

Mnaasged Child and Family Services



Quality Assurance Policy and Procedure Manual

July 2019

*Acknowledging the Past
Serving the Present
Creating the Future*

TABLE OF CONTENTS

SECTION 1: INTRODUCTION 1
Preamble..... 1

SECTION 2: QUALITY ASSURANCE 3
Adherence to Quality Assurance 3
Annual Quality Assurance Planning – Services, Outcomes, Structures, and Resources in
Need of Improvement 5
Quality Assurance Communication Strategy 8
Quality Assurance Training 10
Quality Assurance Committee 14
Role of the Executive Director in Quality Assurance 16
Staff Roles in Quality Assurance 18

SECTION 3: AUDITS..... 21
Audit Framework 21
Ministry Accountability..... 24

SECTION 4: RESEARCH AND EVALUATION 26
Guiding Principles 26
Program Evaluation..... 30

SECTION 5: CLIENT VOICE..... 33
Client Satisfaction Feedback 33
Client Participation in Mnaasged-Driven Research and Evaluation 35
Client Participation in External-Driven Research and Evaluation..... 37

SECTION 6: PARTNER FEEDBACK 39
Partner Participation in Mnaasged-Driven Evaluation 39
Service Complaints by Stakeholder Service Partners 40

SECTION 1: INTRODUCTION

PREAMBLE

Mnaasged Child and Family Services (hereinafter referred as Mnaasged) is an Indigenous Child Well-being Agency bound by the *Child, Youth and Family Services Act* of Ontario and adheres to the standards set by the Ministry of Children, Community and Social Services. Management and Staff are well trained in the areas of Child Welfare and are committed to, and accountable for, following standards and providing culturally intelligent services for the Children/Youth and Families they serve. Mnaasged Child and Family Services works in partnership with member First Nations and Indigenous communities and external service providers to ensure the safety and well-being of all Children and their Families. The best manner possible to do this Mnaasged must ensure the following:

1. Service will be constantly evaluated and managed in the most cost-efficient manner possible to meet the needs of Children/Youth and their Families.
2. All Staff across Mnaasged will look at ways to improve their work based on legislative standards and cultural expectations.
3. Staff will be well trained and supported to meet service demands and challenges.
 - a) Staff will apply Mnaasged's Code of Ethics, the Seven Grandfather Teachings, and the Statement of Principles through their interactions and with providing services to Children/Youth and their Families that reflect those values.
4. First Nations, community partners, and families will be properly consulted and engaged to assist with keeping the Children/Youth safe and protected.

SERVICE TO CHILDREN, YOUTH, AND FAMILIES

Mnaasged fulfills its protection mandate with the Children/Youth and their Families by providing services that are timely, courteous, and respectful. Services are delivered in an inclusive manner with community and stakeholders.

QUALITY, RISK, AND COMPLIANCE

Mnaasged fulfills its statutory responsibilities according to all legislative and other prescribed obligations. Systems are in place to identify deviations in compliance, and necessary steps are put in place to reduce organizational liability.

PEOPLE

Mnaasged provides a work environment that values professional development and learning while recognizing the importance of safety and well-being for all Staff.

FINANCE

The cost of Mnaasged's programs and operations demonstrates efficient use of Mnaasged's resources and added value for funding. Mnaasged's Board of Directors reviews Mnaasged's Balanced Scorecard prior to the end of each fiscal year in preparation for establishing the following year's priorities.

POLICY REFERENCE

SECTION 2: QUALITY ASSURANCE

Department: Quality Assurance	POLICY #:
Section: Quality Assurance	
Subject: Adherence to Quality Assurance	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference: Mnaasged Child and Family Services Internal	

ADHERENCE TO QUALITY ASSURANCE

POLICY

Mnaasged Child and Family Services is a mandated Child Welfare Agency bound by the Child, Youth and Family Services Act of Ontario and adheres to the standards set by the Ministry of Children, Community and Social Services relating to Quality Assurance. Mnaasged Child and Family Services will utilize Quality Assurance tools developed by the Ontario Association of Children’s Aid Societies (OACAS), and adapt as may be required for use in an Indigenous environment, and will also utilize tools developed by the Association of Native Child and Family Service Agencies of Ontario (ANCFSAO).

PROCEDURE

1. The Staff trainer will develop Quality Assurance training modules in compliance with Ministry requirements using both tools created or prescribed by the Ministry of Children, Community and Social Services; the Ontario Association of Children’s Aid Societies; and the Association of Native Child and Family Service Agencies of Ontario as well as tools and materials developed by Mnaasged. Management and Staff will be trained in the areas of child welfare, commitment, and accountability in following set standards. Mnaasged will also provide culturally intelligent services for the Children/Youth and Families it serves and will work with external service providers to ensure the safety and well-being of all Children/Youth.
2. Senior Management will ensure that quality assurance is conducted through the establishment and implementation of strategic planning and practice standards and through a monitoring system.

3. Senior Management will develop an annual plan based on Mnaasged’s Vision, Mission, Mandate, and Strategic Priorities and will follow pre-defined standards for service delivery that address the Ministry requirements and best practice guidelines from the Ontario Association of Children’s Aid Societies and the Association of Native Child and Family Service Agencies of Ontario. Key indicators (i.e., service audits, stakeholder feedback, program review and evaluation, and research activities) will be used periodically as tools to measure the success of Mnaasged’s goals.
4. Senior Management will ensure that consistent program evaluation methodologies are established and implemented to allow internal review and evaluation mechanisms. The evaluation methodologies may be used to measure organizational performance in terms of quality and quantity.
5. Senior Management will develop evaluation methodologies that encompass quality service, risk mitigation, compliance with policies and procedures, and the fulfillment of statutory responsibilities, staff well-being, and financial performance.
6. Performance Measurement and Support measures will be developed and implemented by Senior Management to collect, analyze, and report on information regarding organizational performance.
7. Processes and data will be reviewed by Senior Management to determine potential options or avenues for improvement, which may include the following:
 - a) Definition of issues, concerns, and key success factors
 - b) Identification of common themes, patterns, and processes related to or affected by the defined issues, concerns, or key success factors
 - c) Selection of measures to track desired outcomes and key success factors
 - d) Establishment of goals, benchmarks, and targets for each measure
 - e) Development of a data collection and monitoring system
 - f) Review and analysis of data
 - g) Communication of results and application of findings to improve services

POLICY REFERENCE

Department: Quality Assurance	POLICY #:
Section: Quality Assurance	
Subject: Annual Quality Assurance Planning – Services, Outcomes, Structures, and Resources in Need of Improvement	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference: Mnaasged Child and Family Services Internal	

ANNUAL QUALITY ASSURANCE PLANNING – SERVICES, OUTCOMES, STRUCTURES, AND RESOURCES IN NEED OF IMPROVEMENT

POLICY

Mnaasged Child and Family Services will ensure that specific services, structures, and resources requiring continuous improvement will occur through ongoing review and monitoring of the following:

- a) Program reviews and evaluations*
- b) Updates to service*
- c) Strategic plans*
- d) Participation in research projects*

PROCEDURE

1. Mnaasged is bound by the *Child, Youth and Family Services Act* of Ontario and will adhere to the standards set by the Ministry of Children, Community and Social Services.
2. Mnaasged will ensure that service agreements are developed and monitored. This will address service and financial reporting to its First Nation members regarding transfer payments for the Support Services Program.
3. Mnaasged will establish monitoring processes and will utilize performance measurements for the following services, structures, and secure resources needed for ongoing review and improvement of the following:
 - b) Prevention Services

c) Child Welfare:

- i. Child Protection
- ii. Children in Care
- iii. Customary Care
- iv. Alternative Care
- v. Kinship Services
- vi. Adoption
- vii. Supervised Access
- viii. After-Hours
- ix. Cultural Services
- x. Volunteer Services
- xi. Original Dispute Resolution/Aboriginal Approach to Dispute Resolution (AADR)
- xii. Legal Services
- xiii. Quality Assurance

d) Other:

- i. Board Reviews (e.g., self-assessment)
- ii. Mnaasged Strategic Plan
- iii. First Nation Community Reviews – Service Delivery
- iv. Policy and Procedure Review – Annual
- v. Protocols – Community and Service Protocols
- vi. Mnaasged Internal Reviews and Audits
- vii. Ministry of Children, Community and Social Services Service Audits
- viii. Human Resources Department – Audit
- ix. Finance Department – Annual Audit

POLICY REFERENCE

Department: Quality Assurance	POLICY #:
Section: Quality Assurance	
Subject: Quality Assurance Communication Strategy	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference: Ontario Association of Children’s Aid Societies, <i>A Framework for Quality Assurance in Ontario Child Welfare Agencies</i> , January 2004; Q-Net Keys to Quality 2009; Mnaasged Child and Family Services Internal	

QUALITY ASSURANCE COMMUNICATION STRATEGY

POLICY

Mnaasged Child and Family Services is committed to open and transparent communication initiatives. By implementing the Quality Assurance Communication Strategy, community and service partners are kept informed of the successes and failures of Mnaasged Child and Family Services’ drive to improve services. The Quality Assurance Communication Strategy is essential to ensure that there are various initiatives and results of quality improvement activities.

PROCEDURE

1. The Quality Assurance Committee will be established and will be comprised of designated front-line Staff, Management, and Members of the Board of Directors.
2. The Quality Assurance Manager will work in collaboration with the Quality Assurance Committee to implement the Quality Assurance Communication Strategy for Mnaasged initiatives.
3. The Quality Assurance Communication Strategy will be reviewed and approved on an annual basis by the Senior Management Team. The Director of Services will be responsible for reviewing and presenting the Strategy to the Board of Directors and to the Services Committee.
4. The Quality Assurance Communication Strategy will be reviewed quarterly on its effectiveness as established by the Quality Assurance Committee.
5. The Services Committee will be responsible to make a recommendation to the Board of Directors to accept and approve the Quality Assurance Communication Strategy.

6. It will be the responsibility of Mnaasged Supervisors to share the plan within their respective teams.
7. Once the Quality Assurance Program is in progress, the Communication Strategy will ensure that the initiatives and results of quality improvement activities are publicized to the stakeholders identified within the Quality Assurance Communication Strategy (e.g., Staff, Board Members, Alternative Care Providers, and Volunteers).
8. Results of the quality improvement initiatives will be made available to Mnaasged stakeholders in the following methods:
 - a) Regular status updates during Quality Assurance Committee meetings and documented in meeting minutes
 - b) Quarterly Mnaasged newsletter
 - c) Supervision sessions with Mnaasged Helpers and their Supervisors
 - d) Public reporting of Key Performance Indicators and Aboriginal Key Performance Indicators
 - e) Quarterly Assurance Reports to the Board of Directors on findings related to Quality Assurance activities that identify areas of quality improvement, areas for opportunity, and areas of excellence
 - f) Year-end summary for inclusion in Mnaasged's Annual General Meeting Year-End Report
9. Updates or revisions to the Communication Strategy will be tabled to Senior Management and presented to the Board of Directors for final approval.
10. Evaluation of the Quality Assurance Communication Strategy will be conducted annually through a survey involving key Stakeholders. Results of the evaluation will be shared with the Quality Assurance Committee for inclusion in the Annual Review Process.
11. See also the specific communication requirements for research located in the Guiding Principles and Program Evaluation.

POLICY REFERENCE

Board of Directors Policy and Procedure Manual

Department: Quality Assurance	POLICY #:
Section: Quality Assurance	
Subject: Quality Assurance Training	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference: Mnaasged Child and Family Services Internal	

QUALITY ASSURANCE TRAINING

POLICY

Mnaasged Child and Family Services is committed to ongoing monitoring, assessment, and improvement of their services provided to Children/Youth and Families.

Mnaasged Child and Family Services will develop a Quality Assurance Improvement Work Plan to determine a process for ongoing quality improvement, which will address and monitor Quality Assurance areas as defined by Mnaasged Child and Family Services, the communities it serves, and the Ministry of Children, Community and Social Services.

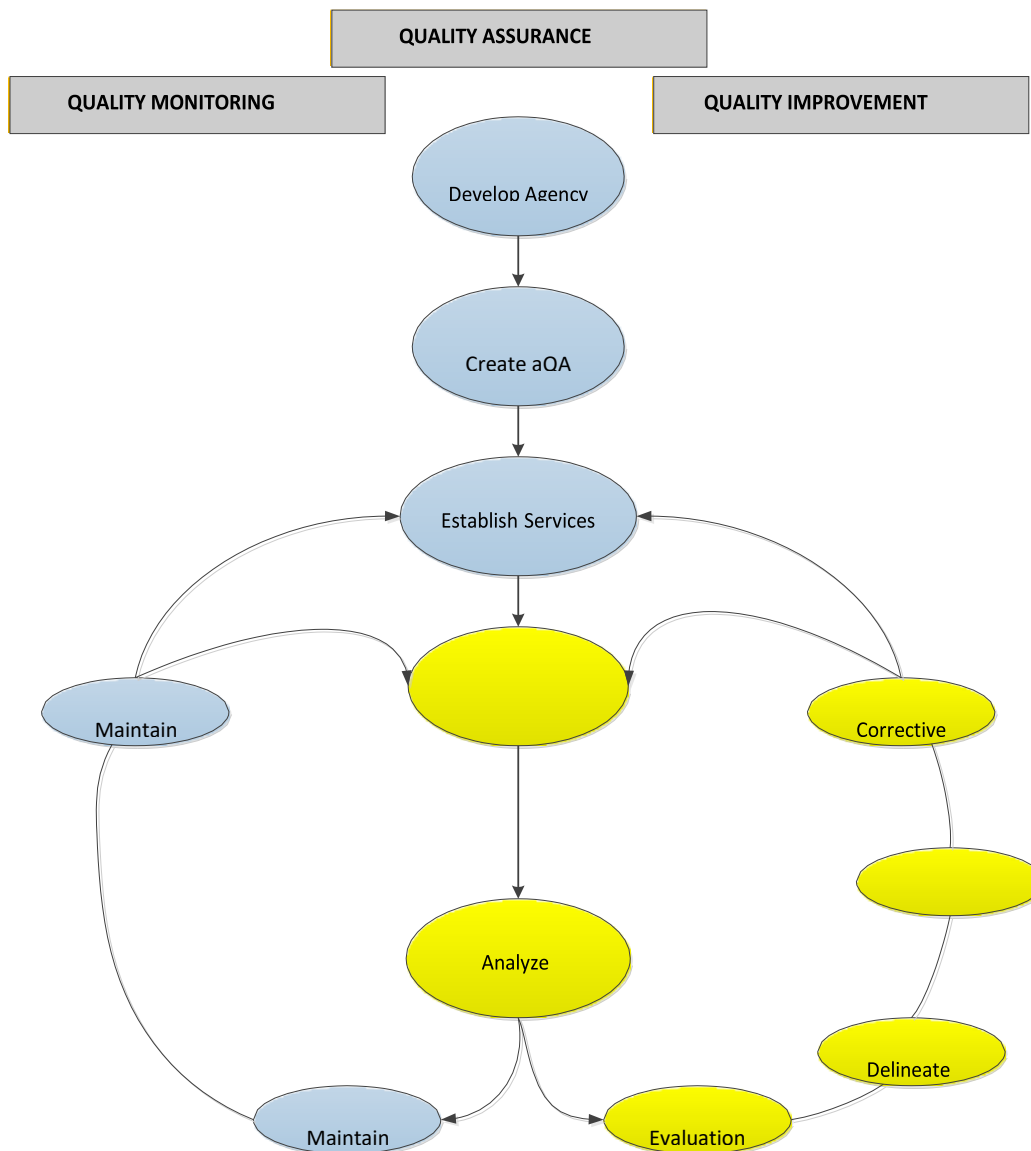
PROCEDURE

1. The Senior Management Team will ensure a Quality Assurance Improvement Work Plan is developed for Mnaasged on an annual basis. The plan will be developed by the Quality Assurance Manager, will be approved by both the Executive Director and the Director of Services, and will be monitored by the Quality Assurance Committee.
2. The Quality Assurance Improvement Work Plan will identify goals, objectives, and associated tasks and activities required to be completed during the fiscal year. The following two areas list the functions that will be considered for development and implementation:
 - a) General:
 - i. Development of Quality Management Systems
 - ii. Motivate and involve Staff, Board Members, Alternative Care Providers, and Volunteers

- iii. The need for an Employee buy-in as dictated by the degree of Employee involvement
 - iv. Provide support and facilitate training
- b) Specific:
- i. Design and maintain Mnaasged policies and procedures
 - ii. Coordinate regular audits to ensure compliance with standards
 - iii. Monitor outcomes
 - iv. Facilitate the Continuous Quality Improvement Committee
 - v. Monitor quality of suppliers
 - vi. Develop best practices
 - vii. Monitor protocols
 - viii. Monitor complaints process
 - ix. Monitor service utilization
 - x. Survey Clients and Customers to measure satisfaction
 - xi. Assist with the preparation for re-accreditations and monitor standards between accreditations
 - xii. Report regularly to Senior Management and the Quality Assurance Committee (e.g., quality indicators)
3. The Quality Assurance Improvement Work Plan will be reviewed and finalized by the Senior Management Team. The Director of Services will be responsible to review and to present the plan to the Board of Directors and the Services Committee.
- e) The Services Committee will be responsible to make a recommendation to the Board of Directors to accept and approve the Quality Assurance Improvement Work Plan for the following year.
 - f) The Quality Assurance Improvement Plan will be reviewed quarterly for its effectiveness by the Quality Assurance Committee.
 - g) The Quality Assurance Manager will be responsible to comply and to complete the functions outlined in the Quality Assurance Improvement Work Plan once approved by the Board of Directors.

- h) It is the responsibility of the Quality Assurance Manager to share the Quality Assurance Improvement Work Plan with Mnaasged Staff.
- i) When Mnaasged can demonstrate certain practices that lead to the achievement of the desired outcome, Mnaasged will formalize those practices in the form of Policy and Procedure.

FIGURE 1: THE QUALITY ASSURANCE CYCLE



POLICY REFERENCE

Human Resources Policy and Procedure Manual

Department: Quality Assurance	POLICY #:
Section: Quality Assurance	
Subject: Quality Assurance Committee	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference: Mnaasged Child and Family Services Internal	

QUALITY ASSURANCE COMMITTEE

POLICY

Mnaasged Child and Family Services will ensure that the Quality Assurance Program is supported by the Quality Assurance Committee that is accountable to the Senior Management Team. The Quality Assurance Committee will support the development and implementation of the Quality Assurance Framework for Mnaasged Child and Family Services.

PROCEDURE

1. As part of its functions, the Quality Assurance Committee may participate in, or support, the Quality Assurance Program in the following areas:
 - a) Identify mechanisms, information, data, and processes that measure the quality, effectiveness, and efficiency of Mnaasged
 - b) Review information collected from sources to identify emerging trends or issues (e.g., the analysis of the data collected may determine that Mnaasged is “on target” or it may identify there are gaps regarding the established standards and desired outcomes). The response to the analysis of data collected will determine the quality service provision
 - c) Develop and implement an outcome that measures the performance evaluation process for Mnaasged
 - d) Review information collected from the implementation of the outcome measures in the performance evaluation process
 - e) Identify any outcomes of the evaluation process that require consideration by the Senior Management Team

2. Membership representation will be drawn from all internal departments and work areas and will be chaired by the Quality Assurance Manager.
3. The Quality Assurance Committee, in collaboration with the Quality Assurance Manager, will identify steps to be taken each year to improve services, which will include time frames for the following:
 - a) Specific program evaluations (if funds permit)
 - b) Program self-audits
 - c) Client feedback
 - d) First Nations feedback
 - e) Service partner feedback
 - f) Agenda topics for the Board, Senior Management, and program/service team meetings
 - g) Response to requests for audits or research by external organizations
 - h) Analysis of common themes and responses to Client complaints
 - i) Findings concluded from each year's Quality Assurance activities shared with the Board, Staff, and other Stakeholders (see Communication Strategy)
 - j) Application of the data from the Quality Assurance activities to make strategic decisions (e.g., for programs, administrative services, budgets, training, and partnerships) and to make enhancements to the Quality Assurance plan itself
4. For the Annual Review, the Quality Assurance Committee, in collaboration with the Quality Assurance Manager, will review the progress on the implementation of the strategic decisions made that were based on the results of the prior year's Quality Assurance activities. These strategic decisions will include identifying successes and challenges and adjusting or taking corrective action, as required, in consideration of the policy recommendations to Senior Management.

POLICY REFERENCE

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Department: Quality Assurance	POLICY #:
Section: Quality Assurance	
Subject: Role of the Executive Director in Quality Assurance	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference: Mnaasged Child and Family Services Internal	

ROLE OF THE EXECUTIVE DIRECTOR IN QUALITY ASSURANCE

POLICY

Mnaasged Child and Family Services' Senior Management Team will take a leadership role in Quality Assurance planning and will utilize outcomes to support decisions for the strategic direction and plan for Mnaasged Child and Family Services.

PROCEDURE

1. The Executive Director will assume oversight responsibility for the following:
 - a) Development and periodic revision of Mnaasged's Strategic Plan
 - b) Ongoing monitoring of Mnaasged's strategic directions
 - c) Development of governance policies, as required to support and guide the work of Mnaasged
 - d) Periodic review of operational policies to ensure the following are considered:
 - i. Relate to the Board of Director's governance function
 - ii. Relate to strategic directions established by the Board
 - iii. Any considered to be controversial
 - iv. Potential exposure of Mnaasged in terms of liability
 - v. Define roles for the Board of Directors
 - e) Clear and consistent direction and expectations for the Senior Management Team of Mnaasged regarding Quality Assurance

- f) Explicit communication strategy about Quality Assurance
 - g) Review and approval of Mnaasged's Annual Service and Budget Submission
 - h) Quarterly review of Mnaasged's Financial Statements
 - i) Review and approval of Mnaasged's Annual Financial Audit
 - j) Review and approval of Mnaasged's Health and Safety Report on Workplace Risk Management
 - k) Receipt of Mnaasged's Quarterly Certificate of Compliance with requirements (i.e., remittances, information returns, insurance coverage, Ministry of Children, Community and Social Services required submissions)
 - l) Ad Hoc Review of formal service complaints or community feedback directed to the Board of Directors for response and resolution
 - m) Annual review of trends in service complaints to identify systemic issues and alternative responses (e.g., advocacy and fundraising)
2. The Quality Assurance Manager will work closely with the Senior Management Team regarding Mnaasged's Quality Assurance planning and defined outcomes. All Quality Assurance processes will be documented in a summary report and will be submitted to the Executive Director for review and approval.
3. The Executive Director will be responsible to provide a quarterly report to the Board of Directors regarding quality assurance planning and outcomes.

POLICY REFERENCE

Board of Directors Policy and Procedure Manual

Department: Quality Assurance	POLICY #:
Section: Quality Assurance	
Subject: Staff Roles in Quality Assurance	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference: Mnaasged Child and Family Services Internal	

STAFF ROLES IN QUALITY ASSURANCE

POLICY

Mnaasged Child and Family Services will ensure that quality improvement is integral to its work and occurs, formally and informally, at numerous levels in an attempt to consistently monitor and measure the efficiency of service delivery. Structures will be in place to support the provisions of service.

PROCEDURE

1. Mnaasged Staff will assume responsibility for providing quality service and interventions on an individual basis. Staff will be assisted in the monitoring of ongoing service delivery through Service Reviews and Supervision Mechanisms.
2. All Client records will be kept current.
3. All closed files will be reviewed by the Assigned Helper to ensure that the contents are organized and complete.
4. Supervisors will assume day-to-day responsibility for Quality Assurance through the following:
 - a) Orientation and training of Staff
 - b) Provision of supervision
 - c) Review of Client records
 - d) Review of incidents to identify themes and to facilitate learning
 - e) Implementation of improvements during the operation of a program or a service

5. Under the direction of the Director of Services, and the Senior Management Team, the Executive Director will appoint a Staff Member who will assume responsibility for reviewing and assessing service directions with input from front-line Staff and Clients to ensure Mnaasged is providing a responsive service. Implementation of change will occur at the program or service level of Mnaasged. Ongoing review of progress toward objectives will be monitored by the Senior Management Team. Duties will include the following:
 - a) Overall direction of Mnaasged services
 - b) Allocation of resources for Quality Assurance, as documented in the organizational chart, job descriptions, and Staff orientation to the Quality Assurance Committee
 - c) Collection of data through established reporting mechanisms (e.g., case reviews, program evaluations, and stakeholder feedback) to monitor and to provide feedback regarding the achievement of desired outcomes and the compliance with standards
 - d) Staff will understand how Quality Assurance data is collected and used
 - e) Documentation of Staff, Clients, and other stakeholders in Quality Assurance activities
 - f) Completion of periodic clinical file audit processes – minimally three (3) random files are audited for each Employee as a component of their annual performance appraisal and semi-annual Client file audit
 - g) Ongoing review and analysis of the Client information system caseload lists and data
 - h) Quarterly review and analysis of Client wait lists
 - i) Random review of cases to ensure compliance with Mnaasged’s Standards of Service
 - j) Review of consumer feedback results compiled through the following:
 - i. Client Satisfaction Surveys and Forms (Annually) (See Client Satisfaction Feedback)
 - ii. Referral Source Surveys and Forms (Biannually) (See Partner Participation in Agency Driven Evaluation)
 - k) Periodic review of High-Risk Incident Reports
 - l) Annual documentation of Employee evaluations
 - m) Mnaasged’s response and support to Critical Incidents involving Staff
 - n) Review and reallocation of resources according to prioritized needs
 - o) Outline of Mnaasged’s expectation about Quality Assurance in its contracts with outside services

- p) Mnaasged's adherence to health and safety legislation and requirements
 - q) Quarterly Review of Mnaasged's Financial Statements
 - r) Annual Review of Serious Occurrence Reports
 - s) Development of Mnaasged's Annual Service and Budget Submission and progress toward identified objectives
 - t) Ongoing monitoring of Mnaasged's strategic direction
 - u) Development of operational policies, as required to support and guide the work of Mnaasged
6. The Annual Quality Assurance Activities Chart will document the tasks, time frames, and responsibilities of Mnaasged. The Chart will be reviewed at each Senior Management Team Meeting with outcomes documented.
 7. The Executive Director will be ultimately responsible for overseeing the Quality Assurance processes and for ensuring compliance to the policy with recommended time frames.
 8. All Quality Assurance processes will be documented in a Summary Report or within the respective Senior Management Team minutes as they are discussed and reviewed. Any required action or follow-up resulting from the review of Quality Assurance data will be documented within the minutes and will be monitored by Senior Management.

POLICY REFERENCE

SECTION 3: AUDITS

Department: Quality Assurance	POLICY #:
Section: Audits	
Subject: Audit Framework	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference: Mnaasged Child and Family Services Internal	

AUDIT FRAMEWORK

POLICY

Mnaasged Child and Family Services will perform audits as directed by the Executive Director and as stipulated by the Annual Quality Assurance Plan of Mnaasged Child and Family Services. Audits will be completed for the following:

- a) Assess compliance with legislative requirements*
- b) Improve the practices of Mnaasged Child and Family Services*
- c) Improve outcomes for Children/Youth and Families*

PROCEDURE

1. Both individual and service area case audits will be conducted to assess compliance with Ministry Standards and Mnaasged Standards and audit recommendations and to continually improve the outcomes of Mnaasged services.
2. The direction to carry out audits to ensure compliance, service quality, or response to identified issues or concerns will come from the Executive Director, the Senior Management Team, or the Quality Assurance Manager. The process for conducting audits will follow the Ministry guidelines for auditing.
3. Results of audits will be compiled and distributed appropriately to the following:
 - a) Board of Directors
 - b) Senior Management Team

- c) Supervisors
 - d) Front-line Staff
4. Areas for improvement will be identified, and recommendations will be made to support improvements with compliance rates or levels of expected service quality.
 5. Recommendations, reports, and communication of findings will follow a collaborative approach to ensure all service areas engaged in the audit have an input in the development of outcome-driven performance measures and will be consistent with the Quality Assurance Communication Strategy.

SOCIETY COMPILATION REPORTS

1. The Quality Assurance Manager will summarize data on all cases within a prescribed service area or for a selected sample. The report must include standards with definite parameters that allow for a numerical count by developing a query, such as steps to be taken, timelines, and so on.
2. The development of the report may include the following:
 - a) A plan outlining the service area, standards, and specific information requirements
 - b) Verification of the information will be gathered as required
 - c) Development of queries to retrieve the data and compilation of the information for analysis and reporting by the Quality Assurance Manager or the Information Technology Department
 - d) Support will be provided by the Quality Assurance Manager for verification of both the queries and the data retrieved
 - e) The Quality Assurance Manager will work with Staff to address issues arising from the data that suggest lack of clarity, inaccuracies, or data entry errors
 - f) Reports will be provided to the Executive Director, the Senior Management Team, and the Board of Directors as required
 - g) Outcome expectations, activities, and program changes will be communicated with Staff
 - h) Areas will be identified for improvement and plans will be developed to address the areas of concern

MINISTRY AUDITS

1. External audits will be initiated by the Ministry. The Director of Services and the Quality Assurance Manager will work in partnership with Ministry Audit Staff to ensure support and compliance with audit activities.
2. Steps to facilitate this process will include the following:
 - a) Identify files and documents to be prepared for the external auditor(s)
 - b) Assist auditors during the review
 - c) Participate in entrance and exit meetings
 - d) Assist with dissemination of results as required
 - e) Assist with a response to external recommendations or directives

POLICY REFERENCE

Department: Quality Assurance	POLICY #:
Section: Audits	
Subject: Ministry Accountability	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference: Mnaasged Child and Family Services Internal	

MINISTRY ACCOUNTABILITY

POLICY

Mnaasged Child and Family Services recognizes the need to maintain high-quality standards of service delivery in all aspects of its operation.

Mnaasged Child and Family Services recognizes that the government has a duty to monitor the services it funds; and the Ministry of Children, Community and Social Services (through the Child, Youth and Family Services Act) has the right to access information to fulfill this responsibility.

PROCEDURE

1. Mnaasged will cooperate with Ministry personnel when Compliance Reviews, Licensing, Audits, or Inspections are required.
2. Mnaasged will measure how well it has achieved its goals, service targets, and performance indicators on an annual basis. This will be documented within Mnaasged's Service Plan and Budget, which will be submitted annually to the Ministry of Children, Community and Social Services.
3. Quarterly Reports are submitted to the Ministry. These reports detail expenditures by service category and service targets (e.g., number of individuals and families served, residential Clients served, and Days in Care).
4. Mnaasged will have an obligation to protect Client records and Employee files from unnecessary intrusion.
5. The Executive Director will make the following documentation available to the Ministry upon request:

- a) Written policies and procedures for Mnaasged's services
 - b) Written policies and procedures regarding the maintenance of Client records and files to minimize the need for direct examination of individual Client records
 - c) Required Client records or Employee files
6. The Executive Director will arrange audits of specific services, as requested, to meet specified information needs.
 7. Youth, Adults, Parents, or Guardians are informed during the process of consenting to service that Mnaasged may need to provide information to the Ministry to meet reporting requirements (e.g., in the event of a Serious Occurrence).

POLICY REFERENCE

SECTION 4: RESEARCH AND EVALUATION

Department: Quality Assurance	POLICY #:
Section: Research and Evaluation	
Subject: Guiding Principles	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference: Mnaasged Child and Family Services Internal, OCAP (Ownership, Control, Access, and Possession)	

GUIDING PRINCIPLES

POLICY

Mnaasged Child and Family Services recognizes and supports the value of responsible research, and it will contribute to furthering the development of knowledge and improved services.

PROCEDURE

1. When opportunities arise, Mnaasged will conduct research independently or partner with other organizations and institutions that have formal research capacities.
2. Any research undertaken at Mnaasged will be committed to meet the requirements of OCAP (Ownership, Control, Access, and Possession) principles identified by Mnaasged (see <http://cahr.uvic.ca/nearbc/documents/2009/FNC-OCAP.pdf>).
3. Research Agreements will be created between the researcher and Mnaasged prior to starting the research project. The Agreement will reflect the Guiding Ethical Principles and any other ethics determined by Mnaasged.
4. Research results will be utilized solely under the guidance of the Executive Director or designate and will be used for reporting in a manner that improves services to Clients directly and that improves programs and services.
5. Research studies conducted by Staff of Mnaasged will be carried out in a manner that protects Mnaasged's Clients and Staff inclusive of Mnaasged itself.

6. Research investigators who are interested in conducting research at Mnaasged or with its clients must outline their proposal in writing.
7. If the research project is being conducted under the auspices of a university, a copy of the ethics application is to be included. The proposal will outline the research design and will include the following, as appropriate:
 - a) Scope and purpose of the research
 - b) Questions to be addressed through the research
 - c) Description of the target group and sample size
 - d) Recruitment strategies
 - e) Methods of gathering information
 - f) Statements of any conflicts of interest
 - g) Copies of any questionnaires, interview questions, or other sets of questions to be used in the research
 - h) Process for finalizing the report
 - i) Timeline including dissemination of the results
 - j) Budget
 - k) Safeguarding of information
 - l) Principles (and any departures) of consent and copies of consent forms
 - m) Information regarding gifts or honorariums to participants
 - n) Proof of liability insurance coverage
8. One of the primary researchers will be required to make a presentation to two members of the Senior Management Team, and the Executive Director will be required to provide final approval.
9. The Legal Department may be requested to review the proposal to ensure compliance with the *Privacy Act*. See http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90f31_e.htm
10. A request will be made to the researcher for revisions if there are any concerns regarding the proposed research.

11. If the research proposal calls for direct access to Children or Youth, a request will be directed to the researcher to ensure all interviewers obtain and complete a Vulnerable Sector Screening Form.
12. The members of Mnaasged Senior Management Team will ensure the following:
 - a) The research project will be relevant to Mnaasged's Vision, Mission, Relationship Statement, and Mandate
 - b) The researcher and research proposal will be able to ensure confidentiality
 - c) As a condition of the approval, the researcher and all members of the Research Team will provide a written undertaking that all identifying information obtained during the course of the research remains confidential, is not disclosed, and is stored in a secure location at all times
 - d) The project will meet the respective guidelines set out by the researcher's professional affiliation (e.g., Ontario Board of Examiners in Psychology) and must undergo a rigorous, objective ethical review (e.g., university ethics review committee).
13. If there will be support for the research proposal and the requirements have been met, a Staff person will be identified to be the primary contact and to facilitate the research within Mnaasged.
14. Mnaasged will issue a letter to the researcher under the authority of the Executive Director indicating Mnaasged's support for the research, identification of the primary contact person, and any other expectations that have been agreed to in the process for discussion and review.
15. The Executive Director will inform the Board of Directors of any research projects being conducted through Mnaasged.
16. Any research activities implemented will adhere to Mnaasged's principles of the following:
 - a) Client confidentiality
 - b) Best Practice
 - c) Informed Consent
 - d) Mnaasged Vision
 - e) Mission
 - f) Relationship Statement
 - g) Mandate

- h) Code of Ethics
 - i) Privacy
 - j) First Nations OCAP principles (Ownership, Control, Access, and Possession) are observed
17. All research will ensure Client confidentiality and informed consent and will provide appropriate feedback to the participants. As such, Clients who agree to be involved in research projects will sign a project-specific consent to participate. At no time will a Client be denied access to services if they choose not to participate in a research project.
18. Researchers will be required to provide participants with information regarding the purpose of the project, who is funding it, the names of the researchers, and the intended use of the information.
19. No research project will jeopardize the physical or emotional well-being of the participants.
20. Only information that is necessary for the completion of the research project will be accessed by the researchers.
21. A written report will be completed outlining the research methodology, findings, and implications. The report will include a short summary of the research, which can be used by Mnaasged to share information with Clients and community partners, as determined.
22. The Senior Management Team and the Board of Directors will review and, as appropriate, will make amendments intended to improve service delivery based on the recommendations of the researchers.

POLICY REFERENCE

Legal Services Policy and Procedure Manual

Department: Quality Assurance	POLICY #:
Section: Research and Evaluation	
Subject: Program Evaluation	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference: Mnaasged Child and Family Services Internal	

PROGRAM EVALUATION

POLICY

Mnaasged Child and Family Services is committed to evaluating the processes and outcomes of its services to ensure consumer-responsive service delivery and to account for the expenditure of public funds.

Mnaasged Child and Family Services strives to ensure that Program Evaluation activities are conducted ethically and with integrity. Program evaluations can help with the following:

- a) Understand, verify, or increase the impact of services*
- b) Improve delivery mechanisms and efficiencies*
- c) Facilitate thoughts about the program, what it is all about, its goals, how it meets its goals, and how to determine it has met its goals*
- d) Produce data or verify results used for public relations and promoting services in the community*
- e) Fully examine and describe effective programs*

In addition to Clients and Service Partners, important stakeholders to consult with during program evaluation include Mnaasged Child and Family Services' Staff, Board of Directors, and Volunteers.

PROCEDURE

1. As funding permits, program evaluations will take place every three (3) years.

2. All evaluations conducted by Mnaasged will be guided by a plan. The Evaluation Plan is guided by the questions Mnaasged is seeking to address. When designing the program evaluation, the following questions are taken into consideration:
 - a) What are the theories and indicators of change for the program being evaluated? How can they form the basis of the evaluation? (e.g., logic model and outcome map)
 - b) What are the uses of the evaluation? Who will be the main users of the evaluation?
 - c) Who are the additional audiences for the information gathered from the evaluation?
 - d) Who will participate in the Evaluation Steering Committee? What will be the Terms of Reference?
 - e) What kind of information is needed to address the purpose of the evaluation?
 - f) How will Mnaasged ensure “lessons learned” are solicited in the data collection process?
 - g) How will Mnaasged’s stakeholders be involved in the evaluation?
 - h) What sources should the information be collected from? By whom?
 - i) How will data be collected effectively and efficiently (e.g., surveys, document reviews, individual, and group interviews)?
 - j) How will the analysis of the collected data be conducted?
 - k) How will the recommendations be developed?
 - l) How will the findings be analyzed, documented, and shared with stakeholders?
 - m) What are the timelines for completing the evaluation?
 - n) What Mnaasged resources are required to complete the evaluation (e.g., funds, staff, and time)?
 - o) What will be the process for drafting and finalizing the evaluation report?
 - p) What level of Mnaasged has responsibility for final approval of the report and its dissemination?
3. Mnaasged will ensure that prior written consent of Clients or families is obtained for all situations in which identifying information is to be published. In all situations where the evaluator proposes to contact Clients, for the purpose of gathering data, prior consent is also required. (See Client Participation in External Drive Research and Evaluation.)

4. The report arising from any Mnaasged survey will include the following:
 - a) Overview of the survey purpose, sample, and process
 - b) Information regarding the respondents
 - c) Themes drawn from the subjective comments
 - d) Frequency of responses to each of the survey questions
 - e) Analysis of data from the survey questions
 - f) Identification of areas for improvement
 - g) Comments, observations, and responses from the service area being evaluated and from the Evaluation Steering Committee
 - h) Recommendations for program improvement, including sign-off from the relevant Program Supervisor or Manager, the Director of Services, and the Executive Director. Where possible, the analysis of findings and the formulation of recommendations will be done in an inclusive, collaborative manner to help ensure “buy-in” and optimal implementation of recommended actions.
5. All program evaluation activities are summarized in a report outlining the findings, conclusions, and any limitations of the evaluation related to methodology, use of data, or other findings.
6. Evaluation results will be disseminated to relevant Staff and involved community partners, as appropriate.

POLICY REFERENCE

SECTION 5: CLIENT VOICE

Department: Quality Assurance	POLICY #:
Section: Client Voice	
Subject: Client Satisfaction Feedback	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference:	

CLIENT SATISFACTION FEEDBACK

POLICY

Mnaasged Child and Family Services is committed to acquiring feedback from users or Clients of its services. Confidentiality of the provided feedback is discussed with the Clientele.

PROCEDURE

1. The questions for Clientele will include, but are not limited to, the following:
 - a) Which service did the Client access?
 - b) What was the level of satisfaction with the services received?
 - c) What was most helpful about the services received?
 - d) What was not helpful or useful about the services received?
 - e) How could services be improved?
 - f) What are the concerns, generally, about the physical appearance and the service environment?
 - g) Are there any other services that could have been helpful to the Client?
 - h) Are there other comments?
 - i) Would the Client recommend Mnaasged to others (if applicable)?

2. During service or at its conclusion, the Quality Assurance Manager will request the individual or family to complete the Mnaasged's Client Satisfaction Survey Questionnaire.
3. All questionnaires or surveys are written in a manner that is appropriate for the client's age, language, and comprehension levels.
4. The completed surveys are forwarded to the Quality Assurance Manager to collect and compile the results on an annual basis for the programs.
5. The results are forwarded back to the Quality Assurance Manager who compiles a summary report for the Director of Services. The Director of Services presents the report to the Senior Management Team and the Board of Directors. Action plans are developed with Mnaasged Staff to implement learning or suggestions for continued improvement to service delivery.

POLICY REFERENCE

Department: Quality Assurance	POLICY #:
Section: Client Voice	
Subject: Client Participation in Mnaasged-Driven Research and Evaluation	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference: Mnaasged Child and Family Services Internal	

CLIENT PARTICIPATION IN MNAASGED-DRIVEN RESEARCH AND EVALUATION

POLICY

Clients of Mnaasged Child and Family Services may be asked to participate voluntarily in various research and evaluation activities conducted by Mnaasged Child and Family Services, such as surveys, focus groups, and individual interviews.

Part of the Clients' role may include participation in the design of research and evaluation projects, for which Clients will have an opportunity to learn about the results of the research and evaluation activities. The outcomes from the research will be reported in a cumulative form to protect the anonymity of the participants.

PROCEDURE

1. Client participation in research and evaluation activities is purely voluntary and, in some cases, Mnaasged may use moderate financial incentives as a recruitment strategy. Where deemed appropriate, Mnaasged will consider reimbursement for a participant's out-of-pocket expenses.
2. Mnaasged will obtain informed consent from all Clients participating in internal research and evaluation activities. Clients will be required to sign Informed Consent Forms that include the following:
 - a) A clear and explicit description of the nature, purpose, and scope of the research or evaluation, including the tasks involved, the time required for participation, the location(s) where the tasks will take place, timelines for completion, any incentives or reimbursements, possible risks or discomfort (if any), and what will be done with the findings

- b) A statement indicating the quality and quantity of current or future services will not be affected by the Client's decision whether to participate, in whole or in part of the research study, and consent may be withdrawn by the Client at any time
 - c) A statement explaining all information gathered from Clients will be kept strictly confidential, and no Client will be identified at any point during or after their involvement in research or evaluation activities, except as required by law
 - d) A statement that says the Client voluntarily agrees to participate, the names and roles of the individuals conducting the research or evaluation, and the contact information of the principal investigator. In situations where the Client is younger than the age of 12, informed consent will be obtained from the Parent(s) or Legal Guardian(s), and verbal approval will be obtained from the minor.
- 3. Mnaasged recognizes research and consent is an ongoing process, and there is an ongoing duty to provide Clients with information relevant to their consent.
 - 4. Informed consent is not required in the case of Mnaasged's Client Satisfaction Survey as per the Tri-Council's Policy Statement, article 3.7 Alteration of Consent in Minimal Risk Research. A letter of information detailing the purpose of the survey and its confidential and voluntary nature is sent along with the survey. Client consent is demonstrated through the return of a completed survey to Mnaasged.
 - 5. Within reasonable efforts, Mnaasged will provide research and evaluation materials in the language of the Client's choice.
 - 6. Mnaasged will safeguard the identity and privacy of its Clients in all phases of research and evaluation activities. If research information may be required to be used publicly, Mnaasged will protect the participant's anonymity and will ensure that confidentiality is maintained.

POLICY REFERENCE

Department: Quality Assurance	POLICY #:
Section: Client Voice	
Subject: Client Participation in External-Driven Research and Evaluation	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference: Mnaasged Child and Family Services Internal	

CLIENT PARTICIPATION IN EXTERNAL-DRIVEN RESEARCH AND EVALUATION

POLICY

Clients of Mnaasged Child and Family Services may be asked to participate in external research and evaluation activities, such as universities or Province of Ontario (Ministry or government). Mnaasged Child and Family Services will consider authorization for external researchers to recruit its Clients providing all research ethics are met.

Client participation is completely voluntary. The quality and quantity of present or future service will not be affected by the Client's choice whether to participate, in whole or in part, and consent may be withdrawn by the Client at any time.

PROCEDURE

1. Mnaasged will grant permission for external researchers to recruit Clients provided the following is considered (see Guiding Principles):
 - a) Full ethics approval has been granted for the research from the university or research institute being considered
 - b) Upon review of the research proposal, Mnaasged has determined that the research meets Mnaasged's ethical standards and poses no risk to its Clients
 - c) Mnaasged has the capacity to support the research at the time the request is made
 - d) The external researchers agree to provide Mnaasged with a summary of their research findings (e.g., a presentation to Staff) so that Mnaasged may benefit from the research projects
2. If (b) has not been met, Mnaasged may ask for revisions to the proposed research so that it can meet Mnaasged's ethical guidelines.

3. Mnaasged's role in the recruitment of Clients for participation in external research will be limited to the following:
 - a) The display of posters, brochures, and other advertising materials
 - b) The distribution of disclosed materials by Staff members to individual Clients, as appropriate
4. Mnaasged Staff will not be permitted to engage in the active recruitment of their Clients for external research purposes and will not be authorized to provide office space or other administrative support for external research activities.
5. Clients of Mnaasged may be asked to participate in research and evaluation activities that have been mandated by the Province of Ontario (Ministry). Mnaasged is required to support the Province of Ontario (Ministry) mandated research and evaluation responsibilities.
6. Mnaasged will safeguard the identity and privacy of its Clients in all phases of external research and evaluation activities. If research information may be required to be used publicly, Mnaasged will protect the participant's anonymity and will ensure that confidentiality is maintained.

POLICY REFERENCE

SECTION 6: PARTNER FEEDBACK

Department: Quality Assurance	POLICY #:
Section: Partner Feedback	
Subject: Partner Participation in Mnaasged-Driven Evaluation	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference: Mnaasged Child and Family Services Internal	

PARTNER PARTICIPATION IN MNAASGED-DRIVEN EVALUATION

POLICY

Mnaasged Child and Family Services is committed to acquiring feedback from service partners and referral sources.

PROCEDURE

1. Service Partner and Sources of Referral Surveys will be conducted every two (2) years.
2. Feedback will be obtained from the various Community Service Providers and Agencies that Mnaasged regularly works in collaboration with or from referrals that are received, but are not limited to, First Nations, Police, Education, and Health.
3. The Quality Assurance Manager will be responsible for coordinating the survey with input from the Senior Management Team to ensure that the obtained feedback represents all services of Mnaasged.
4. Upon completion of the surveys, the results will be sent back to the Senior Management Team, Staff, and the Board of Directors. Action plans will be developed from the surveys and will be implemented for learning or suggestions for continued improvement to service delivery.

POLICY REFERENCE

Department: Quality Assurance	POLICY #:
Section: Partner Feedback	
Subject: Service Complaints by Stakeholder Service Partners	
Date Approved:	Date Revised:
Board Resolution #:	
Source Reference: Mnaasged Child and Family Services Internal	

SERVICE COMPLAINTS BY STAKEHOLDER SERVICE PARTNERS

POLICY

Mnaasged Child and Family Services establishes positive working relationships with other Community Service Agencies to effectively meet the needs of shared Clients.

Mnaasged is committed to ensuring that these mutually beneficial partnerships are supported through clear, open communication on all service delivery issues. If there are concerns related to the provision of services, feedback from the stakeholder agencies is valued.

PROCEDURE

1. A stakeholder service provider does not have access to Mnaasged's formal complaint processes that were established in accordance with the *Child, Youth and Family Services Act* because they are not receiving or seeking services.
2. This complaint procedure is not intended to review the legitimate use of authority by Mnaasged or to review any issue decided by or is before the Court.
3. Service complaints from other Community Service Providers must first be addressed by the Supervisor or the Senior Management responsible for the Client or the front-line Helper who is the subject of the complaint.
4. If a front-line Helper is advised of a complaint directly, the Helper must notify the Supervisor as soon as possible for immediate follow-up on the service delivery issue.
5. The Supervisor receiving the complaint must contact the service provider within three (3) working days of receiving the complaint to acknowledge its receipt.

6. The Supervisor and the service provider initiating the complaint will determine the method for the resolution of the identified issues. This may be accomplished by a telephone conference or may require a face-to-face meeting.
7. Where appropriate, the Supervisor will advise the service provider, if they are advocating on behalf of a Client, to assist the Client in accessing Mnaasged's informal or formal Client Complaint Process.
8. After receipt of the complaint, the Supervisor will advise the respective Senior Manager of all community service provider complaints and the steps being taken to resolve the issues as quickly as possible.
9. When the Supervisor and the service provider had the opportunity to fully discuss the areas of concern, the Supervisor will document the outcome of the meeting or telephone conference.
10. The Supervisor will send a letter to the service provider within seven (7) days of the meeting or telephone conference. The letter will outline the steps Mnaasged has taken, or will take, to resolve the issues.
11. If there is no resolution to the identified concerns at this level, the service provider will be advised to have the concerns addressed with the responsible Senior Manager as soon as possible.
12. The Senior Manager will ensure that there is a follow-up meeting or telephone conference with the service provider initiating the complaint to report that all necessary steps will be taken to address the concerns.
13. The Senior Manager will send a letter to the service provider within seven (7) days after their meeting or telephone conference. This correspondence will identify the issues discussed and the steps taken to resolve the issues.
14. Documentation regarding service provider complaints relating to a specific Client will be maintained in the appropriate service file and filed in the Complaints Section.
15. The Executive Director and the Director of Services will track all Community Service Provider complaints to identify themes or patterns related to systemic issues or that may require community training and education. The service complaint findings will be summarized in an Annual Report and will be provided to the Board of Directors.

POLICY REFERENCE
