



Denisiqi Services Society (IED)

PRACTICE AUDIT REPORT

Report Completed: May 2023

Office of the Provincial Director and Aboriginal Services Division
Quality Assurance Branch
Field Work Completed November 2022

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1. PURPOSE

The purpose of the audit is to improve and support child and youth service, adoption, resource, child safety and family service practice. Through the review of samples of records, the audit provides a measure of the quality of documentation during the audit timeframes (see below for dates), confirms good practice, and identifies areas where practice requires strengthening. This is the second C4 audit for Denisiqi Services Society (DSS). The last audit of the agency was completed in June 2018.

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 two 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 DSS 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. This is a census audit, where all files are audited. There are no margins of error, and the confidence level is 100%. The following are the sample sizes for the five record types:

Record Types	Population Sizes	Sample Sizes
Open child service	9	9
Closed child service	8	8
Open and closed resource	6	6
Open voluntary family service	8	8
Closed voluntary family service	2	2

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

1. Open child service (CS) records: CS records open in the agency's offices on July 31, 2022, and had been open (continuously) at the agency for at least six months with legal category Voluntary Care Agreement, Special Needs Agreement, Continuing Custody Order, or Out of Province.
2. Closed child service records: CS records that were closed in ICM between February 01, 2020, and July 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. Open and closed resource (RE) files are 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 August 1, 2019, and July 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. Open family service records are as follows: FS records open in ICM on July 31, 2022, and managed by this office for at least six months (continuously) with a service basis listed as non-protection.
5. Closed family service records are as follows: FS records closed in ICM between October 1, 2019, and March 31, 2022, and managed by this office for at least six months (continuously) with a service basis listed as non-protection.

3. AGENCY OVERVIEW

Denisiqi Services Society works from the philosophy of families helping each other within the community; children having a safe, caring, and loving environment. Its purpose is to sustain, support and enhance family and community life, thereby maintaining children in their own home, or when necessary, seeking custom care families to care for the children.

a) Delegation

The agency is currently delegated at C4 Guardianship level and has been providing C4 services since April 2017. The first child service records were transferred to the agency in December 2017. This C4 level of delegation enables the agency to provide the following services:

- establishing complex care homes
- completing safe home studies
- monitoring foster homes
- guardianship and care for children in continuing care
- voluntary support services to families

- voluntary care and special needs agreements
- recruitment, training, and support for caregivers
- youth agreements
- respite services
- extended family program
- agreement with young adults

The agency is currently operating under a delegated service agreement commencing April 01, 2022, ending March 01, 2025. It continues to support the nation in moving towards full jurisdiction.

The mission statement is within the inherent jurisdictional rights of the Tsilhqot'in and Ulkatchot'en, Denisiqi Services Society delivers holistic, strength based, culturally relevant child and family programs, services, and referrals.

The agency offers services and programs that keep their children safe, strengthen and preserve their families, connect to their culture, and enhance their community well-being. DSS also provides the following non-delegated services, programs, and events to Tsilhqot'in and Ulkatchot'en children and families:

- Aboriginal child and youth mental health
- Family care Program
- Aboriginal early childhood development outreach program
- Wellness/Outreach program; In-School Outreach Program, Pro-social Recreation, Urban Naslhiny program
- Aboriginal Family Group Conferencing (AFGC)

This past fiscal year DSS received an Urban Expansion agreement from MCFD which allows for the provision of support services as well as resource and guardianship services to be delivered off reserve under delegated authority. This agreement has allowed DSS to expand their services and increase their workloads to better support families.

b) Demographics

DSS serves children and families of the Tsilhqot'in and Ulkatchot'en First Nations in the Williams Lake area. The agency is governed by six representatives from each of the communities they serve: Xeni Gwet'in (Nemiah); Yunesit'in (Stone); TI'esqox (Toosey); Tsideldel (Redstone); ?Esdilagh (Alexandria); and Ulkatcho. Five Bands are part of the Tsilhot'in language group; Xeni Gwet'in, Yunesit'in, TI'esqox, Tsideldel, and ?Esdilagh. Ulkatcho is a subgroup of the Carrier (Dakelh).

Services available in Williams Lake include the RCMP, a hospital, a child development centre, Total Health Centre, BC Health Unit, Chiwid Women’s Emergency Shelter, Williams Lake Rehabilitation Center, Nenqayni Wellness Centre Society, and mental health services.

c) Professional Staff Complement and Training

DSS has approximately 45 staff in its programs. Their delegated child and family service teams are comprised of the executive director (delegated), two managers (one delegated), five social workers (two delegated), one AFGC coordinator, one administrative assistant and an Ulkatcho family support worker.

d) Supervision and Consultation

The executive director reports to the Denisiqi Board of Directors, and the following positions report to the executive director:

- Delegated manager
- Family Care/ECD manager
- Wellness team manager
- Outreach team manager
- Office manager
- Community Relations manager

The delegated manager provides supervision to the delegated social workers and the AFGC coordinator. There are weekly scheduled meetings for the executive director and managers; weekly all-agency staff meetings, and bi-monthly meetings for the delegated staff. Ad hoc clinical consultations also occur between the delegated staff.

The Aboriginal Services Branch practice analyst is utilized for clinical consultations. The agency encourages an ‘open door’ policy with all staff, and most social workers have daily impromptu consultation.

4. STRENGTHS OF THE AGENCY

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

- Focus on engagement: DSS offers a warm, welcoming office with monthly wellness afternoons and luncheons available to their staff. Staff report positive energy within the teams, and high commitment to the work. On a recent internal annual staff evaluation, 98% of staff self-reported being fully-engaged this past year.

- High Collaboration: All the agency teams work together to provide wrap-around service to the communities. There are also several programs offered with an easy referral process to build on this.
- Focus on culture: 80% of agency staff are from the local Nations, with a focus on culture being built into the services offered. Delegated staff are encouraged and supported to be involved in community events and programs.

5. CHALLENGES OF THE AGENCY

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

- Large rural geographic area covered: Long drives are required to visit families and staff often need to spend the night in communities. There is no cell service in some areas.
- Office space: Lack of space and accessibility issues with the office (no elevator).
- Participation in training: Due to staff requiring coverage during training, there are often challenges getting coverage.

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 **73%**. 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 17 records identified within the two samples for this audit: nine open and eight closed. Not all 23 measures in the audit tool were applicable to all 17 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	17	16	1	94%
Standard 2 Development of a Comprehensive Plan of Care	1*	0	1	0%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	16*	10	6	63%
Standard 4 Supervisory Approval Required for Guardianship Services	17	14	3	82%
Standard 5 Rights of Children in Care	17	9	8	53%
Standard 6 Deciding Where to Place the Child	17	17	0	100%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	17	17	0	100%
Standard 8 Social Worker's Relationship & contact with a Child in Care	17	4	13	24%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	17	0	17	0%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	17	17	0	100%
Standard 11 Planning a Move for a Child in Care (VS 20)	4*	4	0	100%
Standard 12 Reportable Circumstances	12*	8	4	67%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	2*	2	0	100%
Standard 14 Case Documentation	17	13	4	76%
Standard 15 Transferring Continuing Care Files	6*	6	0	100%
Standard 16 Closing Continuing Care Files	8*	5	3	64%
Standard 17 Rescinding a Continuing Custody Order	0*	0	0	N/A
Standard 18 Permanency Planning	N/A*	-	-	-
Standard 19 Interviewing the Child about the Care Experience	10*	3	7	30%
Standard 20 Preparation for Independence	9*	9	0	100%
Standard 21 Responsibilities of the Public Guardian and Trustee	16*	15	1	94%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	4*	2	2	50%

Standard 23 Quality of Care Review	0*	0	0	N/A
Standard 24 Guardianship Agency Protocols	17	17	0	100%

Standard 2: 16 records did not involve initial care plans completed within the audit timeframe.
Standard 3: 1 record did not involve monitoring and reviewing the child's comprehensive plan of care.
Standard 11: 13 records did not involve children/youth moving from their care homes.
Standard 12: 5 records did not involve reportable circumstances.
Standard 13: 15 records did not involve children missing, lost, or run away.
Standard 15: 11 records did not involve file transfers.
Standard 16: 9 records did not involve file closures.
Standard 17: 17 records did not involve rescinding continuing custody orders.
Standard 18: Interim standards related to legal permanency are not audited at this time.
Standard 19: 7 records did not involve changing placements.
Standard 20: 8 records did not involve youth planning for independence.
Standard 21: 1 record did not involve responsibilities of the Public Guardian and Trustee
Standard 22: 13 records did not involve investigations of abuse or neglect in family care homes.
Standard 23: 17 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 **94%**. The measure was applied to all 17 records in the samples; 16 were rated achieved and one was rated not 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

The one record rated not achieved did not have the Indigenous communities identified with no efforts to determine the Indigenous communities documented, and it did not have documentation that the children and youth had access to culturally appropriate resources.

The total adds to more than the number of records rated not achieved because the one record had a combination of the above noted reasons.

St. 2: Development of a Comprehensive Plan of Care: The compliance rate for this standard was **0%**. The measure was applied to one of the 17 records in the samples; the one record was rated not 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

The one record rated not achieved, did not document that an annual care plan was 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 **63%**. The measure was applied to 16 of the 17 records in the samples; 10 were rated achieved and six were rated not 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

Of the six records rated not achieved, all six contained care plans but they were not completed annually throughout the audit timeframe. Of the six records rated not achieved, four were open and required annual care plans in 2021/2022.

St. 4 Supervisory Approval Required for Guardianship Services: The compliance rate for this measure was **82%**. The measure was applied to all 17 records in the samples; 14 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
- record transfer
- record closure

Of the three rated not achieved, all had one or more care plans that were not signed by supervisors.

St. 5 Rights of Children and Youth in Care: The compliance rate for this measure was **53%**. The measure was applied to all 17 records in the samples; nine were rated achieved and eight were 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

Of the eight records rated not achieved, six 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, and two records did not confirm that the section 70 rights were reviewed at any time during the three-year audit timeframe.

St. 6 Deciding Where to Place the Child or Youth: The compliance rate for this measure was **100%**. The measure was applied to all 17 records in the samples; all 17 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 17 records in the samples; all 17 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 **24%**. The measure was applied to all 17 records in the samples; four were rated achieved and 13 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 17 records that documented private visits, the standard required the children/youth to be seen 413 times within the audit timeframe, based on the criteria above. DSS documented that social workers saw the children/youth privately on 250 occasions during this audit timeframe. This demonstrates that **61%** of the required in person private visits occurred.

Of the 13 records rated not achieved, 13 documented private visits but not every 30 days throughout the audit timeframe, and six 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 six records had combinations of the above noted reasons.

St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards: The compliance rate for this measure was **0%**. The measure was applied to all 17 records in the samples; all 17 were 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)

Of the 17 records rated not achieved, 16 did not confirm that discipline standards were reviewed with the caregivers at any time throughout the three-year audit timeframe, one record did not confirm that the discipline standards were reviewed annually with the caregiver(s), and two records did not confirm that discipline standards were reviewed at the times of placements. Of the 17 records rated not achieved, nine were open and require annual reviews of disciplinary standards with the caregivers for the current year. The total adds to more than the number of records rated not achieved because two records had combinations of the above noted reasons.

St. 10 Providing Initial and Ongoing Medical and Dental Care: The compliance rate for this measure was **100%**. The measure was applied to all 17 records in the samples; all 17 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 four of the 17 records in the samples; all four 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 **67%**. The measure was applied to 12 of the 17 records in the samples; eight were rated achieved and four 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 four records rated not achieved, all four contained a reportable circumstance report but it was not submitted within 24 hours. The records that were not submitted within 24 hours took between two and 13 days to be submitted.

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 two of the 17 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 Case Documentation: The compliance rate for this measure was **76%**. The measure was applied to all 17 records in the sample; 13 were rated achieved and four 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 four records rated not achieved, all four contained review recordings or care plan reviews but they were not completed every six months.

St. 15 Transferring Continuing Care Files: The compliance rate for this measure was **100%**. The measure was applied to six of the 17 records in the samples; all six were rated achieved. To receive a rating of achieved, the record if it involved a transfer of responsibility from one worker to another, 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 **63%**. The measure was applied to eight of the 17 records in the samples; five were rated achieved and three were rated not achieved. To receive a rating of achieved, the record if it involved closing the record when services ended, confirmed that:

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

Of the three records rated not achieved, all three did not confirm that the children/youth and the caregivers were met with prior to the closings.

St. 17 Rescinding a CCO and Returning the Child or Youth to the Family Home: There were no applicable records for this measure. 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 **30%**. The measure was applied to 10 of the 17 records in the samples; three were rated achieved, and seven were 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.

Of the seven records rated not achieved, all seven 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 nine of the 17 records in the samples; all nine 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 **94%**. The measure was applied to 16 of the 17 records in the samples; 15 were rated achieved, and one was rated not achieved. To receive a rating of achieved:

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

The one record rated not achieved, did not confirm that the PGT was notified after a CCO was granted (open).

St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **50%**. The measure was applied to four of the 17 records in the samples; two were rated achieved and two 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
- efforts were made to support the child/youth

Of the two records rated not achieved, both did not contain the required summary reports related to the completed protocol investigations (both were 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 17 records in the samples; all 17 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 **59%**. 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 six records in the one sample selected for this audit. However, not all nine measures in the audit tool were applicable to all six 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	6	6	0	100%
Standard 29 Family Care Homes – Application and Orientation	6	3	3	50%
Standard 30 Home Study	3*	1	2	33%
Standard 31 Training of Caregivers	6	6	0	100%
Standard 32 Signed Agreement with Caregivers	6	4	2	67%
Standard 33 Monitoring and Reviewing the Family Care Home	6	0	6	0%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	1*	1	0	100%
Standard 35 Quality of Care Review	0*	0	0	N/A
Standard 36 Closure of the Family Care Home	3*	1	2	33%

Standard 30: 3 records did not involve home studies during the audit timeframe.
 Standard 34: 5 records did not involve investigations of alleged abuse or neglect in family care homes.
 Standard 35: 6 records did not involve quality of care reviews.
 Standard 36: 3 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 six records in the sample; all six 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 **50%**. The measure was applied to all six records in the sample; three 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 one or both required criminal record checks (one open), one did not contain documentation of a signed application form, and one did not contain documentation of a completed medical exam form. The total adds to more than the number of records rated not achieved because one of the records had a combination of all the above noted reasons.

St. 30 Home Study: The compliance rate for this measure was **33%**. The measure was applied to three of the six records in the sample; one was rated achieved and two were rated not 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 (both closed).

St. 31 Training of Caregivers: The compliance rate for this measure was **100%**. The measure was applied to all six records in the sample; all six 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 **67%**. The measure was applied to all six records in the sample; four 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, one contained Family Care Home Agreements, but they were not consecutive throughout the three-year audit timeframe (closed), and one did not contain any Family Care Home Agreements (open).

St. 33 Monitoring and Reviewing the Family Care Home: The compliance rate for this measure was **0%**. The measure was applied to all six records in the sample; all six 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 six records rated not achieved, five documented home visits but they were not completed every 90 days as required, four contained annual reviews but they were not completed for each year in the three-year audit timeframe, and one did not document any home visits. The total adds to more than the number of records rated not achieved because four records had a combination of the above noted reasons. Of the four records that did not contain all the required annual reviews two were open, and one required a current annual review.

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 one of the six records in the sample; it was 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: 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 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 **33%**. The measure was applied to three of the six records in the sample; one was rated achieved, and two were rated not achieved. To receive a rating of achieved, the record, if it involved closure of a family care home, contained a written notice to the caregiver indicating the intent of the agency to close the family care home.

Of the two records rated not achieved, both did not contain documentation that a written notice had been provided to the caregiver.

c) Voluntary Family Service

The overall compliance rate for the AOPSI Voluntary Family Service Practice Standards was **76%**. 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 eight records in the two samples selected for this audit. However, not all 12 measures in the audit tool were applicable to all eight 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	8	8	0	100%
St 2 Supervisory approval required for Voluntary Care	8	8	0	100%
St 3 Information and Referral for Voluntary Services	8	8	0	100%
St 4 Involving the Aboriginal community in the Provision of Services	8	8	0	100%
St 5 Family Service Plan for support services	8	0	8	0%
St 6 Support Service Agreements	8	6	2	75%
St 7 Voluntary Care Agreements*	1*	1	0	100%
St 8 Special Needs Agreement*	0*	0	0	N/A
St 9 Case Documentation	8	3	5	38%
St 24 Transferring Voluntary Services Files*	1*	1	0	100%

St 26 Closing Voluntary Services Files*	1*	0	1	0%
St 27 Voluntary Services Protocols	8	8	0	100%

Standard 7: 7 records did not involve Voluntary Needs Agreements

Standard 8: 8 records did not involve Special Needs Agreements

Standard 24: 7 records did not involve transfers.

Standard 26: 7 records did not involve closures.

St. 1 Receiving Requests for Services: The compliance rate for this measure was **100%**. The measure was applied to eight records in the samples; all eight 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 eight records in the samples; all eight 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 record transfer
- approving a record closure

St. 3 Information and Referral for Voluntary Services: The compliance rate for this measure was **100%**. The measure was applied to eight records in the samples; all eight 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 or youth
- the referrals to services were consistent with the identified needs of the child or youth

St. 4 Involving the Aboriginal community in the Provision of Services: The compliance rate for this measure was **100%**. The measure was applied to eight records in the samples; all eight 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 **0%**. The measure was applied to all eight records in the samples; all eight were rated not 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

Of the eight records rated not achieved, all eight did not contain a family plan or an equivalent.

St. 6 Support Service Agreements: The compliance rate for this measure was **75%**. The measure was applied to all eight records in the samples; six were rated achieved, and two were rated not 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.

Of the two records rated not achieved, both did not contain Support Services Agreements.

St. 7 Voluntary Care Agreements (VCA's): The compliance rate for this measure was **100%**. The measure was applied to one record in the samples; it was rated achieved. 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 Case Documentation: The compliance rate for this measure was **38%**. The measure was applied to eight records in the samples; three were rated achieved, and five were rated not 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 period

Of the five records rated not achieved, four did not contain opening recordings, two did not contain any review recordings, and three contained some review recordings, but not every six months. The total adds to more than the number of records rated not achieved because records had combinations of the above noted reasons.

St. 24 Transferring Voluntary Family Service Files: The compliance rate for this measure was **100%**. The measure was applied to one record in the samples; it was 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 **0%**. The measure was applied to one record in the samples; it was rated not 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

Of the one record rated not achieved, it did not contain a closing recording.

St. 27 Voluntary Services Protocols: The compliance rate for this measure was **100%**. The measure was applied to all eight records in the samples; all eight 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. The team reviewed CS Standard 5, Rights of Children in Care, and templated forms have been added to physical files for completion. An annual review process will be implemented moving forward.
2. The team reviewed CS Standard 9, Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards, and templated forms have been added to physical files for completion. An annual review process will be implemented moving forward.
3. The team brought in a tracking form/checklist that is reviewed weekly during team meetings for all service delivery areas.
4. The team has developed a resource audit review form. Review process to be developed as part of the action plan.

8. ACTION PLAN

On April 14, 2023, the following Action Plan was developed in collaboration between Denisiqi Services Society and MCFD Office of the Provincial Director and Aboriginal Services Division – Quality Assurance Branch.

Actions	Persons Responsible	Expected Completion Date
<p>Child Service:</p> <p>Standard 8 Social Worker’s Relationship and Contact with a Child in Care:</p> <p>1. The Agency will complete a review of the requirements of this standard with the team and devise a method for consistent documentation.</p> <p>Confirmation of who participated in this review, and the method to be used moving forward will be provided, via email, to the manager of Quality Assurance.</p>	<p>Delegated team lead</p>	<p>October 31, 2023</p>

<p>Standard 19 Interviewing the Child about the Care Experience:</p> <p>2. The Agency will complete a review of the requirements of this Standard with the team and develop a templated audit form to assist with tracking completion.</p> <p>Confirmation of who participated in this review, and a copy of the templated audit form will be provided, via email, to the manager of Quality Assurance.</p>		
<p>Voluntary Family Service:</p> <p>St. 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements:</p> <p>3. The Agency will complete a review of the requirements of this Standard with the team and develop a templated family plan form to assist with tracking and completion.</p> <p>Confirmation of who participated in this review, and a copy of the templated family plan form will be provided, via email, to the manager of Quality Assurance.</p> <p>St. 9 Case Documentation:</p> <p>4. The Agency will complete a review of the requirements of this Standard with the team.</p> <p>Confirmation of who participated in this review will be provided, via email, to the manager of Quality Assurance.</p>	Delegated team leads	October 31, 2023
<p>Resources:</p> <p>5. The Agency will develop a monthly process for their newly developed resource audit review form.</p> <p>Confirmation that this review process has been developed will be sent, via email, to the manager of Quality Assurance.</p>	Delegated team leads	October 31, 2023