



Child Protective Services

DEFINITION

Child Protective Services receive, screen, and investigate reports of suspected child abuse and neglect, and conduct safety and risk assessments. Child protective services can also provide, or refer families to, alternative response services. Child Protective Case Management services monitor the safety of children at risk of abuse or neglect who remain in the home, and help parents or legal guardians to fulfil their parental roles. When necessary, and with statutory authority, Child Protective Services remove children from parental care as a protective intervention and arrange for appropriate out-of-home care.

Note: *Child Protective Case Management Services will complete: CA-CPS 2, 3, 7, 8, 9, 12, 13, 14.*

Note: *Please see [CA-CPS Reference List](#) for a list of resources that informed the development of these standards.*

Table of Evidence

Self-Study Evidence

- Provide an overview of the different programs being accredited under this section. The overview should describe:
 - a. the program's service philosophy and approach to delivering services;
 - b. eligibility criteria;
 - c. any unique or special services provided to specific populations; and
 - d. major funding streams.
- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs.
- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
 - a. racial and ethnic characteristics;
 - b. gender/gender identity;
 - c. age;
 - d. major religious groups; and
 - e. major language groups

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Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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- As applicable, a list of groups or classes including, for each group or class:
 - a. the type of activity/group;
 - b. whether the activity/group is short-term or ongoing;
 - c. how often the activity/group is offered;
 - d. the average number of participants per session of the activity/group, in the last month; and
 - e. the total number of participants in the activity/group, in the last month
- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of program outcomes and outputs being measured
- A list or description of program outcomes and outputs being measured

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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CA-CPS 1: Access to Service

Information reaches families, the general public, professional groups, and community organizations about how to:

- a. recognize child abuse and neglect;
- b. report cases of suspected child abuse or neglect; and
- c. obtain services the organization provides.

NA *The organization only provides Child Protective Case Management Services.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

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e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of the community education program

On-Site Evidence

- Informational materials provided to the community

On-Site Activities

- Interview:
 - a. Person responsible for community education

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Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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CA-CPS 2: Community Partnership

A comprehensive, community-based approach to child protection meets the needs of children and families and reduces child maltreatment.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

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Table of Evidence

Self-Study Evidence

- A description of local community partnerships

On-Site Evidence

- Collaborative agreements or contracts, when applicable
- Minutes or other planning documents, if available

On-Site Activities

- Interview:
 - a. Agency head or the person responsible for community partnerships

CA-CPS 2.01

The organization's leadership works with the leadership of other organizations to identify common issues, develop opportunities for collaboration, and resolve administrative conflicts and other issues that inhibit service collaboration and use.

Interpretation: *Community partners may include, and are not limited to: Aboriginal organizations, schools, courts and law enforcement agencies, mental and physical healthcare providers, domestic violence specialists, and substance use treatment providers. Because of frequent co-occurrence of child maltreatment, domestic violence, and substance use, and the complications with service delivery, the organization and its partners may develop guidelines or protocols for service delivery.*

CA-CPS 2.02

The organization and its partners ensure that families access and receive appropriate services regardless of the entry point.

Interpretation: *A family's "entry point" is its initial contact with the organization or a community partner. This practice requires staff to know the range of available resources, whether a waiting list exists for needed services, and points of access for services.*

Notes: *To the extent that funding limitations prevent full implementation of this standard, the organization should document point of entry efforts.*

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CA-CPS 2.03

The organization, in collaboration with community partners, regularly evaluates resources available in the community and, when gaps are identified, plans to develop needed resources.

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CA-CPS 3: Service Philosophy

The program is guided by a service philosophy that:

- a. provides a logical approach for how program activities will meet the needs of families; and
- b. is based on program goals and the best available evidence of service effectiveness.

Interpretation: *A program model or logic model can be a useful tool to help staff think systematically about how the program can make a measurable difference by drawing a clear connection between the service population's needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Written service philosophy needs improvement or clarification; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or

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- Documentation is inconsistent or in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Include service philosophy in the Narrative

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel

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CA-CPS 4: Screening

Child abuse and neglect reports are screened promptly.

NA *The organization only provides Child Protective Case Management Services.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Referrals procedures need strengthening; or
- For the most part, established timeframes are met;
- Active client participation occurs to a considerable extent.
- In a few rare instances urgent needs were not prioritized.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized, or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- Screening and intake done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

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- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of the access line and how it is publicize
- Screening procedures
- Procedures for identification of Aboriginal children and notification requirements
- Criteria for decision making

On-Site Evidence

- Coverage schedule for personnel that screen reports

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Screening personnel
- Review case records

(FP) CA-CPS 4.01

The organization maintains a well-publicized, 24-hour access line to receive reports of suspected abuse and neglect.

Interpretation: *The organization must keep the community informed about how to report suspected abuse and neglect, including in jurisdictions where police have the initial responsibility to respond to reports. When screening is conducted by another organization, the child protective service program provides appropriate follow-up. When multiple access numbers are used the organization provides a clear description of the appropriate means of reporting.*

CA-CPS 4.02

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Reporters of abuse and neglect are informed about:

- a. the organization's responsibilities, including protection of the reporter's identity;
- b. the screening and investigation process and any ongoing role of the reporter; and
- c. the result of the screening or investigation, unless prohibited by law or court order.

Interpretation: *The organization should clarify if the reporter can have any possible ongoing role in the screening or investigation process.*

CA-CPS 4.03

The organization identifies Aboriginal children during screening and:

- a. notifies the parent and the Aboriginal representative, or if the nation is unknown, documents efforts to identify the nation and notifies the appropriate government authorities; and
- b. works with the nation to determine jurisdiction.

Interpretation: *Notification must meet any requirements specified in provincial child welfare legislation and/or policy.*

(FP) CA-CPS 4.04

Standardized decision-making criteria are used, in consultation with supervisory personnel, to determine if the report meets statutory and agency criteria, and if the case will be:

- a. screened out;
- b. referred for alternative response services;
- c. investigated; and/or
- d. reported to other authorities.

Interpretation: *Decision-making criteria should specify critical indicators or risk factors and the appropriate level of response. The organization should define factors that are inappropriate for use in decision-making and monitor decisions through supervision or performance and quality improvement efforts.*

Research Note: *Literature has identified factors that can impact decision-making including: cultural competence of staff, caseload size, availability of resources, source of the referral, characteristics of the child*

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and family such as ethnicity, race socioeconomic status, and age.

(FP) CA-CPS 4.05

Cases are assigned for investigation, referred, or screened out, within 24 hours.

Interpretation: *The organization should ensure it has appropriate staffing or an alternative provider to meet these timeframes.*

CA-CPS 4.06

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

- a. personal and identifying information;
- b. emergency health needs; and
- c. safety concerns, including imminent danger or risk of future harm.

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CA-CPS 5: Investigation

Information is gathered in a timely and efficient manner to make a disposition and determine if additional services are needed to keep children safe.

NA *The organization does not conduct investigations.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or

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- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Investigation procedures
- Sample of information about rights and responsibilities given to parents
- Procedures for risk assessment
- Copy of the risk assessment tool

On-Site Evidence

- Collaborative agreements or contracts, when applicable

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Investigators
- Review case records

(FP) CA-CPS 5.01

Every child determined during screening to be in imminent danger is seen immediately, and in all other cases children are seen within a timeframe that ensures their safety.

Interpretation: *Generally an initial visit occurs within 72 hours in all other cases. Timely visits following screening should take into account such key variables as: the organization's definition of imminent danger (how broad or narrow); the risk assessment used to determine type of services needed; how risk assessment information is used as a basis for setting timeframes; supervisory review and support for decision making and follow-up; percentage of children who receive an initial visit after 72 hours and after a period of time that exceeds any provincial requirement, and type of allegations for these children; and how the program conducts formal administrative or PQI reviews of repeat maltreatment cases, including overall safety and fatality data.*

In some cases authority to make an initial in-person visit may be delegated

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to other professionals, such as law enforcement officials. When contact is delegated the child protection personnel provide appropriate follow-up.

(FP) CA-CPS 5.02

At the first meeting, parents are informed of:

- a. their rights and responsibilities;
- b. the allegations under investigation; and
- c. the process that will be followed to investigate the report.

Related: CA-CR 1.01, CA-CR 1.02

Interpretation: *Rights and Responsibilities are provided in writing, and include information regarding provincial child welfare legislation and/or policy regarding Aboriginal youth.*

CA-CPS 5.03

The investigation process minimizes duplication of effort and, thereby, reduces trauma to the child and family.

Interpretation: *The presence of the alleged perpetrator can be traumatizing and can compromise the interview. Some communities provide joint investigations with law enforcement and child protection workers or delegate responsibilities and share information. In such cases, roles and responsibilities are clearly defined.*

(FP) CA-CPS 5.04

The investigator visits the home at least once during the investigation, and conducts interviews with the reporter, other service providers, and all family members.

Interpretation: *If the alleged abuse or neglect occurred outside the home, the investigator visits that location during the investigation.*

(FP) CA-CPS 5.05

The investigator conducts a comprehensive evaluation of risk and protective factors that include:

- a. child safety;

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- b. family strengths and needs;
- c. history and impact of prior child abuse or neglect, domestic violence, or substance use; and
- d. family connections.

Research Note: *Research has identified child and family characteristics associated with repeat maltreatment, including: age; type of maltreatment, experiencing multiple types of maltreatment; severity of maltreatment; prior history of maltreatment; and substance use, domestic violence, lack of social support, or stress; low motivation or cooperation; and income. Additionally, research suggests that repeat maltreatment often occurs soon after the first reported incident of maltreatment.*

While evidence on the effectiveness of risk and safety assessment tools is still emerging, some literature and research suggests that consensus-based, actuarial, and combined models and instruments can improve the consistency and accuracy of decision making.

(FP) CA-CPS 5.06

When there are concerns about the child's safety, the organization immediately initiates a safety plan, and when there are unmet basic needs, the organization immediately obtains resources or services.

Interpretation: *Basic needs can include food, clothing, and shelter.*

CA-CPS 5.07

The investigation is completed within 30 days, and a determination is made to:

- a. close the case;
- b. close and refer the case to community providers; or
- c. open the case for ongoing protective services.

Interpretation: *Although many circumstances and events can delay the completion of an investigation, efforts are made to complete investigations in a timely manner. Some organizations combine investigation and assessment and allow longer timeframes for completion. In such cases, the organization should specify which components of the investigation are to be completed within 30 days.*

Collaborative efforts with families are initiated before cases are closed to determine needs and identify community resources.

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CA-CPS 5.08

When a case is opened, the organization provides or recommends the most beneficial and least intrusive service that maintains the child's safety.

Interpretation: *Reasonable efforts are made to preserve families whenever possible and appropriate. Services can include, and are not limited to: Child Protective Case Management, Family Preservation and Stabilization, and out-of-home care services.*

Research Note: *One study suggests that the severity of the maltreatment and the risk of repeat maltreatment are critical factors when making decisions.*

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CA-CPS 6: Safety Assessments

Safety assessments are conducted at defined intervals and milestones, and safety plans are developed and updated as necessary.

Interpretation: *Safety assessments should be conducted at certain milestones in the case including, and not limited to: during the investigation of the initial and subsequent reports; when there are significant changes to the home composition; and prior to case closing. The organization should be in compliance with any regulatory or administrative requirements that define intervals for safety assessments.*

Safety plans can include home based services, removal from the home of the person alleged to be responsible for the maltreatment, voluntary placement of the child with a relative, or removal of the child from the home. Families experiencing domestic violence can benefit from safety planning that involves a domestic violence specialist or advocate.

NA *The organization only provides Child Protective Case Management Services.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (CA-TS 2.08).

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

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- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests , or tests are not being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Copy of the safety assessment tool
- Procedures for safety assessment and safety planning

On-Site Evidence

- State regulatory or administrative requirements that define intervals for safety assessments

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Relevant personnel
- Review case records

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CA-CPS 7: Assessment

Families participate in an individualized, strengths-based, family-focused, and culturally responsive assessment that informs service and permanency planning.

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

NA *The organization does not conduct assessments.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (CA-TS 2.08).

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or

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- Staff are not competent to administer diagnostic tests , or tests are not being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Assessment procedures
- Copy of the assessment tool

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Relevant personnel
- Review case records

CA-CPS 7.01

The family is the primary source of information about the need for service.

Interpretation: *Collateral sources of information should be sought to help confirm or enhance assessment information. The organization adapts the assessment processes to protect the safety of victims of domestic violence.*

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Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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CA-CPS 7.02

The information gathered for assessments:

- a. includes underlying conditions and environmental and historical factors that may contribute to concerns identified in initial screening, investigation, and risk and safety assessments;
- b. identifies child and family strengths, protective factors, and needs;
- c. includes the potential impact of maltreatment on the child;
- d. includes factors and characteristics pertinent to making an appropriate placement, if necessary;
- e. identifies potential family resources for the child and the parents; and
- f. is limited to material pertinent for providing services and meeting objectives.

CA-CPS 7.03

Assessments are conducted in a strengths-based, culturally responsive manner to identify values, beliefs, practices, and resources that can increase service participation and success.

Interpretation: *Culturally responsive assessments can include attention to geographic location, language, and religious, racial, ethnic and cultural background. Other important factors that contribute to a responsive assessment include attention to age, sexual orientation, and developmental level.*

CA-CPS 7.04

Assessments are completed within timeframes established by the organization and are updated periodically.

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CA-CPS 8: Service Planning and Monitoring

Families participate in the development and ongoing review of a service plan that is the basis for delivery of appropriate services and support.

NA *The organization does not facilitate service planning.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- In a few instances client or staff signatures are missing and/or not dated; or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In a number of instances client or staff signatures are missing and/or not dated (CA-RPM 7.04); or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Service planning and monitoring procedures

On-Site Evidence

- Documentation of case review

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Relevant personnel
 - d. Persons served
- Review case records

CA-CPS 8.01

Service planning is family-centred, and includes, as appropriate:

- a. the child;
- b. family members;
- c. additional service providers; and
- d. band representatives.

Interpretation: *Service planning is conducted so that the family retains as much personal responsibility and self-determination as possible.*

Generally children age six or older are to be included in service planning, unless there are clinical justifications for not doing so. Extended family

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Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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members and significant others can be involved in service planning, when appropriate, and with the consent of the family. The organization can facilitate participation by, for example, helping arrange transportation, and including them in scheduling decisions.

Service planning procedures are adapted as needed in cases involving domestic violence to promote safe, healthy, and active participation of all family members. For example, in some instances, the organization may determine that meetings involving both the perpetrator and the survivor would pose a safety risk or would limit the participation of the survivor and would not be appropriate.

Research Note: *Family teaming models (such as Family Group Decision-Making, Family Team Meetings, and Family Group Conferencing) have become increasingly prevalent for intentionally collaborating with families throughout the child welfare intervention and particularly at crucial decision-making points.*

The family "team" is the group of people that a family has chosen to support them in meeting their goals and that may provide support identified in the service plan. Family teams can include:

- a. *extended family members,*
 - b. *family friends,*
 - c. *resource parents,*
 - d. *service providers already working with a family,*
 - e. *community members,*
 - f. *tribal members,*
 - g. *faith group members, and*
 - h. *other supportive people identified by the family.*
- Family teaming models have proven to be successful in supporting positive outcomes by helping service providers share power with families, build and incorporate the larger circle of family support, and develop plans that insure safety and achieve permanency more quickly. Through evaluation studies family teaming has been identified as an effective practice tool for collaborating with kinship families.*

CA-CPS 8.02

During service planning, the worker and family discuss:

- a. the family's strategies to change behaviours and conditions that led to the abuse or neglect;
- b. services and supports available to address the effects of maltreatment and to prevent future maltreatment;
- c. maintaining or strengthening family relationships and informal social

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

- networks;
- d. how the organization can support the achievement of child safety, child and family well-being, and permanency; and
- e. benefits and consequences of family participation in planned services.

CA-CPS 8.03

An individualized service plan developed with each family is based on the assessment and includes:

- a. agreed upon goals, desired outcomes, and timeframes for achieving them;
- b. services and supports to be provided, and by whom;
- c. timeframes for evaluating family progress; and
- d. the signature of the parents and the youth, if age appropriate.

Research Note: *Research has shown that despite the availability of information from assessments, workers often base service decisions on other factors, including availability of services, labels, and the type of maltreatment.*

CA-CPS 8.04

Individuals with disabilities who have limited ability to make independent choices receive help with making decisions and support to assume more responsibility.

CA-CPS 8.05

Service plans are completed within 30 days of the initiation of services and within additional timeframes established by the organization.

CA-CPS 8.06

The worker and a supervisor, or a service or peer team, review the case at least quarterly to assess:

- a. service plan implementation;
- b. appropriateness of safety and permanency plans;
- c. progress towards achieving service goals and desired outcomes; and

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

- d. continuing appropriateness of the agreed upon service goals, and the need to keep the case open.

Interpretation: *Workers should assess the family's progress following each visit and review the case when necessary. The case review is sometimes referred to as an administrative review, a supervisory review, a case conference, or a staffing.*

Experienced workers may conduct reviews of their own cases. In such cases, the worker's supervisor reviews a sample of the worker's evaluations as per the requirements of the standard.

CA-CPS 8.07

The worker and the family regularly review progress towards achievement of service goals, and sign revisions to service goals and plans.

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

CA-CPS 9: Child Protective Case Management Services

The organization arranges, provides, and coordinates the delivery of services to ensure child safety, promote well-being, and keep families together whenever possible.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

4.

Table of Evidence

Self-Study Evidence

- A description of case management services
- Guidelines or description of worker visits

On-Site Evidence

- Community resource and referral list
- Contracts or service agreements with community providers

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Relevant personnel
- Review case records

CA-CPS 9.01

The organization directly provides, refers, contracts, or otherwise arranges for needed therapeutic, educational, and support services including:

- a. parent education and family support;
- b. homemaker or home health aide services;
- c. child care;
- d. respite care;
- e. individual and family counselling services; and
- f. education, employment, and housing services.

Interpretation: *When such services are not readily accessible, the organization advocates for greater availability, and works with the family to consider alternatives, which can include informal support services.*

CA-CPS 9.02

Families receive, directly or by referral, more intensive services, as needed, from domestic violence, mental health, and substance use treatment specialists.

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

Research Note: *Domestic violence, and mental health and substance use conditions present an increased risk of child maltreatment, an increased risk of child removal, and can complicate and delay the reunification process when a child is removed. A comprehensive array of substance use treatment services can include: screening, assessment, detoxification, out-patient treatment, in-patient treatment, relapse prevention, aftercare, and support.*

CA-CPS 9.03

Workers have access to comprehensive, up-to-date information about community services, and maintain regular contact with collateral providers to share information about service delivery.

(FP) CA-CPS 9.04

Frequency and type of face-to-face visits with the child and family are appropriate to the family's needs and risk to the child, and visits occur at least once a month, to:

- a. establish effective working relationships;
- b. assess safety and well-being;
- c. monitor service delivery; and
- d. measure and support the achievement of agreed upon goals.

Interpretation: *Service monitoring includes confirmation services were initiated and are appropriate, and response to complaints or problems that develop regarding service delivery.*

Research Note: *Some literature suggests that when substance use, mental health or domestic violence issues are present, a greater risk exists and more frequent visits are appropriate; however, other suggested best practice points to the importance of the worker thinking critically about each family's circumstances to determine the frequency of visits. When other providers are visiting the family, and all providers are effectively sharing information, the organization may decrease the frequency of its visitation.*

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

CA-CPS 10: Removing Children from the Home

When a child cannot safely remain at home, the child is removed from the home, and the child and family are prepared for the transition.

NA *The organization only provides Child Protective Case Management Services.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for establishing voluntary agreements and submitting court petitions
- Procedures or protocols for removing a child

On-Site Evidence

- Domestic violence protocol, if available

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Relevant personnel
- Review case records

(FP) CA-CPS 10.01

When a child cannot safely remain at home, the organization collaborates with parents to establish a voluntary agreement, or otherwise petitions a court of proper jurisdiction, to obtain appropriate care.

Note: *The removal of a child can aggravate a domestic violence situation. The service provider should follow the organization's domestic violence protocol and coordinate the child's removal with the domestic violence unit or specialist, whenever possible.*

(FP) CA-CPS 10.02

A professional with two years of related experience and an advanced degree in social work, or another comparable clinical human services profession, is involved in the decision to remove a child from the home.

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

(FP) CA-CPS 10.03

The organization minimizes the negative effects removal can have on a child by:

- a. providing age-appropriate information about the removal process;
- b. identifying personal items the child will bring;
- c. collecting information about the child's daily routine, preferred foods and activities, needed therapeutic or medical care, and education;
- d. discussing how the child can maintain contact with the family; and
- e. discussing separation and loss.

Related: CA-RPM 3

Interpretation: *Personnel should ensure needed medication and medical equipment accompany the child or are obtained. When the child requires medication personnel should follow procedures regarding the storage and administration of medication.*

CA-CPS 10.04

The organization minimizes the negative effects a removal can have on the family by:

- a. discussing how the family can maintain contact with the child;
- b. providing information about the removal process;
- c. discussing separation and loss with the parents and siblings remaining in the home; and
- d. addressing needs related to domestic violence, substance use, or mental illness.

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

CA-CPS 11: Child Placement

Children in need of out-of-home care are referred to a foster care, kinship care, or residential program that can meet their needs for safety, permanency, stability, and well being.

NA *The organization does not place or refer children for out-of-home care.*

Notes: *An organization that provides emergency placements must document efforts made to meet the standards given the emergency nature of the placement.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Placement Procedures
- A description of:
 - a. available out-of-home care services;
 - b. the level of care assessment process; and
 - c. supports and services provided to children that experience multiple placements

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Relevant personnel
- Review case records

CA-CPS 11.01

All information available from intake, screening, assessment, and placement history are considered to identify the most family-like, least restrictive type of out-of-home care suitable to provide for the child's safety, permanency, stability and well being.

Research Note: *Research has identified many factors that can impact placement decisions including: age, race, reason for placement, placement history, and presence of behaviour problems or disabilities. Research suggests that despite the availability of information on a child's psychosocial functioning, workers base placement decisions on labels and the reason for entering care. Researchers recommend use of clinical judgement, assessment information, and standardized tools to identify and consider the factors that indicate a child is at greater risk of disruption to determine the most suitable out-of-home placement. Some literature suggests the*

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

organization monitor decision making for inappropriate biases.

CA-CPS 11.02

Children are placed according to their best interests in the most family-like and familiar setting possible:

- a. with siblings;
- b. with kin; or
- c. with families or in residential settings within reasonable proximity to their family and home community.

Interpretation: *Unless it is contrary to the well-being of a child, organizations are required to make reasonable efforts to place siblings together and policy requires that preference be given to kin. If a child is not placed in a manner consistent with the specified options, the reason is documented in the case record.*

Research Note: *Literature suggests that children placed in close proximity to relatives are less likely to disrupt and more likely to have regular visitation with parents.*

CA-CPS 11.03

Aboriginal children are placed with cultural considerations as a priority.

CA-CPS 11.04

The organization prevents placement changes through coordinated placement planning that:

- a. ensures children and families are aware of the placement process and receive support and information throughout;
- b. provides all legally permissible information about children's characteristics, behaviors, histories, and permanency goals to prospective residential settings or resource families;
- c. arranges opportunities for children and parents to meet prospective resource families when possible;
- d. responds proactively to challenges associated with placement and assesses the need for services and supports; and
- e. facilitates workers' abilities to spend more time with children, families, and/or resource parents after a new placement or when challenges arise.

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

Research Note: *The trauma of separation and placement moves can be partially minimized through a sensitive and responsive placement process. Effective placement planning requires sharing of information to promote equal involvement in the process and to allow all parties to do their job well. Birth and resource families need information about the process, visitation, decision making timeframes and expectations for involvement in meetings and ongoing communication.*

CA-CPS 11.05

Children's level of care is reviewed regularly and placement changes occur to support their best interests and permanency goals.

Interpretation: *The organization should make every effort to prevent any placement change that is not in the best interest of the child and his or her permanency goals. Placement changes that support children's best interests and permanency goals may include moving from a foster home to an adoptive home, moving from foster care to kinship foster care or other moves that bring children closer to family or community.*

Research Note: *Significant research has demonstrated the correlation between placement instability and negative child outcomes including poor academic performance and social and emotional difficulties. Regardless of a child's prior history of maltreatment or behavioral challenges, these negative outcomes increase following placement disruptions.*

CA-CPS 11.06

Children, families, and resource families receive additional support during placement changes that includes:

- a. sufficient advanced notice prior to a placement change;
- b. formalized discussions of the reasons for a placement move or disruption, each parties' feelings about the change, and as needed, interventions to address the reasons for the change;
- c. reassessment of children's needs in advance or at the time of the change, and identification of a resource family or other placement setting that can best achieve safety, well-being, and permanency; and
- d. referral to additional services or supports.

Interpretation: *Whenever possible notice should be provided at least 14 days in advance of a placement move.*

Interpretation: *When the organization is working with Aboriginal children*

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

and families, tribal representatives must be involved in placement decisions and moves for Aboriginal children in care.

(FP) CA-CPS 11.07

When youth are in care past the age of 18, shared living agreements are developed at the time of placement, or upon youths' birthdays, to promote independence, clarify new roles, and establish mutually agreed upon expectations.

Interpretation: *In many provinces foster care services have been extended to youth until age 19, 20, or 21. In a developmentally appropriate manner, every youth over 18 should be engaged in a conversation, that is formally documented, that explores and determines the mutual expectations and responsibilities of the living arrangement now that they are not a minor.*

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

CA-CPS 12: Child and Youth Permanency

The organization participates in or facilitates permanency planning with families to promote stability and permanency.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

Table of Evidence

Self-Study Evidence

- Procedures for permanency planning

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Relevant personnel
- Review case records

CA-CPS 12.01

Service providers, foster parents, the public authority, and the court work with the child, youth, and family to develop a permanency plan within 60 days of placement, which specifies:

- a. the permanency goal(s);
- b. a timeframe for achieving permanency; and
- c. activities that support permanency.

Interpretation: *Efforts are made to locate family members who can be involved in permanency planning and who may wish to (re)establish positive relationships with the child. Aboriginal representatives and service providers should be involved in the permanency planning process where available.*

Interpretation: *The age of a youth should not limit the consideration of all permanency options.*

Interpretation: *The timeframe for achieving permanency is consistent with provincial regulations. Whenever possible, the permanency timeline for parents with substance use conditions reflects the time needed to receive substance use treatment services and make progress towards recovery.*

CA-CPS 12.02

Concurrent planning is undertaken when appropriate and includes:

- a. early assessment of the potential for reunification;
- b. full disclosure of options, expectations, and timelines;

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

- c. early identification of potential family resources;
- d. early placement with a permanent family resource; and
- e. counselling parents about relinquishment and permanency options when reunification seems unlikely.

Interpretation: *Provincial statutes or administrative policy may provide guidance about when concurrent planning is appropriate and how concurrent planning is to be conducted.*

CA-CPS 12.03

The child, parents, caregivers, foster parents, and relevant professionals participate in a court or administrative case review at least every 6 months to assess:

- a. the safety and appropriateness of continued placement;
- b. constructive parent, child, and sibling visitation;
- c. efforts to reunify the family and progress towards permanency;
- d. possible placement resources and best options; and
- e. appropriateness of services.

Interpretation: *Provincial statutes or administrative rules may provide guidance about when and how administrative reviews are to be conducted. The review is scheduled at times when appropriate parties can attend.*

CA-CPS 12.04

Youth are actively involved in permanency planning, and each child or youth receives age appropriate information about progress towards permanency.

CA-CPS 12.05

The case record documents opportunities provided to parents in support of reunification, including:

- a. involvement in service planning and access to needed services;
- b. constructive visitation and on-going contact with the child;
- c. reduction of barriers to contact, visitation, and involvement in the child's care; and
- d. use of resources to prepare the family for reunification.

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Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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Note: *The documentation must be in a format legally admissible as evidence to facilitate court proceedings.*

CA-CPS 12.06

The organization recommends, when possible, a petition to terminate parental rights for children who have been in care for 15 of the most recent 22 months, unless case-specific information legally exempts a child.

Interpretation: *The reason submitted for termination of parental rights cannot be the length of time a child has been in care. When the decision is made not to return the child home, the justification and alternative permanency goal are entered into the case record.*

CA-CPS 12.07

The organization is diligent in identifying and notifying all adult relatives of a child's separation from her or his family within 30 days of placement.

Interpretation: *Organizations should have established procedures for identification of kin that involves a combination of engaging children and family members in identification and the use of technological resources for family-finding. Notification should be provided in multiple forms, including written form in order to insure accountability and maintain a record of efforts to notify.*

Research Note: *Family-finding efforts support the increased identification and involvement of incarcerated parents and their families in the permanency plan. Unless the court has determined that reasonable efforts to support reunification are suspended, public agencies are mandated to work with incarcerated parents as with other parents. This involvement is important for children's well-being and may increase motivation for incarcerated parents to work for reunification or participate in the development of an alternative plan.*

CA-CPS 12.08

To support permanency goals kinship caregivers are informed about, and assisted in, pursuing permanency options such as adoption or guardianship, as appropriate.

Interpretation: *Customary adoption should be considered as a permanency option for Indian children.*

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

CA-CPS 13: Case Closing

Case closing is a planned, orderly process.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (CA-HR 6.02) and training (CA-TS 2.03); or
- In a few instances the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing summary and assessment is not consistently provided to the public authority per the requirements of the standard.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are routinely terminated inappropriately; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard.; or
- A number of client records are missing important information; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

used; or

- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Case closing procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Relevant personnel
- Review case records

(FP) CA-CPS 13.01

The organization evaluates the need to keep the case open every 6 months and uses criteria that consider safety and risk factors to determine when to close a case.

CA-CPS 13.02

Planning for case closing:

- a. is a clearly defined process that includes assignment of staff responsibility;
- b. begins at intake;
- c. involves the family and others, as appropriate; and
- d. includes discussion with the family about the successful changes in behaviours and conditions that reduced risk to the child, and plans and strategies for maintaining those changes.

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

CA-CPS 13.03

Upon case closing, the organization notifies any collaborating service providers, and the courts, as appropriate.

(FP) CA-CPS 13.04

Reunification planning is ongoing throughout the work with families and includes:

- a. ongoing, mutual assessment of the progress towards meeting family goals;
- b. emotional and physical preparation with parents, non-custodial parents, children, and resource families;
- c. transfer of all applicable legal, educational, and medical documents and service summaries prior to reunification date;
- d. assistance in accessing needed community-based resources prior to reunification date; and
- e. identification of post-reunification services.

CA-CPS 13.05

The organization develops aftercare plans with children and families, sufficiently in advance of case closing that specify options for meeting the families' needs for supports and services, and the steps to meeting these needs.

Interpretation: *The organization develops the plan in collaboration with children and families, explores suitable resources, and takes the initiative to make contact with service providers with the family or on behalf of the family if they would benefit from this assistance.*

Interpretation: *When the case involves an Indian child, resources available through the tribe or local Indian organizations should be considered when developing an aftercare plan.*

Research Note: *Aftercare services such as in-home support, counselling, housing assistance, and respite care can support reunification efforts.*

CA-CPS 13.06

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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The organization follows up on the aftercare plan, as appropriate, when possible, and with the permission of children and families.

Interpretation: *Reasons why follow-up may not be appropriate include, and are not limited to, cases where the person's participation is involuntary.*

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Child Protective Services

CA-CPS 14: Personnel

Personnel are qualified and receive support to provide immediate and ongoing services to children in need of protection.

Note: *When the organization is unable to fully implement one or more personnel standards, intensive efforts should be made to fully implement the other standards. For example, if the organization is unable to recruit workers with specific qualifications, it can ensure that appropriate supervision and workload standards are implemented.*

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
 - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
 - Most staff who do not meet educational requirements are seeking to obtain them.
 - With some exceptions staff have received required training, including applicable specialized training.
 - Training curricula are not fully developed or lack depth.
 - A few personnel have not yet received required training.
 - Training documentation is consistently maintained and kept up-to-date with some exceptions.
 - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
 - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
 - With a few exceptions caseload sizes are consistently maintained as required by the standards.
 - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
 - Procedures need strengthening.

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- With few exceptions procedures are understood by staff and are being used.
 - With a few exceptions specialized staff are retained as required and possess the required qualifications.
 - Specialized services are obtained as required by the standards.
- 3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,
- One of the Fundamental Practice Standards received a rating of 3 or 4.
 - A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
 - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
 - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
 - A significant number of staff have not received required training, including applicable specialized training.
 - Training documentation is poorly maintained.
 - A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
 - There are numerous instances where caseload sizes exceed the standards' requirements.
 - Workloads are excessive and the integrity of the service may be compromised.Â
 - Procedures need significant strengthening; or
 - Procedures are not well-understood or used appropriately; or
 - Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
 - Specialized services are infrequently obtained as required by the standards.
- 4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

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Child Protective Services

Table of Evidence

Self-Study Evidence

- Program staffing chart that includes lines of supervision
- List of program personnel that includes:
 - a. name;
 - b. title;
 - c. degree held and/or other credentials;
 - d. FTE or volunteer;
 - e. length of service at the organization;
 - f. time in current position
- Table of contents of training curricula
- Chart that specifies caseload size, per worker for the past six months
- Procedures and criteria used for assigning and evaluating workload

On-Site Evidence

- Supervisory schedule for 24-hour coverage
- Procedures for overtime compensation
- Data describing staff turnover
- Documentation of training
- Job descriptions
- Training curricula

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Personnel
- Review personnel files

CA-CPS 14.01

Child protection workers are qualified by:

- a. an advanced degree in social work or a comparable human service field;
or
- b. a bachelor's degree in social work or a bachelor's degree and two years of related experience.

CA-CPS 14.02

Supervisors are qualified by an advanced degree in social work or a

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comparable human service field and at least two years experience working with children and families, preferably in child protective services.

CA-CPS 14.03

Child protection workers have the competencies needed to:

- a. empower and engage families;
- b. assess risk and safety and identify families with special needs;
- c. collaborate with community providers;
- d. exercise good judgement and competent decision making; and
- e. work with the court system when necessary.

Interpretation: *Competency can be demonstrated through education, training, or experience.*

CA-CPS 14.04

Child protective services workers and supervisors, depending on job responsibilities, are knowledgeable about job relevant provisions of provincial child welfare legislation and/or policy regarding the placement of Aboriginal children, including:

- a. determination of jurisdiction;
- b. appropriate notice and collaboration with the child's band;
- c. placement preferences; and
- d. court procedures.

Interpretation: *The organization can consider the average number of Aboriginal children when determining which personnel need to be trained. Training must be provided to screening personnel.*

(FP) CA-CPS 14.05

A manageable workload, which includes caseload and other organizational responsibilities:

- a. makes it possible for workers to meet practice requirements;
- b. does not impede the achievement of outcomes; and
- c. takes into consideration the qualifications and competencies of the worker and case status and complexity.

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Interpretation: *Case complexity can take into account: intensity of child and family needs, size of the family, and the goal of the case. Generally, investigative workers should manage no more than 12 active investigations at a time including no more than 8 new investigations per month. Ongoing and preventive services workers should be working with no more than 15-18 families (cases) at a time, with no more than 10 children that are in an out-of-home placement. However, there are circumstances under which caseloads may exceed these limits. For example, caseload size may vary depending upon the volume of administrative case functions (e.g., entering notes, filing, etc.) assigned to the worker. Caseloads may also be higher when organizations are faced with temporary vacancies on staff. New personnel should not carry independent caseloads prior to the completion of training.*

Research Note: *Two themes in the literature about turnover in the child welfare workforce are that high caseloads and time-consuming paperwork are primary factors in turnover.*

Note: *The evaluation of this standard will focus on whether the assigned workload is manageable for staff, taking into account the factors cited in the standard and interpretation. The specific caseload sizes stated in the interpretation are only a suggestion of what might be appropriate. Each organization should determine what caseload size is appropriate, and reviewers will evaluate: (1) whether the organization's designated caseload size reflects a manageable workload, and (2) whether the organization maintains caseloads of the size it deemed appropriate.*

CA-CPS 14.06

Supervisory personnel are involved in all decisions related to child safety and permanency, and workers have access to a supervisor by telephone 24 hours a day.

CA-CPS 14.07

Supervisors or experienced workers provide additional support when personnel are new or are still developing competencies.

CA-CPS 14.08

The program director or designee ensures:

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- a. work schedules are flexible;
- b. sufficient staff coverage at all times;
- c. supports are in place to prevent burnout; and
- d. employees who work overtime are appropriately compensated.

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