



Ayás Méñmen Child and Family Services
(ITA & IJA)

PRACTICE AUDIT REPORT

Report Completed: February 2023

Office of the Provincial Director of Child Welfare and Aboriginal Services Division
Quality Assurance Branch
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1. PURPOSE

The purpose of the audit is to improve and support resource, voluntary service and child service practice. Through the review of samples of records, the audit provides a measure of the quality of documentation during the audit timeframes confirms good practice, and identifies areas where practice requires strengthening. This is the sixth C4 audit for Ayás Méhmen Child and Family Services (AMCFS).

The specific purposes of the audit are to:

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

2. METHODOLOGY

There were three quality assurance practice analysts from the Ministry of Children and Family Development's (MCFD) Office of the Provincial Director and Aboriginal Services Division – Quality Assurance Branch, who conducted the practice audit, reviewing both AMCFS physical files and Best Practice (BP) files. The MCFD SharePoint site was used to collect the data for the child and youth service, resource, and voluntary family service records, to generate program compliance tables (see Findings and Analysis section) and a compliance report for each record audited. Interviews with the delegated staff were conducted by phone after the data collection was completed.

The population and sample sizes for all the record types used in the audit were extracted from the Integrated Case Management (ICM) database. The sample sizes provide a confidence level of 90% with a +/- 10% margin of error. However, some of the standards used for the audit are only applicable to a reduced number of the records that were selected and so the results obtained for these standards have a decreased confidence level and an increased margin of error. The following are the sample sizes for the nine record types:

Record Types	Population Sizes	Sample Sizes
Open child service records	38	25
Closed child service records	21	17
Open and closed resource records	25	19
Open voluntary family service records	45	28
Closed voluntary family service records	14	12

The above samples were randomly drawn from populations with the following parameters:

1. The sampling frame (i.e., the list from which the actual sample is drawn) for open child service (CS) records: CS records open in the agency's offices on March 31, 2022 and had been open continuously at the agency for at least six months with legal category Voluntary Care Agreement (VCA), Special Needs Agreement (SNA), Continuing Custody Order (CCO), or Out of Province.
2. The sampling frame for closed child service records: CS records that were closed in ICM between October 1, 2019 and March 31, 2022 and managed by the office for at least six months continuously with the following legal categories: Voluntary Care Agreement, Special Needs Agreement, Continuing Custody Order, or Out of Province.
3. The sampling frame for open and closed resource (RE) files is as follows: RE records in ICM that were managed by the agency that had children or youth in their care for at least three months continuously between April 1, 2019 and March 31, 2022. Children or youth in care had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level 1 Care, Level 2 Care, Level 3 Care, and First Nations Foster Home.
4. The sampling frame for Open FS records was derived as follows: 'Non-protection' FS records open in ICM on March 31, 2022 and managed by this agency for at least six months continuously.
5. The sampling frame for Closed FS records was derived as follows: 'Non-protection' FS records closed in ICM between October 1, 2021 and March 31, 2022 and managed by this agency for at least six months continuously.

3. AGENCY OVERVIEW

AMCFS was established to protect and strengthen Squamish families; to provide peace to the children of Squamish Nation.

The philosophy of AMCFS is to enhance the lives of the Skwxwú7mesh Úxwumixw children, their families, and the community by providing a caring, supportive, and vital community service. They aim to walk alongside families in their journey, providing restorative, holistic, and culturally grounded family services.

AMCFS equips children, youth, and families with life skills, supports, education, and training to be able to live a healthy life and to walk with guidance, confidence, support, and identity in the life they choose. Through a safe, fun, holistic, and cultural approach, its goal is to ensure that every child has safety, protection, security, love, guidance, spirituality, healing, and respect in their lives. They support family capacity-building to help families take responsibility to care for each other, from youngest to oldest. They assist families with advocacy, emotional support through crisis, and prevention so that Nation members can support and empower one another.

AMCFS aims to ensure that children have a life free of violence and substance abuse, that they receive proper health and family care, and that they have safety, protection, security, love, guidance, spirituality, harmony, and respect in their lives. Much of this comes through the teachings of the Long House, training in the Squamish language, cultural, social, and family traditions.

AMCFS uses a number of innovative approaches to practice including:

NexwniwniTway Family Circles - engage families and community to come together to help make effective plans for children. NexwniwniTway is a model that Squamish Nation uses to resolve differences. It is a model consistent with Squamish values and practice.

Ceremonies – including “Honouring Our Children”, a ceremony in which all children in care are blanketed, and the “Honouring Babies” ceremony in which all new babies for each year are honoured. In March 2022 there were 58 new babies honoured.

Food Program - the Food Program is a new component of the overall AMCFS set of holistic services. It includes a community kitchen for building cooking skills, a food pantry opens up to three days per week for members in need, ‘The Grocer’ hydroponic grow system, that produces food year-round for members, monthly food distribution and semi-annual holiday food hampers. They also have a seasonal outdoor garden with root vegetables, berries, and medicinal plants.

Sharing Medicinal Knowledge – from the AMCFS garden and from the territories, staff have shared traditional medicine knowledge by hosting a medicine table for the community and by taking people onto the lands to harvest medicines. This has strengthened the relationship of AMCFS with the community and resulted in the sharing of knowledge as well as in referrals for services.

a) Delegation

AMCFS operates under C4 delegation. This level of delegation enables the agency to provide the following services:

- establishing contracted resources and foster homes
- guardianship and care for children in continuing care
- voluntary support services to families
- voluntary care and special needs agreements
- youth agreements
- extended family program
- agreement with young adults

AMCFS was established with their first C4 Delegation Enabling Agreement signed on April 28th, 1993. The agency is currently operating under a delegated service agreement from April 1, 2020 to March 31, 2025.

The agency offers services and programs that are aimed to keep their children safe, strengthen and preserve their families, connect them to their culture, and enhance their community well-being. AMCFS also provides the following non-delegated services, programs and events to Squamish children and families:

- Shewaynewas Family Program: Growing Together, Early Years, Child & Parent Supports. The family program provides proactive prevention and education strategies to all Skwxwú7mesh Úxwumixw (Squamish Nation) families with children 0-6.
- Mother Bear Child Development Centre/Daycare Services: The Mother Bear Development Centre Programs provide proactive prevention and education strategies to all Skwxwú7mesh Úxwumixw families through regularly scheduled programs with a team of specialists and staff to assist parents with family issues, providing one-on-one support, workshops, and other activities.
- Wellness Team: The Wellness team offers Play Therapy, Child & Youth Mental Health Therapy and Support. The program offers counselling services for children, youth, adults and their families when they are experiencing challenges. Providing a cultural and community-based prevention service delivery.
- Aboriginal Supported Child Development
- Speech and Language Pathologist
- Occupational Therapy
- Physiotherapy

b) Demographics

In 1923, 16 First Nations communities in the North Shore and Squamish Valley area formed the Squamish Nation. Currently, the Nation is comprised of 28 First Nation communities which are located on the North Shore, Howe Sound, Sunshine Coast and Squamish Valley. There are approximately 4454 registered members with over 50% living in First Nation communities. There are 478 children in community, 553 out of community, 1577 adults residing in community and 1476 residing out of community (Crown-Indigenous Relations and Northern Affairs Canada; Indigenous peoples and communities; First Nations; Registered Population; Squamish

https://fnp-ppn.aadnc.aandc.gc.ca/FNP/Main/Search/FNRegPopulation.aspx?BAND_NUMBER=555&lang=eng;

(March, 2022; cited from Squamish Nation membership department).

The agency's geographic service area includes Squamish, West Vancouver, North Vancouver, Vancouver, Richmond, Delta, Surrey, Coquitlam, New Westminster and Burnaby.

Child and family services to the Squamish Nation are delivered primarily from two offices: North Vancouver and the Squamish Valley. The main office in North Vancouver (ITA) provides services for nation members on the North Shore and the office in Squamish (IJA) provides services for nation members in the Squamish Valley.

c) Professional Staff Complement and Training

AMCFS has approximately 90 staff in its programs. The child and family service teams are comprised of the director, four team leaders (three dedicated to delegated work), seven intake and family services workers, six guardianship workers two resource workers, two circle workers, 11 professional youth helpers, six professional helpers in specialized services for children, one Jordan's Principle coordinator, three wellness therapists and two family preservation workers.

The Elders in Residence were previous AMCFS employees, and the elder and support worker provides advice and guidance as a knowledge keeper in Squamish Valley.

d) Supervision and Consultation

The director reports to the Sk̓wx̓wú7mesh Úxwumixw (Squamish Nation), and the following positions report to the director:

- intake and family services team leader
- guardianship team leader
- resources and family circles team leader
- child and youth mental health (CYMH)/therapists team leader
- administrative manager

Supervision is an integrated part of the practice at AMCFS. Most staff receive bi-weekly formal supervision in addition to the ongoing informal consultation that occurs on a regular basis. Regular supervision provides an opportunity for staff to identify their training needs and progress toward their performance goals. All staff have had an appraisal within the past 24 months. These appraisals have been part of the Squamish Nation Human Resources process. This audit timeframe included the COVID-19 pandemic. During that time, supervision and consultations were undertaken through a combination of face to face, emails, texts, phone calls, and video conferencing, while all other services and programs continued.

Throughout the COVID-19 pandemic, AMCFS practice adapted to continue to serve the Squamish Nation children and families. The adaptations included:

- staff delegated for child service, family service and resource work were on-site two days a week,
- meetings with families and children outdoors, via Zoom or telephone when in person visits were not possible – always using video call to ensure they could see the child,
- and doing team meetings and supervision via Zoom or phone.

AMCFS implemented 30-minute check-ins each morning and afternoon with the entire team via FaceTime or Zoom. Regular supervision continued bi-weekly as scheduled but was via phone or Zoom. The office has now returned to their pre-pandemic routines.

The Leadership team met daily via zoom for the first three months of the pandemic and then resumed weekly check ins.

The AMCFS Food Program took on greater importance as it focussed on distributing food to families and children to address food insecurity made worse by the pandemic. During the height of lockdown AMCFS was doing community outreach through food hampers and crisis response.

4. STRENGTHS OF THE AGENCY

Through the review of documentation and staff interviews, the practice analysts identified the following strengths at the agency:

- Supporting connection to culture for families, children and staff
- An emphasis on prevention - preventing children from coming into care by increasing a family's natural support network and through wrap around support services.
- Strong staff engagement – with supportive leadership, staff indicated manageable workloads, feeling welcomed, and have a strong commitment to the agency
- Increased support and flexibility during the pandemic

5. CHALLENGES OF THE AGENCY

Through the review of documentation and staff interviews, the MCFD practice analysts noted the following challenges at the agency:

- Some agency staff felt challenged to carry out the important work of the Squamish Nation while following a traditional cultural approach and also meeting the standards and procedures as outlined in MCFD policy.
- High staff turnover and recruitment, exacerbated by the COVID 19 pandemic
- Agency staff felt there was insufficient connection with the ministry, with limited support and input into policy and practice changes.
- Agency staff identified a disconnect between the office administration and the front-line practice.

6. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all the measures in the audit tools. The tables present findings for measures that correspond with specific components of the policies within the Aboriginal Operational and Practice Standards and Indicators (AOPSI). Each table is followed by an analysis of the findings for each of the measures presented in the table. Please note that some records received ratings of not achieved for more than one reason.

a) Child Service

The overall compliance rate for the AOPSI Guardianship Practice Standards was **94%**. The audit reflects the work done by the staff in the guardianship program over a three-year period (see Methodology section for details). There was a total of 42 records identified within the two samples for this audit; 25 open and 17 closed. Not all 23 measures in the audit tool were applicable to all 42 records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	42	42	0	100%
Standard 2 Development of a Comprehensive Plan of Care	1*	1	0	100%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	42	42	0	100%
Standard 4 Supervisory Approval Required for Guardianship Services	42	42	0	100%

Standard 5 Rights of Children in Care	42	41	1	98%
Standard 6 Deciding Where to Place the Child	42	42	0	100%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	42	42	0	100%
Standard 8 Social Worker's Relationship & contact with a Child in Care	42	27	15	64%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	42	41	1	98%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	42	42	0	100%
Standard 11 Planning a Move for a Child in Care (VS 20)	8*	8	0	100%
Standard 12 Reportable Circumstances	13*	4	9	31%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	1*	1	0	100%
Standard 14 Documentation	42	40	2	95%
Standard 15 Transferring Continuing Care Files	35*	35	0	100%
Standard 16 Closing Continuing Care Files	17*	17	0	100%
Standard 17 Rescinding a Continuing Custody Order	4*	4	0	100%
Standard 18 Permanency Planning	N/A*	-	-	-
Standard 19 Interviewing the Child about the Care Experience	20*	19	1	95%
Standard 20 Preparation for Independence	19*	19	0	100%
Standard 21 Responsibilities of the Public Guardian and Trustee	42	42	0	100%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	9*	1	8	11%
Standard 23 Quality of Care Review	0*	0	0	N/A
Standard 24 Guardianship Agency Protocols	42	42	0	100%

Standard 2: 41 records did not involve initial care plans completed within the audit timeframe

Standard 11: 34 records did not involve children/youth moving from their care homes

Standard 12: 29 records did not involve reportable circumstances

Standard 13: 41 records did not involve children missing, lost, or run away

Standard 15: 7 records did not involve file transfers

Standard 16: 25 records did not involve file closures

Standard 17: 38 records did not involve rescinding continuing custody orders

Standard 18: Interim standards related to legal permanency are not audited at this time

Standard 19: 22 records did not involve changing placements

Standard 20: 23 records did not involve youth planning for independence

Standard 22: 33 records did not involve investigations of abuse or neglect in family care homes

Standard 23: 42 records did not involve quality of care reviews

St. 1: Preserving the identity of the Child or Youth in Care: The compliance rate for this measure was **100%**. The measure was applied to all 42 records in the samples; all 42 were rated achieved. To receive a rating of achieved:

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

St. 2: Development of a Comprehensive Plan of Care: The compliance rate for this standard was **100%**. The measure was applied to one of the 42 records in the samples; it was rated achieved. To receive a rating of achieved, the record, if it was opened during the three-year audit timeframe, contained:

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

St. 3 Monitoring and Reviewing the Child or Youth's Plan of Care: The compliance rate for this measure was **100%**. The measure was applied to all 42 records in the samples; all 42 were rated achieved. To receive a rating of achieved:

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

St. 4 Supervisory Approval Required for Guardianship Services: The compliance rate for this measure was **100%**. The measure was applied to all 42 records in the samples; all 42 were rated achieved and three were rated not achieved. To receive a rating of achieved, the following key decisions and documents were approved by a supervisor:

- care plan
- placement change
- placement in a non-Indigenous home
- restricted access to significant others

- return to the parent(s) prior to CCO rescindment
- transfer of guardianship
- plan for independence
- file transfer
- file closure

St. 5 Rights of Children and Youth in Care: The compliance rate for this measure was **98%**. The measure was applied to all 42 records in the samples; 41 were rated achieved and one was rated not achieved. To receive a rating of achieved:

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

The one record rated not achieved, confirmed that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe, but these reviews were not conducted annually.

St. 6 Deciding Where to Place the Child or Youth: The compliance rate for this measure was **100%**. The measure was applied to all 42 records in the samples; all 42 were rated achieved. To receive a rating of achieved, efforts were made to place the child in an out of home living arrangement that was in accordance with section 71 of the Child, Family and Community Services Act. The practice analysts noted that most of the children/youth in care were placed with their siblings in the homes of extended family members.

St. 7 Meeting the Child or Youth's Needs for Stability and Continuity of Relationships: The compliance rate for this measure was **100%**. The measure was applied to all 42 records in the samples; all 42 were rated achieved. To receive a rating of achieved, a plan was in place to support and maintain contacts between the child/youth in care and their siblings, parents, extended families and significant others.

St. 8 Social Worker's Relationship and Contact with the Child or Youth: The compliance rate for this measure was **64%**. The measure was applied to all 42 records in the samples; 27 were rated achieved and 15 were rated not achieved. To receive a rating of achieved, the social worker conducted a private visit with the child/youth:

- every 30 days
- at time of placement
- within seven days after placement

- when there was a change in circumstance
- when there was a change in social worker.

Of the 15 records rated not achieved, four documented private visits but not every 30 days throughout the audit timeframe, and 12 documented visits but some or all were not conducted in private (often with sibling groups). The total adds to more than the number of records rated not achieved because one record had combinations of the above noted reasons.

Of the 42 records that documented private visits, the standard required the children/youth to be seen 1568 times within the audit timeframe, based on the criteria above. AMCFs documented that social workers saw the children/youth privately on 1120 occasions during this audit timeframe. This demonstrates that 71% of the required in person private visits occurred.

St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards: The compliance rate for this measure was **98%**. The measure was applied to all 42 records in the samples; 41 were rated achieved and one rated not achieved. To receive a rating of achieved:

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

The one record rated not achieved did not confirm that the discipline standards were reviewed annually with the caregiver(s). The record was open, and the standard was reviewed in February 2002, therefore an annual review is not required at this time.

St. 10 Providing Initial and Ongoing Medical and Dental Care: The compliance rate for this measure was **100%**. The measure was applied to all 42 records in the samples; all 42 were rated achieved. To receive a rating of achieved:

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

St. 11 Planning a Move for a Child or Youth in Care: The compliance rate for this measure was **100%**. The measure was applied to eight of the 42 records in the samples; all eight were rated achieved.

To receive a rating of achieved, the record if it involved a placement move, confirmed that:

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

St. 12 Reportable Circumstances: The compliance rate for this measure was **31%**. The measure was applied to 13 of the 42 records in the samples; four were rated achieved and nine were rated not achieved. To receive a rating of achieved, a report about a reportable circumstance was submitted to the director within 24 hours from the time the information about the incident became known to the social worker.

Of the nine records rated not achieved, one contained a reportable circumstance report but it was not submitted within 24 hours, and eight records contained documentation that a reportable circumstance was required, but reports were not submitted to the director. The record that was not submitted within 24 hours was submitted within five days of the incident.

St. 13 When a Child or Youth is Missing, Lost or Runaway: The compliance rate for this measure was **100%**. The measure was applied to one of the 42 records in the samples; it was rated achieved. To receive a rating of achieved, the record, if it involved a missing, lost, or runaway child/youth who may have been at high risk of harm, confirmed that:

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

St. 14 Documentation: The compliance rate for this measure was **95%**. The measure was applied to all 42 records in the sample; 40 were rated achieved and two were rated not achieved. To receive a rating of achieved, the record contained:

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

Of the two records rated not achieved, neither contained documented review recordings nor care plan reviews.

St. 15 Transferring Continuing Care Files: The compliance rate for this measure was **100%**. The measure was applied to 35 of the 42 records in the samples; all 35 were rated achieved. To receive a rating of achieved, the record, if it involved a file transfer, confirmed that:

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

St. 16 Closing Continuing Care Files: The compliance rate for this measure was **100%**. The measure was applied to 17 of the 42 records in the samples; all 17 were rated achieved. To receive a rating of achieved, the record, if it involved a file closure, confirmed that:

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

St. 17 Rescinding a CCO and Returning the Child or Youth to the Family Home: The compliance rate for this measure was **100%**. The measure was applied to four of the 42 records in the samples: all four were rated achieved. To receive a rating of achieved, the record, if it involved a rescindment of a continuing custody order, confirmed that:

- the risk of return was assessed by delegated worker
- a safety plan, if applicable, was put in place prior to placing the child/youth in the family home
- the safety plan, if applicable, was developed with required parties
- the safety plan, if applicable, addressed the identified risks
- the safety plan, if applicable, was reviewed every six months until the rescindment.

St. 18 Permanency Planning: A permanent plan is considered for a child with a CCO when the plan's priorities are in the best interests of the child and the preservation of the child's cultural identity are priorities of the plan.

This is an interim standard for use until Indigenous Child and Family Service Agencies (ICFSA), cultural groups and Indigenous communities have researched and reviewed the ministry permanency planning policy. As this is still an interim standard, it has not yet been audited by Quality Assurance.

St. 19 Interviewing the Child or Youth about the Care Experience: The compliance rate for this measure was **95%**. The measure was applied to 20 of the 42 records in the samples; 19 were rated achieved, and one was rated not achieved. To receive a rating of achieved, the record, if it involved a move from a placement, confirmed the child/youth was interviewed about their care experience.

The one record rated not achieved did not confirm that an interview was conducted with the child or youth after placement changes.

St. 20 Preparation for Independence: The compliance rate for this measure was **100%**. The measure was applied to 19 of the 42 records in the samples; all 19 were rated achieved. To receive a rating of achieved, the record, if it involved a youth about to leave care and enter an independent living situation, confirmed that:

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

St. 21 Responsibilities of the Public Guardian and Trustee (PGT): The compliance rate for this measure was **100%**. The measure was applied to all 42 of the records in the samples; all 42 were rated achieved. To receive a rating of achieved:

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

St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **11%**. The measure was applied to nine of the 42 records in the samples; one was rated achieved and eight were rated not achieved. To receive a rating of achieved, the record, if it involved a report of abuse and/or neglect of a child/youth in a family care home, confirmed that:

- a protocol investigation response was conducted with the summary report on file
- efforts were made to support the child/youth.

Of the eight records rated not achieved, all eight did not contain the required summary reports related to the completed protocol investigations (two remain open).

St. 23 Quality of Care Review: There were no applicable records for this measure. To receive a rating of achieved, the record, if it involved a concern about the quality of care received by a child/youth in a family care home, confirmed that a quality of care response was conducted.

St. 24 Guardianship Agency Protocols: The compliance rate for this measure was **100%**. The measure was applied to all 42 records in the samples; all 42 were rated achieved. To receive a rating of achieved, all protocols related to the delivery of child services that the agency has established with local and regional agencies have been followed.

b) Resources

The overall compliance rate for the AOPSI Resource Practice Standards was **94%**. The audit reflects the work done by the staff in the agency’s resource program over a three-year period (see Methodology section for details). There was a total of 19 records in the one sample selected for this audit. However, not all nine measures in the audit tool were applicable to all 19 records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 28 Supervisory Approval Required for Family Care Home Services	19	19	0	100%
Standard 29 Family Care Homes – Application and Orientation	19	16	3	84%
Standard 30 Home Study	4*	4	0	100%
Standard 31 Training of Caregivers	19	19	0	100%
Standard 32 Signed Agreement with Caregivers	19	17	2	89%
Standard 33 Monitoring and Reviewing the Family Care Home	19	17	2	89%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	2*	2	0	100%
Standard 35 Quality of Care Review	1*	1	0	100%
Standard 36 Closure of the Family Care Home	6*	6	0	100%

Standard 30: 15 records did not involve home studies during the audit timeframe
 Standard 34: 17 records did not involve investigations of alleged abuse or neglect in family care homes
 Standard 35: 18 records did not involve quality of care reviews
 Standard 36: 13 records were not closed

St. 28 Supervisory Approval for Family Care Home Services: The compliance rate for this measure was **100%**. The measure was applied to all 19 records in the sample; all 19 were rated achieved. To receive a rating of achieved, the record confirmed that the social worker consulted a supervisor at the following key decision points:

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

St. 29 Family Care Homes – Application and Orientation: The compliance rate for this measure was **84%**. The measure was applied to all 19 records in the sample; 16 were rated achieved and three were rated not achieved. To receive a rating of achieved, the record confirmed the completion of the following:

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

Of the three records rated not achieved, three did not contain all the required criminal record checks (all three open), and one did not contain all the required reference checks. The total adds to more than the number of records rated not achieved because one of the records had a combination of the above noted reasons.

St. 30 Home Study: The compliance rate for this measure was **100%**. The measure was applied to four of the 19 records in the sample; all four were rated achieved. To receive a rating of achieved:

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

Of the two records rated not achieved, both did not contain home studies (one open).

Of the one open record without a home study, the practice analysts notified the executive director for follow up.

St. 31 Training of Caregivers: The compliance rate for this measure was **100%**. The measure was applied to all 19 records in the sample; all 19 were rated achieved. To receive a rating of achieved, the training needs of the caregiver was assessed or identified, and training opportunities were offered to, or taken by, the caregiver.

St. 32 Signed Agreement with Caregiver: The compliance rate for this measure was **89%**. The measure was applied to all 19 records in the sample; 17 were rated achieved and two were rated not achieved. To receive a rating of achieved, there were consecutive Family Care Home Agreements throughout the audit timeframe, and they were signed by all the participants.

Of the two records rated not achieved, both contained Family Care Home Agreements, but they were not consecutive throughout the three-year audit timeframe (one open and current agreement on file).

St. 33 Monitoring and Reviewing the Family Care Home: The compliance rate for this measure was **89%**. The measure was applied to all 19 records in the sample; 17 were rated achieved and two were rated not achieved. To receive a rating of achieved:

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

Of the two records rated not achieved, one documented home visits but they were not completed every 90 days as required, and two contained annual reviews but they were not completed for each year in the three-year audit timeframe. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons. Of the two records that did not contain all the required annual reviews both were open, and had an annual review completed in 2022.

St. 34: Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **100%**. The measure was applied to two of the 19 records in the sample; both were rated achieved.

To receive a rating of achieved, the record, if it involved to a report of abuse and/or neglect of a child/youth in a family care home, confirmed that:

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

St. 35: Quality of Care Review: The compliance rate for this measure was **100%**. The measure was applied to one of the 19 records in the sample; it was rated achieved.

To receive a rating of achieved, the record, if it involved a concern about the quality of care received by a child/youth in a family care home, confirmed that:

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

St. 36: Closure of the Family Care Home: The compliance rate for this measure was **100%**. The measure was applied to six of the 19 records in the sample; all six were rated achieved. To receive a rating of achieved, the record, if it involved a file closure, contained a written notice to the caregiver indicating the intent of the agency to close the family care home.

c) Voluntary Family Service

The overall compliance rate for the AOPSI Voluntary Family Service Practice Standards was **100%**. The audit reflects the work done by the staff in the agency’s family service program over a three-year period (see Methodology section for details). There was a total of 40 records in the two samples selected for this audit. However, not all 12 measures in the audit tool were applicable to all 40 records. The notes below the table describe the records that were not applicable.

Standard	Total Applicable	Total Compliant	Total Not Compliant	% Compliant
St 1 Receiving Requests for Services	40	40	0	100%
St 2 Supervisory approval required for Voluntary Cared	40	40	0	100%
St 3 Information and Referral for Voluntary Services	40	40	0	100%
St 4 Involving the Aboriginal community in the Provision of Services	40	40	0	100%
St 5 Family Service Plan for support services	40	40	0	100%
St 6 Support Service Agreements	40	40	0	100%
St 7 Voluntary Care Agreements*	0*	-	-	N/A
St 8 Special Needs Agreement*	0*	-	-	N/A
St 9 Documentation	40	40	0	100%
St 24 Transferring Voluntary Services Files*	5*	5	0	100%
St 26 Closing Voluntary Services Files*	12*	12	0	100%
St 27 Voluntary Services Protocols	40	40	0	100%

Standard 7: 40records did not involve Voluntary Needs Agreements

Standard 8: 40 records did not involve Special Needs Agreements

Standard 24: 35 records did not involve transfers

Standard 26: 28 records did not involve closures

St. 1 Receiving Requests for Services: The compliance rate for this measure was **100%**. The measure was applied to 40 records in the sample; all 40 were rated achieved. To receive a rating of achieved, the record contained documentation that confirmed:

- information was recorded about the family and the family's history
- the service requested was within the delegation of the agency
- a prior contact check was completed.

St. 2 Supervisory Approval Required for Voluntary Services: The compliance rate for this measure was **100%**. The measure was applied to 40 records in the sample; all 40 were rated achieved. To receive a rating of achieved, the record contained documentation that confirmed the social worker consulted a supervisor at the following key decision points:

- receiving a child protection report
- approving a family plan
- approving a Support Services Agreement
- approving a Voluntary Care Agreement
- approving a Special Needs Agreement
- approving a file transfer
- approving a file closure

St. 3 Information and Referral for Voluntary Services: The compliance rate for this measure was **100%**. The measure was applied to 40 records in the sample; all 40 were rated achieved. To receive a rating of achieved, the record contained documentation that confirmed:

- the services provided were appropriate to the needs of the child and/or family
- the referrals to services were consistent with the identified needs of the child and/or family

St. 4 Involving the Aboriginal community in the Provision of Services: The compliance rate for this measure was **100%**. The measure was applied to 40 records in the sample; all 40 were rated achieved. To receive a rating of achieved, the record contained documentation that confirmed:

- efforts were made to identify and involve the Indigenous community
- efforts were made to involve the family in planning
- efforts were made to involve the extended family in planning
- efforts were made to involve the child/youth in planning.

St. 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements: The compliance rate for this measure was **100%**. The measure was applied to 40 records in the sample; all 40 were rated achieved. To receive a rating of achieved, the record contained a family plan that included:

- the goals for services with timeframes for review
- the roles and responsibilities for all those participating in the plan.

St. 6 Support Service Agreements: The compliance rate for this measure was **100%**. The measure was applied to 40 records in the sample; all 40 were rated achieved. To receive a rating of achieved, the record contained Support Services Agreements that were:

- signed by the agency
- signed by the parents
- consecutive and reviewed every six months.

St. 7 Voluntary Care Agreements (VCA's): There were no applicable records for this measure. To receive a rating of achieved, the record contained a Voluntary Care Agreement:

- was completed and signed by the custodial parent(s) or the child, if over the age of 12
- involved the family, extended family, child, or designated community representative in the planning of the agreement.
- included an initial plan of care, services that would be provided, and a time period for the agreement.

St. 8 Special Needs Agreements (SNA's): There were no applicable records for this measure. To receive a rating of achieved, the record contained:

- a SNA that was completed and signed by the custodial parent(s) or child, of over the age of 12
- involved the family, extended family, child, or designated community representative in the planning of the agreement
- an assessment of file from a qualified professional regarding the special needs of the child and a multidisciplinary team in place to meet the needs of the child

St. 9 Documentation: The compliance rate for this measure was **100%**. The measure was applied to 40 records in the sample; all 40 were rated achieved. To receive a rating of achieved, the record contained:

- an opening recording signed by social worker and supervisor
- review recordings signed by social worker and supervisor and completed every six months throughout the audit time period
- St. 24 Transferring Voluntary Family Service Files: The compliance rate for this measure was 100%. The measure was applied to five records in the sample; all five were rated achieved. To receive a rating of achieved, the record contained:
 - a transfer recording

- the transfer recording was signed by the social worker
- the transfer recording signed by a supervisor
- the social worker met with the family prior to transfer; efforts documented
- the service providers were notified of the transfer
- the Band was notified; efforts documented
- the social worker met with the family within 5 days of the transfer; efforts documented

St. 26 Closing Voluntary Family Service Files: The compliance rate for this measure was **100%**. The measure was applied to 12 records in the sample; all 12 were rated achieved. To receive a rating of achieved, the record contained:

- a closing recording
- the closing recording was signed by the social worker
- the closing recording was signed by a supervisor
- the social worker met with the family prior to closure; efforts documented
- the service providers were notified of the closure
- the Band was notified; efforts documented

St. 27 Voluntary Services Protocols: The compliance rate for this measure was **100%**. The measure was applied to 40 records in the sample; all 40 were rated achieved. To receive a rating of achieved, the record contained documentation that confirmed all protocols related to the delivery of family services that the agency has established with local and regional agencies have been followed.

7. ACTIONS COMPLETED TO DATE

Prior to the development of the action plan, the following actions were implemented by the agency:

1. A refresher of policy and requirements for submitting reportable circumstances was reviewed with the team in October 2022.

8. ACTION PLAN

On January 11, 2023 Ayás Ménmen Child and Family Services and MCFD Office of the Provincial Director and Aboriginal Services Division – Quality Assurance Branch, met to review and discuss the results of the audit report, and as a result of their extremely high compliance to ministry policies and standards, combined with the above noted follow up specific to reportable circumstance policy review, no further action planning was required.