| Recommendation and Status at Time of Audit (Indicate whether new or outstanding) | Page | Current Status (implemented, partially implemented, not implemented) | | Actions Taken to Implement Since PA Report | | Planned Actions for Implementation | Timeline for Implementation |
|---|------|--|------|--|---|--|--------------------------------|
| Chapter 7, Delivering the Saskatche | | | S) F | | | | |
| New: We recommend that Social Services provide potential clients with better access to apply for benefits from the Saskatchewan Income Support Program. | 110 | Implemented | • | Since the audit, the ministry has provided potential clients with better access to apply for benefits by: analyzing unanswered call data; introducing a new way to apply for assistance through mobile outreach at community-based organizations; improving the ways to apply for benefits over the phone, online, and in the local service centres; and adding 30 front-line positions to support clients and improve access to services. | • | The ministry considers this recommendation Implemented. | Implemented |
| New: We recommend that Social Services establish a reasonable timeframe for completing initial planning meetings with those clients requiring case management supports in the Saskatchewan Income Support Program | 116 | Partially Implemented | • | The ministry is implementing a work plan and reporting tools to ensure staff complete initial planning meetings with clients within a reasonable timeframe, have follow up meetings with clients, track the progress clients make towards achieving goals identified in their case plans, and follow-up on referrals. The ministry has provided additional spotlight training for staff that focused on setting up individualized plans, emphasizing the importance of meeting with clients, and confidently using Motivational Interviewing. | • | The ministry will gather statistics to determine an achievable service standard timeframe for the initial planning meeting to occur. | December 31, 2025 |

January 22, 2025

| Recommendation | Page | Current Status | Actions Taken to Implement Since PA Report | Planned Actions for Implementation | Timeline for |
|---------------------------------------|------|------------------|--|------------------------------------|----------------|
| and Status at Time of Audit | | (implemented, | | | Implementation |
| (Indicate whether new or outstanding) | | partially | | | |
| | | implemented, not | | | |
| | | implemented) | | | |

CONTINUED: Chapter 7, Delivering the Saskatchewan Income Support (SIS) Program, Report Volume 1, 2023

| New: We recommend that Social Services staff regularly meet with Saskatchewan Income Support Program clients to follow up on their individualized case plan goals. | 117 | Partially Implemented | • | The ministry is implementing a work plan and reporting tools to ensure staff meet with clients to complete initial planning meeting within a reasonable time frame, meet regularly with clients, track progress clients are making towards achieving goals identified in their case plans, and follow-up on referrals clients have received to other services, such as employment services. | • | The ministry is in the process of developing a best practice service standard timeframe for follow-up to occur. Once the baseline is determined, reports will be created and shared with managers and supervisors to support staff and ensure appropriate referrals and follow-up occur. | December 31, 2025 |
|---|-----|--------------------------|---|---|---|--|-------------------|
| | | | • | The ministry has provided additional spotlight training to staff focused on using available tools in the ministry IT solution to set up individualized plan goals and referrals, as well as ensuring follow-up occurs with clients. | | | |
| | | | • | System and process enhancements are regularly reinforced at weekly change network meetings with managers and supervisors to ensure that all the tools available are used to track client referrals and client progress on case planning goals. | | | |

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| Recommendation | Page | Current Status | Actions Taken to Implement Since PA Report | Planned Actions for Implementation | Timeline for |
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| and Status at Time of Audit | | (implemented, | | | Implementation |
| (Indicate whether new or outstanding) | | partially | | | |
| | | implemented, not | | | |
| | | implemented) | | | |

CONTINUED: Chapter 7, Delivering the Saskatchewan Income Support (SIS) Program, Report Volume 1, 2023

| New: | 118 | Partially | • | Since the audit, the ministry has: | • | Managers and supervisors will receive | December 31, 2025 |
|---|-----|-------------|--|--|---|--|-------------------|
| We recommend that Social Services refer Saskatchewan Income Support Program clients to proper supports | | Implemented | | Developed and implemented advanced reporting capabilities to track Income Assistance workers' interactions with clients, | | communication and training on using advanced reporting to review and coach staff on referrals and client support. | |
| (e.g., employment services, addictions counselling) when appropriate, and regularly follow up on referrals with clients. | | | | including referrals. Strengthened and created dashboards allowing staff to track the date and type of referral, follow-up date, and status of all referrals recorded. | • | The ministry will develop a best practice service standard for appropriate referrals and regular follow up once a baseline has been established and determine if this should be the same regardless of service area. | |
| | | | • Trained staff on standardized data entry practices to ensure accurate reporting of these interactions. These reports help staff to monitor and follow up on referrals. | • | Once baseline is determined, reports will be created and shared as a monthly 'snapshot' for each region to support staff and ensure appropriate referrals and follow-up occur. | | |
| | | | • | IT enhancements are regularly reinforced at weekly change network meetings with managers and supervisors to ensure that all the tools available are used to track client referrals and monitor client progress on case planning goals. | | | |

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| Recommendation | Page | Current Status | Actions Taken to Implement Since PA Report | Planned Actions for Implementation | Timeline for |
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| and Status at Time of Audit | | (implemented, | | | Implementation |
| (Indicate whether new or outstanding) | | partially | | | |
| | | implemented, not | | | |
| | | implemented) | | | |

CONTINUED: Chapter 7, Delivering the Saskatchewan Income Support (SIS) Program, Report Volume 1, 2023

| New: We recommend that Social Services implement further performance measures in assessing the effectiveness of the Saskatchewan Income Support Program. | 121 | Implemented | • | The ministry has been continuously working on developing and enhancing SIS performance measures since program implementation. Performance management reporting is in place where senior management and the public are informed about performance measures and targets related to the SIS Program. Starting in 2024-25, the ministry began reporting on two SIS performance measures recommended by the auditor: client recidivism and Service Level 1 (SL1) and Service Level 2 (SL2) client tenure. | • | The ministry considers this recommendation implemented; no further action is required. | Implemented |
|---|-----|-------------|---|---|---|--|-------------|
| New: We recommend that Social Services periodically analyze the causes of evictions and unpaid utilities for Saskatchewan Income Support Program clients and develop strategies to address them. | 123 | Implemented | • | Since the audit, the ministry has: analyzed SaskPower and SaskEnergy arrears data and found different information from what the auditor reported: there were 2,256 active SIS clients with arrears totaling approximately \$2M. conducted qualitative analysis by reviewing a sample of SIS cases where clients faced eviction. developed a new measure to start tracking the percentage of SIS clients who move (change addresses) two or more times a year. | • | The ministry considers this recommendation implemented; no further action is required. | Implemented |

| Recommendation | Page Current Status | Actions Taken to Implement Since PA Report | Planned Actions for Implementation | Timeline for |
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| and Status at Time of Audit | (implemented, | | | Implementation |
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| | implemented, not | | | |
| | implemented) | | | |

| Chapter 29, Investigating Allegation | ns of C | hild Abuse and Ne | gle | ct, Volume 2, 2023 | |
|--|---------|-------------------|-----|--|-------------|
| Outstanding: We recommend that Social Services attempt to make face-to-face contact with the child and family involved in a | 247 | Implemented | • | 37 new front-line positions were added (2021-22 to 2023-24), five of which were used to form a Travelling Casework Team. This is expected to positively impact all services provided The ministry considers this recommendation implemented; no further action is required. | Implemented |
| reported child abuse and neglect allegation within required timeframes to assess the child's safety. (2018 Report – Vol 2, p. 201, Recommendation 3; Public Accounts Committee agreement September 26, 2019) Status – Partially Implemented | | | • | Community of Practice (COP) meetings are held for both management and front-line staff to promote best practices, improved knowledge of policy, confidence in the application of tools, problem solving, discussion of trends, and to provide feedback on changes. Monthly, all staff meet to complete clinical supervision, review case information, identify next steps, prioritize workloads, and review the requirements for documenting all face-to-face contacts. This documentation includes unsuccessful face-to- face attempts where exceptions may be made and should include a strategic plan and a time frame for review. | |
| | | | • | As part of the Program File Review (PFR) the Quality Assurance Unit (QAU) measures compliance regarding the timeliness of allegation responses within the response priority time standard. | |

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| Recommendation | Page | Current Status | Actions Taken to Implement Since PA Report | Planned Actions for Implementation | Timeline for |
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| and Status at Time of Audit (Indicate whether new or outstanding) | | (implemented, partially | | | Implementation |
| | | implemented, not implemented) | | | |

CONTINUED: Chapter 29, Investigating Allegations of Child Abuse and Neglect, Volume 2, 2023

| Outstanding: | 249 | Partially | • | 37 new front-line positions were added (2021-22 | • | Staff will be reminded to document | December 31, 2025 | | | | | | | | | | | |
|--|-----|-------------|---|--|---|------------------------------------|-------------------|--|--|--|--|--|--|--|--|---|--|--|
| We recommend that Social Services complete family risk assessments for child abuse and neglect | | Implemented | | to 2023-24), five of which were used to form a Travelling Casework Team. This is expected to positively impact all services provided. | Management will be apprised of and provide direction regarding action plans for investigations open beyond policy timeframes. The QAU continues to measure compliance regarding the timely completion of Risk Assessments, and where required requests action plans. | • | | | | | | | | | | | | |
| investigations within required timeframes. (2018 Report – Vol 2, p. 202, Recommendation 4; Public Accounts Committee agreement September 26, 2019) Status – Partially Implemented | | | • | Audit results were shared with staff and an action plan was developed (planned days to complete assessments and occasional overtime; review assessment policy with staff; staff reallocation; scheduled clinical supervision; and utilization of Linkin task reminders for due date alerts and tasks requiring attention). | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | tools, including Where staff are timeframes, pla | Open investigations and supporting assessment tools, including risk assessments, are monitored. Where staff are unable to meet policy timeframes, plans are required to support completion of investigations. | | |

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| Recommendation | Page | Current Status | Actions Taken to Implement Since PA Report | Planned Actions for Implementation | Timeline for |
|--|------|----------------------------------|--|------------------------------------|----------------|
| and Status at Time of Audit (Indicate whether new or outstanding) | | (implemented, partially | | | Implementation |
| | | implemented, not implemented) | | | |

CONTINUED: Chapter 29, Investigating Allegations of Child Abuse and Neglect, Volume 2, 2023

| Outstanding: | 250 Parti | Monthly reports including all active | • Staff are to document reasons/cause for delays, June 30, 2025 |
|---|-----------|--------------------------------------|--|
| We recommend that Social Services Finalize investigations of reported Suspected child abuse and neglect within required timeframes to allow timely supervisor review. (2018 Report – Vol 2, p. 203, Recommendation 5; Public Accounts Committee agreement September 26, 2019) Status – Partially Implemented | Implem | , , , , | serving to identify what steps should be taken to avoid or minimize delays in the future. Active investigation reports, including cases where progress is not being made in a timely manner, will be provided to management. Management will provide direction regarding action plan development. COP meetings to continue. The QAU continues to measure compliance regarding the timely completion of investigations, and shares the results with management |

| Recommendation | Page | Current Status | Actions Taken to Implement Since PA Report | Planned Actions for Implementation | Timeline for |
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| | | implemented, not implemented) | | | |

| Chapter 21, Monitoring Foster Fam | nilies, V | /olume 1, 2024 | | | | | |
|---|-----------|----------------|---|--|---|--|-------------|
| Outstanding: We recommend that Social Services complete all required background checks prior to approving foster families. (2020 Report – Vol 1, p. 60, Recommendation 1; Public Accounts Committee agreement March 2, 2022) Status - Partially Implemented | 223 | Implemented | • | 36 new foster home files were reviewed and verified complete in accordance with policy standards. Five files were deemed to be missing documentation of the Vulnerable Sector Check (VSC); however, ministry staff contacted each participant, reviewed their VSC, and completed the documentation in accordance with policy. Staff were directed to remove outdated Criminal Record Check (CRC) forms, replacing with the correct/current forms that identifies the necessity for both CRC and VSC. | • | The ministry considers this recommendation implemented; no further action is required. | Implemented |
| | | | • | A process for documenting background checks was established and implemented in 2022; directions have been provided to utilize the background check section in the LINKIN case management system to document information obtained during the background check. | | | |
| | | | • | Amendments to the Administrative Services Manual, Provider File Section, were completed, ensuring the CRC/Note to File is identified as a required document to be placed on file and brought forward when a file is split. | | | |
| | | | • | The QAU will continue to measure initial approval standards as part of their PFR. | | | |

| Recommendation and Status at Time of Audit (Indicate whether new or outstanding) | Page | Current Status (implemented, partially implemented, not implemented) | Actions Taken to Implement Since PA Report Planned Actions for Implementation | Timeline for Implementation |
|---|-----------------|--|---|--------------------------------|
| CONTINUED: Chapter 21, Monitoring Foster Outstanding: We recommend that Social Services require periodic criminal record checks on all adults residing in | Families 224 | r, Volume 1, 2024 Partially Implemented | In June 2022, the ministry implemented policy requiring updated CRCs and VSCs be completed every three years for all adults residing in approved foster homes. Amendments will be made in 2025 to the Family Development Plan form to identify the date of the last completed CRC and VSC. Management will ensure all staff are using the | June 30, 2025 |
| approved foster homes. (2020 Report – Vol 1, p. 164, Recommendation 4; Public Accounts Committee agreement March 2, 2022) Status – Partially Implemented | | | During onboarding, new foster parents are advised of the policy requirement for a periodic CRC and VSC. Foster parents are notified when CRC and VSC's are due, and if a person residing in the home is turning 18 years. The policy is discussed with foster families during the sixmonth and annual review home visits. CRC and VSC's and work closely with foster parents to identify barriers in obtaining them. | |
| | | | Staff audited their foster home files to identify outstanding periodic CRCs or VSCs and created a plan to obtain the required document(s). Rationale for delays beyond ministry's control were documented (i.e. police service backlog). | |
| | | | Staff meet monthly to complete supervision, review case information and tasks, prioritize workload, and identify next steps. In 2024, the QAU changed their measurement for the ministry's PFR's to reflect the new standard. | |

| Recommendation and Status at Time of Audit (Indicate whether new or outstanding) | Page | Current Status (implemented, partially implemented, not implemented) | Actions Taken to Implement Since PA Report | Planned Actions for Implementation | Timeline for Implementation |
|---|-----------------|--|---|---|--------------------------------|
| CONTINUED: Chapter 21, Monitoring Foster Outstanding: We recommend that Social Services consistently follow its standard to complete annual review reports of individual foster families. (2020 Report – Vol 1, p. 165, Recommendation 5; Public Accounts Committee agreement March 2, 2022) Status – Partially Implemented | Families 224 | s, Volume 1, 2024 Partially Implemented | LINKIN was updated in 2022 to incorporate home assessments which included the addition of an automatic task reminder to complete annual reviews. This task is generated three months prior to the annual review due date and if this report is not started a task is generated to notify the supervisor. Staff also use a database to track and flag due dates. Annual review requirements are monitored through supervision and when required, plans are created to support staff in completing outstanding reviews. Staff review timelines and assessment due dates with foster parents at the six-month home visits. The QAU has shared the results of their PFR's | Oversight will continue to be provided through staff supervision, and with the use of LINKIN task reminders assisting in identifying work yet to be completed/due. A process will be developed to increase oversight and tracking of annual reviews (i.e., enhanced staff supervision and compliance reporting to management) and continued tracking of due dates and completion. COP meetings will continue for management and front-line staff. Learning opportunities are/will be provided to staff around organizing workloads and effective strategies to maintain timelines. | June 30, 2025 |
| | | | assessment due dates with foster parents at the six-month home visits. | staff around organizing workloads and effective | |

| Recommendation | Page | Current Status | Actions Taken to Implement Since PA Report | Planned Actions for Implementation | Timeline for |
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| and Status at Time of Audit (Indicate whether new or outstanding) | | (implemented, partially implemented, not implemented) | | | Implementation |

| Chapter 9, Integrated Social Service | es, Vol | ume 2, 2023 | | | | | |
|---|---------|-------------|---|--|---|--|-------------|
| Outstanding: We recommend that Social Services reinforce with staff the requirements for paying shelter benefits under the Saskatchewan Income Support Program. (2022 Report – Vol 2, p. 44, Recommendation 1; Public Accounts Committee agreement February 27, 2023) | 57 | Implemented | • | Recognized by the Provincial Auditor as Implemented in their 2024 Report – Volume 2, Chapter 9 | • | The Provincial Auditor and the ministry consider this recommendation implemented; no further action is required. | Implemented |
| Status: Partially Implemented Outstanding: We recommend that Social Services verify client income information for its Saskatchewan Income Support Program. (2020 Report – volume 2, p. 94, Recommendation 1: Public Accounts Committee agreement March 2, 2022) | 59 | Implemented | • | Recognized by the Provincial Auditor as Implemented in their 2024 Report – Volume 2, Chapter 9 | • | The Provincial Auditor and the ministry consider this recommendation implemented; no further action is required. | Implemented |
| Status – Not Implemented | | | | | | | |

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| Recommendation | Page | Current Status | Actions Taken to Implement Since PA Report | Planned Actions for Implementation | Timeline for |
|---------------------------------------|------|------------------|--|------------------------------------|----------------|
| and Status at Time of Audit | | (implemented, | | | Implementation |
| (Indicate whether new or outstanding) | | partially | | | |
| | | implemented, not | | | |
| | | implemented) | | | |

CONTINUED: Chapter 9, Integrated Social Services, Volume 2, 2023

| Outstanding: | 59 | Implemented | • | Since the audit, the ministry: | The ministry considers this recommendation | Implemented |
|---|----|-------------|---|--|--|-------------|
| We recommend that Social Services record and recover overpayments related to its Saskatchewan Income Support program in a timely manner. (2020 Report – Volume 2, p. 95, Recommendation 2; Public Accounts | | | | Completed a targeted review of SIS cases with an overpayment to ensure overpayment recovery had been established. This work continues to be done and cases that do not have recovery in place are corrected. | Implemented. | |
| Committee agreement March 2, 2022) | | | | Developed and implemented training for staff on entering and recovering overpayments in the system. | | |
| Status – Partially Implemented | | | | Implemented additional system functionality that enables overpayments to be transferred and recovered across cases. | | |