

CASE PRACTICE AUDIT REPORT
Nisga'a Child and Family Services (INA, INB, INC)

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed June 17, 2016

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1. PURPOSE

The purpose of the audit is to improve and support guardianship and resource service. Through a review of a sample of cases, the audit is expected to provide a measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the fourth audit for Nisga'a Child and Family Services (NCFS). The last audit of the agency was completed in October 2012 as per the regularly scheduled 3 year audit cycle.

The specific purposes of the audit are:

- to further the development of practice;
- to assess and evaluate practice in relation to existing legislation and the Aboriginal Operational and Practice Standards and Indicators (AOPSI);
- to determine the current level of practice across a sample of cases;
- to identify barriers to providing an adequate level of service;
- to assist in identifying training needs; and
- to provide information for use in updating and/or amending practice standards or policy.

2. METHODOLOGY

Two quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare, Quality Assurance conducted the practice audit. The quality assurance analysts conducted the field work from June 13 – June 17, 2016. All but one of the delegated staff interviews were completed in person during the fieldwork. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the child service and resource files and generate office summary compliance reports and a compliance report for each file audited.

The population and sample sizes were based on data entered in ICM and confirmed with the agency prior to the audit commencing. At the time of the audit, there were at total of 29 open and closed children in care files and 19 resource files. 21 child service files and 15 resource files were randomly selected for the audit. The numbers in the samples ensure a 90% confidence that the results are within a plus or minus 10% margin of error. This means that if the ministry conducted 100 audits of the same DAA using the same sampling procedure it currently uses, then in 90 of the 100 audits, the results would be within 10% of the overall results obtained if the ministry audited every child welfare file within the DAA.

One child service file was removed from the sample during the audit as it was with the adoption team for planning and not available for review.

The scope of the practice audit was:

1. Child in care files (CCO, VCA & SNA) that were open between May 1, 2013 and April 30, 2016 and were open for at least 3 months with the agency.
2. Resource files that had children or youth in care for at least 3 months between May 1, 2013 and April 30, 2016. 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.

The analysts were available to answer any questions from staff that arose during the audit process. At the completion of the fieldwork in all 3 offices, the analysts held a meeting with the executive director (ED), team leaders (TL) and delegated staff to provide some preliminary findings and discuss the next steps in the audit process.

3. AGENCY OVERVIEW

a) Delegation

NCFS currently holds C4 delegation. This level of delegation enables the delegated agency to provide the following services:

- Temporary custody of children;
- Permanent guardianship of children in continuing custody;
- Permanency options and adoption planning;
- Support services to families;
- Voluntary Care Agreements;
- Special Needs Agreements;
- Youth Agreements and;
- Residential resources

NCFS signed their initial agreement in 1997. A Delegation Enabling Agreement is currently under negotiation for NCFS to obtain C6 delegation. The Aboriginal Services Branch, NCFS, and the Nisga'a Lisims Government (NLG) are working collaboratively on the C6 delegation process.

In addition to delegated services, NCFS delivers the following support services and programs on Nisga'a lands:

- Infant development program;
- Aboriginal supported child development programs;
- Family skills workers and;
- Family group conference.

Planning is currently underway to provide holistic therapy for community members on Nisga'a lands.

b) Demographics

NCFS is located on Nisga'a territory and is comprised of 3 offices in the cities of Terrace, New Aiyansh and Prince Rupert. NCFS provides child and family services to 4 villages on Nisga'a land including Gingolx (Kincolith), Laxgalts'ap (Greenville), Gitwinksihlkw (Canyon City) and Gitlakdamx (New Aiyansh) as well as Nisga'a citizens in Terrace, New Aiyansh, and Prince Rupert/Port Edward. There are approximately 2705 registered on reserve band members in the 4 communities (source: *Aboriginal Affairs and Northern Development Canada, First Nations Profiles, Registered Populations*, September 2016) and over 70% of Nisga'a citizens live outside of Nisga'a territory (source: *Nisga'a Lisims Government, Improving Communications Across the Nation*, September 2016).

The New Aiyansh office is the main administration office and the community where the NLG is located. There is a large travel distance of approximately 250 km from the New Aiyansh to the Prince Rupert office, and approximately 150 km between the Terrace and Prince Rupert offices. As such, transportation and remoteness are daily challenges for NCFS child welfare workers and the families they serve. NCFS focuses on providing culturally appropriate community based services for the Nisga'a citizens.

Three school districts (SD) provide education from kindergarten to grade 12 for Nisga'a children and youth including. Similarly the RCMP for the area are located in Terrace and Prince Rupert and a Lisims/Nass Valley detachment services New Aiyansh. Northern Health provides mental health and addictions services to Nisga'a communities.

c) Professional Staff Complement

At the time of the audit, the agency's staffing consisted of a director of programs and services, an executive director, family services program manager, a team leader, 9 social workers, an office manager, 3 team assistants, and 1 part time receptionist. There was 1 vacant team leader position, and 1 vacant guardianship and resource worker position. The executive director has been with the agency for almost 2 years; the team leader has been with the agency for 13 years. There is a family services program manager, family skills worker team leader, a family group conference coordinator, 2 family/youth support workers, an infant development coordinator, an early childhood education consultant, a supported child development consultant and a supported child development support worker. All of the staff report to the practice team leader and/or the family services program manager, and the team leader and program manager both report to the executive director.

All of the delegated staff completed the Aboriginal social work delegation training and/or MCFD delegation training and all have C4 delegation. One staff is C6 delegated and 3 staff are C5 delegated and working towards C6 delegation as the agency prepares to provide the full spectrum of child welfare services.

d) Supervision and Consultation

Staff are divided into 3 teams based on location with 1 team leader providing supervision for 2 teams, which includes 3 social workers and 1 family support worker in Terrace and 1 guardianship and resource worker in Prince Rupert. The ED provides interim supervision and case consultation to the New Aiyansh team of 3 social workers preparing for full delegation. All supervision is provided on a case by case basis through in person, email and phone consultations with the team leader and the executive director. Some staff indicated a desire for more supervision, and many suggested an interest in weekly team meetings.

A Clinical Supervision Agreement is discussed and signed by the team leader and each practitioner. The Clinical Supervision Agreement includes; an Agreement of Roles of Supervisor and Practitioner with the frequency, length, location and annual review date; a Conflict Resolution Agreement; an Employee and Family Assistance Program information document; and a Self-Care Assessment. In addition, quarterly face to face staff meetings for all staff are held. Team meetings are an opportunity to bring staff from all 3 office locations together. A staff retreat occurred in early 2016.

Resource workers from all 3 offices participate in face to face bi-monthly meetings as they requested. The ED provides consultation for the team leader and office manager. She also reports to the NLG through the director of programs and services on complex or media involved cases, and operational and human resource needs. When the team leader needs to consult on a case, she will also consult with the practice analyst from Aboriginal Services Branch, MCFD. The agency uses a shared calendar for vacation planning and professional development days.

4. STRENGTHS OF THE AGENCY

The analysts identified several strengths at the agency and of the agency's practice over the course of the audit:

- NCFS has been working on improving communication between program areas working with mutual families to provide better services to community members;
- In 2015, NCFS began using the SAFE home study model and all staff are SAFE trained. Resource staff are involved in an initiative with MCFD to Indigenize the SAFE home study tool;
- Staff in Terrace moved to a new location and this has improved morale as the office space is much bigger and more functional.
- Staff appreciate the team dynamic;
- Staff are committed to serving their clients and the communities using their knowledge of the culture and traditions of the Nisga'a peoples. Significant focus is placed on ensuring that the children and youth in care are involved in their culture. Hobeyee (Nisga'a New Year) celebrations are a highlight for the children and youth in care who often attend yearly from around the province. A yearly all-Native basketball tournament is a huge celebration of children, youth and sport

that Nisga'a community members attend and participate in. The Elders and traditional Chiefs are involved with the children and youth in care by participating in cultural events and teachings/mentoring. Many staff are Nisga'a cultural dancers and often dance with children in care;

- Staff are knowledgeable of the services available in the communities and they recognize the strengths and challenges facing the communities. They attempt to work with the communities' strengths and support the communities in the challenges they face;
- The agency has a strong focus on staff development and training. All of the staff interviewed reported on the mandatory SAFE training they attended. ICM and trauma training were completed by some staff, and a few mentioned a desire to attend when it is offered again. Multiple staff noted a desire for new training programs to advance their skillset; and
- Staff reported a very high level of work satisfaction and there is a collective goal to improve the standard of care for their children and youth in care.

5. CHALLENGES FACING THE AGENCY

The analysts identified several challenges at the agency and of the agency's practice over the course of the audit:

- Internet connectivity and server issues impacts access to systems;
- A lack of foster homes which results in borrowing MCFD resources;
- Staff noted challenging work relationships with MCFD;
- A lack of file preparation and documentation for transferring files from MCFD to NCFS;
- Financial challenges between NLG and NCFS regarding funding for services for families and youth in crisis situations;
- All staff identified training for foster parents is lacking;
- Foster parent rates are low given extensive transportation challenges according to practitioners;
- Community members misunderstanding C6, child protection practice by Nisga'a as the expectation is that there will not be any child protection needed when the agency takes over this piece of practice. Practitioners experience the cultural challenge of trying to respect Nisga'a law and do the work of child welfare simultaneously;
- Educating community members, Chiefs, and Elders about the importance of permanency and adoption planning for specific Nisga'a children and youth;
- Isolation was noted by some staff as a challenge especially during winter months when travel between offices and services is minimal or not possible;
- The agency has experienced a challenge with staffing the Rupert office. There is no family skills worker or resource worker in this office; and
- High risk youth provide specific challenges for practitioners due to a lack of resources and proximity to services.

6. DISCUSSION OF THE PROGRAMS AUDITED

a) Child Service

The audit reflects the work done by the staff in the agency's delegated programs over the past 3 years. The 23 standards in the CS Practice Audit are based on the AOPSI Guardianship Practice Standards. The standards are as follows:

AOPSI Guardianship Practice Standard	Compliance Description
St. 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	The social worker has preserved and promoted the cultural identity of the child in care and provided services sensitive to the child's views, cultural heritage and spiritual beliefs.
St. 2: Development of a Comprehensive Plan of Care	When assuming responsibility for a child in care the social worker develops a Comprehensive Plan of Care/Care Plan. The comprehensive plan of care/care plan is completed within the required timeframes.
St. 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care/Care Plan	The Comprehensive Plan of Care/Care Plan is monitored to determine progress toward goals, the continued safety of the child, the effectiveness of services, and/or any barrier to services. The comprehensive plan of care/care plan is reviewed every six months or anytime there is a change in circumstances.
St 4: Supervisory Approval Required for Guardianship Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Guardianship Services and ensures there is a thorough review of relevant facts and data before decisions are made. There is documentation on file to confirm that the social worker has consulted with the supervisor on the applicable points in the standard.
St 5: Rights of Children in Care	The social worker has reviewed the rights with the child on a regular basis. The social worker has discussed the advocacy process with the child. Given the age of the child, the rights of the child or advocacy process has not been reviewed with the child but they have been reviewed with the caregiver or a significant adult to the child.
St. 6: Deciding Where to Place the Child	Documented efforts have been made to place the child as per the priority of placement.

St 7: Meeting the Child's Needs for Stability and Continuity of Relationships	There are documented efforts to support continued and ongoing attachments
St 8: Social Worker's Relationship and Contact with a Child in Care	There is documentation that the social worker meets with the child when required as per the frequency of visits listed in the standard. Meetings are held in person and in private, and in a manner that allows the child and the social worker to communicate freely.
St 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	There is documentation that written information on the child has been provided to the caregiver as soon as possible at the time of placement, and the social worker has reviewed appropriate discipline standards with the caregiver and the child.
St 10: Providing Initial and Ongoing Medical and Dental Care for a Child in Care	The social worker ensures a child in care receives a medical and, when appropriate, dental examination when coming into care. All urgent and routine medical services, including vision and hearing examinations, are provided for the child in care.
St. 11: Planning a Move for a Child in Care	The social worker has provided an explanation for the move to the child and has explained who his/her new caregiver will be.
St. 12: Reportable Circumstances	The agency Director and the Provincial Director of Child Welfare have been notified of reportable circumstances and grievous incidents.
St 13: When a Child or Youth is Missing, Lost or Runaway	The social worker in cooperation with the parents has undertaken responsible action to locate a missing, lost or runaway child or youth, and to safeguard the child or youth from harm or the threat of harm.
St 14: Case Documentation for Guardianship Services	There are accurate and complete recordings on file to reflect the circumstances and admission on the child to care, the activities associated with the Comprehensive Plan of Care/Care Plan, and documentation of the child's legal status.
St. 15: Transferring Continuing Care Files	Prior to transferring a Continuing Care file, the social worker has completed all required documentation and followed all existing protocol procedures.
St. 16: Closing Continuing Care Files	Prior to closing a Continuing Care file, the social worker has completed all required documentation and follows all existing protocol procedures.
St. 17: Rescinding a Continuing Care Order and Returning the Child to the Family Home	When returning a child in care of the Director to the parent entitled to custody, the protection social worker and the guardianship social worker develop a plan to ensure the child's safety. The plan is

	developed prior to placing a Continuing Care ward in the family home and reviewed prior to rescinding the Continuing Care Order.
St. 19: Interviewing the Child About the Care Experience	When a child leaves a placement and has the capability to understand and respond, the child is interviewed and his/her views are sought about the quality of care, service and supports received in the placement. There is documentation that the child has been interviewed by the social worker in regards to the criteria in the standard.
St. 20: Preparation for Independence	The social worker has assessed the youth's independent living skills and referred to support services and involved relevant family members/caregivers for support.
St. 21: Responsibilities of the Public Guardian and Trustee	The social worker has notified the Public Guardian and Trustee as required in the standard.
St. 22: Investigation of Alleged Abuse or Neglect in a Family Care Home	The social worker has followed procedures in Protocol Investigation of a Family Care Home.
St. 23: Quality of Care Reviews	The social worker has appropriately distinguished between a Quality of Care Review and Protocol Investigation. The social worker has provided a support person to the caregiver.
St. 24 Guardianship Agency Protocols	The social worker has followed all applicable protocols.

Findings from the audit of the child service files include:

- There was thorough documentation of the children or youth in care's involvement in cultural events in the community as well as visits with their families and persons significant to the children and youth (100% compliance). This is an area of strength in the agency's practice with most of the children and youth in care being placed with extended family thereby ensuring their culture is fully integrated into their lives;
- Many of the files did not contain Care Plans/CPOCS over the 3 year audit scope period (22% compliance). In 5 files, Care Plans were documented but were not signed, in 1 file a Care Plan was not completed for a youth aging out, and 8 files were missing at least one care plan. Undocumented care plans by year include 6 in 2013, 8 in 2014, 5, in 2015, and 3 in 2016;
- Excellent documentation of supervisory approvals and consults was found throughout the files (86% compliance);
- Section 70 rights are not being regularly reviewed with children/youth in care or their significant others when young age or capacity are factors. Thirteen files did

- not document that the Section 70 rights had been reviewed on an annual basis (28% compliance);
- Rationales for placement selections were fully documented and family members were either involved in decisions for placements children and youth in care were placed with extended family as caregivers and many with siblings; (100% compliance);
 - Significant efforts are being made by the social workers to support and maintain contact between the children/youth in care and their siblings, parents, extended families and community members (100% compliance);
 - Documentation of the social workers' private contact with children/youth in care did not meet the standard in most files (15% compliance);
 - Only 2 files included documentation that information about the children and youth was provided to the caregivers at the time of placements or that the appropriate discipline standards were reviewed with the caregivers (13% compliance);
 - Excellent documentation of medical, dental, optical, speech therapy, occupational and physical therapy appointments as well as other assessments were found on the files (100% compliance);
 - Excellent documentation when children and youth in care were moved to new placements, and of the reasons for these moves and the planning involved (100% compliance);
 - Incomplete documentation and follow up of reportable circumstances was found on 2 files (0% compliance). The analysts provided the file names and details of the critical incidents to the team leader for follow up;
 - Overall, case documentation was negatively impacted by the lack of Care Plans and review recordings over the 3 year scope period with only 4 files having the required documentation to meet the standard (22% compliance);
 - Internal transferring recordings were well documented in the 17 applicable files (94% compliance);
 - Closing documentation was completed in the 4 applicable files (80% compliance);
 - Excellent documentation of rescinding a CCO for a child or youth in care was completed in the 2 applicable files (100%);
 - Interviews with children and youth in care about their care experiences when leaving their placements was documented in the 2 applicable files (67% compliance);
 - Excellent documentation of independent living planning, transitioning to adult CLBC services and preparation of the youth for participation in skills/trades training, in the 6 applicable files (100% compliance);
 - Thorough and detailed documentation of the involvement of the Public Guardian and Trustee was found in all files (100% compliance);
 - Case notes, emails and formal reports completed by MCFD were found on the 2 applicable files that had protocol investigations, (100% compliance);
 - For the 1 file where quality of care concerns were identified, complete documentation was found (100% compliance); and

- In all of the files, documentation revealed that social workers are familiar with and follow all protocols related to the delivery of child and family services that the agency has established with local and regional service providers (100% compliance).

Child service files achieved higher (50% or higher) compliance to the following standards:

- St. 1 Preserving the Identity and Providing Culturally Appropriate Services;
- St. 4 Supervisory Approval Required for Guardianship Services;
- St. 6 Deciding Where to Place the Child;
- St. 7 Meeting the Child's Needs for Stability and Continuity of Relationships;
- St. 10 Providing Initial and Ongoing Medical and Dental Care for a Child in Care;
- St. 11 Planning a Move for a Child in Care;
- St. 15 Transferring Continuing Care files;
- St. 16 Closing Continuing Care files;
- St. 17 Rescinding a Continuing Care Order;
- St. 19 Interviewing the Child about the Care Experience;
- St. 20 Preparation for Independence;
- St. 21 Responsibilities of the PGT;
- St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home; and
- St. 23 Quality of Care Review; and
- St. 24 Guardian Agency Protocols.

Child service files achieved lower (less than 50%) compliance to the following standards:

- St. 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care;
- St. 5 Rights of Children in Care;
- St. 8 Social Worker's Relationship and Contact with a Child in Care;
- St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards; and
- St. 14 Case Documentation for Guardianship Services;

b) Resources

The audit reflects the work done by the staff in the agency's delegated programs over the past 3 years. The 9 standards in the Resource Practice Audit are based on the AOPSI Voluntary Service Practice Standards. The standards are as follows:

AOPSI Voluntary Service Practice Standards	Compliance Description
St. 28: Supervisory Approval Required for Family Care Home Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Family Care Home

	Services and ensures there is a thorough review of relevant facts and data before decisions are made.
St. 29: Family Care Homes – Application and Orientation	People interested in applying to provide family care, restricted care, or specialized care complete an application and orientation process. The social worker provides an orientation for applicants re: the application process and the agency's expectations of caregivers when caring for children.
St. 30: Home Study	Family Care Homes are assessed to ensure that caregivers understand and meet the Family Care Home Standards.
St 31: Training of Caregivers	Upon completion of the application, orientation and home study processes, the approved applicant(s) will participate in training to ensure the safety of the child and to preserve the child's cultural identity.
St 32: Signed Agreement with Caregiver	All caregivers have a written Family Care Home Agreement that describes the caregiver's role, responsibilities, and payment level.
St. 33: Monitoring and Reviewing the Family Care Home	The social worker will monitor the family care home regularly and formally review the home annually to ensure the standards of care and the needs of the child(ren) placed in the home continue to be met.
St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home	Allegations of abuse and neglect in family care homes are investigated by the Child Protection delegated social worker according to the Protocol Investigation of a Family Care Home.
St 35: Quality of Care Review	A Quality of Care Review of a Family Care Home is conducted by a delegated social worker whenever a quality of care concern arises where the safety of the child is not an issue.
St 36: Closure of the Family Care Home	When a Family Care Home is closed, the caregivers are notified of the reasons for closure verbally and in writing.

Findings from the audit of the resource files include:

- Most of the agency's caregivers have been fostering on a long term basis;
- 9 of the open homes are caregivers from the Nisga'a Nations.

- Many of the caregivers are relatives to the children and youth in care. These caregivers are fostering sibling groups with complex behavioral, emotional and physical needs;
- Thorough documentation of supervisory approvals and consults was found throughout all of the files (100% compliance). These also include supervisory approvals on key documents such as the home studies, exceptions to policy and family care home agreements;
- In 5 of the files, incomplete application and orientation documentation was found (67% compliance). In the older files, updated consolidated criminal record checks need to be completed and the analysts provided this information to the team leader for follow up;
- Completed home studies were found in 5 of the files (71% compliance). The analysts found the studies to be very thorough and well written. Most of the agency's homes are restricted and the agency uses the same study for their restricted caregivers;
- Training offered to, and taken by, the caregivers was not well documented throughout 7 of the files (30% compliance). The agency appears to have infrequent training opportunities for their caregivers and the training that is being offered or taken is not being documented on the files;
- In 9 of the files, completed, signed and consecutive family care home agreements were found (90% compliance);
- Completed annual reviews were found for the entire 3 year audit scope period on half of the files (50% compliance). There was a lack of documentation that social workers are maintaining regular contact with their caregivers through in person home visits and phone/email contact. In 4 of the files, the homes were open for less than a year and the annual reviews were not due however there was a lack of documentation that regular monitoring of the homes were occurring;
- There was thorough documentation of the agency's response and involvement regarding investigations of alleged abuse or neglect in family care homes in the 2 applicable files (100% compliance);
- Complete documentation of the quality of care review was found in the one applicable file (100% compliance). Documentation of the social workers' follow up and completion on the actions from this review could be included in the file documentation; and
- In the 4 closed resource files, 3 files had complete closing documentation including closing notification letters to the caregivers (75% compliance).

Resource files achieved higher (50% or higher) compliance to the following standards:

- St. 28 Supervisory Approval Required for the Family Care Home Services;
- St. 30 Home Study;
- St. 32 Signed Agreements with Caregivers;
- St. 33 Monitoring and Reviewing the Family Care Home;
- St. 34 Investigation of Alleged Abuse or Neglect in a Family Care Home.
- St. 35 Quality of Care Review; and

- St. 36 Closure of the Family Care Home

Resources files achieved lower (less than 50%) compliance to the following standards:

- Standard 32 Signed Agreement with Caregivers

7. COMPLIANCE TO PROGRAMS AUDITED

a) Child Service

There were a total of 21 open & closed child service files audited. The overall compliance rate to the child service standards was **71%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

Standard	Total Applicable	Total Compliant	Total Not Compliant	% Compliant
Standard 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11)	21	21	0	100%
Standard 2: Development of a Comprehensive Plan of Care (VS 12) *	0			
Standard 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13)*	18	4	14	22%
Standard 4: Supervisory Approval Required for Guardianship Services (Guardianship 4)	21	18	3	86%
Standard 5: Rights of Children in Care (VS 14)*	18	5	13	28%
Standard 6 Deciding Where to Place the Child (VS 15) *	21	21	0	100%
Standard 7: Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	21	21	0	100%
Standard 8: Social Worker's Relationship & contact with a Child in Care (VS 17)	21	3	18	15%
Standard 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18) *	15	2	13	13%

Standard 10: Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	21	21	0	100%
Standard 11: Planning a Move for a Child in Care (VS 20) *	4	4	0	100%
Standard 12: Reportable Circumstances (VS 21) *	2	0	2	0%
Standard 13: When a Child or Youth is Missing, Lost or Runaway (VS 22) *	0			
Standard 14: Case Documentation (Guardianship 14)*	18	4	14	22%
Standard 15: Transferring Continuing Care Files (Guardianship 14) *	18	17	1	94%
Standard 16: Closing Continuing Care Files (Guardianship 16) *	5	4	1	80%
Standard 17: Rescinding a Continuing Care Order and Returning the Child to the Family Home *	2	2	0	100%
Standard 19: Interviewing the Child about the Care Experience (Guardianship 19) *	3	2	1	67%
Standard 20: Preparation for Independence (Guardianship 20) *	6	6	0	100%
Standard 21: Responsibilities of the Public Guardian and Trustee (Guardianship 21)	21	21	0	100%
Standard 22: Investigation of Alleged Abuse or Neglect in a Family Care Home *	2	2	0	100%
Standard 23: Quality of Care Review *	1	1	0	100%
Standard 24 Guardianship Agency Protocols (Guardianship 24)	21	21	0	100%

Standard 2: 21 files did not require initial care plans during the audit scope period because all children/youth entered care prior to May 1, 2013.

Standard 3: 3 files included care plans that were not due in the audit time frame.

Standard 5: 3 files involved Rights of children in care documentation that was not due in audit time frame.

Standard 9: 3 files youth were in group homes and 3 files information was not due for review in audit time frame.

Standard 11: 17 files involved children who were placed with their families or were not moved from their care homes.

Standard 12: 19 files did not contain information regarding reportable circumstances.
 Standard 13: 21 files did not contain information regarding children missing, lost or run away.
 Standard 14: 3 files were newly transferred and case documentation was not yet due.
 Standard 15: 3 files were not transferred.
 Standard 16: 16 children in care files were not closed.
 Standard 17: 19 files did not include rescindment of a continuing custody order.
 Standard 19: 18 files involved children or youth who did not change placements or were too young to be interviewed.
 Standard 20: 15 files involved children and youth too young to be prepared for independence.
 Standard 22: 19 files did not include an investigation of alleged abuse or neglect in a family care home.
 Standard 23: 20 files did not include a quality of care review.

b) Resources

There were a total of 15 open and closed resource files audited. The overall compliance rate to the resource standards was **71%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

Standard	Total Applicable	Total Compliant	Total Not Compliant	% Compliant
Standard 28 Supervisory Approval Required for Family Care Home Services	15	15	0	100%
Standard 29 Family Care Homes – Application and Orientation *	14	9	5	64%
Standard 30 Home Study *	12	11	1	92%
Standard 31 Training of Caregivers	15	10	5	67%
Standard 32 Signed Agreement with Caregivers	15	6	9	40%
Standard 33 Monitoring and Reviewing the Family Care Home	15	10	5	67%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	2	1	1	50%
Standard 35 Quality of Care Review *	0			
Standard 36 Closure of the Family Care Home *	3	3	0	100%

Standard 29: 1 file included application & orientation documentation completed prior to April 1, 2013.
Standard 30: 3 files included home studies completed prior to April 1, 2013.
Standard 34: 13 files did not include an investigation of alleged abuse or neglect in a family care home.
Standard 35: 15 files did not include a quality of care review.
Standard 36: 12 files were not closed.

8. ACTIONS COMPLETED TO DATE

Prior to the development of the Action Plan, the following actions were implemented by the agency:

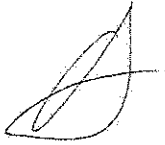
- In 2016, a tracking system for key guardianship decisions was implemented. This tracking system is utilized in regularly scheduled supervision sessions with social workers and is updated for each child in care every 3 months. In 2016, a tracking system for annual foster home reviews and 90 day contacts with foster parents was implemented. This tracking system is utilized in regularly scheduled supervision sessions with social workers;
- In 2016, all open resource records that were non-compliant to Standard 29 due to outstanding criminal record updates were brought up to standard. All completed criminal record updates were placed within the physical resource records;
- A new resource worker was hired in Prince Rupert to address some of the resource practice challenges. There are now 2 resource workers in the agency;
- A new guardianship worker was hired in Terrace, for at least 3 months, to cover a medical leave.

9. ACTION PLAN

On December 05, 2016, the following Action Plan was developed in collaboration between Nisga'a CFS and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Person Responsible	Completion date
Child Service:		
<p>1. The agency will review all open child service files and complete all outstanding plans of care and attach the completed plans of care into the respective ICM records. Confirmation will be sent to, and verification will be made by, the Office of the Provincial Director of Child Welfare.</p>	Executive Director, NCFSS	February 28, 2017
<p>2. The agency will distribute a practice directive to all staff to review the rights of children and youth in care at the times they are placed and every year afterward, to conduct in-person private visits with children and youth in care, and to review discipline standards with foster parents at the times of placements and every year afterward. The practice directive will also outline the procedures on how to record these dates within the files. This practice directive will be provided to the Office of the Provincial Director of Child Welfare</p>	Executive Director, NCFSS	February 28, 2017

<p>Resources:</p> <p>3. The agency will review all open resource files and complete all outstanding family care home agreements and annual reviews. Confirmation of completion will be provided, via email, to the Office of the Provincial Director of Child Welfare.</p>	<p>Executive Director, NCFSS</p>	<p>February 28, 2017</p>
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January 20, 2017

Alex Scheiber

Date

Deputy Director of Child Welfare, MCFD