



Nisga'a Child and Family Services (NCFS)

# CASE PRACTICE AUDIT REPORT

Report Completed: September 2020

Office of the Provincial Director of Child Welfare and Aboriginal Services  
Quality Assurance Branch  
Field Work Completed October 4<sup>th</sup>, 2019

## TABLE OF CONTENTS

	PAGE
1. PURPOSE .....	3
2. METHODOLOGY .....	3
3. AGENCY OVERVIEW.....	5
a) Delegation.....	5
b) Demographics .....	5
c) Professional Staff Complement .....	6
d) Supervision, Consultation and Team Meetings.....	6
4. STRENGTHS OF THE AGENCY .....	7
5. CHALLENGES OF THE AGENCY.....	7
6. FINDINGS AND ANALYSIS .....	7
a) Child Service.....	8
b) Resources.....	16
c) Family Service .....	19
c.1 Report and Screening Assessment .....	20
c.2 Response Priority, Detailed Records Review and Safety Assessment.....	21
c.3 Steps of the FDR Assessment or Investigation .....	23
c.4 Assessing the Risk of Future Harm/Determining the Need for Protection Services..	25
c.5 Strength and Needs Assessment and Family Plan.....	26
c.6 Reassessment .....	28
c.7 Decision to End Protection Services.....	29
7. ACTIONS COMPLETED TO DATE .....	30
8. ACTION PLAN.....	30

## 1. PURPOSE

The purpose of the audit is to improve and support child, family and resource services. Through a review of sampled records, the audit is expected to provide a measure of the level of practice during the audit time periods (see below for dates), confirm good practice, and identify areas where practice requires strengthening. This is the fifth audit for Nisga'a Child and Family Services (NCFS). The last audit of the agency was completed in June 2016 and included child (guardianship) and resource services.

The specific purposes of the audit are to:

- further the development of practice
- assess and evaluate practice in relation to existing legislation, the Aboriginal Operational and Practice Standards and Indicators (AOPSI) and the Child Protection Response Policies
- determine the current level of practice across a sample of cases
- assist in identifying training needs
- provide information for use in updating and/or amending practice standards or policy.

## 2. METHODOLOGY

There were three quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare, Quality Assurance who conducted the practice audit; two analysts completed the on-site data collection. The on-site data collection commenced on September 23, 2019 and was completed on October 4, 2019. Interviews with the delegated staff were conducted by phone after the on-site data collection was completed. The MCFD SharePoint site was used to collect the data for the child service, resource and family service records. SharePoint compliance reports for each record were generated and shared with the agency when data collection was completed.

The population and sample sizes for the eight record types used in the audit were extracted from the Integrated Case Management (ICM) database. The sample sizes provide a confidence level of 90% with a +/- 10% margin of error. However, some of the standards used for the audit are only applicable to a reduced number of the records that were selected and so the results obtained for these standards have a decreased confidence level and an increased margin of error. For the closed child service and memo records, the small population sizes provide a confidence level of 100% and a 0% margin of error because all records in the populations were audited. Lastly, the audit of closed family service cases was not conducted because there were no records of this type during the audit time period. The following are the sample sizes for the eight record types:

<b>Record Types</b>	<b>Population Sizes</b>	<b>Sample Sizes</b>
Open Child Service Cases	34	23
Closed Child Service Cases	8	6*
Open and Closed Resource Cases	21	17
Service Requests	14	12
Memos	6	6
Incidents	52	30
Open Family Service Cases	20	16
Closed Family Service Cases	0	0

\*Two records were not available for audit.

The scope of the practice audit was:

1. Open child service: CS records open in ICM on July 31, 2019 and managed by the agency for at least six months (continuously) with the following legal categories: VCA, SNA, removal, interim order, TCO and CCO.
2. Closed child service: CS records closed in ICM between February 1, 2017 and July 31, 2019 and managed by the agency for at least six months (continuously) with the following legal categories: VCA, SNA, removal, interim order, TCO and CCO.
3. Open and closed resource: RE records relating to foster homes that had children or youth in their care for at least three months (continuously) between February 1, 2017 and January 31, 2019. Children or youth in care had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level 1 Care, Level 2 Care, Level 3 Care, and First Nations Foster Home.
4. Closed incidents: incidents closed in ICM between August 1, 2018 and July 31, 2019, where the type was family development response or investigation.
5. Closed service requests: SR records closed in ICM between August 1, 2018 and July 31, 2019, where the type was request service (CFS), request service (CAPP), request family support or youth services.
6. Closed memos: memos closed in ICM between August 1, 2018 and July 31, 2019, where the type was screening and with the resolution of "No Further Action".
7. Open family service: FS records open in ICM on July 31, 2019 and managed by the agency for at least six months (continuously) with a service basis listed as protection.
8. Closed family service: FS records closed in ICM between February 1, 2018 and July 31, 2019 and managed by the agency for at least six months (continuously) with a service basis listed as protection.

### 3. AGENCY OVERVIEW

#### a) Delegation

NCFS operates under a C6 delegation bilateral agreement that expires and will be up for renewal on October 31, 2020. NCFS signed their initial C4 delegation agreement in 1997 and, as of May 01, 2017, started to deliver C6 services on Nisga'a Lands in accordance with section 4.2 of the Nisga'a Nation Delegated Services Agreement. This level of delegation enables the agency to provide the following services to any Indigenous person/family on Nisga'a land:

- child protection
- temporary custody of children
- permanent guardianship of children
- permanency options and adoption planning
- support services to families
- Voluntary Care Agreements
- Special Needs Agreements
- Youth Agreements
- establishing residential resources.

In addition to the delegated programs, NCFS provides the following non-delegated programs and services to Indigenous children and families on Nisga'a lands:

- Family Group Conference Program
- Infant Development Program
- Aboriginal Supported Child Development Program
- Family Skills Program
- access to clinical therapy to NCFS clients.

Off Nisga'a Lands, NCFS provides Family Support and Guardianship services (C4) to Nisga'a child and families. In March 2020, NCFS will start doing the screening and provision of support services (C3) in Terrace, Kitimat, and Prince Rupert/Port Edward (the north west corridor).

#### b) Demographics

NCFS is located on and off Nisga'a territory and is comprised of three offices in the towns of Terrace, New Aiyansh and Prince Rupert. NCFS provides child and family services to four villages on Nisga'a territory; Gingolx (Kincolith), Laxgalts'ap (Greenville), Gitwinksihlkw (Canyon City) and Gitlakdamx (New Aiyansh), as well as Nisga'a members and their families in Terrace, New Aiyansh, and Prince Rupert/Port Edward. There are approximately 2061 registered on reserve band members in the four communities and 6109 registered Nisga'a people (source: *Aboriginal*

*Affairs and Northern Development Canada, First Nations Profiles, Registered Populations, September 2019).*

### **c) Professional Staff Complement**

The current NCFS staff includes:

- One director of practice (DOP)
- One family services program manager
- Two team leaders (supervisors)
- Four guardianship social workers
- Four child safety social workers
- Four family skills workers (one vacant)
- Two resource social workers
- One out of care social worker (vacant)
- One social worker assistant
- One family group conference coordinator
- One out of care/resource social worker (vacant)
- One infant development coordinator
- Three supported child development consultants (one vacant)
- One senior team assistant
- Four team assistants
- One family therapist (vacant)
- One Indigenous child and youth mental health worker (vacant)

All the social work staff have either C4 or C6 delegation and have completed the ASW delegation or MCFD delegation training. The director of practice, family service program manager, and supervisors have C6 delegation.

### **d) Supervision, Consultation and Team Meetings**

The director of practice reports to the Nisga'a Lisims Government (NLG). The manager and supervisors report to the director of practice. All social workers and non-delegated and administrative staff report to their respective supervisors.

With respect to the supervision model used for delegated social workers, supervisors provide case consultations, structured monthly supervision, and case tracking. When supervisors are out of their offices, social workers communicate and consult through emails, texts and phone calls. Scheduled monthly supervision was reported to be inconsistent across the teams and most staff interviewed stated a desire for more frequent scheduled supervision, without cancellations, and assistance with tracking case work.

Teams have bi-monthly meetings and three times per year they have all-staff meetings that include professional development and training. Specific cases are generally not discussed at team meetings. The frequency of these meetings was reported to be inconsistent.

#### **4. STRENGTHS OF THE AGENCY**

Through staff interviews, the practice analysts identified the following strengths at the agency and of the agency's guardianship, resource and family service practice:

- Many of the staff self-identify as Indigenous and many are Nisga'a citizens. Social workers are encouraged to practice in culturally knowledgeable and creative ways. Staff have established relationships with the Nisga'a community; they live, breathe and practice Nisga'a culture.
- Social workers described the administrative staff as helpful, supportive and enhancing agency functioning.
- Staff reported that they are cohesive and have a good spirit of cooperation and teamwork.
- Staff appreciate the collaborative approaches they are encouraged to use with children, youth and families.
- The agency has improved social workers' access to training.
- The agency has improved workload by filling vacancies.

#### **5. CHALLENGES OF THE AGENCY**

Through staff interviews, the practice analysts identified the following challenges at the agency and of the agency's guardianship, resource and family service practice:

- Social workers desire more frequent and consistent supervision and case tracking with supervisors.
- There are technology shortfalls (Wi-Fi connectivity, cell phones) in certain geographical areas.
- Staff desire for more formal ICM training.
- Staff are dissatisfied with the "wage discrepancy" between NCFS and MCFD.

#### **6. FINDINGS AND ANALYSIS**

The findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all the measures in the audit tools. The tables present findings for measures that correspond with specific components of the policies within the Aboriginal Operational and Practice Standards and Indicators (AOPSI) and the Child Safety and Family Support Policies, Chapter 3. Each table is followed by an analysis of the findings for each of the measures

presented in the table. Please note that some records received ratings of not achieved for more than one reason.

### a) Child Service

The overall compliance rate for the AOPSI Guardianship Practice Standards was **70%**. The audit reflects the work done by the staff in the guardianship and family service programs over a three-year period (see Methodology section for details). There was a combined total of 29 records in the open and closed samples for this audit. However, not all 23 measures in the audit tool were applicable to all 29 records. The notes below the table describe the records that were not applicable.

Standards	Applicable	Achieved	Not Achieved	Compliance Rate
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	29	29	0	100%
Standard 2 Development of a Comprehensive Plan of Care	5*	4	1	80%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	27*	17	10	63%
Standard 4 Supervisor Approval Required for Guardianship Services	29	17	12	59%
Standard 5 Rights of Children in Care	29	19	10	66%
Standard 6 Deciding Where to Place the Child	29	29	0	100%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	29	29	0	100%
Standard 8 Social Worker's Relationship & contact with a Child in Care	29	3	26	10%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	29	0	29	0%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	29	27	2	93%
Standard 11 Planning a Move for a Child in Care (VS 20)	8*	6	2	75%
Standard 12 Reportable Circumstances	6*	4	2	67%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	0*	N/A	N/A	N/A
Standard 14 Case Documentation	29	16	13	55%
Standard 15 Transferring Continuing Care Files	13*	13	0	100%

Standard 16 Closing Continuing Care Files	6*	4	2	67%
Standard 17 Rescinding a Continuing Custody Order	3*	2	1	67%
Standard 19 Interviewing the Child about the Care Experience	12*	4	8	33%
Standard 20 Preparation for Independence	5*	4	1	80%
Standard 21 Responsibilities of the Public Guardian and Trustee	24*	24	0	100%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	2*	1	1	50%
Standard 23 Quality of Care Review	1	0	1	0%
Standard 24 Guardianship Agency Protocols	29	29	0	100%

Standard 2: 24 records did not require initial care plans within the audit time period  
Standard 3: two records involved children or youth who entered care outside of the audit scope  
Standard 11: 21 records did not involve children or youth moving from their care homes  
Standard 12: 23 records did not involve reportable circumstances  
Standard 13: 29 records did not involve children missing, lost or run away  
Standard 15: 16 records did not involve file transfers  
Standard 16: 23 records did not involve file closures  
Standard 17: 26 records did not involve rescinding continuing custody orders  
Standard 19: 17 records did not involve changing placements  
Standard 20: 24 records did not involve youth planning independence  
Standard 21: five records did not require notifying the Public Guardian & Trustee  
Standard 22: 27 records did not involve investigations of abuse or neglect in family care homes  
Standard 23: 28 records did not involve quality of care reviews

**St. 1 Preserving the identity of the Child in Care:** The compliance rate for this measure was **100%**. The measure was applied to all 29 records in the samples; all 29 were rated achieved. To receive the rating of achieved:

- efforts were made to identify and involve the child/youth's Indigenous community
- efforts were made to register the child when entitled to a Band or Aboriginal community or with Nisga'a Lisims Government
- a cultural plan was completed if the child/youth was not placed within their extended family or community
- the child/youth was involved in culturally appropriate resources
- if the child/youth was harmed by racism, the social worker developed a response
- if the child/youth was a victim of a racial crime, the police were notified.

**St. 2 Development of a Comprehensive Plan of Care:** The compliance rate for this standard was **80%**. The measure was applied to five applicable records in the samples; four were rated achieved and one was rated not achieved. To receive the rating of achieved, the record, if it was opened during the three-year audit time period, contained:

- an initial care plan completed within 30 days of admission
- an annual care plan completed within six months of admission.

The one record rated not achieved was missing both the initial and six-month care plans.

**St. 3 Monitoring and Reviewing the Child’s Plan of Care:** The compliance rate for this measure was **63%**. The measure was applied to 27 of the 29 records in the samples; 17 were rated achieved and 10 were rated not achieved. To receive the rating of achieved:

- care plans were completed annually throughout the audit time period
- efforts were made to develop the care plan(s) with youth over the age of 12
- efforts were made to develop the care plan(s) with the family
- efforts were made to develop the care plan(s) with the service providers
- efforts were made to develop the care plan(s) with the caregiver(s)
- efforts were made to develop the care plan(s) with the Indigenous community.

Of the ten records rated not achieved, two did not contain any care plans throughout the audit timeframe, and eight contained care plans but they were not completed annually. Of the 10 records rated not achieved, seven were open of which three required annual care plans for the current year.

**St. 4 Supervisory Approval Required for Guardianship Services:** The compliance rate for this measure was **59%**. The measure was applied to all 29 records in the samples; 17 were rated achieved and 12 were rated not achieved. To receive the rating of achieved, the following key decisions and documents were approved by a supervisor;

- care plan
- placement change
- placement in a non-Indigenous home
- restricted access to significant others
- return to the parent(s) prior to CCO rescindment
- transfer of guardianship
- plan for independence
- case transfer
- case closure.

Of the 12 records rated not achieved, all 12 contained care plans that were not signed by supervisors.

**St. 5 Rights of Children in Care:** The compliance rate for this measure was **66%**. The measure was applied to all 29 records in the samples; 19 were rated achieved and 10 were rated not achieved. To receive the rating of achieved:

- the rights of children in care, including the advocacy process, was reviewed annually with the child/youth or with a significant person if there were capacity concerns or the child was of a young age throughout the audit time period
- in instances when the child's rights were not respected, the social worker took appropriate steps to resolve the issue.

Of the 10 records rated not achieved, all 10 confirmed that the section 70 rights were reviewed but these reviews were not completed annually. Of the 10 records rated not achieved, nine were open of which five required the annual review of section 70 rights for the current year.

**St. 6 Deciding Where to Place the Child:** The compliance rate for this measure was **100%**. The measure was applied to all 29 records in the samples; all 29 were rated achieved. To receive the rating of achieved, efforts were made to place the child in an out of home living arrangement that was in accordance with section 71 of the Child, Family and Community Services Act.

**St. 7 Meeting the Child's Needs for Stability and Continuity of Relationships:** The compliance rate for this measure was **100%**. The measure was applied to all 29 records in the samples; all 29 records were rated achieved. To receive the rating of achieved, a plan was in place to support and maintain contacts between the child/youth in care and their siblings, parents, extended families and significant others.

**St. 8 Social Worker's Relationship and Contact with the Child:** The compliance rate for this measure was **10%**. The measure was applied to all 29 records in the samples; three were rated achieved and 26 were rated not achieved. To receive the rating of achieved, the social worker conducted a private visit with the child/youth:

- every 30 days
- at time of placement
- within seven days after placement
- when there was a change in circumstance
- when there was a change in social worker.

Of the 26 records rated not achieved, one did not confirm that the child/youth had visits of any kind with their social worker during the three-year audit timeframe, 17 confirmed that the children and youth had private visits with their social workers, but these visits were not conducted every 30 days as required, and 13 confirmed there were visits but some or all of them were not private.

The one record that had no documentation of contact between the social worker and the child/youth during the audit timeframe was open. The total adds to more than the number of records rated not achieved because five records had combinations of the above noted reasons.

**St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards:** The compliance rate for this measure was **0%**. The measure was applied to all 29 records in the samples; all 29 were rated not achieved. To receive the rating of achieved:

- information about the child/youth was provided to the caregiver(s) at time of placement
- information about the child/youth was provided to the caregiver(s) as it became available
- information about the child/youth was provided to the caregiver(s) within seven days of an emergency placement
- discipline standards were reviewed with the caregiver(s) at the time of placement
- discipline standards were reviewed annually with the caregiver(s).

Of the 29 records rated not achieved, one did not confirm that information about the child/youth was provided to the caregivers at the times of placements, 24 did not confirm that discipline standards had ever been reviewed with the caregivers during the three-year audit timeframe, one did not confirm that discipline standards were reviewed at the times of placements, and four confirmed that discipline standards had been reviewed with the caregivers but these reviews were not conducted annually. Of the 29 records rated not achieved, 23 were open and require annual reviews of disciplinary standards with the caregivers for the current year. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

**St. 10 Providing Initial and Ongoing Medical and Dental Care:** The compliance rate for this measure was **93%**. The measure was applied to all 29 records in the samples; 27 were rated achieved and two were rated not achieved. To receive the rating of achieved

- a medical exam was conducted upon entering care
- dental, vision and hearing exams were conducted as recommended
- medical follow up was conducted as recommended
- in instances when the youth had chosen not to attend recommended appointments, the social worker made efforts to resolve the issue.

Of the two records rated not achieved, one did not confirm that a medical exam was conducted upon entering care, and one did confirm that a dental, vision or hearing exam was completed as recommended.

**St. 11 Planning a Move for a Child in Care:** The compliance rate for this measure was 75%. The measure was applied to eight of the 29 records in the samples; six were rated achieved and two

were rated not achieved. To receive the rating of achieved, the record, if it involved a placement move, confirmed that:

- the child/youth was provided with an explanation prior to the move
- the social worker arranged at least one pre-placement visit
- if the child/youth requested the move, the social worker reviewed the request with the caregiver, resource worker and the child to resolve the issue.

Of the two records rated not achieved, both did not confirm pre-placement visits or orientations.

**St. 12 Reportable Circumstances:** The compliance rate for this measure was **67%**. The measure was applied to six of the 29 records in the samples; four were rated achieved and two were rated not achieved. To receive the rating of achieved, the record confirmed a report about a reportable circumstance was submitted to the director within 24 hours from the time the information about the incident became known to the social worker.

Of the two records rated not achieved, both contained reportable circumstance reports that were not submitted with the 24-hour requirement.

**St. 13 When a Child or Youth is Missing, Lost or Runaway:** Documentation of the social workers' collaborative responses when locating missing, lost or runaway youth was not applicable for this audit scope period. To receive the rating of achieved, the record, if it involved a missing, lost or runaway child/youth who may have been at high risk of harm, confirmed that:

- the police were notified
- the family was notified
- once found, the social worker made efforts to develop a safety plan to resolve the issue.

There were no records applicable for this measure.

**St. 14 Case Documentation:** The compliance rate for this measure was **55%**. The measure was applied to all 29 records in the samples; 16 were rated achieved and 13 were rated not achieved. To receive the rating of achieved, the record contained:

- an opening recording
- review recordings or care plan reviews every six months throughout the audit time period
- a review recording or care plan review when there was a change in circumstance.

Of the 13 records rated not achieved, one did not contain opening recordings, nine did not contain review recordings or care plan reviews, and three contained review recordings or care plan reviews but not completed every six months.

**St. 15 Transferring Continuing Care Files:** The compliance rate for this measure was **100%**. The measure was applied to 13 of the 29 records in the samples; all 13 were rated achieved. To receive the rating of achieved, the record, if it involved a case transfer, confirmed that:

- a transfer recording was completed
- the social worker met with the child/youth prior to the transfer or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the caregiver(s) prior to the transfer
- efforts were made to meet with the service providers prior to the transfer
- the social worker met with the child/youth within five days after the transfer or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the child/youth's family within five days after the transfer.

**St. 16 Closing Continuing Care Files:** The compliance rate for this measure was **67%**. The measure was applied to six of the 29 records in the samples; four were rated achieved and two were rated not achieved. To receive the rating of achieved, the record, if it involved a case closure, confirmed that:

- a closing recording was completed
- the social worker met with the child/youth prior to the closure or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the caregiver(s) prior to the closure
- service providers were notified of the closure
- the Indigenous community members were notified, if appropriate
- support services for the child/youth were put in place, if applicable.

Of the two records rated not achieved, both did not contain closing recordings, and one did not confirm that the social worker met with the child/youth or the caregiver prior to the closing. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

**St. 17 Rescinding a CCO and Returning the Child to the Family Home:** The compliance rate for this measure was **67%**. The measure was applied to three of the 29 records in the samples; two records were rated achieved and one rated not achieved. To receive the rating of achieved, the record, if it involved a rescindment of a continuing custody order, confirmed that:

- the risk of return was assessed by delegated worker
- a safety plan, if applicable, was put in place prior to placing the child/youth in the family home

- the safety plan, if applicable, was developed with required parties
- the safety plan, if applicable, addressed the identified risks
- the safety plan, if applicable, was reviewed every six months until the rescindment.

The record rated not achieved did not contain a safety plan as required.

**St. 19 Interviewing the Child about the Care Experience:** The compliance rate for this measure was **33%**. The measure was applied to 12 of the 29 records in the samples; four were rated achieved and eight were rated not achieved. To receive the rating of achieved, the record, if it involved a move from a placement, confirmed that the child/youth was interviewed about their care experience.

Of the eight records rated not achieved, all eight did not document interviews with the children/youth after their placement changes.

**St. 20 Preparation for Independence:** The compliance rate for this measure was **80%**. The measure was applied to five of the 29 records in the samples; four were rated achieved, and one was rated not achieved. To receive the rating of achieved, the record, if it involved a youth about to leave care and enter an independent living situation, confirmed that;

- efforts were made to assess the youth's independent living skills
- efforts were made to develop a plan for independence.

The one record rated not achieved did not contain an Independent Living Plan or an assessment of the youth's independent living skills.

**St. 21 Responsibilities of the Public Guardian and Trustee (PGT):** The compliance rate for this measure was **100%**. The measure was applied to 24 of the 29 records in the samples; all 24 were rated achieved. To receive the rating of achieved:

- the PGT was provided a copy of the continuing custody order
- the PGT was notified of events affecting the child/youth's financial or legal interests.

**St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home:** The compliance rate for this measure was **50%**. The measure was applied to two of the 29 records in the samples; one was rated achieved and one was rated not achieved. To receive the rating of achieved, the record, if it involved a report of abuse and/or neglect of a child/youth in a family care home, confirmed that:

- a protocol investigation response was conducted
- efforts were made to support the child/youth.

The one record rated not achieved did not contain a protocol investigation summary report.

**St. 23 Quality of Care Review:** The compliance rate for this measure was **0%**. The measure was applied to one of the 29 records in the samples; one was rated not achieved. To receive the rating of achieved, the record, if it involved a concern about the quality of care in a family care home, confirmed that:

- the social worker has appropriately distinguished between a quality of care concern and a protocol investigation.
- the social worker provided a support person to the caregiver who can offer support and information to the home regarding the quality of care process.

The one record rated not achieved did not contain a quality of care summary report.

**St. 24 Guardianship Agency Protocols:** The compliance rate for this measure was **100%**. The measure was applied to all 29 records in the samples; all 29 were rated achieved. To receive the rating of achieved, all protocols related to the delivery of child services that the agency has established with local and regional agencies were followed.

### b) Resources

The overall compliance rate for the AOPSI Resource Practice Standards was **73%**. The audit reflects the work done by the staff in the agency’s resource program over a three-year period (see Methodology section for details). There was a total of 17 open and closed records in the samples selected for this audit. However, not all nine measures in the audit tool were applicable to all 17 records. The notes below the table describe the records that were not applicable.

Standards	Applicable	Achieved	Not Achieved	Compliance Rate
Standard 28 Supervisory Approval Required for Family Care Home Services	17	17	0	100%
Standard 29 Family Care Homes – Application and Orientation	17	14	3	82%
Standard 30 Home Study	15*	13	2	87%
Standard 31 Training of Caregivers	17	17	0	100%
Standard 32 Signed Agreements with Caregivers	17	9	8	53%
Standard 33 Monitoring and Reviewing the Family Care Home	17	3	14	18%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	3*	2	1	67%
Standard 35 Quality of Care Review	1*	1	0	100%
Standard 36 Closure of the Family Care Home	6*	4	2	67%

Standard 30: two records did not require home studies during the audit time period  
 Standard 34: 14 records did not involve investigations of alleged abuse or neglect in family care homes  
 Standard 35: 16 records did not involve quality of care reviews  
 Standard 36: 11 records were not closed

**St. 28 Supervisory Approval for Family Care Home Services:** The compliance rate for this measure was **100%**. The measure was applied to all 17 records in the sample; all 17 were rated achieved. To receive the rating of achieved, the record confirmed the social worker consulted a supervisor at the following key decision points:

- a criminal record was identified for a family home applicant or any adult person residing in the home
- approving a family home application and home study
- signing a Family Home Care Agreement
- approving an annual review
- determining the level of a family care home
- placing a child/youth in a family care home prior to completing a home study
- receiving a report about abuse or neglect of a child/youth in a family care home
- receiving a concern about the quality of care received by a child/youth living in a family care home.

**St. 29 Family Care Homes – Application and Orientation:** The compliance rate for this measure was **82%**. The measure was applied to all 17 records in the sample; 14 were rated achieved and three were rated not achieved. To receive the rating of achieved, the record confirmed the completion of the following;

- application form
- prior contact check(s) on the family home applicant(s) and any adult person residing in the home
- criminal record check(s)
- Consent for Release of Information form(s)
- medical exam(s)
- three reference checks
- an orientation to the applicant(s).

Of the three records rated not achieved, two did not contain one or both required criminal record checks (both were open), one did not contain completed medical exam forms (open), one did not contain three reference checks (open), and one did not contain an application form (open). The total adds to more than the number of records rated not achieved because two of the records had combinations of the above noted reasons.

**St. 30 Home Study:** The compliance rate for this measure was **87%**. The measure was applied to 15 of the 17 records in the sample; 13 were rated achieved and two were rated not achieved. To receive the rating of achieved, the record, if it required a home study, confirmed that:

- the social worker met the applicant in the family care home

- a physical check of the home was conducted to ensure the home meets the safety requirements
- a home study, including an assessment of safety, was completed in its entirety.

Of the two records rated not achieved, both did not contain home studies. One record was open.

**St. 31 Training of Caregivers:** The compliance rate for this measure was **100%**. The measure was applied to all 17 records in the sample; all 17 were rated achieved. To receive the rating of achieved, the training needs of the caregiver(s) were identified and that training opportunities were offered to, or taken by, the caregiver(s).

**St. 32 Signed Agreement with Caregiver:** The compliance rate for this measure was **53%**. The measure was applied to all 17 records in the sample; nine were rated achieved and eight were rated not achieved. To receive the rating of achieved, the record contained consecutive Family Care Home Agreements throughout the audit time period, and they were signed by all the participants.

Of the eight records rated not achieved, all eight contained Family Care Home Agreements but they were not consecutive throughout the audit time period. Of these eight records, five were open. Of the five open records, four required Family Care Home Agreements for the current year.

**St. 33 Monitoring and Reviewing the Family Care Home:** The compliance rate for this measure was **18%**. The measure was applied to all 17 records in the sample; three were rated achieved and 14 were rated not achieved. To receive the rating of achieved:

- annual reviews of the family care home were completed throughout the audit time period
- the annual review reports were signed by the caregiver(s)
- the social worker visited the family care home at least every 90 days throughout the audit time period.

Of the 14 records rated not achieved, one did not contain any annual reviews, seven contained annual reviews but they were not completed for each year in the audit timeframe, one did not confirm any home visits, and nine confirmed home visits but they were not completed every 90 days as required. The total adds to more than the number of records rated not achieved because four records had combinations of the above noted reasons. Of the eight records that did not contain all required annual reviews, five were open. Of these five open records, four require annual reviews for the current year.

**St. 34: Investigation of Alleged Abuse or Neglect in a Family Care Home:** The compliance rate for this measure was **67%**. The measure was applied to three of the 17 records in the sample;

two records were rated achieved and one rated not achieved. To receive the rating of achieved, the record, if it involved to a report of abuse and/or neglect of a child/youth in a family care home, confirmed that:

- a protocol investigation response was conducted
- efforts were made to support the caregiver.

The one record rated not achieved confirmed that a protocol investigation was completed but the protocol summary report was not found in the record.

**St. 35: Quality of Care Review:** The compliance rate for this measure was **100%**. The measure was applied to one of the 17 records in the sample; it was rated achieved. To receive the rating of achieved, the record, if it involved to a concern about the quality of care received by a child/youth in a family care home, confirmed that:

- a response was conducted
- the social worker has appropriately distinguished between a quality of care concern and a protocol investigation.
- the social worker provided a support person to the caregiver who can offer support and information to the home regarding the quality of care process.

**St. 36: Closure of the Family Care Home:** The compliance rate for this measure was **67%**. The measure was applied to six of the 17 records in the sample; four were rated achieved and two were rated not achieved. To receive the rating of achieved, the record, if it involved a case closure, contained a written notice to the caregiver indicating the intent of the agency to close the family care home.

Of the two records rated as not achieved, both did not contain written notices to the caregivers.

### **c) Family Service**

The overall compliance rate for the Child Protection Response Model set out in Chapter 3 of the Child Safety and Family Support Policies was **64%**. The audit reflects the work done by the staff in the agency's family service program over various time periods (see Methodology section for details). There was a total of 48 records in the closed memos, closed service requests, and closed incidents samples, and 16 open and closed case samples selected for this audit. Not all 23 measures in the audit tool were applicable to all the records. The notes below the table describe the records that were not applicable.

### Records Identified for Action

Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the Child, Family and Community Service Act. During this audit, no records were identified for action.

#### c.1 Report and Screening Assessment

FS 1 to FS 4 relate to obtaining and assessing a child protection report. The records included the selected samples of 12 closed service requests, six closed memos and 30 closed incidents.

Measures	Applicable	Achieved	Not Achieved	Compliance Rate
FS 1: Gathering Full and Detailed Information	48	48	0	100%
FS 2: Conducting an Initial Record Review (IRR)	48	20	28	42%
FS 3: Assessing the Report about a Child or Youth's Need for Protection	48	39	9	81%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	48	48	-	100%

**FS 1: Gathering Full and Detailed Information:** The compliance rate for this critical measure was **100%**. The measure was applied to all 48 records in the samples; all 48 records were rated achieved. To receive the rating of achieved, the information gathered from the caller was full, detailed and sufficient to determine an appropriate pathway.

**FS 2: Conducting an Initial Record Review (IRR):** The compliance rate for this critical measure was **42%**. The measure was applied to all 48 records in the samples: 20 were rated achieved and 28 were rated not achieved. To receive the rating of achieved:

- an IRR was conducted from electronic databases within 24 hours of receiving the report
- the IRR identified previous issues or concerns and the number of past service requests, incidents and reports
- if the family had recently moved to BC, or there was reason to believe there may have been prior child protection involvement in one or more jurisdictions, the appropriate child protection authorities were contacted, and information was requested and recorded.

Of the 28 records rated not achieved, two did not have IRRs documented, 10 IRRs were not completed within 24 hours, one IRR contained insufficient information, and 20 IRRs did not contain the results from Best Practice checks. Of the 10 IRRs that were not documented within 24 hours, the range of time it took to complete the IRRs was between two and 279 days, with the

average time being 53 days. The total adds to more than the number of records rated not achieved because six records had combinations of the above noted reasons.

**FS 3: Completing the Screening Assessment:** The compliance rate for this critical measure was **81%**. The measure was applied to all 48 records in the samples: 39 were rated achieved and nine were rated not achieved. To receive the rating of achieved, a Screening Assessment was completed immediately if the child/youth appeared to be in a life-threatening or dangerous situation or within 24 hours in all other situations.

Of the nine records rated not achieved, all nine contained Screening Assessments that were not completed within the required 24-hour timeframe. Of the nine Screening Assessments that were not completed within the 24-hour timeframe, the range of time it took to complete the Screening Assessments was between two and 279 days, with the average time being 59 days.

**FS 4: Determining Whether the Report Requires a Protection or Non-Protection Response:** The compliance rate for this critical measure was **100%**. The measure was applied to all 48 records in the samples: all 48 records were rated achieved. To receive the rating of achieved, the decision to provide a protection or non-protection response was appropriate and consistent with the information gathered.

### c.2 Response Priority, Detailed Records Review and Safety Assessment

FS 5 to FS 9 relate to assigning a response priority, conducting a detailed record review (DRR) and completing the safety assessment process and form. The records included the selected sample of 30 incidents.

Measures	Applicable	Achieved	Not Achieved	Compliance Rate
FS 5: Assigning an Appropriate Response Priority	30	30	0	100%
FS 6: Conducting a Detailed Record Review (DRR)	30	8	22	27%
FS 7: Assessing the Safety of the Child or Youth	30	26	4	87%
FS 8: Documenting the Safety Assessment	30	4	26	13%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	30	28	2	93%

**FS 5: Determining the Response Priority:** The compliance rate for this critical measure was **100%**. The measure was applied to all 30 records in the sample: all 30 were rated achieved. To receive the rating of achieved, the response priority was appropriate and if there was an override it was approved by a supervisor.

The audit also assessed whether the families were contacted within the timeframes of the assigned response priorities. Of the 30 records, 10 confirmed that the families were contacted within the assigned response priorities and 20 did not. Of these 20, two were given the response priority of “immediate or within 24 hours” and 18 were given the response priority of “within five days”. Of the two records that were given the response priority of “immediate or within 24 hours”, the times it took to contact these families was five and 24 days. Of the 18 records that were given the response priority of “within five days”, three did not document the dates the families were contacted and the range of time it took to contact the remaining 15 families was between seven and 170 days, with the average time being 55 days.

**FS 6: Conducting a Detailed Record Review (DRR):** The compliance rate for this critical measure was **27%**. The measure was applied to all 30 records in the sample: eight were rated achieved and 22 were rated not achieved. To receive the rating of achieved, a DDR:

- was conducted in electronic databases and physical files
- contained any information that was missing in the IRR
- described how previous issues or concerns had been addressed, the responsiveness of the family in addressing the issues and concerns and the effectiveness of the last intervention
- was not required because there were no previous MCFD/DAA histories
- was not required because a supervisor approved ending the protection response before the DRR was conducted and the rationale was documented and appropriate.

Of the 22 records rated of not achieved, 18 did not have DRRs documented, and four DRRs did not contain the information missing in the IRRs.

**FS 7: Assessing the Safety of the Child or Youth:** The compliance rate for this critical measure was **87%**. The measure was applied to all 30 records in the sample; 26 were rated achieved and four were rated not achieved. To receive the rating of achieved:

- a safety assessment process was completed during the first significant contact with the child/youth’s family
- if concerns about the child/youth's immediate safety were identified and the child/youth was not removed under the CFCSA, a Safety Plan was developed and the Safety Plan was signed by the parents and approved by a supervisor
- a supervisor approved ending the protection response before the safety assessment process was completed and the rationale was documented and appropriate.

Of the four records rated not achieved, three did not have the safety assessment processes completed during the first significant contacts with the families, and one did not contain a Safety Plan when safety concerns were identified and the child/youth was not removed.

**FS 8: Documenting the Safety Assessment:** The compliance rate for this critical measure was **13%**. The measure was applied to all 30 records in the sample: four were rated achieved and 26 were rated not achieved. To receive the rating of achieved, the Safety Assessment form was documented within 24 hours after the completion of the safety assessment process, or a supervisor approved ending the protection response before the Safety Assessment was documented and the rationale was documented and appropriate.

Of the 26 records rated not achieved, one did not contain a Safety Assessment form and 25 Safety Assessment forms were not completed within 24 hours of completing the safety assessment processes. Of the 25 records where the Safety Assessment forms were not completed within 24 hours of the safety assessment processes, the range of time it took to complete the forms was between eight days and 511 days, with the average time being 136 days.

**FS 9: Making a Safety Decision Consistent with the Safety Assessment:** The compliance rate for this critical measure was **93%**. The measure was applied to all 30 records in the sample: 28 of the 30 records were rated achieved and two were rated not achieved. To receive the rating of achieved, the safety decision was consistent with the information documented in the Safety Assessment form, or a supervisor approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.

Of the two records rated not achieved, one did not contain a Safety Assessment form and one safety decision was not consistent with the information documented in the Safety Assessment form.

### c.3 Steps of the FDR Assessment or Investigation

FS 10 to FS 13 relate to meeting with or interviewing the parents and other adults in the family home, meeting with every child or youth who lives in the family home, visiting the family home and working with collateral contacts. The records included the selected sample of 30 closed incidents.

Measures	Applicable	Achieved	Not Achieved	Compliance Rate
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	30	19	11	63%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	30	23	7	77%
FS 12: Visiting the Family Home	30	24	6	80%
FS 13: Working with Collateral Contacts	30	21	9	70%

**FS 10: Meeting or Interviewing the Parents and Other Adults in the Family Home:** The compliance rate for this critical measure was **63%**. The measure was applied to all 30 records in the sample: 19 were rated achieved and 11 were rated not achieved. To receive the rating of achieved, the social worker met with or interviewed the parent(s) and other adults in the home (if applicable) and gathered sufficient information about the family to assess the safety and vulnerability of all children/youth living or being cared for in the family home, or a supervisor approved ending the protection response before the social worker met with or interviewed the parents and other adults in the home and the rationale was documented and appropriate.

Of the 11 records rated not achieved, three did not confirm that the social workers had met with or interviewed the parents, seven confirmed that the social workers had met with or interviewed one parent but not the other, and three did not confirm that the social workers had met with or interviewed the other adults in the homes. The total adds to more than the number of records rated not achieved because two records had combinations of the above noted reasons.

**FS 11: Meeting with Every Child or Youth Who Lives in the Family Home:** The compliance rate for this critical measure was **77%**. The measure was applied to all 30 records in the sample: 23 were rated achieved and seven were rated not achieved. To receive the rating of achieved, the social worker had a private, face-to-face conversation with every child/youth living in the family home according to their developmental level, or a supervisor approved ending the protection response before the social worker had a private, face-to-face conversation with every child/youth living in the family home and the rationale was documented and appropriate.

Of the seven records rated not achieved, six did not confirm that the social workers had met with or interviewed any of the children/youth living in the family homes and one confirmed that the social workers had met with or interviewed some, but not all, the children/youth living in the family home.

**FS 12: Visiting the Family Home:** The compliance rate for this critical measure was **80%**. The measure was applied to all 30 records in the sample: 24 were rated achieved and six were rated not achieved. To receive the rating of achieved, the social worker visited the family home before completing the FDR assessment or the investigation, or a supervisor approved ending the protection response before the social worker visited the family home and the rationale was documented and appropriate.

Of the six records rated not achieved, all six did not confirm that the social workers visited the family homes.

**FS 13: Working with Collaterals:** The compliance rate for this critical measure was **70%**. The measure was applied to all 30 records in the sample: 21 were rated achieved and nine were rated not achieved. To receive the rating of achieved, the social worker obtained information from

individuals who may have relevant knowledge of the family and/or the child/youth before completing the FDR assessment or the investigation, or a supervisor approved ending the protection response before the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth and the rationale was documented and appropriate.

Of the nine records that received ratings of not achieved, seven had no collateral contacts documented and two documented collateral contacts but failed to complete necessary collaterals with designated representatives of other First Nations, Treaty First Nations or Metis community.

The audit also assessed whether the social workers, if the records were incidents with FDR protection responses, made contact with the parents prior to initiating the FDR responses and whether the social workers had discussions about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals. Of the 30 records, 29 were FDR protection responses. Of these 29 FDR protection responses, 10 documented that the social workers contacted the parents prior to contacting collaterals. Furthermore, of these 29 FDR protection responses, nine documented discussions with the parents about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals.

**c.4 Assessing the Risk of Future Harm and Determining the Need for Protection Services**

FS 14 to FS 16 relate to assessing the risk of future harm, determining the need for protection services and the timeframe for completing the FDR assessment or investigation. The records included the selected sample of 30 closed incidents.

Measures	Applicable	Compliant	Not Compliant	Compliance Rate
FS14: Assessing the Risk of Future Harm	30	25	5	83%
FS 15: Determining the Need for Protection Services	30	28	2	93%
FS 16: Timeframe for Completing the FDR Assessment or Investigation	30	2	28	7%

**FS 14: Assessing the Risk of Future Harm:** The compliance rate for this critical measure was **83%**. The measure was applied to all 30 records in the sample: 25 were rated achieved and five were rated not achieved. To receive the rating of achieved, a Vulnerability Assessment was completed in its entirety and approved by a supervisor, or a supervisor approved ending the protection

response before the Vulnerability Assessment was completed in its entirety and the rationale was documented and appropriate.

Of the five records rated not achieved, three did not contain Vulnerability Assessments and two contained Vulnerability Assessments that were not approved by supervisors.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. Of the 25 records rated achieved, the range of time it took to complete the Vulnerability Assessments was between 19 days and 537 days, with the average time being 213 days.

**FS 15: Determining the Need for Protection Services:** The compliance rate for this critical measure was **93%**. The measure was applied to all 30 records in the sample: 28 were rated achieved and two were rated as not achieved. To receive the rating of achieved, the decision regarding the need for FDR protection services or ongoing protection services was consistent with the information obtained during the FDR assessment or the investigation, or a supervisor approved ending the protection response before the decision was made regarding the need for FDR protection services or ongoing protection services and the rationale was documented and appropriate.

Of the two records rated not achieved, both decisions regarding the need for FDR protection services or ongoing protection services were not consistent with the information obtained during the FDR assessment or the investigation. Of these two records, further information was collected by the social workers and/or supports were subsequently provided to the families which adequately addressed the risk factors presented in the initial reports and documented family histories.

**FS 16: Timeframe for Completing the FDR Assessment or Investigation:** The compliance rate for this critical measure was **7%**. The measure was applied to all 30 records in the sample: two were rated achieved and 28 were rated not achieved. To receive the rating of achieved, the FDR assessment or investigation was completed within 30 days of receiving the report or the FDR assessment or investigation was completed in accordance with the extended timeframe that had been approved by a supervisor.

Of the 28 records rated not achieved, all 28 did not have the FDR assessments or investigations completed within 30 days. The range of time it took to complete the 30 FDR assessments or investigations was between 75 and 805, with the average time being 302 days.

#### **c.5 Strength and Needs Assessment and Family Plan**

FS 17 to FS 21 relate to the completion of the Family and Child Strengths and Needs Assessment and the Family Plan. The records included the selected sample of 16 open FS cases.

Measures	Applicable	Compliant	Not Compliant	Compliance Rate
FS 17: Completing a Family and Child Strengths and Needs Assessment	16	8	8	50%
FS 18: Supervisor Approval of the Strengths and Needs Assessment	16	7	9	44%
FS 19: Developing the Family Plan with the Family	16	2	14	13%
FS 20: Timeframe for Completing the Family Plan	16	0	16	0%
FS 21: Supervisor Approval of the Family Plan	16	0	16	0%

**FS 17: Completing a Family and Child Strengths and Needs Assessment:** The compliance rate for this critical measure was **50%**. The measure was applied to all 16 records in the samples: eight were rated achieved and eight were rated not achieved. To receive the rating of achieved, a Family and Child Strength and Needs Assessment completed in its entirety.

Of the eight records rated not achieved, five did not contain Family Strengths and Needs Assessments and three contained incomplete Strengths and Needs Assessments.

Of the eight records rated achieved, one Family and Child Strengths and Needs Assessment was completed within the most recent six-month practice cycle and seven did not, but they were completed within the 12-month timeframe of the audit.

**FS 18: Supervisor Approval of the Strengths and Needs Assessment:** The compliance rate for this critical measure was **44%**. The measure was applied to all 16 records in the samples: seven were rated achieved and nine were rated not achieved. To receive the rating of achieved, the Family and Child Strength and Needs Assessment that was approved by a supervisor.

Of the nine records rated not achieved, five did not contain Family Strengths and Needs Assessments, three contained incomplete Strengths and Needs Assessments that were not approved by the supervisors, and one completed Family Strengths and Needs Assessment was not approved by a supervisor.

**FS 19: Developing the Family Plan with the Family:** The compliance rate for this critical measure was **13%**. The measure was applied to all 16 records in the samples: two were rated achieved and 14 were rated not achieved. To receive the rating of achieved, a Family Plan form or its equivalent was developed in collaboration with the family. An equivalent to the Family Plan form can be the plan developed during a facilitated meeting, such as at a Family Case Planning Conference, Traditional Family Planning Meeting, or Family Group Conference. The plan developed may be in lieu of a Family Plan if the plan has the following components:

- the priority needs to be addressed
- the goals described in clear and simple terms regarding what the family would like to change in their lives in relation to the identified need
- indicators that described in clear and simple terms what will appear different when the need is met (from the viewpoint of the family or from the viewpoint of others)
- strategies to reach goals, where the person responsible for implementing the strategy is also noted
- a review date, when progress towards the goal will be reviewed and a determination made on whether the goal has been met.

Of the 14 records rated not achieved, all 14 did not contain Family Plans or equivalentents.

The audit also assessed whether the Family Plans or equivalentents were completed after the Family and Child Strengths and Needs Assessments. Of the two records that received ratings of achieved, both Family Plans or equivalentents were developed after the completion of the Family and Child Strengths and Needs Assessments.

**FS 20: Timeframe for Completing the Family Plan:** The compliance rate for this critical measure was **0%**. The measure was applied to all 16 records in the samples: all 16 records were rated not achieved. To receive the rating of achieved, the Family Plan or its equivalent that was created within 30 days of initiating ongoing protection services and the Family Plan was revised within the most recent six-month practice cycle.

Of the 16 records rated not achieved, 14 did not contain Family Plans or equivalentents, and two Family Plans or equivalentents were not revised within the most recent six-month practice cycle.

**FS 21: Supervisor Approval of the Family Plan:** The compliance rate for this critical measure was **13%**. The measure was applied to all 16 records in the samples: two were rated achieved and 14 records were rated not achieved. To receive the rating of achieved, the Family Plan that was approved by a supervisor.

Of the 14 records rated not achieved, all 14 did not contain Family Plans or equivalentents.

### c.6 Reassessment

FS 22 relates to the completion of a Vulnerability Reassessment or Reunification Assessment. The records included the selected sample of 16 open FS cases.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 22: Completing a Vulnerability Reassessment or a Reunification Assessment	16	5	11	31%

**FS 22: Completing a Vulnerability Reassessment OR a Reunification Assessment:** The compliance rate for this critical measure was **31%**. The measure was applied to all 16 records in the samples; five were rated achieved and 11 were rated not achieved. To receive the rating of achieved, a Vulnerability Reassessment or Reunification Assessment was completed within the most recent six-month practice cycle and a Reunification Assessment completed within three months of the child’s return or a court proceeding regarding custody and the assessment(s) was approved by a supervisor.

Of the 11 records rated not achieved, two did not contain the required Reunification Assessments, 10 did not contain the required Vulnerability Reassessments, one Reunification Assessments or Vulnerability Reassessments was completed within the 12-month scope period of the audit but not within the most recent six-month practice cycle, and one did not contain a Reunification Assessment completed within three months of the children’s return or court proceedings regarding custody. The total adds to more than the number of records rated not achieved because three records had a combination of the above noted reasons.

**c.7 Decision to End Protection Services**

FS 23 relates to making the decision to end ongoing protection services. There were no closed FS records included in this audit.

Measures	Applicable	Compliant	Not Compliant	Compliance Rate
FS 23: Making the Decision to End Ongoing Protection Services	N/A	N/A	N/A	N/A

**FS 23: Making the Decision to End Ongoing Protection Services:** There were no closed FS case records included in this audit. To receive the rating of achieved:

- the decision to conclude ongoing protection services was made in consultation with a supervisor
- there were no unaddressed reports of abuse or neglect
- there were no indications of current or imminent safety concerns
- the family demonstrated improvements as identified in the Family Plan
- a recent Vulnerability Reassessment or Reunification Assessment confirmed that factors identified as contributing to high vulnerability no longer existed or have been sufficiently addressed
- the family demonstrated the ability to access and use formal and informal resources and the family had the ability to parent without MCFD support.

## 7. ACTIONS COMPLETED TO DATE

On August 7, 2020, the agency identified the following actions that were completed since November 2019:

1. Every social worker can request and receive, when needed, a “paper day” to ensure that case documentation is current, accurate and comprehensive.
2. Every employee at the agency receives regularly scheduled structured supervision. Social workers, team leaders and the director of practice receive one to one time from their respective supervisors once a month. All clinical decisions and case plans are tracked and documented.
3. All-agency virtual team meetings are now held monthly.
4. An additional full-time employee position (resource social worker FTE) was established to complete all outstanding home studies.

## 8. ACTION PLAN

On August 7, 2020 the following action plan was developed in collaboration between Nisga’a Child and Family Services and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Persons Responsible	Dates to be Completed
1. The agency will review all open resource records and complete all outstanding documentation in the following areas: criminal record checks of caregivers, annual reviews with caregivers, home studies, and signed agreements with caregivers. Completion will be confirmed, via email, to the manager of Quality Assurance, MCFD.	Executive Director	February 28, 2021
2. The agency will develop a system to track and document the requirements associated with CS Standard 19 Interviewing the Child about the Care Experience. Completion will be confirmed, via email, to the manager of Quality Assurance, MCFD.	Executive Director	February 28, 2021
3. The agency will provide the following training to all social workers and team leaders: completing comprehensive IRRs and DRRs, Standard 19 Interviewing the Child about the Care Experience, and the structured decision making tools, including developing collaborative Family Plans within required timeframes, associated with ongoing family support services. Completion will be confirmed, via email, to the manager of Quality Assurance, MCFD.	Executive Director	February 28, 2021
4. The agency will review all open child service records and complete all outstanding care plans. Completion will be confirmed, via email, to the manager of Quality Assurance, MCFD.	Executive Director	February 28, 2021