



Provincial Care Plan Audit Report

Report Completed: June 2021

Office of the Provincial Director of Child Welfare and Aboriginal Services

Quality Assurance Branch

TABLE OF CONTENTS

INTRODUCTION	3
1. SUMMARY OF FINDINGS.....	3
1.1 Indigenous Children and Youth.....	4
1.2 Assessments and Plans in the Seven Domains	4
1.3 Safety of Children and Youth	6
1.4 Participation of Children and Youth.....	7
1.5 Collaborative Practice, Agreements and Supervisory Approval	8
1.6 Review Care Plan and Putting the Care Plan into Action	8
2. ACTION PLAN	9
APPENDIX	11
A. METHODOLOGY	11
B. DETAILED FINDINGS AND ANALYSIS	13
b.1 Indigenous Children and Youth.....	14
b.2 Assessments in the Seven Domains.....	16
b.3 Plans in the Seven Domains	17
b.4 Safety of Children and Youth	22
b.5 Participation of Children and Youth.....	24
b.6 Collaborative Practice, Agreements and Supervisory Approval	25
b.7 Review Care Plan and Putting the Care Plan into Action	26
C. DOMAIN DESCRIPTORS	28

INTRODUCTION

This report contains information and findings related to a provincial care plan practice audit that was conducted between October 2018 to July 2019.

Practice audits are conducted regularly by practice analysts in the Quality Assurance branch of the Provincial Director of Child Welfare and Aboriginal Services division across several of the Ministry of Children and Family Development (MCFD) service lines and for services provided by Delegated Aboriginal Agencies (DAA) under the Child, Family and Community Service Act (CFCSA). The audits inform continuous improvements in policy, practice and overall service delivery. They provide quality assurance oversight and demonstrate accountability to the public.

The care plan practice audit was designed and implemented to assess achievement of key components of the Child and Youth in Care Policies (CYICP). The CYICP contains the policies, standards, and procedures that support the duties and functions carried out by delegated guardianship social workers under the CFCSA. Guardianship social workers provide services to children and youth in care of MCFD. The goals of these services are to preserve their cultural identities, assess and plan for their individual needs and development and promote their safety and well-being in collaboration with their formal and informal support systems.

1. SUMMARY OF FINDINGS

This practice audit was based on a review of annual care plans (henceforth referred to as care plans) in four representative samples of child service records that were open in MCFD offices across the province on August 31, 2018. Care plans in child service records that were open in DAAs were not included. The four samples represent the following cohorts: Indigenous children; Indigenous youth; non-Indigenous children; and non-Indigenous youth. The audit focused on care plans that were identified in the Integrated Case Management (ICM) database as being completed in the six-month period between Sept. 1, 2017 and Feb. 28, 2018. In addition, the audit also assessed electronic documentation in ICM associated with some specific areas of guardianship practice as well as the quality of review care plans that were completed up to August 31, 2018.

The following sub-sections contain the summary findings and observations of the practice analysts in the context of the policy, standards and procedures that informed the audit design and measures. Some relate to specific measures and corresponding policy requirements, while others are informed by themes that emerged across several measures. The complete findings and comprehensive analysis with additional categorical data can be found in the appendix.

The overall compliance rate for the provincial care plan practice audit was **52%**.

1.1 Indigenous Children and Youth

Ministry policy requires that when an Indigenous child/youth is in care, their cultural identity and ties to their family, Indigenous community and heritage be developed, strengthened and nurtured in a way that is meaningful to them and their Indigenous community. Ministry policy also requires that throughout an Indigenous child/youth's time in care, actions are taken to meet the objectives set out in their care plan to promote the conditions that lead to the best possible outcomes. The intended outcomes of these policies are that: Indigenous communities are identified; Indigenous communities are involved in planning, including permanency; Indigenous children/youth learn about and practice their Indigenous traditions, customs and languages, and belong to Indigenous communities; and the needs of Indigenous children/youth are met.

The practice analysts found that almost all the care plans associated with Indigenous children/youth identified their Indigenous communities and identities or, when their Indigenous communities or identities were not identified, there were documented efforts to determine this information. In addition, almost two-thirds of the care plans confirmed that the children/youth were entitled to Band memberships and/or registered for status or, when Band entitlements and/or registrations were not confirmed, there were documented efforts to determine this information.

The practice analysts found that less than one-quarter of the care plans for Indigenous children/youth documented the efforts taken by their social workers to support and encourage the participation of their Indigenous communities and, if applicable, the affiliated (and involved) Indigenous child and family service agencies when developing their cultural plans. With respect to cultural planning for Indigenous children/youth in care, less than half of the care plans and/or cultural planning documents outlined ways in which the children/youths' participation in culturally specific activities, including traditional customs and activities that are unique to their communities, will be promoted and preserved.

1.2 Assessments and Plans in the Seven Domains

Ministry policy requires that when a child/youth comes into care, an assessment of their needs is completed and a plan is developed and implemented in a way that promotes the child/youth's overall well-being. Policy also requires that throughout a child/youth's time in care, actions are taken to meet the objectives set out in their care plan to promote the conditions that lead to the best possible outcomes. The intended outcome of these policies is that the child/youth's needs are met.

The child/youth's care plan is a living, working document that remains relevant as the child/youth matures and as their circumstances change. A comprehensive assessment of their needs and strengths must be completed annually for each domain area (Identity, Health, Education,

Placement, Self-Care and Independence, Legal and Permanency). The assessment component for each domain area is intended to be an executive summary and a current reflection of the child or youth's strengths and needs in the context of their experiences and relationships. The practice analysts reviewed all the information in the care plan to assess whether the key themes for each domain descriptor were addressed when determining achievement to this standard of practice. The practice analysts found that over two-thirds of the assessments in the seven domains met all the requirements as outlined in the procedures associated with the standard.

Action-based planning continues throughout a child/youth's stay in care. According to the CYICP, documentation of all aspects of the care plan ensures that the child/youth in care has a record of the decisions made, the priorities set, and the actions taken while they are in care. Each assessment domain is followed by a list of strategies that make up the plan for the specific domain area (Identity, Health, Education, Placement, Self-Care and Independence, Legal and Permanency). The strategies are the intended plan for the child/youth that address the priority strengths and needs identified in the assessment that the youth and the care team/circle have agreed to focus on for the next six to 12 months. The practice analysts found that almost two-thirds of plans in the seven domains met all the requirements as outlined in the procedures associated with the standard.

Ministry policy requires that stability for a child/youth in care is promoted by preventing or reducing changes in their placements wherever possible. The intended outcome of this policy is that children/youth experience a change in placement when it is in their best interests and in the context of their care plan and long-term stability.

The practice analysts found that over one-third of the care plans identified placement changes in the previous 12-month period. Less than half of these care plans described how the children and youth were supported and prepared prior to these placement changes. Furthermore, the practice analysts found that less than one-quarter of the care plans that identified placement changes in the previous 12-month also outlined the steps taken by the social workers to stabilize the placements prior to the moves.

Ministry policy requires that youth in care are assisted in preparing to live successfully in the community by providing them with necessary training, guidance and support to take responsibility for every aspect of their lives, according to their capabilities, upon reaching the age of majority. The intended outcome of this policy is that youth in care are prepared for independence and are connected to significant individuals in their community.

The practice analysts looked for assessments and strategies that focussed on skill development and improving their readiness for transition to adulthood as appropriate to their needs, developmental abilities and capacities.

The practice analysts found that almost two-thirds of the care plans for older youth had planning for independence underway.

Ministry policy requires that youth in care with special needs are supported to plan early for the transition to adulthood through a coordinated approach focusing on the youth in the context of their support network, community and culture. The intended outcomes for this policy are that youth are supported to plan for transition to adulthood after their 14th birthday in accordance with their abilities and that youth benefit from a collaborative and coordinated transition planning approach that is youth-centered and community-focused. The standard of practice associated with this policy is that transition planning is initiated for youth who are 14 years of age by incorporating transition goals and services into the youth's plan of care and that the required documentation for Community Living BC (CLBC) eligibility determination is provided to CLBC after the youth's 16th birthday and no later than six months after the youth's 17th birthday. The practice analysts found that, for youth 16 years of age or older whose care plans identified eligibility for Children and Youth with Support Needs services, less than half of the care plans confirmed that the Cross-Ministry Transition Protocol, described in part above, was followed.

Ministry policy reflects the CFCSA requirement that the Public Guardian and Trustee (PGT) protects the legal rights and financial interests of children/youth in care for whom the PGT is the property guardian. The intended outcome for this policy is that the PGT is appropriately involved in planning for a child/youth when acting as the child/youth's property guardian.

The PGT was the property guardian for almost two-thirds of the children and youth in care. In these records, where ongoing legal or financial matters were identified, the practice analysts found that almost one-third of the care plans outlined the efforts taken by social workers to involve the PGT in case planning and, when there were known events that could have affected the children/youths' legal or financial interests, the PGT was notified of such events less than one-third of the time. When the PGT was not the property guardian and there were known events that could have affected the children/youths' legal or financial interests, the PGT was never consulted about making applications to appoint PGT guardian of property, as per legislation and policy.

1.3 Safety of Children and Youth

Ministry policy reflects the CFCSA requirement that the director ensures that a child/youth's safety and well-being are paramount considerations and, throughout the child/youth's time in care, their rights are respected and actively promoted. Ministry policy also requires that appropriate action is taken to locate a missing child/youth and to safeguard them from harm or the threat of harm. The intended outcomes of these policies are that: children/youth are safe; children/youth receive care consistent with the rights defined by section 70 of the CFCSA;

children/youth know their rights and entitlements according to their developmental levels; steps are taken to locate missing children/youth; and steps are taken to plan for habitually missing children/youth.

When there are known safety concerns about a child or youth in care, a social worker must take the necessary steps to address the safety concern and if there was the death or critical injury of, or serious incident involving, the child/youth, an initial report is provided to the Provincial Director of Child Welfare and, if applicable, to the delegate of the director in the DAA, within 24 hours of the social worker being informed. The practice analysts found that less than one-third of the child service records that had reportable circumstances described in the care plans or in ICM also documented responses that met all the requirements as outlined in the standard. Furthermore, with respect to those records where the reportable circumstance involved missing children or youth, none of the responses met all the requirements as outlined by the policy.

The practice analysts found that less than one-tenth of the records confirmed in the care plans or in ICM that in-person and private contact was maintained at least once every 90 days with the children/youth in care. A child/youth in care must also be informed of and educated about their rights and entitlements, appropriate to their developmental level. For a younger child, and a child without the capacity to understand their rights, the director may review their rights with a relative or other adult that is not their current caregiver. The practice analysts found that almost two-thirds of the care plans contained documentation confirming that the section 70 rights, as well as information about the MCFD complaints process, were reviewed with them or with relatives/significant adults in the previous 12-month period.

1.4 Participation of Children and Youth

In accordance with the policy for completing and implementing a child/youth's care plan in a way that promotes their overall well-being, the CYICP outlines that: the social worker encourages and supports the child/youth's participation in the development of their care plan, as appropriate to their developmental level and ability; during visits with the child/youth, the social worker consistently seeks their views, in a manner appropriate to their age and developmental abilities, about their own safety and well-being; and the social worker obtains the signature, or confirmation of agreement on the care plan from the child/youth as appropriate to their developmental level and ability.

Nearly two-thirds of the care plans contained confirmations that the children/youth were supported to participate and had their views considered according to their developmental levels and abilities when developing their care plans. For youth aged 12 years and over with the capacity to understand, a signature is required and must be sought annually. The signature signifies an understanding that the child or youth has read the care plan and agrees with the

assessments and goals set in place. The practice analysts found less than one-quarter of the applicable care plans contained signatures from the children/youth.

1.5 Collaborative Practice, Agreements and Supervisory Approval

In accordance with the policy for developing and implementing a child/youth's care plan in a way that promotes their overall well-being, the CYICP outlines that: when appropriate and consistent with a child/youth's best interests, the social worker invites and supports the participation of significant people in their life to develop the care plan, including their parents, siblings, extended family and community, their caregiver, advocates, proposed care providers/ caregivers/ adoptive parents; the social worker obtains signatures, or confirmations of agreements on the care plan from those with primary involvement related to implementing the plan; and the supervisor signs on the care plan and review care plan.

The measures related to collaborative practice focussed on assessing the social worker's efforts to involve and support the participation of significant individuals in the child/youth's life when developing the care plan. Ideally, a care plan is completed as part of a large group meeting or a series of smaller meetings with key people in the child/youth's life participating. This information may include, but is not limited to, references to care plan meetings, care plan meeting minutes, and records of conversations with members of the care team or circle that informed the assessment or plan in the seven domains.

Assessing collaboration often required the analysts to use their professional judgement as to whether the process that took place to develop the care plan was collaborative in nature. If care planning did not appear to have been a collaborative process, the social worker should have documented reasonable efforts to involve others and provide an explanation to the barriers to collaborative planning. The practice analysts found that less than half of the care plans were collaboratively developed as outlined in the procedures above. Furthermore, more than one-tenth of the care plans contained the required signatures or confirmations of agreements from those with primary responsibility for implementing the listed strategies. Lastly, the practice analysts found half of the care plans contained signatures of supervisors.

1.6 Review Care Plan and Putting the Care Plan into Action

The purposes of a review care plan are to formally assess, within six months of completing the care plan, the impact of the events in a child/youth's life and to update the progress and strategies in the affected domains. The practice analysts found more than one-tenth of the records contained review care plans. Furthermore, the practice analysts assessed all documentation in ICM up to six months from the completion dates of the care plans to determine whether actions were taken and progress was made on the agreed upon strategies. The practice analysts found less than one-tenth of the records confirmed that the care plan strategies were

put into action or, if progress on the strategies could not be made, efforts were taken to address the barriers to achieving the goals.

2. ACTION PLAN

ACTIONS	PERSONS RESPONSIBLE	INTENDED OUTCOMES	DATE TO BE COMPLETED
<p>1. Provide the following recommended training to all delegated social workers and supervisors responsible for guardianship services in the province:</p> <p>a) The purpose of the Care Plan Review and how to document progress on the Care Plan strategies.</p> <p>b) How best to implement the principles of the APPF in care planning.</p> <p>c) How best for supervisors to support guardianship social workers in increasing collaboration in care planning.</p> <p>d) The Care Plan is the primary document for recording private visits with CICs.</p> <p>2. Develop examples of Care Plans that promote best practices in care planning and documentation.</p>	Practice Branch/ Learning and Development	<p>Young persons in care understand plans and can see progress in their personal development goals</p> <p>Indigenous principles are applied that support individual identity and connection to culture.</p> <p>Staff have better understanding on how to involve all care team members in the process and address local issues that may be barriers to collaboration.</p> <p>Care Plans will be developed collaboratively resulting in more quality plans for CYICs.</p> <p>There is consistent recording of visits in one location.</p> <p>Staff will know the components of a good Care Plan.</p>	March 30, 2022
<p>3. The Directors of Operations in each SDA will review with every supervisor who oversees guardianship casework the tracking systems used to monitor and anticipate the private, in-person, visits every 90 days with CICs.</p> <p>4. Directors of Operations will provide a report to their respective EDSs every six months on the names of children/youth in care for whom the 90-day visits are overdue.</p>	EDS	Each CYIC is seen by their guardianship worker, frequently enough to meet their needs and at a minimum every 90 days, resulting in improved relationship and safety.	Sept 30, 2021

5. Submit the 19 outstanding Reportable Circumstance Reports identified in this provincial care plan audit.	EDS	All outstanding Reportable Circumstance Reports will be submitted.	Sept 30, 2021
6. Include in training for guardianship social workers and supervisors the circumstances that require PGT notification and when and how to involve the PGT in care planning.	Practice Branch/ Learning and Development	Children and youth have their legal rights and financial interests protected.	March 30, 2022

APPENDIX

This appendix contains a description of the audit methodology and a detailed breakdown of the findings for each of the measures and their ancillary questions in the audit tool.

A. METHODOLOGY

The four samples of child service records are representative at the provincial level. The samples were extracted from ICM and were selected from populations of child service records associated with MCFD offices that were open on August 31, 2018 with care plans that were identified as completed between September 1, 2017 and February 28, 2018 (referred to as the audit timeframe). Only children with the following in-care statuses were included: Voluntary Care Agreement, Special Needs Agreement, Continuing Custody Order, Removal of Child, Interim Care Order, and Temporary Custody Order. The four samples represent the following cohorts:

1. Indigenous children in care who were not yet 16 years of age on August 31, 2018
2. Indigenous youth in care who had their 16th birthday on, or before, August 31, 2018
3. Non-Indigenous children in care who were not yet 16 year of age on August 31, 2018
4. Non-Indigenous youth in care who had their 16th birthday on, or before, August 31, 2018.

Table 1: Selected Records by Sample Cohort

Sample	Population Size	Sample Size
Indigenous child service records	486	60
Indigenous youth service records	134	49
Non-Indigenous child service records	512	65
Non-Indigenous youth service records	247	54
Totals	1,379	228

Each sample is large enough to provide a 90% confidence level and a 10% margin of error. Each sample is stratified, proportional to the size of cases in each SDA. This is to say that the SDAs with the largest numbers of children/youth in care in a sample had the largest representations of records. Conversely, the SDAs with smaller numbers of children/youth in care in a sample had smaller representations of records. It is important to note that the results from the provincial samples do not identify performance at the SDA level. The sampling method and ICM extracts were developed and produced with the support of the Modelling, Analysis and Information Management Branch.

The completion dates of the care plans were identified from the information social workers entered in the “Care Plan Completed” field in ICM. During the audit, the practice analysts

discovered that the dates entered in this ICM field (dates were always in the audit timeframe of September 1, 2017 to February 28, 2018) sometimes:

- corresponded to care plans that were not started or completed in the audit timeframe;
- corresponded to adoption, interim or review care plans;
- corresponded to care plans duplicated from previous years;
- did not correspond to care plans of any type;

As a result, 76 of the original 228 records in the samples (34%) were removed and replaced with records of the same type because completed annual care plans were not found within the audit timeframe. The table below provides the number of records removed and replaced and explains why.

Table 2: Records Removed by Reason

Reasons for Removal from Sample	Total
No care plan started or completed in the audit timeframe	45
Adoption care plan	18
Interim care plan	7
Review care plan	2
No care plan in the record	3*
Duplicate care plan from a previous year	1
Total	76

*These child service records were open for four years, six years and 14 years (related to a youth in an interprovincial placement).

Table 3: Selected Records by In-Care Status

In-Care Status	Total
Continuing Custody Order	136
Temporary Custody Order	49
Interim Custody Order	10
Voluntary Care Agreement	10
Special Needs Agreement	23
Total	228

The records in the samples were reviewed by five practice analysts on the audit team. The analysts used the care plan audit tool which is an electronic SharePoint data entry form designed with the assistance from data specialists on the monitoring team in the Child Welfare Branch.

The tool contained 28 measures designed to assess compliance with key components of the CYICP. Each measure contained a scale with “achieved”, “not achieved” and “not applicable” as rating options, as well as text fields that allowed the analysts to record explanations for their ratings.

Some measures contained ancillary questions designed to collect additional categorical data. This ancillary data is presented in the highlighted text boxes below. Please note that ancillary data based on partial sample sets are not provided at the 90% confidence level and a 10% margin of error.

The care plan audit tool was accompanied by a user guide that provided the analysts with a detailed explanation about each measure and instructions on how to determine each rating. To further promote accuracy and inter-rater reliability, each record was independently audited by two practice analysts. All disagreements about the ratings were brought to the care plan audit teleconferences, held weekly during data collection and attended by all four practice analysts and the manager of audit, for peer consultation, manager review and final decisions.

The audit focused primarily on care plans. However, in order to check for good practice in care planning and examine the social workers’ efforts to comply to certain standards and procedures set out in the CYICP, some measures also permitted the assessment of all electronic documentation in ICM. The sources of documentation for each measure is described above each table in section B.

B. DETAILED FINDINGS AND ANALYSIS

In this section of the report, findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all the measures in the care plan audit tool (1 to 28). Each table is followed by an analysis of the findings, including a breakdown of the reasons why the records were rated achieved or not achieved. It is important to note that some measures can result in a rating of not achieved for more than one reason. In addition to the summary findings and observations, data related to the ancillary questions in the audit tool is presented in orange boxes. This ancillary data supplements, but does not inform, the audit scores in this report.

There is a combined total of 228 records in the four samples selected for this audit. However, not all the measures in the audit tool were applicable to all the records. The “Total Applicable” column in the tables contains the total number of records to which each measure was applied and the footnotes below some of the tables explain why some of the measures were not applicable.

The overall compliance for the provincial care plan practice audit was **52%**.

b.1 Indigenous Children and Youth

Table 4 provides compliance rates for measures 1 to 4, which have to do with identifying the child/youth's Indigenous community and identity, registering the child/youth for status under the Indian Act and/or obtaining Band membership, participation of the Indigenous community in cultural planning and promoting culturally specific activities. When applying measures 1 to 3, the practice analyst considered the care plan and all electronic documentation in ICM. When applying measure 4, the practice analyst considered the care plan and, if applicable, cultural planning documents. The note below the table provides the number of files in which the measure was applicable and explains why.

Table 4: Indigenous Children and Youth

Measure	Total Applicable	# Achieved	# Not Achieved	% Achieved
1: Identifying the Child/Youth's Indigenous Community and Identity	109*	97	12	89%
2: Registering the Child/Youth for Status under the Indian Act and/or Obtaining Band Membership	109*	70	39	64%
3: Participation of the Indigenous Community in Cultural Planning	109*	24	85	22%
4: Culturally Specific Activities	109*	48	61	44%

*Total applicable includes the sample of 60 Indigenous children and 49 Indigenous youth.

1: Identifying the Child/Youth's Indigenous Community and Identity

The compliance rate for this measure was 89%. The measure was applied to 109 of the 228 records in the samples; 97 were rated achieved and 12 were rated not achieved. To receive a rating of achieved, the child/youth's Indigenous community and identity were identified or, when determination needed to be made about the child/youth's Indigenous community or identity, information was sought from the child/youth, the child/youth's parent(s), the child/youth's extended family, a Delegated Aboriginal Agency or an off-reserve Indigenous, Inuit or Métis organization, or Indigenous and Northern Affairs Canada (INAC). For this measure, Indigenous community refers to the cultural connections through genealogy and the specific community that the child/youth comes from (example: Metis from Winnipeg, Manitoba). For this measure, identity refers to how the child/youth sees themselves as a member of one or more First Nation/Métis/Inuit communities in relation to their traditions, customs, and languages.

Of the 12 records rated not achieved:

- four did not document the children/youths' Indigenous communities or confirm that the necessary information was sought;

- one did not document the child/youth's Indigenous identity or confirm that the necessary information was sought;
- seven did not document the children/youths' Indigenous communities or identities or confirm that the necessary information was sought.

2: Registering the Child/Youth for Status under the Indian Act and/or Obtaining Band Membership

The compliance rate for this measure was 64%. The measure was applied to 109 of the 228 records in the samples; 70 were rated achieved and 39 were rated not achieved. To receive a rating of achieved:

- the child/youth is registered under the Indian Act and/or has membership in the appropriate Indigenous community or, when the child/youth is entitled to be registered or to membership or when determination needs to be made about entitlement to be registered or to membership, efforts were documented to register the child/youth or secure membership; or
- the record confirmed that the child/youth is not eligible to be registered or to membership.

Of the 39 records rated not achieved, all did not confirm that the children/youth are registered under the Indian Act and/or have memberships in the appropriate Indigenous communities and no efforts were documented to register the children/youth or secure memberships and the records did not confirm that the children/youth are not eligible to be registered or to memberships.

3: Participation of the Indigenous Community in Cultural Planning

The compliance rate for this measure was 22%. The measure was applied to 109 of the 228 records in the samples; 24 were rated achieved and 85 were rated not achieved. To receive a rating of achieved, efforts were taken to ensure the participation of the Indigenous community and, if applicable, an affiliated Indigenous child and family service agency, in the development and implementation of the child/youth's cultural plan.

Of the 85 records rated not achieved:

- 41 did not document cultural planning;
- 44 documented cultural planning but did not document the efforts taken to ensure the participation of the Indigenous communities in the development and implementation of the cultural plans.

4: Culturally Specific Activities

The compliance rate for this measure was 44%. The measure was applied to 109 of the 228 records in the samples; 48 records were rated achieved and 61 were rated not achieved. To receive a rating of achieved, the cultural plan outlined the ways in which the child/youth's participation in culturally specific activities, including traditional customs and activities that are unique to their community, will be promoted and preserved.

Of the 61 records rated as not achieved:

- 41 did not document cultural planning;
- 20 documented cultural planning but did not document the ways in which culturally specific activities, including traditional customs and activities that are unique to their communities, will be promoted and preserved.

Ancillary Data for Indigenous Children and Youth

- 1% (two out of 109) of the records contained cultural plan documents that were separate from the care plans.
- 62% (68 out of 109) of the care plans documented cultural plans or referred to cultural plan documents.
- 50% (55 out of 109) of the care plans and/or cultural plan documents documented the ways in which culturally specific or culturally non-specific activities will be promoted and preserved.
- 21% (22 of the 107) of the care plans and/or cultural plan documents associated with children/youth who were not living on their Indigenous lands outlined the steps needed or taken to explore the possibility of travelling for visits. *
- 17% (19 out of 109) of the children/youth were placed with their relatives.
- 43% (39 out of 90) of the care plans and/or cultural plan documents related to children/youth who were not placed with their relatives outlined the steps needed or taken to address this issue. *

*Findings not provided at the 90% confidence level and 10 % margin of error.

b.2 Assessments in the Seven Domains

Table 5 provides compliance rates for measures 5, 7, 9, 11, 13, 15 and 17 which have to do with completing an assessment in each of the care plan's seven domains. Table 5 also provides the weighted compliance rate for all seven measures. When applying these measures, the practice analyst considered only the care plan. The note below the table provides the number of files in which the measure was applicable and explains why.

Table 5: Assessments in the Seven Domains

Measure	Total Applicable	# Achieved	# Not Achieved	% Achieved
5: The Identity Assessment	228	181	47	79%
7: The Health Assessment	228	176	52	77%
9: The Education Assessment	228	160	68	70%
11: The Placement Assessment	228	162	66	71%
13: The Self Care and Independence Assessment	228	141	87	62%
15: The Legal Assessment	18*	14	4	78%
17: The Permanency Assessment	228	131	97	57%
Totals and Weighted Compliance Rate:	1, 386	965	421	70%

*Total applicable includes 18 records that identified one or more of the following legal involvements: immigration and/or citizenship status in Canada; Youth Criminal Justice Act; Public Guardian and Trustee; and proceedings under CFCSA, FLA or the Adoption Act involving the dependent child of a youth in care.

The overall weighted compliance rate for the assessments found in the seven domains was 70%. The measures were applied to all 228 records in the samples, except for the legal domain. The legal domain measure was applied to 18 of the 228 records in the samples. The practice analysts reviewed a total 1, 386 assessments: 965 were rated achieved and 421 were rated not achieved. To receive a rating of achieved, the domain contained a current assessment of the child/youth's strengths (at least one) and needs (at least one) and considered the key components in the domain descriptor (at least one). A domain descriptor appears directly above the assessment box in each domain and describes the general themes of information to be included in the assessment (see Appendix C for details).

Of the 421 assessments rated not achieved:

- 278 did not consider any of the key components in the domain descriptors;
- 77 were blank;
- 27 did not document any needs;
- 19 were not current;
- 17 did not document any strengths;
- three did not document any strengths or any needs.

b.3 Plans in the Seven Domains

Table 6 provides compliance rates for measures 6, 8, 10, 12, 14, 16 and 18 which have to do with completing a plan in each of the care plan's seven domains. Table 6 also provides the weighted compliance rate for all seven measures. When applying these measures, the practice analysts

considered only the care plan. The note below the table provides the number of files in which the measure was applicable and explains why.

Table 6: Plans in the Seven Domains

Measure	Total Applicable	# Achieved	# Not Achieved	% Achieved
6: The Identity Plans	228	152	76	67%
8: The Health Plans	228	155	73	68%
10: The Education Plans	228	147	81	64%
12: The Placement Plans	228	119	109	52%
14: The Self Care and Independence Plans	228	136	92	60%
16: The Legal Plans	18*	11	7	61%
18: The Permanency Plans	228	127	101	56%
Totals and Weighted Compliance Rate:	1,386	847	539	61%

*Total applicable includes 18 records that identified one or more of the following legal involvements: immigration and/or citizenship status in Canada; Youth Criminal Justice Act; Public Guardian and Trustee; and proceedings under CFCSA, FLA or the Adoption Act involving the dependent child of a youth in care.

The overall weighted compliance rate for the plans found in the seven domains was 61%. The measures were applied to all 228 records in the samples, except for the legal domain. The legal domain measure was applied to 18 of the 228 records in the samples. The practice analysts reviewed a total 1,386 plans: 847 were rated achieved and 539 were rated not achieved. To receive a rating of achieved, the domain contained a plan that contained at least one strategy associated with a strength or need identified in the assessment and was written in the SMART format: specific, measurable/meaningful, achievable, realistic/relevant and time-limited.

Of the 539 plans rated not achieved:

- 339 documented strategies, but none were measurable;
- 136 were blank;
- 64 documented one or more measurable strategies, but none were associated with the assessments.

Ancillary Data for Identity

- 29% (66 out of 228) of the care plans contained recent photos of the children/youth.
- 93% (211 out of 228) of the care plans promoted opportunities for the children/youth to develop attachments with family members and significant others.

Ancillary Data for Health

- 88% (201 out of 228) of the care plans identified the primary physicians.
- 62% (142 out of 228) of the care plans confirmed that the children/youth attended medical appointments during the preceding 12 months.
- 81% (168 out of 208) of the care plans associated with children/youth three years of age and older identified the primary dentists. *
- 56% (116 out of 208) of the care plans for children/youth three years of age or older confirmed they attended dental appointments during the preceding 12 months. *
- 28% (63 out of 228) of the care plans confirmed that the children/youth attended ophthalmologist or optometrist appointments during the preceding 12 months.

*Findings not provided at the 90% confidence level and 10% margin of error.

Ancillary Data for Education

- 76% (174 out of 228) of care plans identified the involvement of educational or child care professionals.
- 85% (193 out of the 228) of the children/youth were of school age (five years old) at the times their care plans were completed.
- 48% (92 out of 193) of the care plans related to school aged children/youth identified the existence of school based individual education plans (IEP) or behavioural plans. *
- 69% (63 out of 92) of care plans that identified IEP or behavioural plans also considered these plans in the assessments or strategies. *
- 32% (62 out of 193) of the care plans related to school aged children/youth identified attendance issues. *
- 61% (38 out of 62) of the care plans that identified attendance issues listed strategies to resolve this issue. *
- 52% (101 out of 193) of the care plans related to school aged children/youth identified their involvement in extra-curricular social or recreational activities. *
- 39% (36 out to 92) of the care plans related to school aged children/youth that did not identify their involvement in extra-curricular social or recreational activities listed strategies to resolve this issue. *

*Findings not provided at the 90% confidence level and 10% margin of error.

Ancillary Data for Placement

- 16% (36 out of 228) of the children/youth were placed with their relatives.
- 36% (70 out of 192) of the care plans related to children/youth who were not placed with their relatives listed the steps needed or taken to resolve this issue. *
- 36% (83 out of 228) of the care plans identified placement changes during the preceding 12 months.
- 48% (40 out of 83) of the care plans that identified placement changes listed the steps taken to support and prepare the children/youth prior to the placement changes. *
- 23% (19 out of 83) of the care plans that identified placement changes listed the steps taken to promote the stability of the placements prior to the placement changes. *

*Findings not provided at the 90% confidence level and 10% margin of error.

Ancillary Data for Self-Care and Plan and Independence

- 39% (88 out of 228) were youth aged 16 and older at the times their care plans were completed.
- 63% (63 out of 88) of the care plans related to youth aged 16 and older listed the steps needed or taken to prepare them for independence. *
- 14% (nine out of 63) of the care plans related to youth aged 16 and older that listed the steps needed or taken to prepare them for independence also contained referrals for Youth Transition Conferences. *
- 32% (28 out of 88) of the care plans related to youth aged 16 and older identified them as eligible for services from Children and Youth with Support Needs (CYSN). *
- 43% (12 out of 28) of the care plans related to youth aged 16 and older that identified them as eligible for services from CYSN also confirmed that the Cross-Ministry Transition Planning Protocol was followed. *
- 7% (six out of 88) of the care plans related to youth 16 and older identified them as pregnant or parenting during the preceding 12 months (there were no pregnant or parenting youth under the age of 16). *
- 83% (five out of six) of the care plans that identified the youth as pregnant or parenting listed the steps needed or taken to supported them to engage in prenatal or parental support services. *

*Findings not provided at the 90% confidence level and 10% margin of error.

Ancillary Data for Legal

- 57% (130 out of 228) were youth aged 12 and older at the times their care plans were completed.
- 10% (13 out of 130) of the care plans related to youth aged 12 and over identified them as involved with Youth Justice Services. *
- 1% (three out of 228) of the care plans identified the children/youth as involved with Immigration Services.
- 75% (three out of four) of the care plans that identified the youth as parenting also identified them as involved in legal proceedings regarding dependent children. *
- 60% (136 out of 228) of the children/youth had the Public Guardian and Trustee (PGT) as their property guardian.
- 14% (19 out of 136) of the care plans related to children/youth who had the PGT as their property guardian also identified ongoing legal or financial matters. *
- 32% (six out of 19) of the care plans related to children/youth who had the PGT as their property guardian and identified ongoing legal or financial matters also listed the efforts taken to involve the PGT in case planning. *
- 10% (14 out of 136) of the care plans related to children/youth who had the PGT as their property guardian also identified circumstances or events that could have affected their legal or financial interests. *
- 29% (4 out of 14) of the care plans related to children/youth who had the PGT as their property guardian and identified circumstances or events that could have affected their legal or financial interests also confirmed that the PGT was notified of these circumstances and events. *
- 40% (92 out of 228) of the children/youth did not have the Public Guardian and Trustee (PGT) as their property guardian.
- 11% (10 out of 92) of the care plans related to children/youth who did not have the PGT as their property guardian also identified circumstances or events that could have affected their legal or financial interests. *
- 0% (0 out of 10) of the care plans related to children/youth who did not have the PGT as their property guardian and identified circumstances or events that could have affected their legal or financial interests did not confirm that the PGT was notified of these circumstances and events. *

Ancillary Data for Permanency:

- 50% (46 out of 92) of the care plans related to children/youth who were not in the continuing custody of the director outlined concurrent permanency planning. *
- 43% (59 out of 136) of care plans for children/youth in the continuing custody of the director identified adoption as the overall permanency goal. *
- 76% (45 out of 59) of the children/youth with adoption as their overall permanency goal were registered in the adoption management system (AMS) database. *

*Findings not provided at the 90% confidence level and 10% margin of error.

b.4 Safety of Children and Youth

Table 7 provides compliance rates for measures 19 to 21 which have to do with ensuring the safety of the child/youth, maintaining contact with the child/youth and educating the child/youth about their rights. When applying measure 19 and 20, the practice analysts considered the care plan and all electronic documentation in ICM. When applying measure 21, the practice analysts considered only the care plan. The note below the table provides the number of files in which the measure was applicable and explains why.

Table 7: Safety of Children and Youth

Measure	Total Applicable	# Achieved	# Not Achieved	% Achieved
19: Safety of the Child/Youth	58*	18	40	31%
20: Contact with the Child/Youth	228	15	213	7%
21: The Rights of the Child/Youth	228	148	80	65%

*Total applicable includes 58 records that identified safety concerns, critical injuries or serious incidents during the 12 months prior to the completion dates entered in ICM for the care plans.

19: Safety of the Child/Youth

The compliance rate for this measure was 31%. The measure was applied to 58 of the 228 records in the samples; 18 were rated achieved and 40 were rated not achieved. To receive a rating of achieved, the social worker responded as soon as possible to information from others that indicated that the child/youth's safety may have been at risk and took necessary steps to address the safety concern and, if there was the death or critical injury of, or serious incident involving, the child/youth, an initial report was provided to the Provincial Director of Child Welfare and, if applicable, to the delegate of the Director in the Delegated Aboriginal Agency, within 24 hours of the social worker being informed.

Of the 40 records rated not achieved:

- 19 did not contain the required initial reports to the Provincial Director of Child Welfare for the critical injuries of, or serious incidents involving, the children/youth;
- 23 contained the required initial reports to the Provincial Director of Child Welfare for the critical injuries of, or serious incidents involving, the children/youth, but all were not provided within 24 hours of the social workers being informed;
- five did not confirm that the social workers took the necessary steps to address safety concerns.

The total adds to more than the number of records rated as not achieved because six records had combinations of the above noted reasons.

Of the 23 records that were rated not achieved because the initial reports to the Provincial Director of Child Welfare were not provided within 24 hours of the social workers being informed, the range time it took was between two and 252 days with the average time being 34 days.

The audit also assessed whether the social workers responded according to policy when a child or youth was missing or had run away while there were additional concerns about their safety (Policy 5.12: When a Child/Youth is Missing). Nine records in the samples identified children/youth who went missing or had run away while there were additional concerns about their safety. Of these nine, none complied with the policy. Specifically, two did not confirm the social workers notified the police; three confirmed that the social workers notified the police, but not immediately; six did not contain safety plans after the children/youth were found; and one did not confirm that the social worker notified the child/youth's parent(s). The total adds to more than the number of children/youths who went missing or had run away because three records had a combination of the above noted reasons.

20: Contact with the Child/Youth

The compliance rate for this measure was 7%. The measure was applied to all 228 records in the samples; 15 were rated achieved and 213 were rated not achieved. To receive a rating of achieved, the social worker maintained in-person, private contact with the child/youth at least once every 90 days.

Of the 213 records rated not achieved:

- 69 did not document private contacts with the children/youth during the 12-month period;
- 144 documented private contacts during the 12-month period but they were not maintained every 90 days.

Of the 144 records rated not achieved because the private contacts were not maintained every 90 days, the number of private contacts documented in the 12-month period ranged from one to 17 private contacts, with the average being three private contacts.

21: The Rights of the Child/Youth

The compliance rate for this measure was 65%. The measure was applied to all 228 records in the samples; 148 were rated achieved and 80 were rated not achieved. To receive a rating of achieved, the child/youth was educated about their section 70 rights and entitlements in a manner appropriate to their developmental level or, for younger children and children without the capacity to understand their rights, the review of their rights was conducted with a relative or other adult (not the current caregiver) who knows the child/youth and can act in their best interests.

Of the 80 records rated not achieved, all did not document that the children/youth or their relatives or other adults who know the children/youths and can act in their best interests were educated about their section 70 rights and entitlements.

b.5 Participation of Children and Youth

Table 8 provides compliance rates for measures 22 and 23 which have to do with supporting the child/youth to participate in the development of the care plan and obtaining the child/youth's signature. When applying measure 22, the practice analyst considered the care plan and all electronic documentation in ICM. When applying measure 23 the practice analyst considered only the care plan. The note below the table provides the number of files in which the measure was applicable and explains why.

Table 8: Participation of Children and Youth

Measure	Total Applicable	# Achieved	# Not Achieved	% Achieved
22: Child/Youth Participation	228	141	87	62%
23: Child/Youth's Signature	126*	26	100	21%

*Total applicable includes 122 care plans associated with youth whose 12th birthdays were on, or before, the dates the care plans were completed and had the ability to provide signatures and four care plans that were signed by children under the age of 12.

22: Child/Youth Participation

The compliance rate for this measure was 62%. The measure was applied to all 228 records in the sample; 141 were rated achieved and 87 were rated not achieved. To receive a rating of achieved, the child/youth was supported to participate and had their views/wishes considered according to their developmental level and ability when developing the care plan.

Of the 87 records rated not achieved:

- 41 did not document the participation of the children/youth or the efforts to support their participation or that their views/wishes were considered according to their developmental levels and abilities when developing their care plans;
- 36 did not document the participation of the children/youth or the efforts to support their participation when developing their care plans;
- ten did not document that the views/wishes of the child/youth were considered according to their developmental levels and abilities when developing their care plans.

23: Child/Youth's Signature

The compliance rate for this measure was 21%. The measure was applied to 126 records in the sample; 26 were rated achieved and 100 were rated not achieved. To receive a rating of

achieved, the care plan was signed by the child/youth as appropriate to their developmental level and ability.

Of the 100 records rated not achieved, all were not signed by the children/youth as appropriate to their developmental levels and abilities.

b.6 Collaborative Practice, Agreements and Supervisory Approval

Table 9 provides compliance rates for measures 24 to 26 which have to do with collaborating with significant others, obtaining agreements and supervisory signature. When applying measure 24, the practice analyst considered the care plan and all electronic documentation in ICM. When applying measure 25, the practice analyst considered only the care plan. When applying measure 26, the practice analyst considered the care plan and the review care plan.

Table 9: Collaborative Practice, Agreements and Supervisory Approval

Measure	Total Applicable	# Achieved	# Not Achieved	% Achieved
24: Collaboration	228	106	122	46%
25: Care Team/Circle Members' Agreement	228	30	198	13%
26: Supervisor's Signature	228	114	114	50%

24: Collaboration

The compliance rate for this measure was 46%. The measure was applied to all 228 records in the sample; 106 were rated achieved and 122 were rated not achieved. To receive a rating of achieved, the social worker invited and supported the participation of significant people in the child/youth's life when developing the care plan.

Of the 122 records rated not achieved, all did not document the participation, or the efforts to support the participation, of significant people in the children/youths' lives when developing the care plan.

25: Care Team/Circle Members' Agreement

The compliance rate for this measure was 13%. The measure was applied to all 228 records in the sample; 30 were rated achieved and 198 were rated not achieved. To receive a rating of achieved, the care plan was signed by all care team or circle members confirming their agreements to any responsibilities as identified in the domains or the social worker initialed indicating their agreements.

Of the 198 records rated not achieved, all care plans were not signed by all the care team or circle members that had responsibilities as identified in the domains and the social workers did not initial indicating their agreements.

26: Supervisor's Signature

The compliance rate for this measure was 50%. The measure was applied to all 228 records in the sample; 114 were rated achieved and 114 were rated not achieved. To receive a rating of achieved, the care plan and, if completed, the review care plan, were signed by the supervisor.

Of the 114 records rated not achieved:

- 110 contained care plans that were not signed by the supervisors;
- two contained review care plans that were not signed by the supervisors;
- two contained care plans and review care plans that were not signed by the supervisors.

Ancillary Data for Collaborative Practice

- 4% (10 out of 228) of the records identified that the involvement of family and extended family members in the development of the care plans would be inappropriate.
- 21% (45 out of 218) of the records that did not identify that the involvement of family and extended family members in the development of the care plans would be inappropriate documented the participation of family or extended family members. *
- 5% (11 out of 173) of the records that did not document the involvement of family and extended family in the development of the care plans listed the efforts taken to support the participation of family or extended family members. *
- 44% (101 out of 228) of the records documented the involvement of the children/youths' caregivers in the development of the care plans.

*Findings not provided at the 90% confidence level and 10% margin of error.

b.7 Review Care Plan and Putting the Care Plan into Action

Table 10 provides compliance rates for measures 27 and 28 which have to do with the review care plan and putting the care plan into action. When applying measure 27, the practice analyst considered the review care plan. When applying measures 28, the practice analyst considered the care plan and, if applicable, cultural planning documents, the review care plan and the electronic documentation in ICM.

Table 10: Review Care Plan and Putting the Care Plan into Action

Measure	Total Applicable	# Achieved	# Not Achieved	% Achieved
27: Review Care Plan	228	30	198	13%
28: Putting the Care Plan into Action	228	13	215	6%

27: Review Care Plans

The compliance rate for this measure was 13%. The measure was applied to all 228 records in the samples; 30 were rated achieved and 198 were rated not achieved. To receive a rating of achieved, a review care plan was completed within six months of completing the care plan and when circumstances arose that made a review care plan necessary and when there was a change in the permanency goal and in preparation for the child/youth leaving care.

Of the 198 records rated not achieved:

- 175 did not contain review care plans;
- 23 contained review care plans, but they were not completed within six months of the completion dates entered in ICM for the care plans.

28: Putting the Care Plan into Action

The compliance rate for this measure was 6%. The measure was applied to all 228 records in the samples; 13 were rated achieved and 215 were rated not achieved. To receive a rating of achieved, actions were taken to complete the strategies set out in the care plan and, if applicable, the cultural plan documents, or, if actions were not taken to complete the strategies set out in the care plan and, if applicable, the cultural plan, steps were listed to address the identified barriers.

Of the 215 records rated not achieved:

- 178 documented that some, but not all, strategies set out in the care plan were put into action and, when strategies were not put into action, steps were not listed to address the barriers;
- 37 did not document that any of the strategies set out in the care plan were put into action and steps were not listed to address the barriers.

C. DOMAIN DESCRIPTORS

- a. Identity: Describe the child/youth's growing understanding of themselves as an individual and in relation to others. Address the different aspects of identity, paying attention to areas where they may be experiencing a lack of support and/or acceptance by self or others. Identify important relationships and their quality. Focus on opportunities that support healthy relational and cultural permanence.
- b. Health: Document physical and mental health conditions or developmental disabilities and how they affect the child/youth's development. Address the child/youth's strengths and needs in relation to physical, emotional, behavioural and sexual health in the context of experiences.
- c. Education: Identify the child/youth's abilities in relation to learning and the supports in place to enhance success. Describe the child/youth's sense of belonging to school and community including social and recreational interests and opportunities.
- d. Placement: Describe the relationship the child/youth has with the people that they live with. Document how the child/youth's caregivers and/or home environment support and nurture development and need for placement stability and legal permanence.
- e. Self-Care and Independence Skills: Describe the child/youth's achievements and future goals in relation to self-care and independence skill development in the context of abilities. For older youth, discuss preparation/readiness for transition to adulthood.
- f. Legal: Identify legal actions involving the child or youth in care and any dependent children. This includes ensuring that the child/youth's immigration and/or citizenship status in Canada is addressed when applicable. Other examples include the Youth Criminal Justice Act, Public Guardian and Trustee and legal proceedings under CFCSA, FLA or the Adoption Act involving the dependent child of a youth in care.
- g. Permanency: Document the progress toward the identified permanency goal including alternate permanency option(s) when applicable. Include the exploration of CFCSA Section 71 placement priorities and any barriers to legal permanence. Address how the child/youth, family and significant others have been involved in the permanency planning and their views.