

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>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 prekindergarten programs and child care spaces, as well as piloting family resource centres to improve child outcomes.</p> <p><u>FUTURE ACTION PLANNED</u></p> <p>The co-ordinated actions of ministries working together under the Child and Family Agenda initiatives will continue.</p>	<p>Yorkton Tribal Council Child and Family Services Agency (YTC) continues to develop programs through Federal prevention funding to address factors associated with poverty.</p>
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"> • A formal process to measure staff competence in the use of Structured Decision Making (SDM) tools; • A formal process to measure competencies in supervision; and • A standardized supervision tool to assess whether casework policy standards are met. 	<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><u>FUTURE ACTION PLANNED</u></p> <p>The Ministry will further review this recommendation.</p> <p>YTC plans to pursue accreditation with the Commission on Accreditation of Rehabilitation Facilities (CARF) in 2015.</p>	<p>YTC CFS 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>

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3	That MSS contract with the Children's Research Centre to complete an SDM workload estimation study that determines standards for caseload size in Saskatchewan.	<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 the past seven years, the average caseload per worker in Child and Family Services has decreased by 23%.</p> <p><u>FUTURE ACTION PLANNED</u></p> <p>The Ministry will engage with CRC and other external child welfare experts to continue to determine the optimal workloads in Saskatchewan.</p>	None required.
4	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>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><u>FUTURE ACTION PLANNED</u></p> <p>The Ministry of Social Services will further review this recommendation and determine appropriate action.</p>	None required.
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"> • Documented supervisory review when a visit is cancelled; • Rescheduling cancelled visits as soon as possible when in the best interest of the child. 	<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> <p><u>FUTURE ACTION PLANNED</u></p> <p>The Ministry of Social Services will further review this recommendation and determine appropriate action.</p>	None required.

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6	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>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><u>FUTURE ACTION PLANNED</u></p> <p>The Ministry will ensure that this policy is emphasized in future SDM training and that current staff are aware of this requirement.</p>	None required.
7	That MSS research and implement methods for evaluating the quality of case practice and the outcomes of services for children and families.	<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><u>FUTURE ACTION PLANNED</u></p> <p>The Ministry will explore further methods for measuring the quality of case practice and the outcomes of the services for children and families.</p>	None required.
8	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>Starting in 2014, the Ministry has increased the frequency of Program Reviews (compliance audits) with the FNCFS Agencies to yearly.</p> <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><u>FUTURE ACTION PLANNED</u></p> <p>Recommendation Completed.</p>	None required.
9	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	<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</p>	None required.

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	development of protocols for information sharing when conducting these reviews.	<p>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><u>FUTURE ACTION PLANNED</u></p> <p>The Ministry of Social Services and Health, with health regions, will review this recommendation to explore what more can be done, including building on current work by the two ministries to facilitate information-sharing to support child protection investigations or the provision of child protection services.</p>	
10	That Regina Qu'Appelle Health Region 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><u>FUTURE ACTION PLANNED</u></p> <p>The Ministry of Health was informed by the Regina Qu'Appelle Health Region that it will examine the criteria as recommended</p>	None required.
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>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><u>FUTURE ACTION PLANNED</u></p> <p>The Ministries of Health and Social Services, as well as the health regions, will explore this recommendation further.</p>	None required.
12	That MSS and Yorkton Tribal Council Child and Family Services Inc. develop the	Discussions between YTC CFS and the Ministry regarding meeting the protocols in their agreement occur regularly.	

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	<p>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"> • Staff training, development and support; • Child abuse investigations; and • Integrating health, education and family services. 	<p><u>FUTURE ACTION PLANNED</u></p> <p>The Ministry agrees that further work is required to develop additional protocols.</p>	
13	<p>That MSS increase its knowledge and understanding of Yorkton Tribal Council First Nations Child and Family Services 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 Affairs and Northern Development Canada (AANDC).</p> <p><u>FUTURE ACTION PLANNED</u></p> <p>The Ministry will continue to work closely with YTC CFS in providing quality services.</p>	None required.
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>	None required.	Yorkton Tribal Council Child and Family Services will continue to implement their Case Management database. Electronic files will be maintained through this database.
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>	None required.	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.

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16	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><u>FUTURE ACTION PLANNED</u></p> <p>The Ministry of Social Services and YTCCFS will provide progress reports to the Advocate regularly outlining the progress made on the recommendations stemming from this report.</p>	
17	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>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 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> <p><u>FUTURE ACTION PLANNED</u></p> <p>The Ministry of Health will review this recommendation with health regions and the Ministry of Social Services.</p> <p>Further action will be determined based on the Mental Health and Addiction Action Plan final report.</p>	None required.
18	That MSS and the Ministry of Health, and Regional Health Authorities expand outreach and intervention programs for children with FASD.	<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 behavioural support planning for individuals with FASD.</p> <p>The Ministry of Education recently implemented Family Resource Centres at SIGN in</p>	None required.

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	<p>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><u>FUTURE ACTION PLANNED</u> The Ministry of Health recently completed an evaluation of FASD supports. A summary report is being developed and will assist in informing future plans for FASD supports.</p>	