



# Fraser Valley Aboriginal Children & Family Services Society

## Practice Audit

November 2025

Practice and Quality Assurance Division  
Quality Assurance Branch

QA

*The Quality Assurance Branch respectfully acknowledges that we are living and working with gratitude and respect on First Nations lands throughout British Columbia. It was an honor for our team to travel to Fraser Valley Aboriginal Children & Family Services Society (FVACFSS) and conduct our work on their traditional lands.*



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# AT A GLANCE: Practice Audit Report

## Fraser Valley Aboriginal Children and Family Services Society (FVACFSS)

Report Completed: November 2025



### FVACFSS's Mission:

We support Indigenous families and communities to ensure the safety and well-being of children while respecting cultural diversity.

### FVACFSS's Vision:

Healthy and safe families.

## Highlights

98%	Preserving the Identity of the Child or Youth in Care.
99%	Deciding Where to Place the Child or Youth.
100%	Meeting the Child's Needs for Stability.
93%	Assessing the Safety of Children and Youth.
98%	Safety Decision Consistent with the Safety Assessment.
94%	Visiting the Family Home.
98%	Supervisory Approval.
89%	Training of Family Care Home Caregivers.
100%	Investigations in a Family Care Home.

## Overall Strengths

- Preserving the identity of the children and youth in care. Providing culturally appropriate services. Supporting and preserving family relationships.
- Documenting details of reports accurately and fulsomely. Determining the response priority and whether the report required a protection or a non-protection response. Making a safety decision consistent with the safety assessment.

## Growth Opportunities

- Developing initial care plans and reviewing annual care plans. Monitoring and documenting private visits with children and youth every 30 days.
- Home study completion. Monitoring family care homes and documenting 90 day reviews. Completing and documenting annual family care home reviews.
- Assessing the family's strengths and needs and creating and implementing the Family Plan. Reassessing the risk of future harm. Completing and documenting the reunification assessments.

## What We Heard

- **Cultural Leadership:** Elders guide practice and cultural teachings are woven into daily work, enriching staff and families through ceremonies and community engagement.
- **Family-First Approach:** Programs like Family Strengthening and Preservation reflect a strong commitment to keeping families together through flexible, holistic support.
- **Proud Indigenous Identity:** FVACFSS's role as an Indigenous agency inspires staff as a leader in culturally grounded child safety practice.
- **Community Connection:** Cultural belonging is prioritized, fostering healing and identity through meaningful engagement.
- **Workforce Development Opportunity:** Addressing staffing shortages and burnout can strengthen team resilience and retention.
- **Support Systems Enhancement:** Improving delegation, onboarding and supervision can empower staff and improve service delivery.



Honour



Engage



Accountable



Respect



Trust

## Actions Taken to Date

- The resource and guardianship teams have taken steps to complete outstanding and incomplete documentation.
- FVACFSS hosted the Youth Advisory Council (Visions and Voices) annual retreat September 19-21, 2025, with a goal to learn from and better understand the experiences of youth in care.

## Next Steps

- Develop a process for completing Care Plans within required timeframes.
- Implement a process for interviewing children and youth following placement changes.
- Provide training specific to how the Family Plan will be used and documented.
- Complete all outstanding guardianship and resource documentation.

# Background and Purpose

The Ministry of Children and Family Development (MCFD) completes practice audits to inform continuous improvements in policy, practice and service delivery. Each practice audit assesses a specific area of practice within MCFD or an Indigenous Child and Family Service Agency (ICFSA) and measures compliance with legislation, policy and practice standards.

This practice audit reviewed the family service, child safety, guardianship and resource services provided by **Fraser Valley Aboriginal Children & Family Services Society** (FVACFSS) from December 1, 2021 to November 30, 2024. The practice audit measured compliance with the [Aboriginal Operational and Practice Standards and Indicators](#) (AOPSI)(2009), and [Child Protection Response Policies Chapter 3](#). This is the eighth practice audit for FVACFSS. The last practice audit was completed in January 2020.

FVACFSS is delegated under the *Child, Family and Community Services Act* (CFCSA). See [Appendix A](#) detailed information on delegation, community demographics, organizational structure and work environment.

# Staff Perspectives

During the practice audit process, all delegated staff, including leadership, guardianship, resources, family services and child safety workers were invited to share their perspectives about what was working well and where they saw opportunity for growth within FVACFSS. Twenty-four staff members participated. To honor their voice, this report includes a summary of the strengths and opportunities for growth they identified in their work and workplace. See [Appendix A](#) for more detailed information.

## Strengths

Cultural responsiveness	Elders are reported to be actively involved in training, consultation and staff support. Elders are identified as a valuable asset for the families they work with and cultural support.
Collabrative approaches and flexibility	Staff shared there is a strong focus on strengthening relationships with families and community. Flexibility and collabrative approaches are used to support children, youth and families.
Staff appreciation	Staff noted that leadership's appreciation efforts strengthen team cohesion.

## Growth Opportunities

### Delegation

Staff expressed the delegation process can be slow and inconsistent. It can take upwards of a year to delegate a new hire, who may not yet be ready to take on a full workload upon delegation.

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### Training

Staff have indicated that training is offered but difficult to attend due to workload. It is reported that in-house training is basic and doesn't meet professional development goals.

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### Communication

Staff shared there is a disconnect between the leadership team and service delivery staff. There are frequent changes and turnover within leadership which creates instability and confusion.

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## Guardianship Services Practice Audit Results

This practice audit covers the FVACFSS guardianship program over three years, based on 106 records from the selected sample, though not all 23 standards in the audit tool applied to each record. See [Appendix A](#) for the methodology.

For standards that require annual completion, results are shown by year.

Many standards require multiple criteria to be met for an achieved rating. See [Appendix B](#) for specific requirements.

## Strengths and Growth Opportunities

### Strengths

- Preserved the identity of the children and youth in care.
- Provided culturally appropriate services.
- Supported and preserved family relationships.
- Provided medical and dental care.
- Prepared youth for independence.

### Growth Opportunities

- Develop initial care plans and review annual care plans.
- Monitor and document private visits with children and youth every 30 days.
- Strengthen Child Service documentation practices.
- Interview children and youth about their care experiences.

## Highlights

Good documentation of the child or youth’s involvement within their communities and culture.

Evidence of staff consultation with the child or youth about their living arrangement.

Documentation of promotion of family and community relationships. Many opportunities were provided for children and youth to participate in cultural events.

FVACFSS achieved 90% or higher compliance on 10 Guardianship standards.

## Analysis

### Standard (St.) 1: Preserving the Identity of the Child or Youth in Care

The compliance rate was **98%**. The standard was applied to 106 records, with 104 rated achieved and two rated not achieved. Of the two records rated not achieved, neither identified the child or youths’ community and no efforts were made to do so.

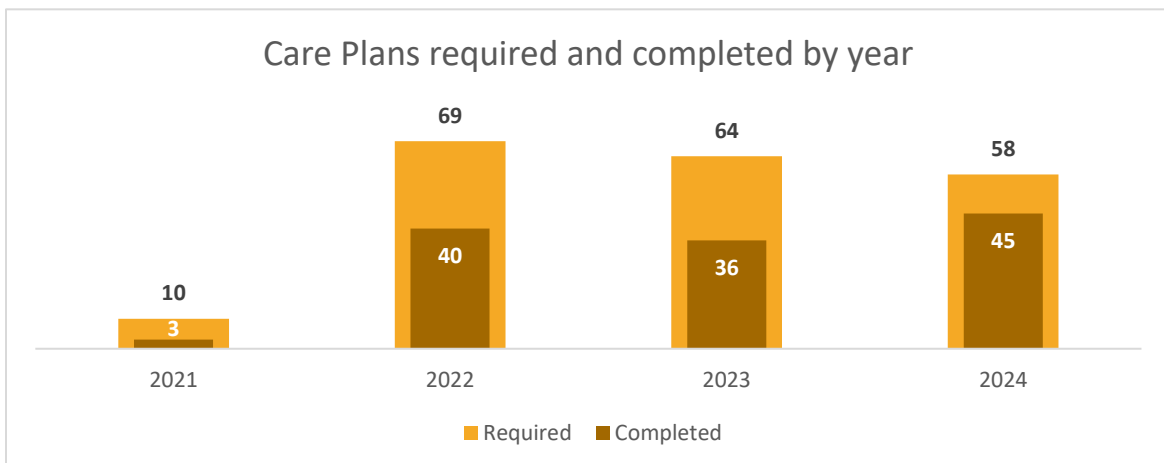
### St. 2: Development of a Comprehensive Plan of Care

The compliance rate for Initial Care Plans completed within the first 30 days was **51%**, with 19 of the 37 applicable records having an Initial Care Plan completed.

The compliance rate for Care Plans completed within six months of admission was **59%**, with 22 of the 37 applicable records having a plan of care on record within six months of admission to care.

### St. 3: Monitoring and Reviewing the Child or Youth’s Plan of Care

The compliance rate was **78%** in 2024, **56%** in 2023, **58%** in 2022 and **30%** in 2021. The standard was applied to all 106 records. FVACFSS demonstrated good achievement in 2024 with its highest percentage of completion.



Twelve open records require a current 2024 Care Plan.

The Executive Director was notified of all outstanding or incomplete documentation.

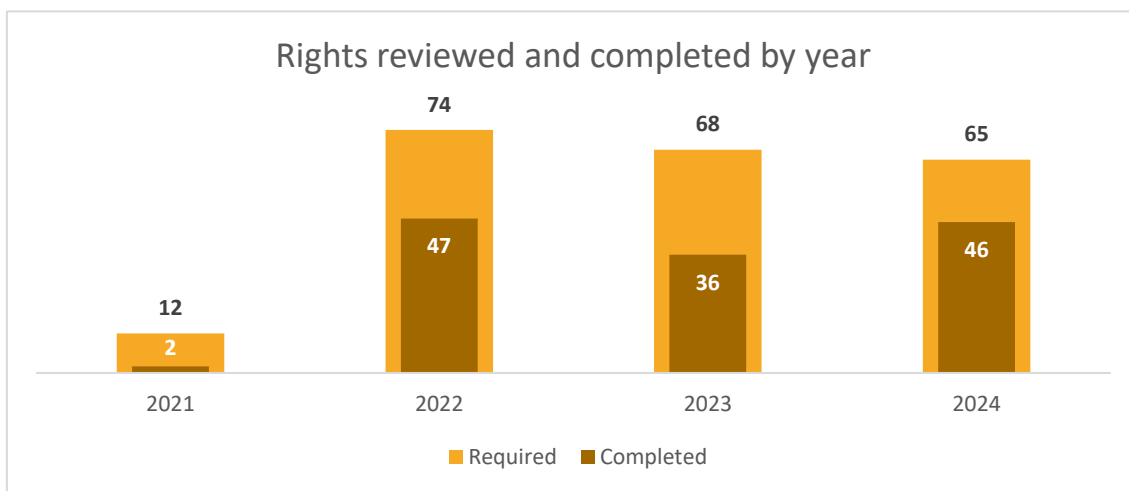
#### St. 4: Supervisory Approval Required for Guardianship Services

FVACFSS demonstrated strong practice in most key areas requiring supervisory consultation. The standard was applied to all 106 records; 72 records were rated achieved in all applicable areas of supervisory approval, 33 were missing supervisory sign off on Care Plans and one did not have any documented supervisory involvement, consultation or signatures.

#### St. 5: Rights of Children and Youth in Care

The compliance rate for this standard was **71%** in 2024, **53%** in 2023, **64%** in 2022 and **17%** 2021. The standard was applied to all 106 records. Sixteen open records required the annual review of rights for 2024.

The Executive Director was notified of all outstanding or incomplete documentation.



#### St. 6: Deciding Where to Place the Child or Youth

The compliance rate was **99%**. The standard was applied to all 106 records. One record was rated not achieved.

The one record rated not achieved did not meet section 71 requirements and there was no active follow up documented.



This area of practice improved from **82%** achievement in 2020 to **99%** in 2025.

#### St. 7: Meeting the Child or Youth's Needs for Stability and Continuity of Relationships

The compliance rate was **100%**. All 106 records were rated achieved.

### **St. 8: Guardianship Worker’s Relationship and Contact with the Child or Youth**

The standard was applied to all 106 records. Policy required a total of 2348 private visits over the audit time period. Private visits occurred within the 30 day timeframe in 1248 out of the expected 2348 private visits, resulting in **53%** compliance.

The length of time between visits was also tracked. Approximately one third of the records documented private visits that occurred within 90 days, the next third was within 180 days, with the longest break identified in one record was 707 days.



FVACFSS participated in training delivered by Aboriginal Services Branch in March of 2024 regarding the use of the new Child and Youth Visit Applet in ICM and now all contact with children is tracked through this new method.

### **St. 9a: Providing the Caregiver with Information**

The compliance rate was **82%**. The standard was applied to all 106 records, with 87 rated achieved and 19 rated not achieved.

Of the 19 records rated not achieved:

- 17 did not confirm the information on the child or youth was provided to the caregivers at the time of placement.
- Two did not confirm the information about the child or youth was provided to the caregiver as it became available.
- One did not confirm the information was provided to the caregiver within seven days of an emergency placement.

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

### **St. 9b: Reviewing the Appropriate Discipline Standards**

The compliance rate was **64%**. The standard was applied to 53 records, with 34 rated achieved and 19 rated not achieved.

The 19 records rated not achieved did not confirm discipline standards were reviewed with the caregivers at the time of placement.

### **St. 10: Providing Initial and Ongoing Medical and Dental Care**

The compliance rate was **92%**. The standard was applied to all 106 records, with 98 records rated achieved and eight records rated not achieved.

All eight records rated not achieved did not confirm that a medical exam was completed upon entering care.

### **St. 11: Planning a Move for a Child or Youth in Care**

The compliance rate was **92%**. The standard was applied to 37 records, with 34 rated achieved and three rated not achieved.

The three records rated not achieved did not document that there was an orientation or pre-placement visit.

### **St. 12: Reportable Circumstances (RC)**

The compliance rate was **62%**. The standard was applied to 45 records, with 28 rated achieved for completing the required reports and 17 rated not achieved. All 17 records rated not achieved had RCs submitted but not within 24 hours. The length of time to submit the RCs was between two and 454 days, with 12 of the 17 being submitted within eight days.



Since the last audit, staff participated in reportable circumstances training and submissions went from **57%** in 2020 to **100%** in this practice audit.

### **St. 13: When a Child or Youth is Missing, Lost or Runaway**

The compliance rate was **100%**. The standard was applied to seven records and all were rated achieved.

### **St. 14: Case Documentation**

The compliance rate for opening recordings was **85%**. The standard was applied to 39 records, with 33 rated achieved and six rated not achieved. All six records rated not achieved did not contain an opening recording.

The compliance rate for review recordings or Care Plan reviews was **25%**. The standard was applied to 104 records, with 26 rated achieved and 78 rated not achieved.

Of the 78 records rated not achieved:

- 50 did not contain any review recordings or Care Plan reviews.
- 27 contained review recordings or Care Plan reviews but they were not completed every six months.
- One did not have a review recording or Care Plan review when there was a change in circumstance.

### **St. 15: Transferring Continuing Care Files**

The compliance rate was **87%**. The standard was applied to 31 records, with 27 records rated achieved and four records rated not achieved.

Of the four records rated not achieved:

- Four records did not contain documentation that a guardianship worker met with the child or youth prior to the transfer of guardianship responsibility.
- Three records did not contain documentation that the guardianship worker met with the youth within five days after the transfer.
- Two records did not contain documentation that a guardianship worker met with the caregiver prior to the child or youth coming into their care.
- Two records did not contain documentation that the guardianship worker met with the caregiver prior to the transfer.
- One record did not contain a transfer recording.

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



This area of practice improved from **48%** achievement in 2019 to **87%** in 2025.

#### **St. 16: Closing Continuing Care Files**

The compliance rate was **80%**. The standard was applied to 25 records, with 20 records rated achieved and five records rated not achieved.

Of the five records rated not achieved:

- Four records did not contain documentation that a guardianship worker met with the child prior to closure.
- Three records did not contain documentation that the guardianship worker met with the caregiver prior to closure.
- Two records did not have a closing recording.
- Two records did not contain documentation that the Band was notified of closing.

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

#### **St. 17: Rescinding a Continuing Care Order (CCO) and Returning the Child or Youth to the Family Home**

The compliance rate was **100%**. The standard was applied to three records and all were rated achieved.

#### **St. 18: Permanency Planning**

A permanency plan is considered for a child or youth with a legal status of CCO when the plan's priorities are in the best interests of the child or youth and the preservation of the child or youth'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.

**St. 19: Interviewing the Child or Youth about the Care Experience**

The compliance rate was **4%**. The standard was applied to 49 records, with two rated achieved and 47 rated not achieved.

The 47 records rated not achieved did not have documentation that confirmed that interviews were conducted with the children or youth after placement changes or prior to leaving care.

**St. 20: Preparation for Independence**

The compliance rate was **97%**. The standard was applied to 34 records, with 33 rated achieved and one rated not achieved.

The record rated not achieved did not contain an assessment of the youth's independent living skills or a plan for independence.

**St. 21: Responsibilities of the Public Guardian and Trustee (PGT)**

The compliance rate was **91%**. The standard was applied to 55 records, with 50 records rated achieved and five records rated not achieved.

The five records rated not achieved did not contain documentation confirming that the PGT was notified when a Continuing Care Order was obtained.

**St. 22: Investigation of Alleged Abuse or Neglect in a Family Care Home**

The compliance rate was **67%**. The standard was applied to six records, with four rated achieved and two rated not achieved.

The two records rated not achieved had a protocol investigation conducted, but there were no documented summary reports.

The Executive Director was notified of all outstanding or incomplete documentation.

**St. 23: Quality of Care Review**

The compliance rate was **67%**. The standard was applied to three records, with two rated achieved and one rated not achieved.

The record rated not achieved had a Quality of Care Review but there was no summary report documented.

The Executive Director was notified of all outstanding or incomplete documentation.

**St. 24: Guardianship Agency Protocols**

The compliance rate was **100%**. The standard was applied to all 106 records.

## Resources Practice Audit Results

The practice audit reflects the work done by the staff in the resource program over three years, based on 47 records from the selected sample, though not all standards in the audit tool applied to each record. See [Appendix A](#) for the methodology.

For standards requiring annual completion, results are shown by year.

Many standards require multiple criteria to be met for an achieved rating. See [Appendix B](#) for specific requirements.

### Strengths and Growth Opportunities

#### Strengths

- Supervisory consultations, approvals and involvement were well documented.
- Supervision supports quality, professional and ethical practice.
- Training offered and provided to caregivers.
- Agreements signed with caregivers.

#### Growth Opportunities

- Home study completion.
- Family care homes monitored and 90 days reviews documented.
- Annual family care home reviews completed and documented.
- Written notice documented when a family care home is closed.

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Good documentation of supervisory approval and involvement for family care home services.

#### Highlights

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Caregiver Training was consistently offered and provided to caregivers.

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Investigations of alleged abuse or neglect consistently conducted with summary reports placed on the physical record.

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## Analysis

### St. 28: Supervisory Approval for Family Care Home Services

The documentation of supervisory consultation was excellent at FVACFSS. The standard was applied to all 47 records.

Forty six were rated achieved in all applicable areas of supervisory approval. One record missed mitigation and supervisory approval for a Consolidated Criminal Check (CCRC) history and a home study approval.

### **St. 29: Family Care Homes – Application and Orientation**

The compliance rate was **47%**. The standard was applied to all 47 records, with 22 rated achieved and 25 rated not achieved.

Of the 25 records rated not achieved:

- 17 records did not contain the necessary criminal record checks.
- 12 records did not contain a completed orientation.
- Nine records did not contain completed medical exam forms.
- Seven records did not contain completed application forms.
- Seven records did not contain all the required reference checks.
- Six records did not contain the required Prior Contact Checks (PCC).
- Four records did not contain completed consent forms.

The total adds to more than the number of records rated not achieved because 16 records had combinations of the above noted reasons.

The Executive Director was notified of all outstanding or incomplete documentation.

### **St. 30: Home Study**

The compliance rate was **22%**. The standard was applied to 18 of the records, with four rated achieved and 14 rated not achieved.

Of the 14 records rated not achieved, all did not contain a completed home study. Nine were open at the time of this audit. The Executive Director was notified of all outstanding documentation.

### **St. 31: Training of Caregivers**

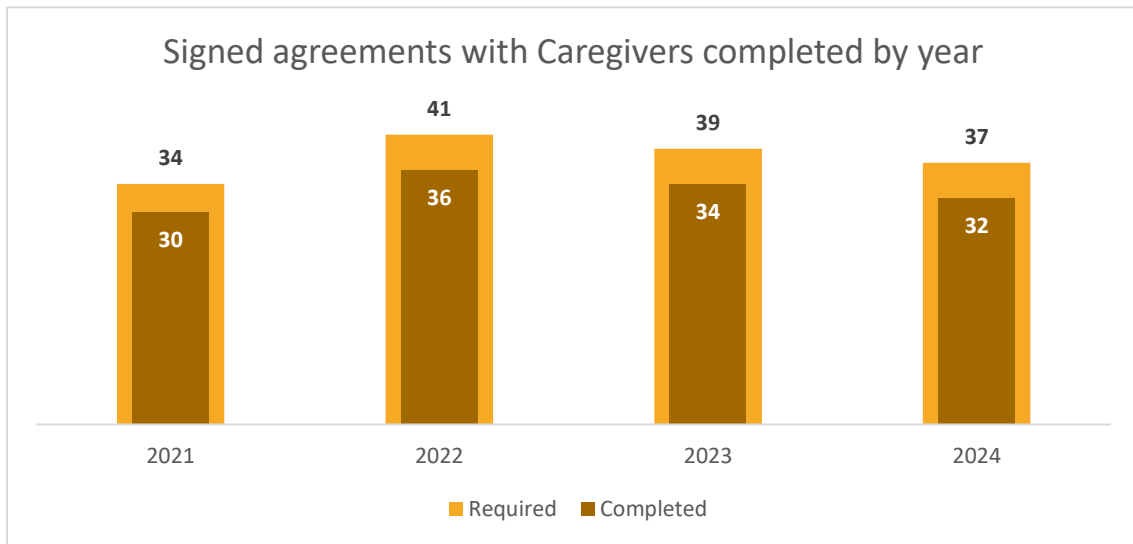
The compliance rate was **89%**. The standard was applied to all 47 records, with 42 rated achieved and five rated not achieved.

Of the five records rated not achieved, none documented any training offered and four did not have any training needs identified. The total adds to more than the number of records rated not achieved because four records had a combination of the above noted reasons.

### **St. 32: Signed Agreement with Caregiver**

The compliance rate for this standard in 2024 was **86%**, in 2023 it was **87%**, in 2022 it was **88%**, and in 2021 it was **88%**.

The standard was applied to 47 records over the three year audit time frame.



Five open resource records require a current signed Family Care Home Agreement.

The Executive Director was notified of all outstanding or incomplete documentation.

**St. 33a: Monitoring of the Family Care Home**

The standard was applied to all 47 records, with six rated achieved and 41 rated not achieved.

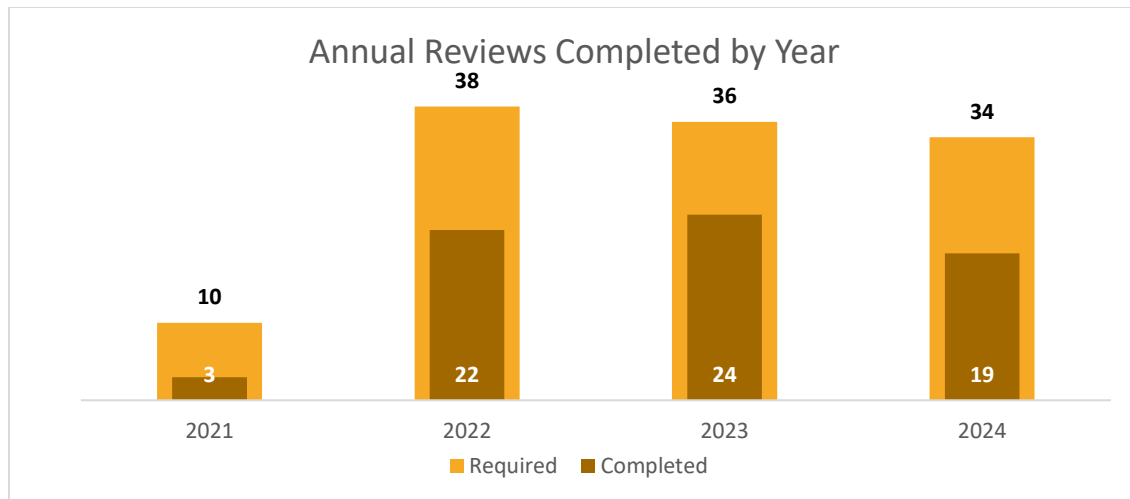
Of the 41 records rated not achieved:

- 39 records documented home visits, but these did not occur every 90 days.
- Six records documented home visits every 90 days.
- Two records had no documentation of any home visits.

Of the 47 records reviewed, the policy required a total of 436 visits to Family Care Homes. It was found that visits occurred within the 90 day timeframe 229 out of the required 436 visits, resulting in a compliance of **53%**. In more than half of the records, more than six months occurred without a documented visit, the longest gap was 901 days.

**St. 33b: Annual Review of the Family Care Home**

The compliance rate in 2024 was **56%**, in 2023 was **67%**, in 2022 was **58%** and 2021 it was **30%**. The standard was applied to 47 records over the three year audit time frame.



Fifteen open records required a current 2024 annual review.

The Executive Director was notified of the open Family Care Homes that required a 2024 annual review.

**St. 34: Investigation of Alleged Abuse or Neglect in a Family Care Home**

The compliance rate was **100%**. This standard was applied to nine records.

**St. 35: Quality of Care Review**

The compliance rate was **71%**. This standard was applied to seven records, with five records rated achieved and two records rated not achieved.

The two records rated not achieved had a Quality of Care Review, but no summary report documented.

**St. 36: Closure of the Family Care Home**

The compliance rate was **18%**. This standard was applied to 11 applicable records, with two rated achieved and nine rated not achieved.

The nine records rated not achieved had no documentation that written notice was provided to the caregiver.

**Family Services and Child Safety Practice Audit Results**

The practice audit examines the work completed by staff in the family service (FS) program over a three year period. There was a total of 61 closed service requests, 58 closed memos, 64 closed incidents and 57 open and 31 closed FS records in the sample.

Not all measures in the audit tool were applicable to all records. See [Appendix A](#) for the methodology.

For measures requiring annual completion, results are shown by year.

Some measures require multiple criteria to be met for an achieved rating. See [Appendix B](#) for specific requirements.

## Strengths and Growth Opportunities

### Strengths

- Details of reports documented accurately and fulsomely.
- Determining the priority and whether the report required a protection or non-protection response.
- Consultation in assessing the risk of future harm and the need for ongoing protection services.

### Growth Opportunities

- Assessing the family's strengths and needs.
- Creating and implementing the Family Plan.
- Reassessing the risk of future harm.
- Completing and documenting the Reunification Assessment.

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## Highlights

Noted improvement in the intake and assessment phase of practice.

Making a safety decision consistent with the Safety Assessment.

Meeting with parents and visiting the family home.

## Analysis

### Family Service (FS) 1: Screening Measures

The measure was applied to 182 records.

In the 182 records reviewed:

- The report generated was full and detailed **99%** of the time.
- The three components of the Initial Record Review (IRR) were completed as follows:
  - **96%** of Initial Record Reviews (IRRs) were completed within 24 hours.
  - **96%** of IRRs contained a Best Practices check.

- **92%** of IRRs contained sufficient information about previous issues or concerns and number of past service requests, incidents or reports (if protection history exists).
- The Screening Assessment was completed either immediately, as necessary, or within 24 hours **92%** of the time.
- The response chosen (either protection or non-protection response) was appropriate **100%** of the time.
- The response priority was appropriate **100%** of the time.

In 16 records, the Screening Assessment was not completed within the required timeframe. All but one were completed between one and five days, the longest delay was 53 days. Twenty-two of these records indicated that the family was not contacted within the response priority timeframe, the longest was 99 days.

### **FS 2: Conducting a Detailed Record Review (DRR)**

The compliance rate was **88%**. The measure was applied to 64 records in the sample, with 56 rated achieved and eight rated not achieved.

Of the 56 records rated not achieved:

- Five did not contain a DRR.
- Two contained a DRR but they were not reflective of past issues, how the family responded and the effectiveness of the last intervention.
- One contained a DRR but it did not contain information that was missed in the IRR.



Documentation of a DRR increased from **45%** in 2019 to **88%** in 2025, reflecting a **43%** increase.

### **FS 3: Assessing and Documenting the Safety of the Child or Youth**

The measure was applied to all 64 records.

The Safety Assessment was completed within 24 hours, during the first significant involvement with the family and was on the records **97%** of the time, with a breakdown of:

- **100%** of records contained a completed Safety Assessment.
- **97%** of the Safety Assessments were completed during the first significant involvement with the family.
- **70%** of the Safety Assessments were completed within 24 hours.

The response ended early with supervisory approval and the rationale was appropriate and documented on 12 records (**100%** achievement).

This measure also tracked how many days it took to complete the Safety Assessment if it was not documented within 24 hours. Of the 20 records that did not complete the Safety Assessment within 24 hours, 12 took up to eight days and eight took between 13 and 207 days.

#### **FS 4: Making a Safety Decision Consistent with the Safety Assessment**

The compliance rate was **98%**. The measure was applied to 64 records in the sample, with 63 rated achieved and one rated not achieved.

The one record rated not achieved had a safety decision that was not consistent with the Safety Assessment.

The response ended early with supervisory approval and the rationale was appropriate and documented on 12 records (**100%** achievement).

#### **FS 5: Developing a Safety Plan**

The compliance rate was **69%**. This measure was applied to 29 records, with 20 records rated achieved and nine records not achieved.

Of the nine records rated not achieved, one did not document that the Safety Plan was agreed to by the parents and eight required a Safety Plan but they were not documented.

The response ended early with supervisory approval and the rationale was appropriate and documented on 12 records (**100%** achievement).

#### **FS 6: Meeting or Interviewing the Parents and Other Adults in the Family Home**

The compliance rate was **92%**.

The measure was applied to all 64 records in the sample, with 59 rated achieved and five rated not achieved.

Of the five records rated not achieved, three records did not contain documentation that the child safety worker met with or interviewed the parents and two records did not contain documentation that the worker met or interviewed other adults in the home.

The response ended early with supervisory approval and the rationale was appropriate and documented in 12 records (**100%** achievement).

#### **FS 7: Meeting with Every Child or Youth Who Lives in the Family Home**

The compliance rate was **88%**. The measure was applied to 64 records, with 56 rated achieved and eight rated not achieved.

In the eight records rated as not achieved, three did not have any child or youth interviews documented and five documented that interviews were completed with some but not all the children or youth in the home.

The response ended early with supervisory approval and the rationale was appropriate and documented in 12 records (**100%** achievement).

### **FS 8: Visiting the Family Home**

The compliance rate was **94%**. The measure was applied to 64 records, with 60 rated achieved and four rated not achieved.

In the four records rated as not achieved, all did not document that the child safety worker visited the family home.

The response ended early with supervisory approval and the rationale was appropriate and documented in 12 records (**100%** achievement).

### **FS 9: Working with Collaterals**

The compliance rate was **85%** where all the required collaterals were completed, with 39 records rated achieved and seven rated not achieved. The seven records did not have all the required collaterals completed.

The response ended early with supervisory approval and the rationale was appropriate and documented in 14 records (**100%** achievement).



This area of practice improved from **31%** in 2019 to **85%** in 2025, an increase of **54%**.

### **FS 10: Involvement with Indigenous Communities under the CFCSA**

In 61 records, the children or youth was identified as Indigenous, and the following results were found:

- **93%** of records documented confirmation that the child or youth was Indigenous.
- **38%** of records indicated the Indigenous Community was contacted.
- **33%** of records documented that the Indigenous Community were involved in the planning and delivery of services.

The response ended early with supervisory approval and the rationale was appropriate and documented in 14 records (**100%** achievement).

### **FS 11: Consultation in Assessing the Risk of Future Harm and Need for Ongoing Protection Services**

In the 49 applicable records reviewed:

- **96%** of records contained a summary of the current circumstances.
- **94%** of records had clear documentation of the outcome of the current involvement.
- **92%** of records contained a summary of the history of the family's child protection involvement.

In the 64 records reviewed, seven ended within 30 days of receiving the report, 27 did not end within 30 days of receiving the report, 16 had supervisory approval to extend and the supervisor appropriately approved ending the response early in 14 records.

### **FS 12: Assessing the Family’s Strength and Needs & Creating and Implementing the Family Plan**

This measure was applied to all 86 records. The compliance for each task is as follows:

- **49%** of the records had an assessment of the family’s strengths and needs through a consultation note with a supervisor or a discontinued Strengths and Needs Assessment Tool.
- **35%** of the records had a Family Plan or its equivalent on the record.
- **33%** of the records had a Family Plan or equivalent that was developed in collaboration with the family.
- **29%** of the records had a Family Plan or equivalent reflective of the family’s strengths and needs.
- **24%** of the records had a Family Plan or equivalent approved by the supervisor.

### **FS 13: The Reassessment of Risk of Future Harm**

The compliance rate was **48%**. The measure was applied to 33 records, with 16 rated achieved and 17 rated not achieved.

Of the 17 records rated not achieved:

- 14 did not have a reassessment in the most recent six month protection cycle.
- Four did not have a summary of current circumstances.
- Three did not have a supervisory clinical consultation of reassessment.
- Three did not have a summary of the history of child protection involvement in a supervisory clinical consultation.
- One did not have an outcome documented within a supervisory clinical consultation.

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

### **FS 14: Completion of the Reunification Assessment**

The compliance rate was **27%**. The measure was applied to 51 applicable records, with 14 rated achieved and 37 rated not achieved.

Of the 37 records rated not achieved:

- 26 records did not have a Reunification Assessment completed within the most recent six month ongoing protection services cycle.
- Seven records did not have a Reunification Assessment completed when a custody court proceeding was approaching and the previous assessment was older than three months or no longer relevant.

- Three records had a Reunification Assessment completed when required but not approved by a supervisor.
- One record did not have a Reunification Assessment completed when the child or youth's return was being considered.

In two records where there was an Indigenous child whose community was part of an Indigenous Governing Body (IGB), that IGB was provided notice before the child safety worker took significant measures.

**FS 15: Making the Decision to End Ongoing Protection Services (applies only to closed records)**

The compliance rate was **94%**, the measure was applied to 32 records, with 30 rated achieved and two rated not achieved.

In the two records rated not achieved, all of the relevant criteria were not met before the decision to end ongoing protection services was made and approved by the supervisor.

**FS 16: Collaborative Planning and Decision Making (CPDM)**

The compliance rate was **63%**. The measure was applied to 16 applicable records, with 10 rated achieved and six rated not achieved.

Of the six records rated not achieved all six met the requirements for an appropriate CPDM process to be offered at least once. Nine of 16 applicable records involved the Indigenous Community in the CPDM process (**56%** achievement).

## Actions to Date

FVACFSS has taken steps to address identified compliance gaps. Updates have begun on expired criminal record checks, overdue annual care home reviews and care plans for children and youth. Rights reviews have been initiated, and work is underway to complete outstanding documentation such as home studies, family care home agreements, and protocol investigation summaries.

In addition, FVACFSS hosted its annual Youth Advisory Council retreat in September to strengthen understanding of youth experiences in care.

## Action Plan

Action	Persons Responsible	Expected Date of Completion
<p><b>CHILD SERVICE</b></p> <p><b><u>St. 3: Monitoring and Reviewing the Child and Youth's Care Plan</u></b></p> <p>1. FVACFSS will review this standard with the team and develop a process for completing Care Plans within required timeframes.</p> <p>Confirmation of participants and review date will be provided, via email, to the Manager of Quality Assurance (MQA).</p> <p>2. All open records in need of a current care plan will be completed.</p> <p>Confirmation of completion will be provided, via email, to the MQA.</p> <p><b><u>St. 19: Interviewing the Child/Youth About the Care Experience</u></b></p> <p>3. FVACFSS will review the policies and procedures and implement an interview tool or outline, to guide the interview process when a child or youth changes placement or transitions out of care.</p> <p>Confirmation of participants and review date, along with an example of the documentation method will be provided, via email, to the MQA.</p>	<p>Executive Director</p>	<p>April 30, 2026</p>

<p><b>RESOURCE</b></p> <p><b><u>St. 29: Family Care Homes – Application and Orientation</u></b></p> <p>4. FVACFSS will complete and document all outstanding documentation as required for opening a Resource home as identified within the audit.</p> <p>Confirmation of completion will be provided, via email, to the MQA.</p>	<p>Executive Director</p>	<p>April 30, 2026</p>
<p><b><u>St. 30: Home Study</u></b></p> <p>5. FVACFSS will complete and document a Home Study or an Assessment of Safety as needed, for all open resources as identified within the audit.</p> <p>Confirmation of completion will be provided, via email, to the MQA.</p>	<p>Executive Director</p>	<p>April 30, 2026</p>
<p><b>FAMILY SERVICE</b></p> <p><b><u>FS 12: Assessing the Family’s Strength and Needs &amp; Creating and Implementing the Family Plan</u></b></p> <p>6. FVACFSS will review and provide training of the policies and procedures associated with the SDM tools specific to the FDR service phase with all protection teams. The Family Plan template will be reviewed, along with how family plans will be documented moving forward.</p> <p>Confirmation of participants, the review date, along with an example of the family plan template to be used will be provided, via email, to the MQA.</p>	<p>Executive Director and Indigenous Child and Family Service Agency Practice Branch</p>	<p>April 30, 2026</p>

## Appendix A

### 1. Delegation

Delegation for ICFSAs refers to the transfer of authority and responsibility for decision-making in child welfare services under the Child, Family and Community Services Act (CFCSA) to Indigenous communities or organizations. This process enables ICFSAs to exercise greater control over the care, protection and well-being of their children, youth and families in accordance with cultural values, traditions and needs.

FVACFSS operates under C6 delegation. The ICFSA is operating under a delegated services agreement which expires March 31, 2028. This level of delegation enables FVACFSS to provide the following services:

- Child protection.
- Temporary custody of children.
- Permanent guardianship of the children in continuing custody.
- Support services to families.
- Voluntary Care or Support Needs Agreements.
- Youth Agreements.
- Agreements with Young Adults.
- Resources.
- Out of Care Options.

In addition to the delegated programs, FVACFSS provides the following non-delegated programs and services to the members of their Indigenous Communities and urban Indigenous children and families.

- Elders Advisory Committee.
- Traditional family planning, mentors and counsellors.
- Collaborative process facilitators.
- Cultural youth camps and family camps.
- Indigenous leadership youth group.
- Roots program.
- Shxw:wha:y Family Home.
- Tool Time (life skills and cultural learning).
- Sexual Abuse Intervention program.
- Referrals to medical, dental, family, parenting, youth, rehabilitation and counselling services.
- Visions and Voices Youth Advisory Group/Mentoring Program.
- Caregiver Connections program.
- Wellness Group.
- Family Strengthening Program.

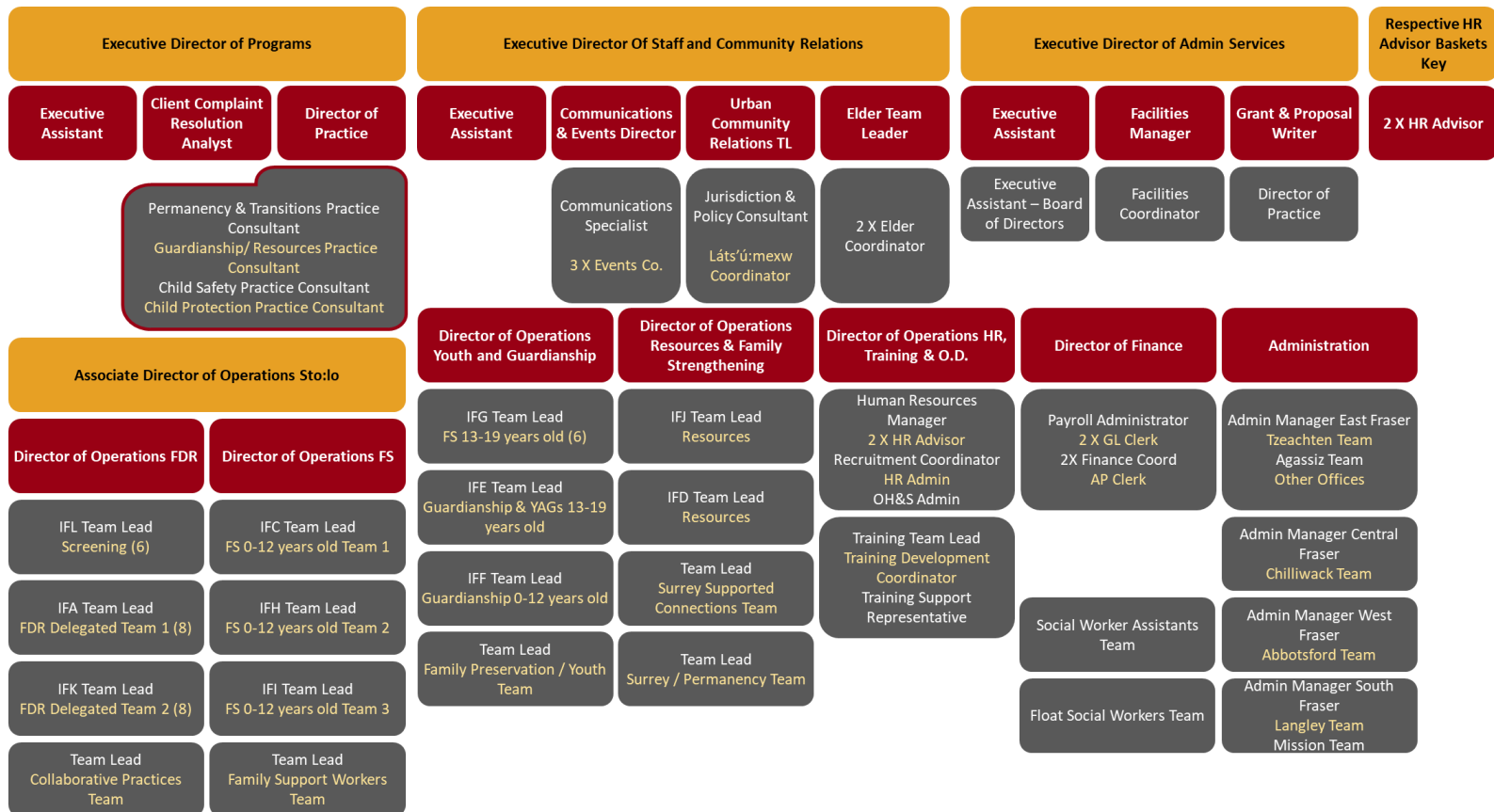
## 2. Demographics and Staffing Context

FVACFSS provides services to the 17 Indigenous communities of Athelets (Atchelitz); Xwchíyò:m (Cheam); Chowéthel (Chawathil); Leq’a:mel; Máthexwi (Matsqui); Pópkw’em (Popkum); Sxwoyehà:là (Squiala); Shxwhá:y (Skway); Sxwoyehá:lá (Shxw’ow’hamel); Sq’ewá:lwx (Skawahlook); Sq’ewqeyl (Skowkale); Sqwá (Skwah); Th’ewá:li (Soowahlie); Semá:th (Sumas); Ch’iyáqtel (Tzeachten); Yeqwyeqwi:ws (Yakweakwioose); and Xwoxwelá:lhp (Yale).

They also work with the Láts’elmexw (away from home) families which accounts for more than 85 per cent of their work. Over 33 per cent of the children, youth, and families they serve are Métis.

FVACFSS provides service in the regions of Chilliwack, Abbotsford, Langley, Agassiz, and Mission. Their geographic service area covers Yale to the East, Langley/Surrey Ministry Fraser Region boundary on the West, Maple Ridge/Mission Ministry Fraser Region boundary on the North, and the Canadian/US border to the South, including the Reserves of member First Nations. ([Fraser Valley Aboriginal Children & Family Services Society Annual Report 2023-2024](#)).

### Fraser Valley Children & Family Services Society 2025 Organizational Chart



## FVACFSS/ Xyólheméylh - Stó:lō Services Team



### FVACFSS Professional Staff Complement

FVACFSS has experienced significant growth over the last ten years, almost doubling in size. There are over 338 staff at FVACFSS making it the largest ICFSA in the Province. Over 30% of staff are Indigenous, and their staff retention rate is over 80%. The Executive Leadership Team (ELT) consists of the Executive Director of Programs, the Executive Director of Staff and Community Relations, and the Executive Director of Administration Service; they report to the Board of Directors. There are six Directors of Operations: Family Development Response, Family Services, Youth and Guardianship, Resources and Family Strengthening, Human Resources and Training, and Xyólheméylh - Stó:lō Services. There are 26 team leaders, with hundreds of service delivery and support staff.

### Supervision and Consultation

The Directors try to have monthly meetings with their team leaders followed up with monthly 1:1 structured supervision. Consultation is frequent and as needed. The ICFSA aspires for team leaders to have monthly scheduled supervision with their staff, although it is reported this is not consistent as workers and team leaders feel they are stretched thin with the high workloads, and lack of time. The frequency and quality of the supervision is also negatively impacted with the global set up of the teams. Team leaders do not necessarily work from the same offices or communities as their staff, and it is reported this leads to feelings of isolation, disconnection, and difficulty meeting in person.

During supervision and consultation, team leaders provide case consultations, structured supervision and case tracking. When team leaders are not available in person, staff communicate and consult through MS Teams, emails, texts and phone calls. Scheduled supervision times are reported to be inconsistent across the teams and some staff interviewed stated a desire for more frequent scheduled supervision, without cancellations and assistance with tracking case work. Staff described a range of satisfaction levels in the quality of their supervision. Staff also expressed the need to have alternate team leaders available for consultations when their team leaders are unavailable.

Directors have service specific, agency wide basket meetings with all their teams three times per year, where they all get together. They also have leaderships meetings with the other Directors every two months.

### 3. Staff Perspectives: What We Heard

Staff within FVACFSS were offered the opportunity to share their thoughts. Twenty-four staff participated in interviews and from those interviews' themes were identified. Regarding strengths, staff shared the following:

- Strong cultural integration and support
  - Elders are actively involved in case consultations, training and staff support.
  - Cultural practices and teachings are embedded in daily work.
  - Staff and families benefit from cultural trips, ceremonies and community engagement.
  - FVACFSS prioritizes cultural belonging and identity in planning and service delivery.
- Commitment to family-centered practice
  - Staff and directors emphasize keeping families together and supporting them holistically.
  - Programs like Family Strengthening and Family Preservation are praised for their impact.
  - Creative and flexible approaches are used to meet family needs, including travel and community-based supports.
- Unique Identity as an Indigenous Child and Family Service Agency
  - FVACFSS's identity as an ICFSA is a source of pride.
  - Staff value the opportunity to work with Indigenous Communities in culturally meaningful ways.
  - There is recognition of their potential to lead and innovate in Indigenous child safety practice.

Regarding opportunities for growth, staff shared the following:

- Staff shortages and high turnover
  - Chronic understaffing across teams, especially in delegated positions.
  - High turnover due to burnout, stress leaves and lack of retention strategies.
  - Vacancies often cannot be filled due to medical leaves or lack of delegation.
  - Team leaders and Directors frequently cover frontline work due to gaps.
- Delegation process and gaps in training
  - Delegation process is slow, inconsistent and discouraging for new staff.
  - Undelegated staff are often assigned caseloads prematurely.
  - Lack of mentorship and structured onboarding for new hires.
  - Training is offered but often inaccessible due to workload; not well-tracked or followed up.

- Supervision and support structures
  - Supervision is inconsistent, often reactive rather than scheduled.
  - Team leads are stretched thin, covering multiple teams and unable to provide adequate support.
  - Staff desire more clinical supervision, mentorship and time to review full caseloads.
  - Global team structure hinders relationship-building and access to supervisors.

#### 4. Methodology

Six quality assurance practice analysts from MCFD conducted the practice audit. Data collected, compliance tables and a compliance report for each record audited was stored on a SharePoint site. Discussions with staff occurred by telephone or at a virtual meeting after the data collection was completed.

The population and sample sizes for all the record types used in the practice audit were collected from the Integrated Case Management (ICM) database. The sample sizes provide a confidence level of 90% and a +/- 10% margin of error. However, as some of the standards used for the practice audit are only applicable to a reduced number of the records, this margin of error varies on these records. The following are the sample sizes for each record type:

Record Types	Record Totals
Incidents	64
Service Requests (SRs)	61
Memos	58
Open Child Service (CS) records	57
Closed Child Service (CS) records	49
Resource (RE) records	47
Open Family Service (FS) records	57
Closed Family Service (FS) records	31

The populations of records from which the samples were drawn were derived as follows:

1. **Incidents:** closed in ICM between December 1, 2023, and November 30, 2024, where the type was family development response or investigation.
2. **Service Requests (SRs):** closed in ICM between December 1, 2023, and November 30, 2024, where the type was request service, request family support or youth services.
3. **Memos:** closed in ICM between December 1, 2023, and November 30, 2024, where the type was screening and with the resolution of “No Further Action.”

4. **Open CS:** records open in ICM on November 30, 2024, and managed by offices IFB, IFC, IFE, IFF, IFG, IFH, IFI, IFM, and IFN or at least six months (continuously) with the following legal categories: Voluntary Care Agreement, Support Needs Agreement, removal, interim order, Temporary Custody Order and Continuing Care Order.
5. **Closed CS:** records closed in ICM between June 1, 2022, and November 30, 2024, and managed by offices IFB, IFC, IFE, IFF, IFG, IFH, IFI, IFM and IFN for at least six months (continuously) with the following legal categories: Voluntary Care Agreement, Support Needs Agreement, removal, interim order, Temporary Custody Order and Continuing Care Order.
6. **Open and closed RE:** records in ICM that were managed by offices IFD and IFJ that had children or youth in their care for at least three months (continuously) between March 1, 2022, and November 30, 2024. 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.
7. **Open FS:** records open in ICM on November 30, 2024, and managed by the agency for at least six months (continuously) with a service basis listed as protection.
8. **Closed FS:** records closed in ICM between December 1, 2023, and November 30, 2024, and managed by the agency for at least six months (continuously) with a service basis listed as protection.

## Appendix B

### Audit Tools

#### Guardianship Audit Tool

Guardianship Services (Compliance to AOPSI Practice Standards)		
Standard (St)#	Standard Name	Achieved Criteria
St. 1	Preserving the Identity of the Child or Youth in Care	<ul style="list-style-type: none"> <li>• Efforts were made to identify and involve the child or youth's Indigenous Community.</li> <li>• Efforts were made to register the child when entitled to a Band or Indigenous Community or with Nisga'a Lisims Government.</li> <li>• A Cultural Plan was completed if the child or youth was not placed within their extended family or community.</li> <li>• The child or youth was involved in culturally appropriate resources.</li> <li>• If the child or youth was harmed by racism, the social worker developed a response.</li> <li>• If the child or youth was a victim of a racial crime, the police were notified.</li> </ul>
St. 2	Development of a Comprehensive Plan of Care	<ul style="list-style-type: none"> <li>• An initial plan of care completed within 30 days of admission, and</li> <li>• A plan of care completed within six months of admission.</li> </ul>
St. 3	Monitoring and Reviewing the Child or Youth's Plan of Care	<ul style="list-style-type: none"> <li>• Care Plans were completed annually throughout the audit timeframe.</li> <li>• Efforts were made to develop the plan of care with youth over the age of 12.</li> <li>• Efforts were made to develop the plan of care with the family.</li> <li>• Efforts were made to develop the plan of care with the service providers.</li> <li>• Efforts were made to develop the plan of care with the caregiver(s).</li> <li>• Efforts were made to develop the plan of care with the Indigenous Community.</li> </ul>
St. 4	Supervisory Approval Required for Guardianship Services	<p>The following key decisions and documents were approved by a supervisor:</p> <ul style="list-style-type: none"> <li>• Care Plan</li> <li>• Placement change</li> <li>• Placement in a non-Indigenous home</li> <li>• Restricted access to significant others</li> </ul>

		<ul style="list-style-type: none"> <li>• Return to the parent(s) prior to CCO rescindment</li> <li>• Transfer of guardianship</li> <li>• Plan for independence</li> <li>• Record transfer</li> <li>• Record closure</li> </ul>
<b>St. 5</b>	Rights of Children and Youth in Care	<ul style="list-style-type: none"> <li>• The rights of children in care, including the advocacy process, was reviewed annually with the child or youth or with a significant person if there were capacity concerns or the child was of a young age throughout the audit timeframe, and</li> <li>• In instances when the child's rights were not respected, the guardianship worker took appropriate steps to resolve the issue.</li> </ul>
<b>St. 6</b>	Deciding Where to Place the Child or Youth	<ul style="list-style-type: none"> <li>• 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 Service Act (CFCSA).</li> </ul>
<b>St. 7</b>	Meeting the Child or Youth's Needs for Stability and Continuity of Relationships	<ul style="list-style-type: none"> <li>• A plan was in place to support and maintain contacts between the child or youth in care and their siblings, parents, extended families, and significant others.</li> </ul>
<b>St. 8</b>	Guardianship Worker's Relationship and Contact with the Child or Youth	<p>The standard requires the guardianship worker to conduct a private visit with the child or youth:</p> <ul style="list-style-type: none"> <li>• Every 30 days.</li> <li>• At time of placement.</li> <li>• Within seven days after placement.</li> <li>• When there was a change in circumstance.</li> <li>• When there was a change in social worker.</li> </ul>
<b>St. 9</b>	Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards	<ul style="list-style-type: none"> <li>• Information about the child or youth was provided to the caregiver(s) at time of placement.</li> <li>• Information about the child or youth was provided to the caregiver(s) as it became available.</li> <li>• Information about the child or youth was provided to the caregiver(s) within seven days of an emergency placement.</li> <li>• Discipline standards were reviewed with the caregiver(s) at the time of placement.</li> <li>• Discipline standards were reviewed annually with the caregiver(s).</li> </ul>
<b>St. 10</b>	Providing Initial and Ongoing Medical and Dental Care	<ul style="list-style-type: none"> <li>• A medical exam was conducted upon entering care.</li> <li>• Dental, vision and hearing exams were conducted as recommended.</li> <li>• Medical follow-up was conducted as recommended.</li> <li>• In instances when the youth had chosen not to attend recommended appointments, the social worker made efforts to resolve the issue.</li> </ul>

<b>St. 11</b>	Planning a Move for a Child or Youth in Care	<p>The record, if it involved a placement move, confirmed that:</p> <ul style="list-style-type: none"> <li>• The child or youth was provided with an explanation prior to the move.</li> <li>• The guardianship worker arranged at least one pre-placement visit.</li> <li>• If the child or youth requested the move, the guardianship worker reviewed the request with the caregiver, resource worker and the child to resolve the issue.</li> </ul>
<b>St. 12</b>	Reportable Circumstances	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>St. 13</b>	When a Child or Youth is Missing, Lost or Runaway	<p>The record, if it involved a child or youth who was missing, lost, or runaway, who may have been at high risk of harm, confirmed that</p> <ul style="list-style-type: none"> <li>• The police were notified.</li> <li>• The family was notified.</li> <li>• Once found, the social worker made efforts to develop a safety plan to resolve the issue.</li> </ul>
<b>St. 14</b>	Case Documentation	<p>The record contained:</p> <ul style="list-style-type: none"> <li>• An opening recording.</li> <li>• Review recordings or Care Plan reviews every six months throughout the audit timeframe.</li> <li>• A review recording or Care Plan review when there was a change in circumstance.</li> </ul>
<b>St. 15</b>	Transferring Continuing Care Files	<p>The record, if it involved a transfer of responsibility from one worker to another, confirmed that:</p> <ul style="list-style-type: none"> <li>• A transfer recording was completed.</li> <li>• The guardianship worker met with the child or youth prior to the transfer or, in instances when the youth had chosen not to meet, the guardianship worker made efforts to resolve the issue.</li> <li>• Efforts were made to meet with the caregiver(s) prior to the transfer.</li> <li>• Efforts were made to meet with the service providers prior to the transfer.</li> <li>• The guardianship worker met with the child or youth within five days after the transfer or, in instances when the youth had chosen not to meet, the guardianship worker made efforts to resolve the issue.</li> <li>• Efforts were made to meet with the child or youth's family within five days after the transfer.</li> </ul>
<b>St. 16</b>	Closing Continuing Care Files	<p>The record, if it involved closing the record when services ended, confirmed that:</p> <ul style="list-style-type: none"> <li>• A closing recording was completed.</li> </ul>

		<ul style="list-style-type: none"> <li>• The guardianship worker met with the child or youth prior to ending services and closing the record, in instances when the youth had chosen not to meet, the guardianship worker made efforts to resolve the issue.</li> <li>• Efforts were made to meet with the caregiver(s) prior to the closure.</li> <li>• Service providers were notified of the closure.</li> <li>• The Indigenous Community was notified, if applicable.</li> <li>• Support services for the child or youth were put in place, if applicable.</li> </ul>
<b>St. 17</b>	Rescinding a CCO and Returning the Child or Youth to the Family Home	<p>The record, if it involved a rescindment of a CCO, confirmed that:</p> <ul style="list-style-type: none"> <li>• The risk of returning a child or youth to their family home was assessed by delegated worker.</li> <li>• A safety plan, if applicable, was put in place prior to returning the child or youth to their family home.</li> <li>• The safety plan, if applicable, was developed with required parties.</li> <li>• The safety plan, if applicable, addressed the identified risks.</li> <li>• The safety plan, if applicable, was reviewed every six months until the rescindment.</li> </ul>
<b>St. 18</b>	Permanency Planning	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
<b>St. 19</b>	Interviewing the Child or Youth about the Care Experience	<ul style="list-style-type: none"> <li>• The record, if it involved a move from a placement, confirmed the child or youth was interviewed about their care experience.</li> </ul>
<b>St. 20</b>	Preparation for Independence	<p>The record, if it involved a youth about to transition from care to an independent living situation, confirmed that:</p> <ul style="list-style-type: none"> <li>• Efforts were made to assess the youth’s independent living skills, and</li> <li>• Efforts were made to develop a plan for independence.</li> </ul>
<b>St. 21</b>	Responsibilities of the Public Guardian and Trustee (PGT)	<ul style="list-style-type: none"> <li>• The PGT was provided a copy of the CCO, and</li> <li>• The PGT was notified of events affecting the child or youth’s financial or legal interests.</li> </ul>
<b>St. 22</b>	Investigation of	If it involved a report of abuse and/or neglect of a child or youth in a

	Alleged Abuse or Neglect in a Family Care Home	family care home, confirmed that: <ul style="list-style-type: none"> <li>• A Family Care Home Investigation was conducted with the summary report on file, and</li> <li>• Efforts were made to support the child or youth.</li> </ul>
<b>St. 23</b>	Quality of Care Review	<ul style="list-style-type: none"> <li>• The record, if it involved a concern about the quality of care received by a child or youth in a family care home, confirmed that a Quality of Care Review was conducted.</li> </ul>
<b>St. 24</b>	Guardianship Agency Protocols	<ul style="list-style-type: none"> <li>• All protocols related to the delivery of child services that the Agency has established with local and regional agencies have been followed.</li> </ul>

### Resource Audit Tool

Resource Services (Compliance to AOPSI Resource Practice Standards)		
Standard #	Standard Name	Achieved Criteria
<b>St. 28</b>	Supervisory Approval for Family Care Home Services	<p>The record confirmed that the resource worker consulted a supervisor at the following key decision points:</p> <ul style="list-style-type: none"> <li>• A criminal record was identified for a family home applicant or any adult person residing in the home.</li> <li>• Approving a family home application and home study.</li> <li>• Signing a Family Home Care Agreement.</li> <li>• Approving an annual review.</li> <li>• Determining the level of a family care home.</li> <li>• Placing a child or youth in a family care home prior to completing a home study.</li> <li>• Receiving a report about abuse or neglect of a child or youth in a family care home.</li> <li>• Receiving a concern about the quality of care received by a child or youth living in a family care home.</li> </ul>
<b>St. 29</b>	Family Care Homes – Application and Orientation	<p>The record confirmed the completion of the following:</p> <ul style="list-style-type: none"> <li>• Application form.</li> <li>• Prior contact check(s) on the family home applicant(s). and any adult person residing in the home.</li> <li>• Criminal record check(s).</li> <li>• Consent for release of information form(s).</li> <li>• Medical exam(s).</li> <li>• Three reference checks.</li> <li>• An orientation to the applicant(s).</li> </ul>

<b>St. 30</b>	Home Study	<ul style="list-style-type: none"> <li>• The resource worker met the applicant in the family care home.</li> <li>• A physical check of the home was conducted to ensure the home meets the safety requirements.</li> <li>• A home study, including an assessment of safety, was completed in its entirety.</li> </ul>
<b>St. 31</b>	Training of Caregivers	<ul style="list-style-type: none"> <li>• The training needs of the caregiver were assessed or identified, and training opportunities were offered to, or taken by, the caregiver.</li> </ul>
<b>St. 32</b>	Signed Agreement with Caregiver	<ul style="list-style-type: none"> <li>• There were consecutive Family Care Home Agreements throughout the audit timeframe, and they were signed by all the participants.</li> </ul>
<b>St. 33</b>	Monitoring and Reviewing the Family Care Home	<ul style="list-style-type: none"> <li>• Annual reviews of the family care home were completed throughout the audit timeframe, when required.</li> <li>• The annual review reports were signed by the caregiver(s).</li> <li>• The resource worker visited the family care home at least every 90 days throughout the audit timeframe, when required.</li> </ul>
<b>St. 34</b>	Investigation of Alleged Abuse or Neglect in a Family Care Home	<p>The record, if it involved a report of abuse and/or neglect of a child or youth in a family care home, confirmed that:</p> <ul style="list-style-type: none"> <li>• A Family Care Home Investigation was conducted with a summary report on file.</li> <li>• Efforts were made to support the caregiver.</li> </ul>
<b>St. 35</b>	Quality of Care Review	<p>The record, if it involved a concern about the quality of care received by a child or youth in a family care home, confirmed that:</p> <ul style="list-style-type: none"> <li>• A Quality-of-Care Review was conducted.</li> <li>• Efforts were made to support the caregiver.</li> </ul>
<b>St. 36</b>	Closure of the Family Care Home	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

## Family Services and Child Safety Audit Tool

Family Services (Compliance to Chapter 3 Child Protection Policies)		
Measure #	Measure Name	Achieved Criteria
<b>FS 1</b>	Screening Measures	<p>The record needed to contain documentation of all of the following components:</p> <ul style="list-style-type: none"> <li>• A full and detailed report.</li> <li>• An initial record review (IRR) that was completed within 24 hours, documented checking the best practices database for additional information, and contained sufficient information about previous</li> </ul>

		<p>contact with the ministry.</p> <ul style="list-style-type: none"> <li>• Screening Assessment that was completed immediately if necessary or within 24 hours otherwise.</li> <li>• A clear and appropriate determination that the report requires either a protection or non-protection response.</li> <li>• An appropriate determination of the response priority.</li> </ul>
<b>FS 2</b>	Conducting a Detailed Record Review (DRR)	<ul style="list-style-type: none"> <li>• DRR was conducted in electronic databases and physical files.</li> <li>• Contained any information that was missing in the IRR.</li> <li>• Described how previous issues or concerns had been addressed, the responsiveness of the family in addressing the issues and concerns and the effectiveness of the last intervention.</li> <li>• Was not required because there were no previous MCFD or ICFSA involvement.</li> <li>• Was not required because the supervisor approved ending the protection response before the DRR was conducted and the rationale was documented and appropriate.</li> </ul>
<b>FS 3</b>	Assessing and Documenting the Safety of the Child or Youth	<ul style="list-style-type: none"> <li>• The Safety Assessment (SA) process was completed during the first significant contact with the family.</li> <li>• The Safety Assessment was on the electronic record.</li> <li>• The Safety Assessment tool was completed within 24 hours after completion of the safety assessment process.</li> <li>• Or, the response ended early with supervisory approval and the rationale was appropriate and documented.</li> </ul>
<b>FS 4</b>	Making a Safety Decision Consistent with the Safety Assessment	<ul style="list-style-type: none"> <li>• The safety decision was consistent with the information documented in the Safety Assessment form.</li> <li>• Or, the supervisor approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.</li> </ul>
<b>FS 5</b>	Developing a Safety Plan	<ul style="list-style-type: none"> <li>• If safety factors are identified in the SA tool and the child(ren) were not removed, an attached Safety Plan is required.</li> <li>• The Safety Plan MUST be either signed by the parent(s) responsible for ensuring the conditions OR there is documentation indicating they understood and agreed to the safety plan.</li> <li>• The Safety Plan MUST be approved by a supervisor (indicated in the checkbox on the safety plan document or there is documentation indicating they understood and agreed to the safety plan).</li> <li>• If the child is Indigenous and the child's Indigenous Community is a part of an Indigenous Governing Body, the child safety worker made reasonable efforts to involve the community in developing the Safety Plan.</li> </ul>
<b>FS 6</b>	Meeting or Interviewing the Parents and Other Adults in the Family Home	<ul style="list-style-type: none"> <li>• The child safety worker met with or interviewed the parents and other adults in the home (if applicable).</li> <li>• Gathered sufficient information about the family to assess the safety and vulnerability of all children/youth living or being cared for in the family home.</li> </ul>

		<ul style="list-style-type: none"> <li>• Or, if the supervisor approved ending the protection response before the child safety worker met with or interviewed the parent(s) and other adults in the home, the rationale was documented and appropriate.</li> </ul>
<b>FS 7</b>	Meeting with Every Child or Youth Who Lives in the Family Home	<ul style="list-style-type: none"> <li>• The child safety worker had a private, face-to-face conversation with every child/youth living in the family home according to their developmental level.</li> <li>• Or, the supervisor granted an exception, and the rationale was documented.</li> <li>• Or, the supervisor approved ending the protection response before the child safety worker had a private, face-to-face conversation with every child/youth living in the family home, and the rationale was documented and appropriate.</li> </ul>
<b>FS 8</b>	Visiting the Family Home	<ul style="list-style-type: none"> <li>• The child safety worker visited the family home before completing the FDR assessment or the Investigation or the supervisor granted an exception and the rationale was documented.</li> <li>• Or, the supervisor approved ending the protection response before the child safety worker visited the family home and the rationale was documented and appropriate.</li> </ul>
<b>FS 9</b>	Working with Collaterals	<ul style="list-style-type: none"> <li>• The child safety worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth before completing the FDR assessment or the investigation.</li> <li>• Or, the supervisor approved ending the protection response before the child safety worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth and the rationale was documented and appropriate.</li> </ul>
<b>FS 10</b>	Involving Indigenous Communities under the CFCSA	<ul style="list-style-type: none"> <li>• The child safety worker confirmed whether the child/youth was Indigenous.</li> <li>• The child safety worker contacted the Indigenous Community.</li> <li>• The child safety worker involved the Indigenous Community in the planning and delivery of services: <ul style="list-style-type: none"> <li>○ Either via Section 79, section 92.1, or with consent.</li> <li>○ Or, the child safety worker documented that they offered to involve the community, and the family did not give consent.</li> <li>○ Or, there was documentation indicating that reasonable efforts were made to establish the child's Indigenous Community.</li> </ul> </li> <li>• The child safety worker confirmed the child/youth or family is Indigenous AND the parent did not consent to community involvement AND no significant measure was taken.</li> </ul>
<b>FS 11</b>	Consultation in Assessing the Risk of Future Harm and Need for Ongoing	<ul style="list-style-type: none"> <li>• A clinical consultation note which included the: <ul style="list-style-type: none"> <li>○ summary of current circumstances.</li> <li>○ summary of the history of the family's child protection involvement.</li> <li>○ outcome of this current involvement with MCFD.</li> </ul> </li> </ul>

	Protection Services	<ul style="list-style-type: none"> <li>The response ended early with supervisory approval and the rationale was appropriate and documented</li> </ul>
<b>FS 12</b>	Assessing the Family's Strengths and Needs & Creating and Implementing the Family Plan	<ul style="list-style-type: none"> <li>An assessment of the family's strengths and needs was on record through a consultation note with a supervisor or a discontinued Strengths and Needs Assessment Tool.</li> <li>A Family Plan or its equivalent was on the record.</li> <li>A Family Plan or equivalent that was developed in collaboration with the family.</li> <li>Family Plan or equivalent was reflective of the family's strengths and needs.</li> <li>Family Plan or equivalent was approved by the supervisor.</li> </ul>
<b>FS 13</b>	The Reassessment of Risk of Future Harm	<p>The reassessment of vulnerability must have been completed within the most recent six month ongoing protection service cycle and the documentation in ICM had to include all of the following:</p> <ul style="list-style-type: none"> <li>a summary of current circumstances.</li> <li>history of child protection involvement.</li> <li>the outcome of whether ongoing protection services were still needed.</li> </ul> <p>These components may have been found separately on the record but had to be within a clinical consultation.</p>
<b>FS 14</b>	Completion of the Reunification Assessment	<p>The record must contain the Reunification Assessment completed by the child safety worker and approved by the team leader during the audit timeframe at the following points in time:</p> <ul style="list-style-type: none"> <li>The most recent six month ongoing protection service cycle.</li> <li>When the child/youth's return is being considered (if applicable).</li> <li>When a custody court proceeding is approaching, and the previous assessment is older than three months or no longer relevant (if applicable).</li> </ul>
<b>FS 15</b>	Making the Decision to End Ongoing Protection Services	<p>All of the relevant criteria were met before the decision to end ongoing protection services was made and approved by the supervisor. The following are the criteria to close:</p> <ul style="list-style-type: none"> <li>There have been no unaddressed reports of abuse or neglect.</li> <li>There are no indications of current or imminent safety concerns.</li> <li>The family has demonstrated specific and sufficient behavioral improvements in the areas identified in the family plan, and there is documented evidence of these improvements.</li> <li>A recent reassessment of vulnerability or reunification assessment confirms that factors which were identified as contributing to high vulnerability no longer exist or have been addressed sufficiently that they no longer pose direct risks to the child/youth's safety and well-being.</li> <li>The family has demonstrated the ability to access and use formal and informal resources to assist them in problem solving.</li> <li>The family members state that they are ready and able to resume parenting without Ministry or ICFSA support.</li> </ul>
<b>FS 16</b>	Collaborative Planning and	<p>Documentation in ICM must show that a CPDM process was offered when any of the following circumstances applied:</p>

	Decision Making (CPDM)	<ul style="list-style-type: none"><li>• Removal was likely to occur (excludes urgent removals).</li><li>• After the removal occurs but before it is contested at the presentation hearing.</li><li>• When a protection hearing is contested.</li><li>• Before applying for CCO or 54.01 when a parent is not in agreement.</li><li>• And/or it was offered for two or more siblings in the above-mentioned circumstances if removals occurred at separate times or it was inappropriate to engage in a CPDM process and the rationale was documented.</li></ul>
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