalent to the Family Plan form can be the plan developed during a facilitated meeting, such as at a Family Case Planning Conference or Family Group Conference. The plan developed may be in lieu of a Family Plan if the plan has the key components of:

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

Of the 40 records rated not achieved, 37 did not contain Family Plans or equivalents and 3 Family Plans or equivalent were not developed in collaboration with the families.

FS 20: Timeframe for Completing the Family Plan: The compliance rate for this critical measure was **18%**. The measure was applied to all 51 records in the samples: 9 records were rated achieved and 42 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 six-month protection cycle.

Of the 42 records rated not achieved, 37 did not contain Family Plans or equivalents and 5 did not contain Family Plans or equivalent revised within the most recent six-month protection cycle.

FS 21: Supervisory Approval of the Family Plan: The compliance rate for this critical measure was **22%**. The measure was applied to all 51 records in the samples: 11 records were rated achieved and 40 records were rated not achieved. To receive a rating of achieved, the record contained a Family Plan that was approved by the supervisor.

Of the 40 records rated not achieved, 37 did not contain Family Plans or equivalents and 3 Family Plans were not approved by the supervisors.

FS 22: Completing a Vulnerability Reassessment OR a Reunification Assessment: The compliance rate for this critical measure was **35%**. The measure was applied to all 51 records in the samples; 18 of the 51 records were rated achieved and 33 were rated not achieved.

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

Of the 33 records rated not achieved, 9 did not contain Reunification Assessments, 8 did not contain Vulnerability Reassessments, 2 contained incomplete Reunification Assessments, 3 contained incomplete Vulnerability Reassessments, 9 contained Reunification Assessments or Vulnerability Reassessments within the 12-month scope period of the audit but not within the most recent six-month protection cycle, and 3 did not contain Reunification Assessments completed within three months of children's returns or court proceedings regarding custody. The total adds to more than the number of records rated not achieved because 1 record had a combination of the above noted reasons.

FS 23: Making the Decision to End Ongoing Protection Services: The compliance rate for this critical measure was **46%**. The measure was applied to all 24 records in the sample; 11 of the 24 records were rated achieved and 13 were rated not achieved. To receive a rating of achieved, the record contained documentation that:

- the 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.

Of the 13 records rated not achieved, all ended protection services without completing Vulnerability Re-assessments or Reunifications Assessments within the most recent six-month protection services cycle.

7. COMPLIANCE TO PROGRAMS AUDITED

a) Child Service

In total, 77 open and closed child service records were audited. The overall compliance to the child service standards was **56%**. The following table provides a breakdown of the compliance ratings. For those files that were not applicable to specific standards, explanations are provided in the footnotes:

Standard	Applicable	Compliant	Not Compliant	Compliance Rate
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	77	58	19	75%
Standard 2 Development of a Comprehensive Plan of Care	37*	5	32	14%
Standard 3 Monitoring and Reviewing the Child’s Comprehensive Plan of Care	56*	15	41	27%
Standard 4 Supervisory Approval Required for Guardianship Services	77	61	16	79%
Standard 5 Rights of Children in Care	77	32	45	42%
Standard 6 Deciding Where to Place the Child	77	55	22	71%
Standard 7 Meeting the Child’s Need for Stability and continuity of Relationships	77	71	6	92%

Standard 8 Social Worker’s Relationship & contact with a Child in Care	77	1	76	1%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	77	20	57	26%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	77	66	11	86%
Standard 11 Planning a Move for a Child in Care	29*	18	11	62%
Standard 12 Reportable Circumstances	24*	18	6	75%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	5*	3	2	60%
Standard 14 Case Documentation	77	21	56	27%
Standard 15 Transferring Continuing Care Files	28*	12	16	43%
Standard 16 Closing Continuing Care Files	22*	11	11	50%
Standard 17 Rescinding a Continuing Custody Order	3*	0	3	0%
Standard 19 Interviewing the Child about the Care Experience	28*	1	27	4%
Standard 20 Preparation for Independence	15*	10	5	67%
Standard 21 Responsibilities of the Public Guardian and Trustee	46*	40	6	87%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	6*	1	5	17%
Standard 23 Quality of Care Review	0			
Standard 24 Guardianship Agency Protocols	77	76	1	99%

Standard 2: 40 records involved children or youth who entered care prior to August 1, 2015
Standard 3: 21 records involved children or youth who entered care since February 1, 2018
Standard 11: 48 records did not involve children or youth who were not moved from their care home
Standard 12: 53 records did not contain information regarding reportable circumstances
Standard 13: 72 records did not contain information regarding children missing, lost or run away
Standard 15: 49 records were not transferred
Standard 16: 55 records were not closed continuing care files
Standard 17: 74 records did not involve rescindment of a continuing custody order
Standard 19: 49 records did not involve a child or youth moving from a placement
Standard 20: 62 records did not require planning for independence
Standard 21: 31 records did not require the involvement of the Public Guardian & Trustee
Standard 22: 71 records did not involve an investigation of abuse or neglect in a family care home
Standard 23: 77 records did not involve a quality of care review

b) Resources

In total, 35 open and closed resource records were audited. Overall compliance to the resource standards was **77%**. 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	35	34	1	97%
Standard 29 Family Care Homes – Application and Orientation	35	19	16	54%
Standard 30 Home Study	20*	17	3	85%
Standard 31 Training of Caregivers	35	33	2	94%
Standard 32 Signed Agreements with Caregivers	35	30	5	86%
Standard 33 Monitoring and Reviewing the Family Care Home	35	19	16	54%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	6*	5	1	83%
Standard 35 Quality of Care Review	0*			
Standard 36 Closure of the Family Care Home	9*	5	4	56%

Standard 30: 15 records included home studies completed prior to August 1, 2015

Standard 34: 29 records did not include information regarding alleged abuse or neglect in a family care home

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

Standard 36: 26 records were not closed family care home files

c) Family Service

The agency's overall compliance rate for the Family Service files was **63%**. 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 27 closed Service Requests, 49 closed Memos and 53 closed Incidents.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 1: Gathering Full and Detailed Information	129	126	3	98%
FS 2: Conducting an Initial Record Review (IRR)	129	47	82	36%
FS 3: Assessing the Report about a Child or Youth's Need for Protection (Completing the Screening Assessment)	129	84	45	65%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	129	128	1	99%

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 53 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	54*	52	2	96%
FS 6: Conducting a Detailed Record Review (DRR)	54*	26	28	48%
FS 7: Assessing the Safety of the Child or Youth	54*	37	17	69%
FS 8: Documenting the Safety Assessment	54*	17	37	31%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	54*	53	1	98%

*Total Applicable includes the sample of 53 Incidents augmented with the addition of 1 Memo with an inappropriate non-protection response.

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 53 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	54*	42	12	78%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	54*	37	17	69%
FS 12: Visiting the Family Home	54*	43	11	80%
FS 13: Working with Collateral Contacts	54*	46	8	85%

*Total Applicable includes the sample of 53 Incidents augmented with the addition of 1 Memo with an inappropriate non-protection response.

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	54*	46	8	85%
FS 15: Determining the Need for Protection Services	54*	53	1	98%
FS 16: Timeframe for Completing the FDR Assessment or Investigation	54*	2	52	4%

*Total Applicable includes the sample of 53 Incidents augmented with the addition of 1 Memo with an inappropriate non-protection response.

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 27 open FS cases and 24 closed FS case.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 17: Completing a Family and Child Strengths and Needs Assessment	51	22	29	43%
FS 18: Supervisory Approval of the Strengths and Needs Assessment	51	19	32	37%
FS 19: Developing the Family Plan with the Family	51	11	40	22%
FS 20: Timeframe for Completing the Family Plan	51	9	42	18%
FS 21: Supervisory Approval of the Family Plan	51	11	40	22%

Reassessment

FS 22 relates to the completion of a Vulnerability Reassessment or Reunification Assessment. The records included the selected sample of 27 open FS cases and 24 closed FS case.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 22: Completing a Vulnerability Reassessment or a Reunification Assessment	51	18	33	35%

Decision to End Protection Services

FS 23 relates to making the decision to end ongoing protection services. The records included the selected sample of 24 closed FS case

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 23: Making the Decision to End Ongoing Protection Services	24	11	13	46%

8. ACTIONS COMPLETED TO DATE

Prior to the development of the Action Plan, the following actions were implemented by the agency:

On Sept 18, 2019 Samantha (Cocker Deputy Director PDCW Aboriginal Services Branch), Jackie Lee (Executive Director for Quality Assurance), Rob Rail (Director of Quality Assurance), Shelley Latreille (A/Director of Practice PDCW Aboriginal Services Branch) met with Kelly Edgar (Executive Director Usma Nuu-chah-nuth) Shaun Baultus (Team Leader: Intake) and Julia Hunter (Team Leader: Resources) to review both the recent Practice Audit and two Case Reviews. It was decided to conduct a joint action plan meeting since there were common themes that could be addressed more effectively through a combined process. Those actions that specifically relate to the audit will be listed in the audit separately, otherwise action responses apply to all three reports. These actions will be included in both case reviews. Following that meeting, an additional Case Review was completed and the action items identified in the meeting would be appropriate for the 2 case reviews and audit.

Actions Taken to Date:

1. In the past year the agency has been providing “Duty to Report” workshops in different communities
2. Formal communication processes have been implemented between the various teams within the agency as well as weekly Team Leader and ED/manager meetings to review cases of concern
3. All staff are receiving regularly scheduled clinical supervision
4. All positions are now filled except for intake but a plan has been to hire to this vacancy is in progress
5. A community family care worker has been hired
6. A “paperwork day” process for ensuring documentation occurs on a weekly basis
7. The agency is implementing processes to utilize team assistants and administrative staff to assist in supporting social worker and agency documentation tasks
8. The agency has been providing training for family care workers who may have extensive involvement with families
9. The agency has provided increased structured supervision and consults for all staff

9. ACTION PLAN

Action(s)	Responsibility	Due Date
1. Agency will develop checklists to ensure all required documentation is on file and to assist in clinical consultation	Agency Executive Director	January 31, 2020
2. Ensure that criminal record checks and other screening documentation completed for open family Care Homes	Agency ED	January 31, 2020
3. Ensure Care Plans are up to date	Agency ED	February 27, 2020
4. Usma staff will conduct “mini-audits” throughout the year and MCFD Audit program will assist the agency in developing methodology and will provide copies to Manager of Quality Assurance as completed	Agency ED	December 31, 2020
5. Review all policies and procedures required for: <ul style="list-style-type: none"> • Child Protection Response and associated assessment tools • Rescinding CCOs • AOPSI guardianship standards • CYIC policy with focus on health, safety and well being of children • Out of care options policy including use of Home Studies Collateral/Reference checks and Initial and Detailed Record Review and care plan expectations 	Aboriginal Services to support agency with these reviews including orientation for new staff	March 31, 2020