

**Government of Saskatchewan**

**Ministry of Social Services**

**Response to the**

**Advocate for Children and Youth**

**Two Tragedies Report**

**August 2014**

	ACY RECOMMENDATION	MINISTRY ACTION TAKEN TO DATE	YTCCFS ACTION TAKEN TO DATE
1	<p>That the Government of Saskatchewan develop and implement well-resourced early childhood development and poverty reduction strategies to advance the goals of its Child and Family Agenda.</p>	<p><b><u>May 2014</u></b></p> <p>The Government of Saskatchewan’s Growth Strategy and Child and Family Agenda continue to address many of the factors related to reducing poverty in Saskatchewan.</p> <p>Saskatchewan is realizing success in poverty reduction with an all-time low rate of 5.3%. Since November 2007, the Government has invested more than \$89M in incremental funding for enhancements to income support programs.</p> <p>Initiatives of the Child and Family Agenda that address poverty and early childhood development include the Mental Health and Addictions Action Plan, the Disability Strategy, expansion of the Positive Parenting Program, expansion of the Building Partnerships to Reduce Crime initiative (HUBs), and an additional 25 new pre-kindergarten programs to improve reading outcomes. Another initiative, Children Get a Good Start, includes additional pre-kindergarten programs and child care spaces, as well as piloting family resource centres to improve child outcomes.</p> <p><b><u>August 2014</u></b></p> <p>Since November 2007, the Government has invested more than \$97M in incremental funding for enhancements to income support programs. In July 2014, increases were made to the Saskatchewan Assured Income for Disability (SAID) program, the Personal Care Home Benefit (PCHB), and the Seniors Income Plan (SIP) with an investment of more than \$6M.</p> <p>In 2014-15, Government increased its investment in the Child and Family Agenda by \$8.7M for a total investment of \$62.5M since 2011. The Cabinet Committee on Children and Youth continues to meet regularly.</p> <p>The Children Get a Good Start strategy includes 15 additional pre-K programs in 2014-15 and an allocation of 500 new child care spaces. Three family resource centres (Sandy Bay, Yorkton and Regina) have been implemented as a prototype to improve child outcomes. A family resource centre demonstration and implementation evaluation is being undertaken.</p>	<p><b><u>May 2014</u></b></p> <p>Yorkton Tribal Council Child and Family Services Agency (YTC) continue to develop programs through Federal prevention funding to address factors associated with poverty.</p>

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2	<p>That MSS and Yorkton Tribal Council Child and Family Services Inc. ensure high quality child protection casework by implementing:</p> <ul style="list-style-type: none"> <li>• A formal process to measure staff competence in the use of Structured Decision Making (SDM) tools;</li> <li>• A formal process to measure competencies in supervision; and</li> <li>• A standardized supervision tool to assess whether casework policy standards are met.</li> </ul>	<p><b><u>May 2014</u></b></p> <p>The Ministry has been working closely with the Children’s Research Centre (CRC) to ensure enhanced knowledge and competence around the SDM tools.</p> <p>The Ministry’s Quality Assurance Unit (QAU) also reviews the use of SDM tools by staff in the Ministry and the First Nations agencies to ensure that the tools are being utilized correctly, as well as within appropriate timeframes.</p> <p>The Ministry has developed and implemented a standardized Supervision Tool to enhance oversight of staff casework.</p> <p><b><u>August 2014</u></b></p> <p>A joint Ministry and First Nations Child and Family Services (FNCFS) mandatory training session for supervisory staff took place on August 27, 2014 facilitated by the CRC<sup>1</sup> on the assessment and writing of Structured Decision Making® (SDM) Safety Plans.</p>	<p><b><u>May 2014</u></b></p> <p>YTC CFS has made a number of staffing changes to strengthen the expertise in the units responsible for child protection, including the hiring of two dedicated Child Protection Intake Workers.</p> <p>CRC has been working with YTC to ensure enhanced knowledge and competence around the SDM tools.</p> <p>Structural changes to the operations of YTC have taken place to ensure appropriate focus on both child protection and prevention services for children and families.</p> <p><b><u>August 2014</u></b></p> <p>YTC has hired an Agency Quality Assurance manager and is in the process of completing an internal review.</p> <p>YTC is receiving SDM support from CRC and has created a collaborative action plan.</p> <p>YTC is using the Commission on Accreditation of Rehabilitation Facilities (CARF) supervision tool. YTC is pursuing full accreditation through CARF in 2015.</p>
3	<p>That MSS contract with the Children’s Research Centre to complete an SDM workload estimation study that determines standards for caseload size in</p>	<p><b><u>May 2014</u></b></p> <p>The Ministry continues to address concerns regarding caseload size. An additional 90 front line workers have been added since 2007 to continue to address this concern. In</p>	

<sup>1</sup> The National Council on Crime and Delinquency’s Children’s Research Center (CRC) was established in the United States in 1993. The CRC works with child-serving agencies to improve direct practice and organizational operations through models, such as Structured Decision Making®, that integrate evidence-based assessments, family-centred engagement strategies and implementation science.

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	Saskatchewan.	<p>the past seven years, the average caseload per worker in Child and Family Services has decreased by 23%.</p> <p><b><u>August 2014</u></b></p> <p>The Ministry has approval to contract with CRC to complete this study and work is underway to define the study methodology. The study will commence in the winter of 2014-15.</p>	
4	<p>That MSS amend policy to require a case conference with all key service providers involved with a family within the initial Assessment and Case Plan timeframe (90 days) and thereafter as necessary.</p>	<p><b><u>May 2014</u></b></p> <p>The Ministry's current policy promotes the use of case conferencing and talking circles to promote collaborative communication.</p> <p>The Ministry agrees that a more systematic approach to alternative dispute resolution processes is required, and we are exploring this in our legislation and policy.</p> <p><b><u>August 2014</u></b></p> <p>On July 29, 2014, the ACY clarified that Recommendation 4 refers to timely collaboration with service providers to clarify planning and progress. Current policy is not worded to "require" that this occurs.</p> <p>MSS will confer with the FNCFS Agencies to determine the impact of the recommended change to families, support providers and caseworkers.</p>	
5	<p>That MSS strengthen its policy to ensure that scheduled family visits are maintained. The following standards should be embedded in policy:</p> <ul style="list-style-type: none"> <li>• Documented supervisory review when a visit is cancelled;</li> <li>• Rescheduling cancelled visits as soon as possible when in the best interest of the child.</li> </ul>	<p><b><u>May 2014</u></b></p> <p>The Ministry agrees with the importance of maintaining family visits when appropriate.</p> <p>SDM and Linkin are new tools that are assisting caseworkers in this regard. In Linkin, a visiting plan is completed and maintained by the worker, including when a visit is cancelled or rescheduled. Through the SDM Reunification Tool, the quality of family visits is evaluated. This assists the caseworker in assessing reunification planning. Visit success is documented within the SDM tool which has supervisory oversight.</p>	

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		<p><b><u>August 2014</u></b></p> <p>The Ministry agrees with this recommendation and is in the process of making the change within policy.</p>	
6	<p>That MSS, in consultation with the Children’s Research Centre, amend their Safety and Risk Assessment tools to ensure they support the assessment of each parent’s household when parents live apart, but there is joint legal custody.</p>	<p><b><u>May 2014</u></b></p> <p>The Ministry’s current policy addresses this recommendation. The Safety and Risk Assessments includes the assessment of both households when parents live apart, but there is contact with the child in both households</p> <p><b><u>August 2014</u></b></p> <p>The Ministry conferred with CRC on August 26, 2014, to begin determining an appropriate course of action which may strengthen reference to this requirement within the tool itself.</p>	
7	<p>That MSS research and implement methods for evaluating the quality of case practice and the outcomes of services for children and families.</p>	<p><b><u>May 2014</u></b></p> <p>The Ministry’s QAU conducts annual file audits of all Ministry Service Areas and FNCFS Agencies to measure compliance to a number of policy standards and the quality of services provided. The Ministry agrees that there is a need to incorporate more qualitative measures in our processes.</p> <p><b><u>August 2014</u></b></p> <p>A Ministry working committee was established in May 2014 to review the purpose, value, quality, content and outcome of all Ministry recording formats which include Linkin, the Child Assessment and Development Plan (CADP) and the Assessment and Case Plan (ACP). The committee will focus on case practice and service outcomes in collaboration with CRC.</p>	
8	<p>That MSS conduct compliance reviews on First Nations Child and Family Services agencies on a yearly basis, rather than the current practice of every three years.</p>	<p><b><u>May 2014</u></b></p> <p>Starting in 2014, the Ministry has increased the frequency of program reviews (compliance audits) with the FNCFS Agencies to yearly.</p>	

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		<p>The Ministry hired four additional staff to support the increased frequency and the follow up with FNCFS agencies.</p> <p>Additionally, the Ministry has begun conducting joint on-site compliance reviews with Aboriginal Affairs and Northern Development Canada (AANDC).</p> <p><b><u>August 2014</u></b></p> <p>The Ministry has increased the frequency of program reviews with the FNCFS Agencies to yearly. To date, reviews have been completed on seven agencies; four agencies have confirmed dates for reviews; three agencies have been tentatively scheduled, and three have yet to be scheduled.</p> <p>Recommendation Completed.</p>	
9	<p>That MSS ensure Child Death and Critical Incident Reviews are comprehensive and include a review of services provided to the child by other service systems*. MSS should consult with these bodies about the development of protocols for information sharing when conducting these reviews.</p>	<p><b><u>May 2014</u></b></p> <p>The Ministry of Social Services conducts reviews on all deaths of children currently in care or in receipt of services in the 12 months prior to death, and of critical injuries of children in Ministry care.</p> <p>The purpose of the Ministry’s internal Child Death and Critical Injury Review process is to examine whether the services provided by the Ministry/FNCFS Agency to the family or child leading up to the death/critical incident were not only provided in accordance with the Ministry’s policies and responsibilities, but were also services of sufficient quality.</p> <p>Recently, the Ministries of Health and Social Services and health regions developed a form which can support a standard process to better facilitate information-sharing among organizations and private practitioners regarding personal health information that is beneficial and relevant to conducting a child protection investigation or providing child protection services.</p> <p><b><u>August 2014</u></b></p> <p>Further discussions are required with other child serving Ministries in relation to this recommendation. Meetings will occur in the fall.</p>	
10	<p>That Regina Qu’Appelle Health Region</p>	<p><b><u>May 2014</u></b></p>	

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	examine whether the criteria for initiating incident reviews of various types need to be adjusted, in light of their experience with Derek's case.	<p>The Ministry of Health was informed by the Regina Qu'Appelle Health Region that it will examine the criteria as recommended.</p> <p><b><u>August 2014</u></b></p> <p>The Ministry of Health was informed by the Regina Qu'Appelle Health Region that it has commenced reviewing the criteria as recommended.</p>	
11	That MSS and the Ministry of Health and their related agencies conduct joint critical incident reviews for children and youth served by both MSS and the Mental Health and Addictions system within the preceding twelve months.	<p><b><u>May 2014</u></b></p> <p>The Ministry of Social Services' Child Death and Critical Injury Reviews are internal processes intended to provide learnings to the Ministry and to prevent further occurrences.</p> <p>The Ministry supports collaboration with other Ministries, key stakeholders and service providers in order to achieve optimum outcomes for children and families.</p> <p><b><u>August 2014</u></b></p> <p>On July 29, 2014, it was agreed that the Advocate for Children and Youth will facilitate meetings between MSS, Health and the Regional Health Authorities, as well as other human service ministries, to discuss this recommendation further.</p>	
12	<p>That MSS and Yorkton Tribal Council Child and Family Services Inc. develop the protocols identified in their Agreement but not yet in place. Of these, the following protocols should receive immediate priority:</p> <ul style="list-style-type: none"> <li>• Staff training, development and support;</li> <li>• Child abuse investigations; and</li> <li>• Integrating health, education and family services.</li> </ul>	<p><b><u>May 2014</u></b></p> <p>Discussions between YTC CFS and the Ministry regarding protocols in their agreement occur regularly.</p> <p><b><u>August 2014</u></b></p> <p>Officials from YTC and MSS met on August 25, 2014, regarding the current protocols in the Delegation Agreement and to determine if additional protocols are required.</p>	<p><b><u>August 2014</u></b></p> <p>Officials from YTC and MSS met on August 25, 2014 regarding the current protocols in the Delegation Agreement and to determine if additional protocols are required.</p>
13	That MSS increase its knowledge and understanding of Yorkton Tribal Council First Nations Child and Family Services	<p><b><u>May 2014</u></b></p>	<p><b><u>August 2014</u></b></p> <p>The Ministry's First Nation and Métis Services</p>

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	<p>Inc.'s operations to better support their capacity to deliver quality services.</p>	<p>The Ministry has worked very closely with YTC to provide case practice reviews, intensive on-site support, training, and clinical supervision to support their delivery of quality services.</p> <p>The Ministry is now conducting joint annual reviews of FNCFS agencies with Aboriginal and Northern Development Canada (AANDC).</p> <p><b><u>August 2014</u></b></p> <p>The Ministry's Quality Assurance Unit invites Aboriginal and Northern Development Canada to all FNCFS Agency reviews. AANDC participates and conducts their independent review; information from both reviews is used to ensure program and operational accountability.</p>	<p>consultant is providing on-site support and training three days per week and is working within the operations of YTC.</p>
14	<p>That Yorkton Tribal Council First Nations Child and Family Services Inc. fully develop its database system to make all current and historical information accessible to staff that require it.</p>		<p><b><u>May 2014</u></b></p> <p>Yorkton Tribal Council Child and Family Services will continue to implement their Case Management database. Electronic files will be maintained through this database.</p> <p><b><u>August 2014</u></b></p> <p>The YTC Quality Assurance Manager is completing an operational review.</p>
15	<p>That Yorkton Tribal Council First Nations Child and Family Services Inc. develop policy to create and clarify a working relationship between prevention and protection programming.</p>		<p><b><u>May 2014</u></b></p> <p>Changes have been made to the structure of YTC to strengthen both the child protection and the prevention services at YTC. SDM intake procedures have been reviewed with staff. A plan is in place to provide additional training and mentoring. Monitoring of these changes will continue and more changes will be made if required.</p>



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			<p><b><u>August 2014</u></b></p> <p>YTC and Social Service consultants are providing joint training to the Prevention Unit in order to strengthen the services provided.</p> <p>YTC's five-year business plan includes outcome measurements for protection support gathered monthly and reported to AANDC annually.</p> <p>YTC is taking the information from the action plans completed following the Ministry's Child Death Review and is working on prevention.</p>
16	<p>That MSS and Yorkton Tribal Council First Nations Child and Family Services Inc. provide written progress reports to the Advocate on the applicable recommendations within three months of the release of this report and every three months thereafter for a period of one year.</p>	<p><b><u>May 2014</u></b></p> <p>The Ministry of Social Services and YTC CFS will provide progress reports to the Advocate regularly outlining the progress made on the recommendations stemming from this report.</p>	<p><b><u>May 2014</u></b></p> <p>MSS and YTC will meet regularly to update.</p>
17	<p>That MSS, Ministry of Health, and Regional Health Authorities jointly develop mental health and addictions services to ensure immediate access to mental health addiction services for high risk families with child protection involvement.</p>	<p><b><u>May 2014</u></b></p> <p>The Ministry of Social Services is a participant in the multi-ministry initiative of the Mental Health and Addictions Action Plan which will inform future actions.</p> <p>A joint Ministry of Health/health regions initiative has resulted in significant reductions in wait times for children and youth outpatient mental health and addictions services since it began in June 2012. As a result of this work, the majority of child and youth outpatient mental health and addictions clients currently fall within the benchmark times for waits according to their level of need. Prioritization for mental health services in health regions currently is based on level of need and risk. The Ministry of Health is leading the development of a Mental Health and Addictions Action Plan with an inter-ministerial and cross-sectoral approach to address the many complex issues presented by mental health and addictions challenges.</p>	

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18	That MSS and the Ministry of Health, and Regional Health Authorities expand outreach and intervention programs for children with FASD.	<p><b><u>May 2014</u></b></p> <p>Over the past three years, \$1.8 million in new FASD programming has been implemented, including community supports such as mentorship, family support programming and life skills and addictions programming, youth-targeted FASD prevention programming and intensive FASD prevention programming for women at risk of having a child with FASD. Cognitive Disabilities Consultants are available throughout the province to assist with program and behavioral support planning for individuals with FASD.</p> <p>The Ministry of Education recently implemented Family Resource Centers at SIG N in Yorkton, Regina and Sandy Bay. Family Resource Centre Services focus on: parenting education to strengthen parenting skills that will foster nurturing environments; early learning to enhance child development with positive experiences and play; family wellness and support to identify and build skills and promote family health and wellness; and information and referrals to families to access supports for raising healthy children.</p> <p><b><u>August 2014</u></b></p> <p>On July 29, 2014, it was agreed that the Advocate for Children and Youth will facilitate meetings between MSS, Health and the Regional Health Authorities, as well as other human service ministries, to discuss this recommendation further.</p>	