

CASE PRACTICE AUDIT REPORT

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

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed February 16, 2015

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CASE PRACTICE AUDIT REPORT USMA NUU-CHAH-NULTH FAMILY AND CHILD SERVICES

1. PURPOSE

The purpose of the audit is to improve and support child service, guardianship and family service. Through a review of a sample of cases, the audit is expected to provide a measure of the recent level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the fourth audit of Usma Nuu-Chah-Nulth Family and Child Services (Usma).

The specific purposes of the audit are to:

- further the development of practice;
- assess and evaluate practice in relation to existing legislation and the Aboriginal Operational and Practice Standards and Indicators (AOPSI);
- 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.

The Office of the Provincial Director of Child Welfare, Quality Assurance is conducting the audit using the Aboriginal Case Practice Audit Tool (ACPAT) and the MCFD SharePoint site. Audits of delegated agencies providing child protection, guardianship, family services and resources for children in care are conducted according to a 3 three year cycle.

2. METHODOLOGY

There were 2 quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare, Quality Assurance who conducted the practice audit. The quality assurance analysts conducted the field work from January 19, 2015-February 16, 2015. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the child service files and resource files to generate agency compliance reports and a compliance report for each file audited. The MCFD SharePoint site was used to collect the data for the family service cases and incidents.

The population and sample sizes were based on data entered in ICM and confirmed with the agency prior to the audit commencing. At the time of the audit, there were a total of 42 open family service cases; 23 closed family service cases; 189 closed protection incidents; 61 closed non-protection incidents; 226 child in care and 54 resource records.

Samples of 26 open family service records (IKF15; IKG 11), 16 closed family service records (IKG 9; IKF 8); 50 closed protection incidents (IKG 32; IKF 16; IKA 2); 32 closed

non-protection incidents (IKG 15; IKF 15; IKA 2); 52 open and closed child service records (IKA 5; IKF6 IKG 17; IKH 24), and 30 resource records (IKH 26;, IKA 4), were randomly selected for the audit.

During the course of the audit, 5 family service cases were re-selected for the following reasons:

- 1 case was closed in 2014 from an incident in 2012;
- 1 case was opened in error under the name of the non-custodial parent;
- 1 case was closed in 2014 from an intake from 2008;
- 1 case was left open for 6 months after a CCO was granted. This case was closed during the audit period;
- 1 case was scheduled to close in 2012, but was not administratively closed until 2014.

During the course of the audit, 2 child service files were re-selected for the following reasons:

- 1 file was open for less than 3 months;
- 1 file was open for the provision of an out of care option (EFP).

During the course of the audit, 7 non-protection incidents were re-selected for the following reasons:

- 6 incidents were opened prior to the scope period of the audit and not closed until 2014;
- 1 incident was a service request for the extended family program.

During the course of the audit, 2 protection incidents were re-selected for the following reasons:

- both incidents were opened prior to the scope period of the audit and not closed until 2014.

For this audit, the numbers of child welfare records in the samples ensure (at the 90% confidence level) that the results are within plus or minus 10% (the margin of sampling error) from the results that would be obtained if every child welfare record was audited within the agency.

More specifically, the 90% confidence level and 10% margin of sampling error means that if the ministry conducted 100 audits in the same delegated Aboriginal agency (DAA) using the same sampling procedure it currently uses then in 90 of the 100 audits the results obtained from the audit would be within plus or minus 10 % from the results that would be obtained if the ministry audited every child welfare file within the DAA.

However, it is important to note that some of the standards used for the audit are only applicable to a subset (or reduced number) of the records that have been selected and so the results obtained for these standards may differ by more than plus or minus 10 % from the results that would be obtained if the ministry audited every child welfare record within the agency.

The scope of the practice audit was:

- Open FS cases: open on August 31, 2014 and open for at least 6 months;
- Closed FS cases: closed between March 1, 2014 and August 31, 2014 and open for more than 6 months;
- Closed protection incidents: created after April 2, 2012, and closed between March 1, 2014 and August 31, 2014;
- Closed non-protection incidents: created after April 2, 2012, and closed between March 1, 2014 and August 31, 2014;
- Open and closed child service files: open between February 1, 2012 and November 30, 2014 and open for at least 3 months;
- Resource files: open between February 1, 2012 and November 30, 2014 and open for at least 3 months.

Upon arrival at the agency, the analysts met with the entire staff and the executive director to review the audit purpose and process. The analysts were also available to answer any questions from staff that arose during the audit process. While at the agency the analysts conducted in person interviews with staff as well as some telephone interviews at the completion of the fieldwork. On February 17, 2015 a meeting occurred to review the preliminary findings with the executive director, all team leaders and office manager as well to discuss the next steps.

3. AGENCY OVERVIEW

a) Delegation

Usma was granted voluntary service (C3) delegation in 1987 and obtained child protection delegation in 1989. They were the first Aboriginal agency in BC to obtain child protection (C6) delegation. Usma's current Delegation Agreement commenced on April 1, 2004 and concluded on March 31, 2009. Annual renewals to this agreement have occurred since 2009 and the current modification agreement expires March 31, 2015.

C6 level of delegation enables the agency to provide the following services:

- child protection;
- temporary custody of children;
- guardianship of children in continuing custody;
- support services to families;
- Voluntary Care Agreements;
- Special Needs Agreements; and
- establishing residential resources.

b) Demographics

Usma operates one central office located in the township of Port Alberni. The agency has a vast geographic service area providing services to the 14 traditional territories on the west coast of Vancouver Island. These communities are located in the western part of Vancouver Island, extending from Port Renfrew to the south, to Kyuquot to the north. Two of the communities are part of Port Alberni with the remaining communities a significant distance away. At least 6 communities are only accessible by air or water transport.

In 2005, Usma began providing off reserve guardianship services to Nuu-chah-nulth children and families in Port Alberni, Sproat Lake, Beaver Creek, and Cherry Creek. As of June 2011, Usma moved to provide off reserve child protection services to Nuu-chah-nulth children in the above noted areas.

Usma provides services to the following member nations: Ahousaht; Ditidaht; Ehattesaht; Hesquiaht; Mowachaht/Muchalaht; Hupacasath; Nuchatlaht; Tla-o-quaht; Tseshah; Huu-ay-aht; Ka;’yuk’e’h/Che;K;tles7er’h; Toquaht; Uchucklesaht; and Ucluelet. The population on these reserves is approximately 3,173 (Source: *Registered Indian Population by Sex and Residence, Indian and Northern Affairs Canada 2013*)

In addition to the delegated services provided by the agency, the Nuu-Chah-Nulth Tribal Council (NTC) has hired nurses, infant development workers, mental health workers and prevention workers who provide services to all the communities. Each community receives funds to hire their own support staff and all of the reserve communities have hired their own youth workers and family care workers (FCW). The family care workers are instrumental as they are liaisons in the communities and assist the Usma social workers with emergency planning, identifying family members and providing programs for families in these remote communities.

Many of the communities also utilize services offered in the larger urban centres. These services include: friendship centers, women’s resource centers, mental health, drug/alcohol counseling; early years outreach program (EYOP), Aboriginal supported child development, Brighter Futures. Community members also participate in educational, recreational and cultural events in the larger community. The RCMP also provides emergency response services to the communities.

c) Professional Staff Compliment

Usma has restructured their service delivery to 4 delegated teams. The model includes 2 child safety /family service teams (at home - on reserve and away from home -off reserve); 1 guardianship team and 1 residential resource team. In addition, there is a family support team for non-delegated program support services. These teams are geographically based.

Usma staff includes:

- 1 executive director;
- 4 team leaders;
- 16 social workers;
- 3 term social work positions;
- 2 team assistants;
- 1 cultural advisor;
- 1 office manager;
- 2 administration receptionists;
- 3 term administrative assistants; and
- 3 family support workers.

All of the social work staff are fully delegated according to their current positions and have completed the ASW or MCFD delegation training. The executive director of the agency has C6 delegation. The agency collaborates with MCFD to ensure staff receives mandatory training. Opportunities for other outside training or educational pursuits are reviewed on a case by case basis. The agency utilizes their assigned practice analyst, MCFD Aboriginal Services, for support and periodic in-service practice orientations.

d) Supervision and Consultation

As a result of an agency external review in January, 2014, Usma made a decision to separate the child safety team into 2 teams to address supervision needs of staff and reduce caseload sizes. As reported by the executive director, this change resulted in manageable workloads for the team leaders and social work staff.

The agency has an all staff meeting once per month to discuss administrative matters and provide agency updates by the executive director.

The team leaders have group supervision weekly with the executive director. The team leaders access individual consultations with the executive director via open door, email or telephone as required. The executive director has also contracted with an executive coaching consultant to support leadership and skill development with child protection team leaders across the agency. The consultant meets with the team leaders on a scheduled monthly basis. The agency has implemented a leadership development project to promote personal leadership and professional development plans for all leaders in the agency and potential future leaders of the organization.

The child safety teams meet on a bi-weekly schedule for case tracking and supervision with their team leaders. In addition, child safety team leaders are available for consultations via open door, email or telephone as required. The child safety team leaders often provide coverage for one another during a team leader's absence (vacation, maternity leaves, and sick leaves); however, if this is not possible, a senior team member may cover in an acting capacity.

The residential resource team has bi-weekly team meetings and monthly individual tracking meetings with their team leader. Consultations occur via open door, emails, and telephone consultations as needed. The resource team and guardianship team leaders generally provide back up for one another during absences. During longer absences of a team leader, a senior team member may cover in an acting position. The executive director has covered on occasion when no backfill coverage was available.

The guardianship team conveyed needing to have consistent 1:1 clinical supervision times with their supervisor, along with regular team meetings which would support and assist in meeting their clinical supervision needs. This has been discussed with the executive director.

4. STRENGTHS OF THE AGENCY

The analysts identified, through data collection and staff interviews, several strengths of the agency and the agency's practice over the course of the audit:

- Staff consistently described all the teams as cohesive and supportive to one another which contributes to a good working atmosphere within the agency;
- The staff described feeling supported by agency management when there are situations such as family illness, or urgent personal matters. The staff are appreciative of how the agency values the importance of work/family balance;
- The agency has a good partnership with MCFD to collaboratively share in mandatory training events;
- The agency continues to dialogue with the member nations on coordinating responses to child protection, ongoing development of protocols, and ensuring family care workers are available in the remote communities to respond to ongoing work with families in the agency's geographic service area;
- There was evidence in documentation of social workers working collaboratively with RCMP, schools, community family care workers (FCW) and CYMH in supporting children/youth in care;
- Social workers are committed to finding appropriate services to serve their children in care with very complex needs and this was evident in file documentation;
- The physical files were in good order with documents being grouped into sections in a chronological order. Team assistants have a good understanding of the files for which they are responsible and the file room was very well organized;
- The agency has implemented ICM for all data entry and no longer document in Best Practice (BP) database; and
- The agency has implemented the use of the SDM tools and FDR responses in child safety case practice.

5. CHALLENGES FACING THE AGENCY

The analysts identified, through data collection and interviews, some challenges at the agency and of the agency's practice over the course of the audit:

- The complexities of high risk cases and remote geographic service areas accessible only by air/water have contributed to challenges in meeting equitable service delivery. The agency has limited capacity to respond to reports of child maltreatment in a timely manner in these hard to reach communities. The agency does have a good relationship with the RCMP for emergency responses and also relies on the family care workers (FCW) in the remote on reserve communities to provide the agency staff with up to date information on safety plans. Staff reported that, although the frequency of calls for on reserve families is fewer than those families in more urban areas, it is more difficult to deliver service and follow up on child protection reports and requests for support services;
- The agency has had some significant changes in staff turnover within the past 2 years due to staff leaving the agency and illnesses. These staffing challenges have created a shift from a cohort of experienced long term staff to relatively junior social work staff with an average of under 4 years of experience. These newer staff identified the complexity of the work and demands of working with large family systems challenging. Staff retention may be impacted as some staff identified the need for additional support/mentoring from team leaders on training, cultural knowledge/protocols, policy and procedures;
- The agency's move from the Best Practices database to ICM as their primary database as well as implementing Chapter. 3 and learning the SDM tools created challenges for staff. These changes resulted in the agency acquiring a backlog of incidents to complete and enter into the ICM system. Staff voiced these concerns during interviews and the audit findings identified lower compliance with respect to the completion of the SDM tools associated with protection interventions and ongoing family service cases.

6. DISCUSSION OF THE PROGRAMS AUDITED

a) Child Service

The audit reflects the work done by the staff in the agency's child service program over the past 3 years. The 23 standards in the CS Practice Audit are based on the AOPSI Guardianship Practice Standards. The standards are as follows:

AOPSI Guardianship Practice Standard	Compliance Description
St. 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	The social worker has preserved and promoted the cultural identity of the child in care and provided services sensitive to the child's views, cultural heritage and spiritual beliefs.
St. 2: Development of a Comprehensive Plan of Care	When assuming responsibility for a child in care the social worker develops a Comprehensive Plan of Care/Care Plan. The comprehensive plan of care/care plan is completed within the required timeframes.
St. 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care/Care Plan	The Comprehensive Plan of Care/Care Plan is monitored to determine progress toward goals, the continued safety of the child, the effectiveness of services, and/or any barrier to services. The comprehensive plan of care/care plan is reviewed every six months or anytime there is a change in circumstances.
St 4: Supervisory Approval Required for Guardianship Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Guardianship Services and ensures there is a thorough review of relevant facts and data before decisions are made. There is documentation on file to confirm that the social worker has consulted with the supervisor on the applicable points in the standard.
St 5: Rights of Children in Care	The social worker has reviewed the rights with the child on a regular basis. The social worker has discussed the advocacy process with the child. Given the age of the child, the rights of the child or advocacy process has not been reviewed with the child but they have been reviewed with the caregiver or a significant adult to the child.
St. 6: Deciding Where to Place the Child	Documented efforts have been made to place the child as per the priority of placement.
St 7: Meeting the Child's Needs for Stability and Continuity of Relationships	There are documented efforts to support continued a and ongoing attachments
St 8: Social Worker's Relationship and Contact with a Child in Care	There is documentation that the social worker meets with the child when required as per the frequency of visits listed in the standard. Meetings are held in person and in private, and in a manner that allows the child and the social worker to communicate freely.
St 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	There is documentation that written information on the child has been provided to the caregiver as soon as possible at the time of placement, and the social worker has reviewed appropriate discipline standards with the caregiver and the

	child.
St 10: Providing Initial and Ongoing Medical and Dental Care for a Child in Care	The social worker ensures a child in care receives a medical and, when appropriate, dental examination when coming into care. All urgent and routine medical services, including vision and hearing examinations, are provided for the child in care.
St. 11: Planning a Move for a Child in Care	The social worker has provided an explanation for the move to the child and has explained who his/her new caregiver will be.
St. 12: Reportable Circumstances	The agency Director and the Provincial Director of Child Welfare have been notified of reportable circumstances and grievous incidents.
St 13: When a Child or Youth is Missing, Lost or Runaway	The social worker in cooperation with the parents has undertaken responsible action to locate a missing, lost or runaway child or youth, and to safeguard the child or youth from harm or the threat of harm.
St 14: Case Documentation for Guardianship Services	There are accurate and complete recordings on file to reflect the circumstances and admission on the child to care, the activities associated with the Comprehensive Plan of Care/Care Plan, and documentation of the child's legal status.
St. 15: Transferring Continuing Care Files	Prior to transferring a Continuing Care file, the social worker has completed all required documentation and followed all existing protocol procedures.
St. 16: Closing Continuing Care Files	Prior to closing a Continuing Care file, the social worker has completed all required documentation and follows all existing protocol procedures.
St. 17: Rescinding a Continuing Care Order and Returning the Child to the Family Home	When returning a child in care of the Director to the parent entitled to custody, the protection social worker and the guardianship social worker develop a plan to ensure the child's safety. The plan is developed prior to placing a Continuing Care ward in the family home and reviewed prior to rescinding the Continuing Care Order.
St. 19: Interviewing the Child About the Care Experience	When a child leaves a placement and has the capability to understand and respond, the child is interviewed and his/her views are sought about the quality of care, service and supports received in the placement. There is documentation that the child has been interviewed by the social worker in 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 files include:

- There was a lack of documentation in cultural planning, involvement and providing culturally appropriate services for Aboriginal children/youth in care (50% compliance);
- Over the 3 year scope period, there was a lack of documentation on the initial development and reviewing of CPOCs within time frames (50% and 15% compliance, respectively);
- There was good compliance to obtaining supervisory approvals for guardianship services (77% compliance);
- Annual review of the rights of children in care had low compliance (25% compliance);
- Social workers are documenting their consideration of placement priorities and following guidelines before the decisions are made to place a child (92% compliance);
- Efforts are being made by the social workers to support and maintain contact between the children/youth in care and their siblings, parents, extended families and community members when possible (85% compliance);
- Over the 3 year scope period, there was significant lack of documentation of social workers having monthly private contact with children/youth in care (4% compliance);
- Social workers are not consistently documenting that they provide caregivers with child and youth specific information at the time of placements nor when they review with them appropriate disciplinary standards (12% compliance);
- There was moderate compliance in documenting ongoing medical care and assessments, psychological assessments and immunizations (65% compliance);
- In cases of placement changes, social workers' planning always involved the children/youth, when possible, to ensure they were prepared for the moves (100% compliance);
- There was a lack of case documentation, including opening and review recordings (17% compliance);
- Thorough documentation was found when CCO files were transferred (91% compliance);
- Limited documentation was found regarding the closure of CCO files (20%);
- There was minimal documentation found of interviews of children/youth when changing placements or leaving care (17% compliance);
- There was moderate documentation regarding social workers' efforts to engage youth in transition planning for independence when applicable (67% compliance);
- There was good documentation of social workers accessing the services of the Public Guardian and Trustee, when applicable (88% compliance);
- Guardianship protocols with community partners were following in most of the files (94% compliance).

Child service files achieved higher (over 50%) compliance to the following standards:

- St. 4 Supervisory Approval Required for Guardianship Services
- St. 6 Deciding Where to Place the Child
- St.7 Meeting the Child’s Needs for Stability and Continuity of Relationships
- St.10 Providing Initial and Ongoing Medical and Dental Care for a Child in Care
- St.11 Planning a Move for a Child in Care
- St.12 Reportable Circumstances
- St.13 When a Child or Youth is Missing, Lost or Runaway
- St.15 Transferring Continuing Care Files
- St.20 Preparation for Independence
- St.21 Responsibilities of the Public Guardian and Trustee, and
- St.24 Guardian Agency Protocols

Child service files achieved lower (50% or less) compliance to the following standards:

- St. 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services
- St. 2 Development of a Comprehensive Plan of Care
- St. 3 Monitoring and Reviewing the Child’s Comprehensive Plan of Care
- St. 5 Rights of Children in Care
- St. 8 Social Worker’s Relationship and Contact with a Child in Care
- St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards
- St. 14 Case Documentation for Guardianship Services
- St.16 Closing Continuing Care Files
- St.19 Interviewing the Child about the Care Experience

b) Resources

The audit reflects the work done by the staff in the agency’s delegated programs over the past 3 years. The 9 standards in the Resource Practice Audit are based on the AOPSI Voluntary Service Practice Standards. The standards are as follows:

AOPSI Voluntary Service Practice Standards	Compliance Description
St. 28: Supervisory Approval Required for Family Care Home Services	The social worker consults with the supervisor and obtains the supervisor’s approval at key points in the provision of Family Care Home Services and ensures there is a thorough review of relevant facts and data before decisions are made.
St. 29: Family Care Homes – Application and Orientation	People interested in applying to provide family care, restricted care, or specialized care complete an application and orientation process. The social worker provides an orientation for applicants re: the

	application process and the agency's expectations of caregivers when caring for children.
St. 30: Home Study	Family Care Homes are assessed to ensure that caregivers understand and meet the Family Care Home Standards.
St 31: Training of Caregivers	Upon completion of the application, orientation and home study processes, the approved applicant(s) will participate in training to ensure the safety of the child and to preserve the child's cultural identity.
St 32: Signed Agreement with Caregiver	All caregivers have a written Family Care Home Agreement that describes the caregiver's role, responsibilities, and payment level.
St. 33: Monitoring and Reviewing the Family Care Home	The social worker will monitor the family care home regularly and formally review the home annually to ensure the standards of care and the needs of the child(ren) placed in the home continue to be met.
St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home	Allegations of abuse and neglect in family care homes are investigated by the Child Protection delegated social worker according to the Protocol Investigation of a Family Care Home.
St 35: Quality of Care Review	A Quality of Care Review of a Family Care Home is conducted by a delegated social worker whenever a quality of care concern arises where the safety of the child is not an issue.
St 36: Closure of the Family Care Home	When a Family Care Home is closed, the caregivers are notified of the reasons for closure verbally and in writing.

Findings from the audit of resource files:

- There was thorough documentation of supervisory approvals and consultations, including dates and signatures at key decision making points (100% compliance);
- The agency has a good orientation checklist on the resource files which provides clear information on completion of the Family Care Home (FCH) orientation process (100% compliance);
- The agency is using the SAFE home study model for regular and levelled homes and a simpler home study for restricted applicants. Home studies are being completed comprehensively (100% compliance);
- All files had completed application documents and updated consolidated criminal record checks had been completed on all applicable individuals;

- In some of the files, there was a lack of tracking documentation of training offered to and taken by the caregivers (57% compliance);
- There were complete and consecutively signed FCH agreements in the files. Some inconsistency was found on the timeframes of FCH contracts which varied from 1 month to 2 years in duration (90% compliance);
- There was overall good compliance for annual reviews being completed (75% compliance). On some files, the agency is using a Signs of Safety (SOS) based format for the annual review. The SOS annual review format does not meet all the criteria for an annual review. This annual review format focused on the child/youth placed in the home rather than on the caregiver's skills and training needs in fulfilling their role as a FCH caregiver. Feedback on the suitability of this style of annual review was provided to agency management at the time of the audit fieldwork;
- Reasons for files closures and closing letters to caregivers were documented in a moderate number of closed resource files (64% compliance). A closing recording would be beneficial in providing more detail for future use of the home and considerations for re-opening the FCH;
- Overall, the resource files were very well organized and had detailed information on home visits, environmental checklists, and regular contact between the caregiver and social worker;
- All standards achieved above 50% compliance.

c) Family Service

The 30 critical measures in the FS Practice Audit are based on Chapter 3 and the Child Protection Response Model. The critical measures are as follows:

Standard/ CP Response	Critical Measure	Compliance Description
3.1/R1	1 Obtaining a Child Protection (CP) Report or Request for Services	There is a full and detailed description of the reported incident or of the request for services.
3.1/R1	2 Conducting a Prior Contact Check (PCC)	A prior contact check is conducted and any available case information about the child/youth and family is reviewed.
3.1/R1	3 Assessing the child protection Report or Request for Services	CP report: Section 1 of the Screening Assessment was completed within 24 hours. Service request: The assessment was completed.
3.1/R2, R3	4 Timeframe for Assigning the	CP report: Section 2 of the Screening Assessment was completed and the response priority

	Response Priority	assigned.
3.1/R2, R3	5 Assigning an Appropriate Response Priority	CP report: An appropriate response priority was assigned.
3.1/R2, R3	6 Timeframe for Assigning an Appropriate Response Priority	CP report: The 'Initial Response Priority' and 'Final Response Priority' sections of the Screening Assessment were completed and the response priority was assigned either immediately or within 24 hours or within 5 days, if a supervisor granted and documented an exception.
3.1/R2, R3	7 Making an Appropriate Response Decision	An appropriate response decision was determined with the worker.
3.1/R2, R3	8 Making a Response Decision Consistent with Assessment Information	The decision about the response was consistent with past information and reporter information.
3.1/R3	9 Timeframe for Making an Appropriate Response Decision	The response decision was made within 5 calendar days of receiving the report.
3.1/R3	10 Supervisory Approval of the Response Decision	The response decision about the response was approved by the supervisor within 24 hours and approval was documented.
3.2/R4	11 Completing the Safety Assessment Process	The Safety Assessment process was completed during the first in-person meeting with the family.
3.2/R4	12 Completing the Safety Assessment Form	The Safety Assessment document was completed no later than 24 hours after completion of the process and identified a Safety Decision.
3.2/R4	13 Making a Safety Decision Consistent with the Safety Assessment	The Safety Assessment form was completed and the Safety Decision was consistent with the Safety Assessment.
3.2, 3.3, 3.6/R4	14 Involving the Family in	The Safety Plan was developed in collaboration with the family.

	Development of the Safety Plan	
3.4/R4	15 Supervisory Approval of the Safety Assessment and the Safety Plan	The Safety Assessment form, including the Safety Plan, if applicable, was approved by the supervisor and the approval was documented.
3.2, 3.3/R5	16 Completing the Vulnerability Assessment	The Vulnerability Assessment (VA) was completed in its entirety.
3.2, 3.3/R5	17 Timeframe for Completing the Vulnerability Assessment	The VA was completed within the 30 day timeframe for Family Development Response or Investigation.
3.2, 3.3/R5	18 Determining a Final Vulnerability Level	The Final Vulnerability Level was consistent with the information in the VA.
3.2, 3.3/R5	19 Making an Appropriate Decision on the Need for Protection Services	The decision regarding the need for FDR/Ongoing Protection Services was consistent with the VA.
3.2, 3.3/R5	20 Supervisory Approval of the Decision on the Need for Protection Services	The decision on the need for protection services was approved by the supervisor and the approval was documented.
3.2, 3.3/R6	21 Completing a Family and Child Strengths and Needs Assessment	The Strengths and Needs Assessment (SNA) was completed in its entirety.
3.2, 3.3/R6	22 Supervisory Approval of the Strengths and Needs Assessment	Supervisory approval of the SNA was documented.
3.2, 3.3, 3.6/R6	23 Developing the Family Plan with the Family	The Family Plan was developed in collaboration with the family.
3.2, 3.3, 3.6/R6	24 Integrating the Safety Plan into the Family Plan	Elements of the Safety Plan were integrated into the Family Plan.
3.2, 2.6/R6	25 Timeframe for Completing the	The Family Plan was completed either within 15 days of completing

	Family Plan and Integrating the Safety Plan	the FDR Assessment phase, within 30 days of completing the FDR or INV when the newly opened Case remains with the Worker or within 30 days of the date of transfer to a new Worker.
3.2, 3.6/R6	26 Supervisory Approval of the Family Plan	The Family Plan was completed and approved by the supervisor.
3.2,3.7, 3.8/R8	27 Completing a Reassessment: Vulnerability Reassessment or Reunification Assessment	The formal reassessment was completed in its entirety.
3.2, 3.7, 3.8 /R8	28 Timeframe for Completing a Vulnerability Re-Assessment or a Reunification Assessment	The Vulnerability Re-Assessment or Re-Unification Assessment was completed within the timeframe.
3.2, 3.9/R9	29 Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services	All three minimum criteria were met before the decision was made to end FCR Protection Services or Ongoing Protection Services.
3.2, 3.9/R9	30 Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services	Supervisory approval for ending FDR Protection Services or Ongoing Protection Services was documented.

Applicability of Audit Critical Measures by Record Type

Type of Family Service Record	Applicable Critical Measures
Incidents with an 'appropriate' non-protection response	FS1 – FS10
Incidents with an 'inappropriate' non-protection response	FS1 – FS20
Incidents with a protection response, involving either an Investigation or a FDR Assessment Phase only	FS1 – FS20
Incidents with a protection response, involving both a FDR Assessment Phase and a Protection Services Phase*	FS1 – FS30
Cases that remain open	FS21 – FS28

Cases that have been closed	FS21 – FS30
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* No incidents of this type were identified in the audit

Findings from the audit of the closed non-protection (FS critical measures 1-10) and protection incidents (FS critical measures 1-20) include the following:

- Detailed descriptions of the callers' information were documented in ICM (96% compliance);
- Prior Contact Checks (PCCs), including summaries of past service involvements were documented in ICM in over half the incidents (61% compliance);
- There was good completion of the Screening Assessments (87% compliance). Of the 11 records rated not achieved, 8 did not contain Screening Assessments, 1 Screening Assessment was blank and 2 Screening Assessments were incomplete;
- The 24 hour timeframe for completing the Screening Assessments was compliant in 52% of the records. Of the 39 records rated not achieved, 11 did not contain completed Screening Assessments and 28 Screening Assessments were not completed within 24 hours. Specifically, 14 were completed within 30 days; 3 were completed between 31 and 90 days; 4 were completed within 91 and 180 days, 3 were completed between 181 and 365 days; and 4 were completed after 365 days. In the records rated as not achieved, the analysts conducting this audit found no information indicating that a child may have been left at risk of harm;
- The appropriate response priorities were assigned and documented in ICM in the majority of the incidents (83% compliance);
- In some of the incidents, the response priority sections in the Screening Assessments were not completed within the 24 hour timeframe and no supervisor exceptions were documented (55% compliance). This low compliance was largely due to the delays in completing the Screening Assessments;
- All responses decisions were determined and documented in ICM by the social workers (100% compliance);
- In the vast majority of incidents, the response decisions were consistent with the assessment information (94% compliance). Of the 5 records rated not achieved, 1 protection incident was changed to "no further action" after a protection response was initiated, but did not meet the criteria for terminating a protection response; 1 protection incident was assigned an inappropriate non-protection response as domestic violence had been reported; 1 protection incident was assigned "no further action" despite reported section 13 concerns; and 2 non-protection incidents were assigned inappropriate non-protection responses. One of these incidents was subsequently brought to the agency for follow-up as there was information in the record to suggest that the child may have been left at risk of harm;
- Most of the response decisions were made within 5 days of receiving the reports (74% compliance). Of the 21 records rated not achieved, 7 response

decisions were documented within 30 days, 1 was documented between 31 days and 90 days, 2 were documented between 91 and 180 days, 1 was documented between 181 and 365 days, 3 were documented after 1 year and 7 timelines for response decisions could not be calculated due to inconsistent information in the records. In the records rated as not achieved, the analysts conducting this audit found no information indicating that a child may have been left at risk of harm;

- Most of the response decisions were approved by supervisors and those approvals were documented in ICM (65% compliance);
- In most of the incidents, the Safety Assessment processes were completed with the families during the first in-person meetings and the details of these meetings were documented in ICM (69% compliance);
- The timeframe for completing the Safety Assessment forms was not met in most of the incidents (31% compliance). Of the 36 records rated as not achieved, 13 did not have completed Safety Assessment forms (this includes 1 form that was blank) and 23 had Safety Assessment forms that were not completed with the required 24 hour timeframe. Specifically, 4 were completed within 30 days, 3 were completed between 31 and 90 days, 6 were completed between 91 days and 180 days, 9 were completed between 181 and 365 days and 1 was completed after 1 year. In the records rated as not achieved, the analysts conducting this audit found no information indicating that a child may have been left at risk of harm;
- Some safety decisions were found to be inconsistent with information within the Safety Assessments (67% compliance). Specifically, some children and youth were identified as being “safe” despite safety factors being identified. When safety factors are identified, the rating should be “safe with interventions” and then a safety plan is developed;
- Safety Plans were developed with the families and documented in under half of the 41 applicable records (44% compliance). This low compliance was largely due to the lack of completed Safety Assessment forms;
- Supervisory approvals of the Safety Assessment forms and Safety Plans were documented in half of the incidents (50% compliance). In some of the incidents, the forms were not completed until the date the incident was closed;
- The Vulnerability Assessments were completed with supervisory approvals and documented in ICM (54% compliance);
- The timeframe for completing the Vulnerability Assessments within the 30 day timeframe was not met in a significant number of the incidents (29% compliance). Of the 37 records rated not achieved, 22 did not contain a completed Vulnerability Assessment (this includes 1 blank form) and 15 were not completed within the timeframe. Specifically, 4 were completed between 30 and 90 days, 4 were completed between 91 days and 180 days, 6 were completed between 181 and 365 days and 1 was completed after 1 year. In the records rated not achieved, the analysts conducting this audit found no information indicating that a child may have been left at risk of harm;
- In over half of the incidents, the final vulnerability levels were determined and deemed consistent with the information contained within the Vulnerability

Assessments (56% compliance). In records rated not achieved, the analysts conducting this audit found no information indicating that a child may have been left at risk of harm;

- In the majority of the incidents, there was documentation in ICM that the decisions on the need for ongoing protection services were consistent with the information gathered in the investigations or FDR assessment phases (79% compliance). In the records rated as not achieved, the analysts found no information indicating that a child may have been left at risk of harm;
- Supervisory approvals of the decisions on the need for ongoing protection services were found in most of the records (88% compliance);
- The auditors identified a significant number of incidents that were opened in ICM in 2012 and were not closed until 2014. Many of these incidents were non-compliant due to timeframes and the SDM tools were not completed until the times of closures.

Incidents (protection and non-protection) achieved higher (50% and over) compliance to the following critical measures:

- FS 1 Obtaining a Child Protection (CP) Report or Request for Services
- FS 2 Conducting a Prior Contact Check (PCC)
- FS 3 Assessing the child protection Report or Request for Services
- FS 4 Timeframe for Assigning the Response Priority
- FS 5 Assigning an Appropriate Response Priority
- FS 6 Timeframe for Assigning an Appropriate Response Priority
- FS 7 Making an Appropriate Response Decision
- FS 8 Making a Response Decision Consistent with Assessment Information
- FS 9 Timeframe for Making an Appropriate Response Decision
- FS 10 Supervisory Approval of the Response Decision
- FS 11 Completing the Safety Assessment Process
- FS 13 Making a Safety Decision Consistent with the Safety Assessment
- FS 15 Supervisory Approval of the Safety Assessment and the Safety Plan
- FS 16 Completing the Vulnerability Assessment
- FS 18 Determining a Final Vulnerability Level
- FS 19 Making an Appropriate Decision on the Need for Protection Services
- FS 20 Supervisory Approval of the Decision on the Need for Protection Services

Incidents (protection and non-protection) achieved low (under 50%) compliance to the following critical measures:

- FS 12 Completing the Safety Assessment Form
- FS 14 Involving the Family in Development of the Safety Plan
- FS 17 Timeframe for Completing the Vulnerability Assessment

Findings from the audit of the open and closed family service cases (FS critical measures 21-30) include the following: Findings from the audit of the closed non-protection and protection incidents (FS critical measures 1-20) include the following:

- Overall there was a very low rate of completion of the SDM tools and a low rate of achievement to the FS case critical measures;
- The Family and Child Strengths and Needs Assessment (SNA) were not completed in most of the cases (29% compliance);
- Supervisory approvals of the SNAs received a low compliance due to the lack of completed tools (28% compliance);
- Family Plans were not completed in the vast majority of cases (14% compliance);
- The lack of Family Plans negatively affected the compliance to the critical measures associated with integrating the Safety Plans into the Family Plans, completing the Family Plans within the required timeframes and supervisory approvals (7%, 10% and 14% compliance, respectively);
- The Vulnerability Re-Assessments or Re-Unification Assessments were not completed for the majority of cases (29% compliance);
- The timeframes to complete the Vulnerability Re-Assessments or Re-Unification Assessments also very low due to the absence of the tools (24% compliance);
- Re-assessments of parents' involvement in services and capacity to demonstrate reduction of risk over time was not clearly documented before many cases were closed or when children/youth were returned to their parents;
- Making an appropriated decision on ending ongoing protection services was met in half of the cases (50% compliance). In the records rated as not achieved, the analysts conducting this audit found no information indicating that a child may be left at risk of harm;
- Supervisory approvals of these decisions to end ongoing protection services were documented in 63% of the closed cases.

Family Service cases (open and closed) achieved higher (50% and over) compliance to the following critical measures:

- FS 29 Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services
- FS 30 Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services

Family service cases (open and closed) achieved lower (under 50%) compliance to the following critical measure:

- FS 21 Completing a Family and Child Strengths and Needs Assessment
- FS 22 Supervisory Approval of the Strengths and Needs Assessment
- FS 23 Developing the Family Plan with the Family
- FS 24 Integrating the Safety Plan into the Family Plan

- FS 25 Timeframe for Completing the Family Plan and Integrating the Safety Plan
- FS 26 Supervisory Approval of the Family Plan
- FS 27 Completing a Reassessment: Vulnerability Reassessment or Reunification Assessment
- FS 28 Timeframe for Completing a Vulnerability Re-Assessment or a Reunification Assessment

7. COMPLIANCE TO PROGRAMS AUDITED

a) Child Service

There were a total of 52 open & closed child service files audited. The overall compliance rate to the child service standards was **52%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

Standard	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11)	52	26	50%	26	50%
Standard 2 Development of a Comprehensive Plan of Care (VS 12)*	26	13	50%	13	50%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13)*	39	6	15%	33	85%
Standard 4 Supervisory Approval Required for Guardianship Services (Guardianship 4)	52	40	77%	12	23%
Standard 5 Rights of Children in Care (VS 14)	52	13	25%	39	75%
Standard 6 Deciding Where to Place the Child (VS 15)*	49	45	92%	4	8%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	52	44	85%	8	15%
Standard 8 Social Worker's Relationship & contact with a Child in Care (VS 17)	52	2	4%	50	96%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18)*	51	6	12%	45	88%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	52	34	65%	18	35%
Standard 11 Planning a Move for a Child in Care (VS 20)*	17	17	100%	0	0%

Standard 12 Reportable Circumstances (VS 21)*	4	3	75%	1	25%
Standard 13 When a Child or Youth is Missing, Lost or Runaway (VS 22)*	3	3	100%	0	0%
Standard 14 Case Documentation (Guardianship 14)	52	9	17%	43	83%
Standard 15 Transferring Continuing Care Files (Guardianship 14)*	11	10	91%	1	9%
Standard 16 Closing Continuing Care Files (Guardianship 16) *	5	1	20%	4	80%
Standard 17 Rescinding a Continuing Custody Order (Guardianship 17)*	1	0	0%	1	100%
Standard 19 Interviewing the Child about the Care Experience (Guardianship 19)*	12	2	17%	10	83%
Standard 20 Preparation for Independence (Guardianship 20)*	6	4	67%	2	33%
Standard 21 Responsibilities of the Public Guardian and Trustee (Guardianship 21)*	25	22	88%	3	12%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home*	1	0	0%	1	100%
Standard 23 Quality of Care Review*	0	0	0%	0	0
Standard 24 Guardianship Agency Protocols (Guardianship 24)	52	49	94%	3	6%

Standard 2: 26 files included initial Care Plans completed prior to November 1, 2011

Standard 3: 13 files involved children or youth discharged from care prior to the annual due dates of the Care Plans

Standard 6: 3 files involved children placed prior to November 1, 2011 and did not have placement changes

Standard 9: 1 file involved a youth who left care in May, 2012, and whose caregiver was informed of disciplinary standards prior to November 1, 2011

Standard 11: 35 files involved children or youth who did not have placement changes

Standard 12: 48 files did not contain information regarding reportable circumstances

Standard 13: 49 files did not contain information regarding children or youth missing, lost or runaway

Standard 15: 41 files did not involve the transferring of a Continuing Care file

Standard 16: 47 files did not involve the closure of a Continuing Care file

Standard 17: 51 files did not involve rescindment of a Continuing Custody Order

Standard 19: 40 files involved children or youth who did not have placement changes or were too young to be interviewed

Standard 20: 46 files involved children too young to be prepared for independence

Standard 21: 27 files did not involve the Public Guardian and Trustee

Standard 22: 51 files did not include an investigation of alleged abuse or neglect in a family care home.

Standard 23: 52 files did not include a quality of care review

b) Resources

There were a total of 30 open and closed resource files audited. The overall compliance rate to the resource standards was **83%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

Standard	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
Standard 28 Supervisory Approval Required for Family Care Home Services	30	30	100%	0	0%
Standard 29 Family Care Homes Application and Orientation*	12	12	100%	0	0%
Standard 30 Home Study*	13	13	100%	0	0%
Standard 31 Training of Caregivers	30	17	57%	13	43%
Standard 32 Signed Agreements with Caregivers	30	27	90%	3	10%
Standard 33 Monitoring and Reviewing the Family Care Home*	28	21	75%	7	25%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home*	1	1	100%	0	0%
Standard 35 Quality of Care Review*	1	1	100%	0	0%
Standard 36 Closure of the Family Care Home*	11	7	64%	4	36%

St.29: 18 files included application and orientation documentation completed prior to November 1, 2011

St.30: 17 files included home studies completed prior to November 1, 2011

St. 33: 2 files did not require an annual review

St. 34: 29 files did not include an investigation of abuse or neglect in a family care home

St. 35: 29 files did not include a quality of care review.

St. 36: 19 files were not closed

c) Family Service

The overall compliance rate to the Child Safety & Family Support Policies – Chapter 3: Child Protection Response was **59%**. The following is a breakdown of the number of files audited and the compliance ratings.

Report and Screening Assessment: Protection and Non-Protection Incidents:

The table below provides compliance rates for measures FS 1 to FS 4, which have to do with obtaining and assessing a child protection report. The rates are presented as percentages of all records to which the measures were applied. The records included the selected samples of 50 closed protection incidents and 32 closed non-protection incidents.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 1: Obtaining a Full and Detailed Report about a Child or Youth's Need for Protection	82	79	96%	3	4%
FS 2: Conducting a Prior Contact Check (PCC)	82	50	61%	32	39%
FS 3: Assessing the Report about a Child or Youth's Need for Protection	82	71	87%	11	13%
FS 4: Timeframe for Assessing the Report about a Child or Youth's Need for Protection	82	43	52%	39	48%

Response Decision

The table below provides compliance rates for measures FS 5 to FS 10, which have to do with assigning a response priority and making a response decision. The rates are presented as percentages of all records to which the measures were applied. The records included the selected samples of 50 closed protection incidents and 32 closed non-protection incidents.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 5: Assigning an Appropriate Response Priority	82	68	83%	14	17%
FS 6: Timeframe for Assigning an Appropriate Response Priority	82	45	55%	37	45%
FS 7: Making an Appropriate Response Decision	82	82	100%	0	0%
FS 8: Making a Response Decision Consistent with the Assessment of the Report	82	77	94%	5	6%
FS 9: Timeframe for Making an Appropriate Response Decision	82	61	74%	21	26%
FS 10: Supervisory Approval of the Response Decision	82	53	65%	29	35%

Safety Assessment and Safety Plan

The table below provides compliance rates for measures FS 11 to FS 15, which has to do with completing a Safety Assessment, making a safety decision, and developing a Safety Plan. The rates are presented as percentages of all records to which the measures were applied. The records include the sample of 50 closed protection incidents augmented with 2 closed non-protection incidents that were assessed as having inappropriate non-protection responses. The note below the table provides the numbers of records for which the measures were assessed as not applicable and explain why.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 11: Completing the Safety Assessment Process	52	36	69%	16	31%
FS 12: Completing the Safety Assessment Form	52	16	31%	36	69%
FS 13: Making a Safety Decision Consistent with the Safety Assessment	52	35	67%	17	33%
FS 14: Involving the Family in the Development of a Safety Plan*	41	18	44%	23	56%
FS 15: Supervisory Approval of the Safety Assessment and the Safety Plan	52	26	50%	26	50%

*11 records did not have safety factors identified in the Safety Assessments

Vulnerability Assessment

The table below provides compliance rates for measures FS 16 to FS 18, which have to do with completing a Vulnerability Assessment form and determining the vulnerability level. The rates are presented as percentages of all records to which the measures were applied. The records include the sample of 50 closed protection incidents augmented with 2 closed non-protection incidents that were assessed as having inappropriate non-protection responses.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 16: Completing the Vulnerability Assessment Form	52	28	54%	24	46%
FS 17: Timeframe for Completing the Vulnerability Assessment Form	52	15	29%	37	71%
FS 18: Determining the Final Vulnerability Level	52	29	56%	23	44%

Protection Services

The table below provides compliance rates for measures FS 19 to FS 20, which have to do with making an appropriate decision about the need for ongoing protection services and obtaining supervisory approval of the decision. The rates are presented as percentages of all records to which the measures were applied. The records include the sample of 50 closed protection incidents augmented with 2 closed non-protection incidents that were assessed as having inappropriate non-protection responses.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 19: Making an Appropriate Decision on the Need for Protection Services	52	41	79%	11	21%
FS 20: Supervisory Approval of the Decision on the Need for Protection Services	52	46	88%	6	12%

Family and Child Strengths and Needs Assessment

The table below provides compliance rates for measures FS 21 and FS 22, which have to do with completing a Family and Child Strengths and Needs Assessment and obtaining supervisory approval for that assessment. The rates are presented as percentages of all records to which the measures were applied. The records included the samples of 26 open FS cases and 16 closed FS cases.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 21: Completing a Family and Child Strengths and Needs Assessment	42	12	29%	30	71%
FS 22: Supervisory Approval of the Family and Child Strengths and Needs Assessment	42	12	28%	30	71%

Family Plan

The table below provides compliance rates for measures FS 23 to FS 26, which have to do with developing a Family Plan, integrating the Safety Plan into the Family Plan, and obtaining supervisory approval for the Family Plan. The rates are presented as percentages of all records to which the measures were applied. The records included the samples of 26 open FS cases and 16 closed FS cases.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 23: Developing a Family Plan with the Family	42	6	14%	36	86%
FS 24: Integrating the Safety Plan into the Family Plan	42	3	7%	39	93%
FS 25: Timeframe for Completing the Family Plan and Integrating the Safety Plan	42	4	10%	38	90%
FS 26: Supervisory Approval of the Family Plan	42	6	14%	36	86%

Vulnerability Re-assessment and Reunification Assessment

The table below provides compliance rates for measures FS 27 and FS 28, which have to do with the completion of either a Vulnerability Re-assessment or a Reunification Assessment and the timeframe for completing either assessment. The rates are presented as percentages of all records to which the measures were applied. The records included the samples of 26 open FS cases and 16 closed FS cases.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 27: Completing a Vulnerability Re-Assessment or a Re-Unification Assessment	42	12	29%	30	71%
FS 28: Timeframe for Completing a Vulnerability Re-Assessment or a Reunification Assessment	42	10	24%	32	76%

Ending Protection Services

The table below provides compliance rates for measures FS 29 and FS 30, which have to do with ending protection services. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 16 closed FS cases.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 29: Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services*	16	8	50%	8	50%
FS 30: Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services*	16	10	63%	6	37%

8. ACTIONS COMPLETED TO DATE

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

- On February 19, 2015, the agency developed a package of documents to be completed by social workers when meeting with caregivers during the placement visits and submitted within 24 hours. The package includes the following forms and information sheets: Caregiver Information; Medication Form; Consent for Medical Care; Permanent Medical Record Form; MSP Confirmation; Monthly Child in Care Report Form; Relief/Respite Claim Form; Discipline Standards; Rights of Children in Care; UN Convention on the Rights of the Child; Safe Sleep Pamphlet; Confirmation of Social Worker Observing Sleeping Arrangements; Immediate Developmental Needs Assessment; Immunization Request Letter; Photos. These required documents are presented in a checklist and are approved by the supervisors for each new placement for children and youth in care. These checklist forms are then filed on the physical child service cases;
- On May 4, 2015, the child safety team completed a training session on Structured Decision Making and the Child Protection Response Model. This training included a power point presentation that is now available as a resource for all staff;
- On June 26, 2015, the agency advertised for the newly developed position of Clinical Practice Leader. The Clinical Practice Leader will provide leadership to approximately 24 staff to ensure delegated operations are delivered consistently with policy and contractual obligations;
- On July 3, 2015, an email was sent from the resource team leader to all resource social workers outlining the documentation requirements related to the closure of family care homes;
- On July 27, 2015, AOPSI standard 8 (Social Worker's Relationship and Contact with a Child in Care) was reviewed with the child safety team. This review included the importance of conducting a private visit on the day of placement, then within 7 days, then every 30 days thereafter;
- On July 27, 2015, a tracking system was developed and implemented for team leaders to monitor the completion of the following case work activities: case consultations with supervisors, families' progress on family plans, changes needed to safety plans, progress on plans of care for children/youth, private visits with children/youth in care, and clinical directions to social workers.

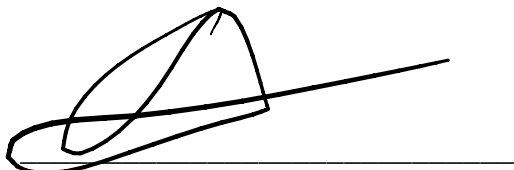
9. ACTION PLAN

On July 6, 2015, the following action plan was developed in collaboration between Usma Child and Family Services and MCFD Office of the Provincial Director of Child Welfare (Aboriginal Services and Quality Assurance):

Actions	Person Responsible	Target Date
<p>Resources</p> <ol style="list-style-type: none"> 1. The agency will release a practice directive to all resource staff in relation to AOPSI Voluntary Service Standards 31 and 33. This practice directive will include the importance of reviewing training needs, and developing related training plans, with caregivers as well as utilizing the agency's tracking system to monitor the training offered to and completed by caregivers. This practice directive and tracking system will be provided to the Office of the Provincial Director of Child Welfare. 	Kyra Mason	November 30, 2015
<p>Child Service</p> <ol style="list-style-type: none"> 2. The agency will provide training to all delegated staff on the domains of care plans and the requirements for child service case documentation. The importance of developing cultural plans as a requirement of Child Service Practice Standard 1, Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services, will also be reviewed. 3. The agency will release a practice directive to all social work staff in relation to AOPSI Guardianship Standards 2, 3, 5, 8, 9, 10 and 19. This practice directive will include the importance of the following requirements: initial plans of care are developed within 30 days of children 	<p>Kyra Mason</p> <p>Kyra Mason</p>	<p>November 30, 2015</p> <p>November 30, 2015</p>

<p>and youth coming into care; completion of care plans annually; reviewing section 70 rights with children and youth in care annually, documenting private visits with children / youth in care every 30 days; providing caregivers with written information about the care and safety of children/youth at the time of the placements; ensuring children and youth receive medical and, when necessary, dental examinations upon entering care, and interviewing children/youth about their care experiences. This practice directive will be provided to the Office of the Provincial Director of Child Welfare.</p>		
<p>Family Service</p> <p>4. The agency will provide training to all delegated staff on the on Structured Decision Making tools and associated plans, including Safety Plans and Family Plans.</p> <p>5. The agency to implement a tracking system for supervisors to monitor the completion of Structured Decision Making tools for incidents and cases. This tracking system will be provided to the Office of the Provincial Director of Child Welfare.</p>	<p>Kyra Mason</p> <p>Kyra Mason</p>	<p>November 30, 2015</p> <p>November 30, 2015</p>

PRACTICE AUDIT SIGNATURE: Usma Family and Child Services



Alex Scheiber
Deputy Director of Child Welfare, MCFD

Date: August 20, 2015

