

GITXSAN CHILD AND FAMILY SERVICES SOCIETY

PRACTICE AUDIT REPORT

Report Completed: November 2024

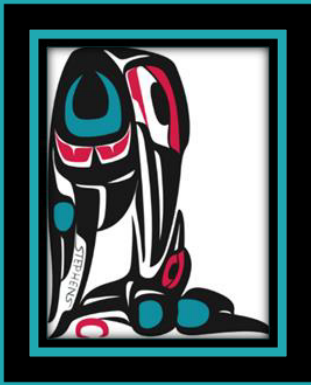
Office of the Provincial Director and Aboriginal Services
Quality Assurance Branch

The Quality Assurance Branch gratefully acknowledges that the work we have undertaken was carried out, in part, on the lands of the Gitxsan Peoples. We honor and recognize the Gitxsan Peoples, their elders past and present, and their enduring connection to this land.

We also acknowledge the many other First Nations Peoples across British Columbia whose lands we have had the privilege of working on and offer gratitude for their stewardship of these lands.

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AT A GLANCE: Practice Audit Report

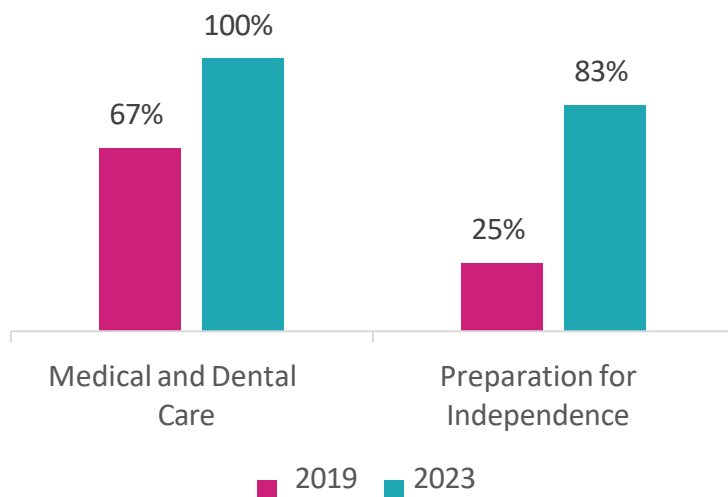
Gitksan Child & Family Services Society

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Gitksan Child and Family Services Society's Mission and Vision:

To provide culturally sensitive support, prevention, and protection services to Gitksan children and their families by attaining the necessary level of knowledge, capacity, and delegation to ensure success.

By embracing and strengthening our Gitksan Ayookw, we will ensure the health, safety, and well-being of our majagalee (children) and Wil naa tahl (our families).



Guardianship Highlights

Gitksan children and youth in care have access to learning their Gitksanimaax language, culture, food harvesting, beading, and drumming.

Strengths

- Improvement in Guardianship work.
- Gitksan culture and community involvement for the children and youth in care is paramount in the provision of services.
- All caregivers are from Gitksan Nations and care for their relative children and youth in care.

Growth Opportunities

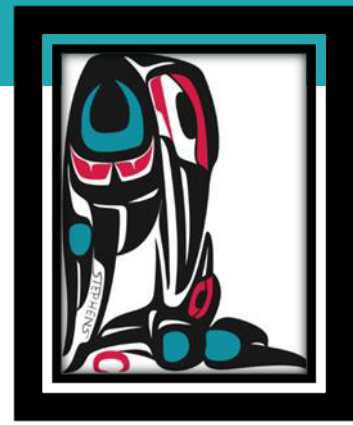
- Improvement in documentation, specifically for Resource services such as caregivers' application, assessment, orientation, home studies, agreements or annual reviews.

Strengths We Heard From Staff

Improved relationships

The Longhouse

Priority on self-care, wellness and healing



Actions Taken to Date

- ICM applet launched
- All required reportables submitted
- All required home studies complete
- Progress on annual reviews & caregiver medicals
- Progress on screening and family care agreements
- Training completed on interviews and investigations in family care homes

Action Plan

- Training and methods will be developed to support care plan completion
- Training on reviewing discipline standards with caregivers
- Training and methods will be developed to support consistent documentation
- Development of a specialized resource team
- Training and support to complete consistent in person reviews and documentation

Background And Purpose

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

This audit assessed the guardianship and resource services provided by [Gitxsan Child and Family Services Society](#) (GCFSS) from April 1, 2021, to September 30, 2023, measuring compliance with the [Aboriginal Operational and Practice Standards and Indicators](#) (July 2009) It is GCFSS’s sixth audit, with the previous one completed in February 2019.

GCFSS provides guardianship, resource development, and voluntary services to children and families of the five Gitxsan Nations in North-Central British Columbia. In 2006, the province delegated these responsibilities to GCFSS under the *Child, Family and Community Service Act* (CFCSA). See [Appendices A, B and C](#) for more detailed information on delegation, community demographics and organizational structure and work environment.

Staff Perspectives

During the audit process, 19 delegated staff, including leadership and social workers, were invited to share their perspectives about what was working well and where they saw opportunity for growth within GCFSS. Fourteen staff members participated. To honour their voice, this report includes a summary of the strengths and growth opportunities they shared. See [Appendix D](#) for more detailed information.

<p>Strengths:</p> <ul style="list-style-type: none">Improved relationships between community-based offices and community members.The Longhouse supports children and youth in care or leaving care and family preservation.Agency leadership prioritizes self-care, wellness and healing.	<p>Growth Opportunities:</p> <ul style="list-style-type: none">Increased mentoring and training for new social workers.Impacts of frequent social worker transfers between communities.Office spaces no longer accommodate current staff numbers.
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Guardianship Services Audit Results

The audit examines the work completed by staff in the guardianship and resources service programs over a three-year period. A total of 17 child service (CS) records were included in the sample, though not all 23 measures in the audit tool applied to each record. See [Appendix E](#) for more detailed 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 F](#) for specific requirements.

Strengths and Growth Opportunities

Strengths:

- Maintaining and supporting cultural identity
- Informing children of their rights
- Supporting and preserving family relationships
- Meeting health needs
- Planning for independence
- Supervisory consultations and approvals
- Involving the Public Guardian and Trustee

Growth Opportunities:

- Reviewing and monitoring plans of care
- Monitoring and documenting private visits with children and youth every 30 days
- Providing caregivers with information on discipline and child-specific planning
- Planning for moves
- Transfer of responsibility and records
- Interviews with children and youth about their care experiences
- Timely submission of reportable circumstances
- Strengthen CS documentation practice

Highlights

GCFSS excelled in preserving children and youth's cultural identity. All were registered or in the process of registering with their Nations, with records detailing family, community and cultural connections, including access to cultural activities like camps, food harvesting, beading, drumming, and learning their Gitxsanimaax language.

Youth were supported in preparing for independence through independent living plans, transitioning to the Longhouse, and developing self-care and life skills, with involvement from family and service providers, including GCFSS family wellness workers, cultural enrichment workers and youth mentorship workers.



GCFSS already made improvements in several of these areas and developed an action plan to address others. See the Actions to Date and Action Plan section

Analysis

STANDARD (ST). 1: PRESERVING THE IDENTITY OF THE CHILD OR YOUTH IN CARE

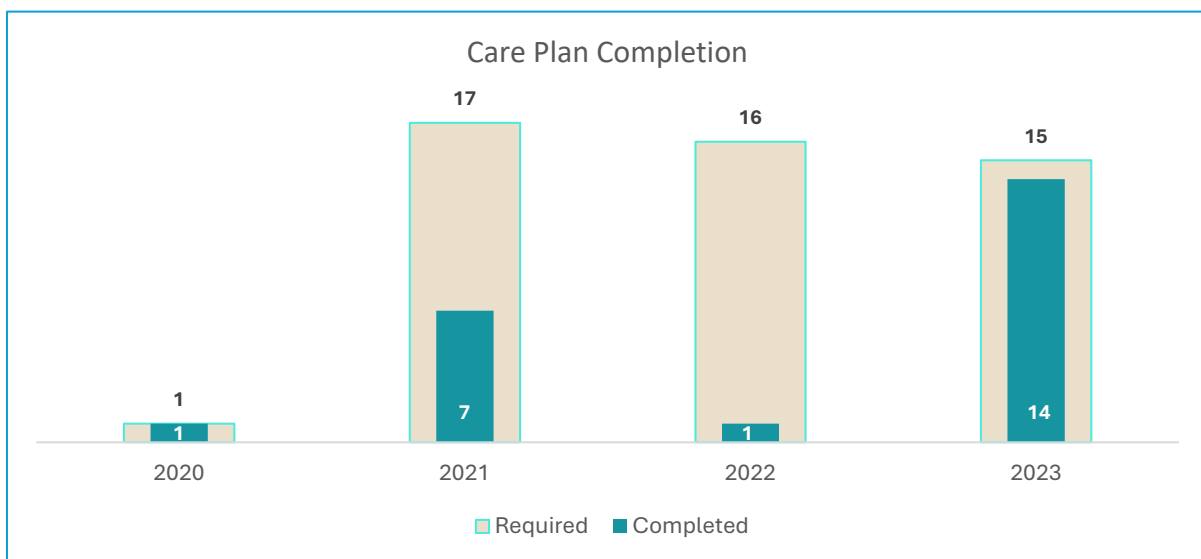
The compliance rate was **100%**, with all 17 records rated as achieved.

ST. 2: DEVELOPMENT OF A COMPREHENSIVE PLAN OF CARE

No records were applicable for this standard.

ST. 3: MONITORING AND REVIEWING THE CHILD OR YOUTH'S PLAN OF CARE

The compliance rate was **93%** in 2023, **6%** in 2022, **41%** in 2021, and **100%** in 2020. The standard was applied to all 17 records.



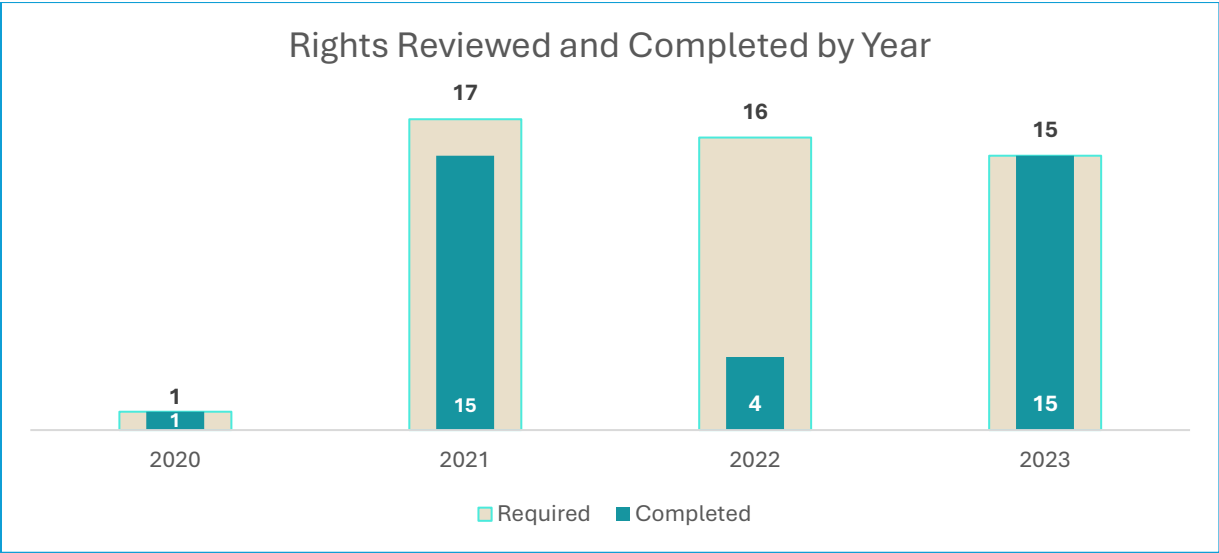
GCFSS recognized the need for focused attention in this area and implemented improvement strategies, as reflected in the increased compliance from 2022 to 2023.

ST. 4: SUPERVISORY APPROVAL REQUIRED FOR GUARDIANSHIP SERVICES

GCFSS demonstrated strong practice in most key areas requiring supervisory consultation. The standard was applied to all 17 records; 12 were rated as achieved in all applicable areas of supervisory approval, while 5 were missing supervisory sign off on care plans only.

ST. 5: RIGHTS OF CHILDREN AND YOUTH IN CARE

The compliance rate was **100%** in 2023, **25%** in 2022, **88%** in 2021, and **100%** in 2020. The standard applied to 15 of the 17 records.



GCFSS made great improvements in this standard in the last year. Additionally, the audit found no instances where the child or youth’s rights were not respected.

ST. 6: DECIDING WHERE TO PLACE THE CHILD OR YOUTH

The compliance rate was **100%**, with all 17 records rated as achieved.

ST. 7: MEETING THE CHILD OR YOUTH’S NEEDS FOR STABILITY AND CONTINUITY OF RELATIONSHIPS

The compliance rate was **100%**, with all 17 records rated as achieved.

ST. 8: SOCIAL WORKER’S RELATIONSHIP AND CONTACT WITH THE CHILD OR YOUTH

The standard was applied to all 17 records. In the 17 records rated not achieved, all documented private visits, but they did not occur every 30 days.

The policy required 577 private visits across the 17 records reviewed. Private visits occurred within the 30-day timeframe 142 times, resulting in **25%** compliance. The time between visits ranged from 182 to 1,064 days.



GCFSS took action and implemented a plan to address this concern ongoingly. See Actions to Date section for more details.

ST. 9A: PROVIDING THE CAREGIVER WITH INFORMATION

The compliance rate was **94%**, with 16 of 17 records rated as achieved. The 1 not achieved record did not confirm that information about the child or youth was provided to caregivers at the time of placement.

ST. 9B: REVIEWING THE APPROPRIATE DISCIPLINE STANDARDS

The compliance rate was **0%**, with all 17 records rated as not achieved. Of these, 16 did not confirm discipline standards were reviewed with caregivers, and 1 did not confirm this at time of placement. 14 of the 17 records were open and required documentation confirming the review of discipline standards with caregivers in 2022/2023.

ST. 10: PROVIDING INITIAL AND ONGOING MEDICAL AND DENTAL CARE

The compliance rate was **100%**, with all 17 records rated as achieved.

ST. 11: PLANNING A MOVE FOR A CHILD OR YOUTH IN CARE

This standard applied to 1 record, with a **0%** compliance rate as there was no documentation that the child/youth was provided an explanation prior to the move and no pre-placement visit.

ST. 12: REPORTABLE CIRCUMSTANCES

This standard applied to 12 records. The compliance rate for submitting a reportable circumstance was **50%**. Of the 6 submitted reportable circumstances, 4 were submitted within 24 hours. Submission times on the other 2 were 6 and 21 days.



GCFSS took action to address this concern, and all required reportable circumstances have now been submitted, as reflected in the Actions to Date section.

ST. 13: WHEN A CHILD OR YOUTH IS MISSING, LOST OR RUNAWAY

No records were applicable for this standard.

ST. 14: CASE DOCUMENTATION

The compliance rate was **6%**. Of the 17 records, 1 was rated achieved and 16 not achieved. Of the 16 not achieved, 1 had a review recording or care plan review completed in 2023 but not every 6 months, and 15 had no review recordings or care plan reviews.

ST. 15: TRANSFERRING CONTINUING CARE FILES

The compliance rate was **0%**. Of the 9 applicable records, all were rated not achieved. Five did not contain transfer recordings, 4 did not confirm the social worker met with the child or youth prior to transferring guardianship responsibility, and 4 did not confirm the social worker met with the child or youth within 5 days of the transfer of guardianship.

The total exceeds 9 due to combinations of these issues in 4 records.

ST. 16: CLOSING CONTINUING CARE FILES

The compliance rate was **0%**, with 2 applicable records both rated not achieved. Neither record documented a meeting between the social worker and the child, youth or caregiver prior to ending services and closing the record, nor was the Indigenous community notified. The total exceeds 2 due to combinations of these issues in both records.

ST. 17: RESCINDING A CONTINUING CUSTODY ORDER (CCO) AND RETURNING THE CHILD OR YOUTH TO THE FAMILY HOME

No records were applicable for this standard.

ST. 18: PERMANENCY PLANNING

A permanency plan for a child with a CCO is considered when its priorities align with the child’s best interests and preserves cultural identity.

This is an interim standard until ICFSAs, cultural groups, and Indigenous communities review the MCFD permanency planning policy. As such, it is not included in the audit.

ST. 19: INTERVIEWING THE CHILD OR YOUTH ABOUT THE CARE EXPERIENCE

The compliance rate was **0%**. Of the 3 applicable records, all were rated not achieved, as none confirmed interviews were conducted with the children and youth after placement changes.



GCFSS took action and addressed this concern. See Actions to Date section for more details.

ST. 20: PREPARATION FOR INDEPENDENCE

The compliance rate was **83%**. Of the 6 applicable records, 5 were rated achieved and 1 not achieved. The record rated not achieved did not document as assessment of the youth’s skills and a plan for independence.

ST. 21: RESPONSIBILITIES OF THE PUBLIC GUARDIAN AND TRUSTEE (PGT)

The compliance rate was **100%**, with all 17 records rated achieved.

ST. 22: INVESTIGATION OF ALLEGED ABUSE OR NEGLECT IN A FAMILY CARE HOME

The compliance rate was **100%**, with all 5 applicable records rated achieved.

GCFSS supports the child or youth during family care home investigations but does not conduct them. The summary report is placed on the CS record after being provided to the agency.

Of the 5 applicable records, all documented a family care home investigation, but the summary reports were initially missing. The executive director was notified of outstanding documentation, and the required reports were provided before finalizing the audit.



GCFSS took action and resolved this concern prior to the report being finalized. See Actions to Date section for more details.

ST. 23: QUALITY OF CARE REVIEW

No records were applicable for this standard.

ST. 24: GUARDIANSHIP AGENCY PROTOCOLS

The compliance rate was **100%**, with all 17 records rated achieved.

Resources Audit Results

The audit covers GCFSS resource program over three years, based on five records from the selected sample. Not all nine audit measures applied to every record. See [Appendix E](#) for more detailed 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 G](#) for specific requirements.

Strengths and Growth Opportunities

Strengths:

Supervisory consultations, approvals and involvement were well documented throughout the records.

Supervision supports practitioners to provide quality, professional, ethical practice, and for GCFSS, helps practitioners meet their mission statement to “provide culturally-sensitive support, prevention and protection services to Gitxsan children and their families by attaining the necessary level of knowledge, capacity and delegation to ensure success.”

Growth Opportunities:

Caregiver screening, assessment, and training.
Home study completion.
Consecutive family care home agreements.
Family care home investigation summary reports.
Monitoring and reviewing family care homes.
Supervisory exceptions to practice and mitigation of concerns.



GCFSS already made improvements in some of these areas and developed an action plan, including a new team to strengthen support to children, youth and caregivers while meeting family care home standards. See the Actions to Date and Action Plan section for details.

Analysis

The audit sample included 5 records, but not all 9 audit measures applied to each record.

ST. 28: SUPERVISORY APPROVAL FOR FAMILY CARE HOME SERVICES

GCFSS showed good practice in most key areas requiring supervisory consultation. Of the 5 records, 3 were fully achieved in supervisory approval, while 2 were missing supervisory approvals: 1 for mitigation for criminal record checks, 1 for prior contact history, and 1 for a home study. The total exceeds 2 due to combinations of issues in 1 record.



GCFSS took action to address the concern, and all required documentation has now been completed, as reflected in the Actions to Date section.

ST. 29: FAMILY CARE HOMES – APPLICATION AND ORIENTATION

The compliance rate was **0%**, with all 5 records rated as not achieved.

Of the 5 records rated not achieved:

- None contained completed criminal record checks; prior contact checks and completed medical exam forms and consent forms were missing in 1 record each; 2 did not contain completed application forms and reference checks; 3 did not contain completed orientation. The total exceeds 5 due to combinations of these issues in the records.



GCFSS already made improvements in some of these areas and prioritized completion of the remaining steps. See Actions to Date section for further details.

ST. 30: HOME STUDY

The compliance rate was **0%**, with all 3 records rated not achieved due to missing home studies.



GCFSS took action to address the concerns, and all required documentation has now been completed, as reflected in the Actions to Date section.

ST. 31: TRAINING OF CAREGIVERS

The compliance rate was **0%**, with all 5 records rated not achieved due to the absence of documentation on offered training or identified training needs.

ST. 32: SIGNED AGREEMENT WITH CAREGIVER

The compliance rate was **0%** in 2023, 2022 and 2021, and **20%** 2020. All 5 applicable records were rated not achieved: 1 had agreements with timeframe gaps, and 4 had no agreements.



GCFSS took action and addressed most of the concerns and prioritized completion of the remaining step. See Actions to Date section for further details.

ST. 33A: MONITORING THE FAMILY CARE HOME

The standard was applied to all 5 records; all rated not achieved. Four records documented home visits, but not every 90 days as required, and 1 had no documentation of the required 90-day visits. Of the 60 visits expected by the policy, only 5 occurred within the 90-day timeframe, resulting in a **1%** compliance rate.

ST 33B: REVIEWING THE FAMILY CARE HOME

The compliance rate was **0%** in 2023, 2022 and 2021, and **20%** in 2020. All 5 records were rated not achieved: 1 had a review, but not annually, and 4 had no annual reviews.



GCFSS took action and addressed most of the concerns and prioritized completion of the remaining step. See Actions to Date section for further details.

ST. 34: INVESTIGATION OF ALLEGED ABUSE OR NEGLECT IN A FAMILY CARE HOME

The compliance rate was **100%**, with the 1 applicable record rated achieved.

ST. 35: QUALITY OF CARE REVIEW

No records were applicable for this standard.

ST. 36: CLOSURE OF THE FAMILY CARE HOME

No records were applicable for this standard.

Actions To Date

GCFSS already addressed some audit concerns prior to developing an action plan, as follows:

1. As of May 31, 2024, GCFSS confirmed completion of the following:
 - All but three of the resource caregivers with expired CCRCs and CRRAs have been updated. GCFSS is aware of the outstanding checks and has prioritized their completion.
 - Two of the three home studies were complete; the third is not, as the resource has since closed.
 - All but one family care home agreement was updated; GCFSS has prioritized the outstanding agreement.
 - All but one annual review was updated and on record; GCFSS has prioritized the outstanding review.
 - All but two caregivers' medical assessments and prior contact check mitigations were current; GCFSS has prioritized the remaining documentation.
 - All required reportable circumstances have been submitted.
2. On May 14, 2024, GCFSS met with social workers to review St. 19, Interviewing the Child about the Care Experience, and will now label these as "interview" in the Integrated Case Management (ICM) database for easy identification.
3. On May 14, 2024, GCFSS met with social workers to review St. 22, Investigation of Alleged Abuse or Neglect in a Family Care Home.
4. As part of a provincial initiative to increase contact with children and youth in care, the Child Safety Oversight & Practice Development (CSOPD) team launched an ICM tracking applet for visitation. Starting May 2024, team leaders planned to check the applet the last Tuesday of each month to ensure visits are documented, with CSOPD team conducting reviews for completion.

Action Plan

Actions	Person(s) Responsible	Date to be Completed
<p>CHILD SERVICE: <u>St. 3: Monitoring and Reviewing the Child or Youth’s Plan of Care and Standard 5 Rights of Children in Care</u></p> <p>1. GCFSS will provide training to staff on the requirements of these standards and develop a method to improve care plan completion and reviewing rights with children and youth in care. Confirmation of participants, training date, and the new method will be emailed to the manager of quality assurance.</p>	Practice Manager	January 30, 2025
<p><u>St. 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards</u></p> <p>2. GCFSS will complete a review of the requirements of this standard with the team and develop a method for consistent documentation. Confirmation of participants, review date, and the new method will be emailed to the manager of quality assurance.</p> <p>3. GCFSS will complete the 14 required 2023 reviews and email copies to the manager of quality assurance for completion verification.</p>		
<p><u>St. 14: Case Documentation for Guardianship Services</u></p> <p>4. GCFSS will review the standard with the team and develop a method for consistent documentation. Social workers and social work assistants will work on ensuring all documentation is maintained and updated weekly, dedicating time at the end of each week.</p> <p>5. A list confirming all recordings are up to date will be emailed to the manager of quality assurance.</p>		
<p>RESOURCES: <u>Overall Resource Compliance</u></p> <p>6. GCFSS is developing a specialized resource team to support children, youth, and caregivers, while meeting all family care home standards. An updated organizational chart and staff roles and responsibilities will be emailed to the manager of quality assurance.</p>		

St. 33: Monitoring and Reviewing the Family Care Home

7. GCFSS will review the standard with the resource social worker and develop a method to ensure consistent in-person reviews and documentation.

Confirmation of participants, review date, and the new method, along with a list of current in-home caregiver visit dates, will be emailed to the manager of quality assurance.

Appendices

A. Delegation

Delegation for ICFSAs refers to the transfer of authority and responsibility for decision-making in child welfare services from the provincial government 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.

The level of delegation an agency has depends on the agreements made with the provincial government, as well as the agency's capacity to meet the standards required for child welfare service delivery.

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

- Out of Care Options
- Guardianship of Children and Youth in Continuing Custody
- Support Services to Families
- Voluntary Care Agreements
- Special Needs Agreements
- Establishing Resources
- Youth Agreements
- Respite Services
- Extended Family Program
- Agreements with Young Adults
- Alternatives to Care/Transfer of Custody
- Strengthening Abilities and Journeys of Empowerment (SAJE)

GCFSS has provided C4 services since 2006. Their current delegated services agreement is from April 1, 2023, to March 31, 2025.

In addition to the delegated programs, GCFSS offers the following services to their children youth and families:

- Family group conferencing
- Family wellness program
- Wellness counsellors
- Summer culture camp to reconnect Gitksan children and youth to their customs and traditions
- Cultural support for children/youth in care and in community

B. Community Demographics

GCFSS serves the Gitksan communities of Kispiox, Sik-E-Dakh, Gitsegukla, Gitwangak and Gitanyow as well as the many Gitksan people living away from their community. These communities represent approximately 5,547 registered members¹ and cover 33,000 square kilometers, all accessible by road.

C. Organizational Structure, Training and Work Environment

In 2023, GCFSS transitioned to community-based social work hubs offering wraparound services through Gitksan holistic wellness programs. In addition to community offices, there are two offices in Old Hazelton, one in New Hazelton and the Longhouse in Sik-E-Dakh. GCFSS staffing has grown significantly to over one hundred positions, including the following roles:

- Manager of social work administration and executive director assistant
- Director of finance & finance team
- Human resources manager & assistant
- Capital structure & operations teams
- Maintenance and janitorial staff
- Communications and administrative staff

The executive director had over 10 years in the role and extensive experience with GCFSS, working in various positions off and on since 2002. Most staff were Indigenous, with many from Gitksan territory.

The executive director, team leader, and social workers were delegated to C4 level and had completed their delegation training with Indigenous Perspectives Society or the Justice Institute of British Columbia. GCFSS supported ongoing professional development and the pursuit of post-secondary education, with several non-delegated social workers pursuing further education.

Many team leaders and social workers were new in their roles, creating a need for supervisory training for team leaders and additional support for social workers. The quality assurance manager was developing a training plan for delegated staff.

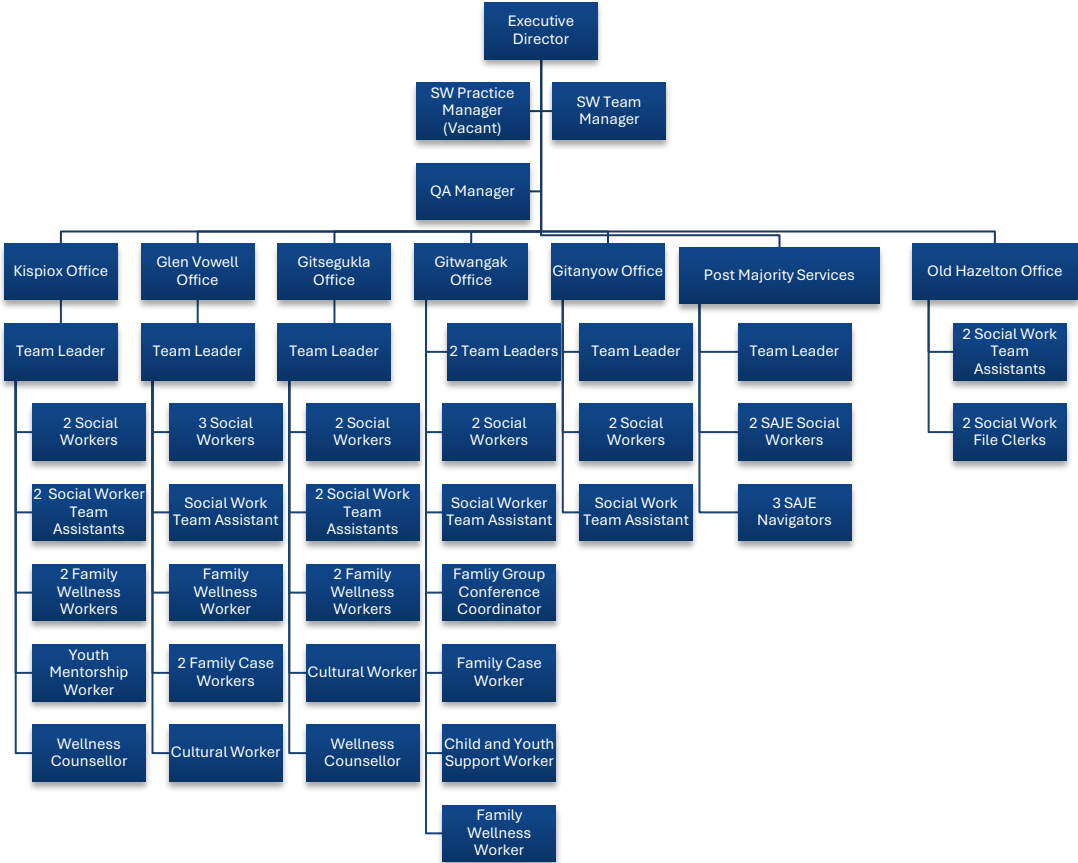
Within the social work department, the executive director supervised the quality assurance manager and social work team manager. Team leaders reported to the social work team manager and community team staff reported to their respective team leaders. The quality assurance manager provided mentorship but did not supervise staff.

Staff expressed a desire for regular team meetings and more structured, scheduled clinical supervision and workload tracking, in addition to the open-door approach currently used.

¹ Crown-Indigenous Relations and Northern Affairs Canada, Indigenous Peoples and Communities, First Nations, March 2024.

Team leaders provided coverage for one another to ensure consultations and approvals were always available. While monthly meetings between the team leaders and social work team manager were scheduled, they were inconsistent. Staff also expressed interest in regular team leader meetings without managers for practice development and information sharing. GCFSS staff meet monthly.

GCFSS SOCIAL WORK DEPARTMENT



D. Staff Perspectives: What We Heard

Seventy-four percent of staff participated in interviews, sharing insights on strengths and growth opportunities within GCFSS. They identified the following key strengths:

- Community based offices:** Collaborative and positive relationships were developing between staff and community members, with easier access to social workers and support services within community.

- **The Longhouse:** The Longhouse opened in Sik-E-Dakh in October 2023, after overcoming five years of delays. Plans include a Longhouse in each community. It offered support for family preservation, youth in care and housing for youth transitioning out of care. Culture was the primary resource, with external resources available if needed. Some youths had already moved in.
- **Staff wellness:** Employee self-care, wellness and healing were prioritized, understanding the impact this can have on the work they do. GCFSS provided onsite traditional healers, massage therapists, and other services available to staff.

Growth opportunities identified include:

- **Support for new social workers:** More mentoring and training for new social workers, particularly around delegated responsibilities, was requested and was already being addressed in the training plan.
- **Transfers between communities:** Frequent, unannounced transfers of social workers between the community-based hubs caused concerns for the staff, though management reported recent stabilization.
- **Limited office space:** Existing office spaces were overcrowded, impacting privacy and the ability to accommodate new staff. Staff needed to leave the office for private conversations or meetings with the children, youth, and families they served.

E. Methodology

This audit assessed the guardianship and resource services provided by [Gitxsan Child and Family Services Society](#) (GCFSS) from April 1, 2021, to September 30, 2023, measuring compliance with the [Aboriginal Operational and Practice Standards and Indicators](#) (July 2009).

A quality assurance practice analyst from MCFD conducted the practice audit. Data, compliance tables, and reports for each record were stored on SharePoint. Staff discussions occurred by phone or virtual meetings after data collection.

The census audit, based on population and sample sizes collected from ICM, reviewed every record in the population, with a **100%** confidence level. The following were the counts of records reviewed for the three record types:

Record Types	Population Sizes	Sample Sizes
Open CS	17	17
Closed CS	2	2
Open and Closed Resource	6	6

This census audit used the following parameters:

1. **Open CS:** CS records open in GCFSS on September 30, 2023, and continuously open for at least six months with legal categories of Voluntary Care Agreement, Special Needs Agreement, CCO, or Out of Province.
2. **Closed CS:** CS records closed in ICM between April 1, 2021, and September 30, 2023, and managed by GCFSS for at least six continuous months with legal categories of Voluntary Care Agreement, Special Needs Agreement, CCO, or Out of Province.
3. **Open and Closed Resource:** Resource records in ICM managed by GCFSS for at least three continuous months between October 1, 2020, and September 30, 2023, with children or youth in care under one of the following placement types: Regular Family Care, Restricted Family Care, Level 1 Care, Level 2 Care, Level 3 Care, and First Nations Foster Home.

F. Guardianship Services Audit Tool

AOPSI Standards related to Guardianship Services		
Standard (St) #	Standard Name	Achieve Criteria
St. 1	Preserving the identity of the Child or Youth in Care	<ul style="list-style-type: none"> • Efforts were made to identify and involve the child or youth's Indigenous community. • Efforts were made to register the child when entitled to a Band or Indigenous community or with Nisga'a Lisims Government. • A cultural plan was completed if the child or youth was not placed within their extended family or community. • The child or youth was involved in culturally appropriate resources. • If the child or youth was harmed by racism, the social worker developed a response. • If the child or youth was a victim of a racial crime, the police were notified.
St. 2	Development of a Comprehensive Plan of Care	<ul style="list-style-type: none"> • An initial plan of care completed within 30 days of admission, and • A plan of care completed within six months of admission.
St. 3	Monitoring and Reviewing the Child or Youth's Plan of Care	<ul style="list-style-type: none"> • Care plans were completed annually throughout the audit timeframe. • Efforts were made to develop the plan of care with youth over the age of 12. • Efforts were made to develop the plan of care with the family. • Efforts were made to develop the plan of care with the service providers. • Efforts were made to develop the plan of care with the caregiver(s). • Efforts were made to develop the plan of care with the Indigenous community.

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"> • 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.
St. 5	Rights of Children and Youth in Care	<ul style="list-style-type: none"> • 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 • In instances when the child's rights were not respected, the social worker took appropriate steps to resolve the issue.
St. 6	Deciding Where to Place the Child or Youth	<ul style="list-style-type: none"> • 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).
St. 7	Meeting the Child or Youth's Needs for Stability and Continuity of Relationships	<ul style="list-style-type: none"> • 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. This was not found in the two records rated not achieved.
St. 8	Social Worker's Relationship and Contact with the Child or Youth	<p>The standard requires the social worker to conduct a private visit with the child or youth:</p> <ul style="list-style-type: none"> • 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.
St. 9	Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards	<ul style="list-style-type: none"> • Information about the child or youth was provided to the caregiver(s) at time of placement. • Information about the child or youth was provided to the caregiver(s) as it became available. • Information about the child or 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).
St. 10	Providing Initial and Ongoing Medical and Dental Care	<ul style="list-style-type: none"> • 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	<p>The record, if it involved a placement move, confirmed that:</p> <ul style="list-style-type: none"> • The child or youth was provided with an explanation prior to the move. • The social worker arranged at least one pre-placement visit.

		<ul style="list-style-type: none"> If the child or 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	<ul style="list-style-type: none"> 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.
St. 13	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"> 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	<p>The record contained:</p> <ul style="list-style-type: none"> 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.
St. 15	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"> A transfer recording was completed. The social worker met with the child or 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 or 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 or youth's family within five days after the transfer.
St. 16	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"> A closing recording was completed. The social 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 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 was notified, if applicable. Support services for the child or youth were put in place, if applicable.
St. 17	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"> The risk of returning a child or youth to their family home was assessed by delegated worker. A safety plan, if applicable, was put in place prior to returning the child or youth to their family home. The safety plan, if applicable, was developed with required parties. The safety plan, if applicable, addressed the identified risks.

		<ul style="list-style-type: none"> The safety plan, if applicable, was reviewed every six months until the rescindment.
St. 18	Permanency Planning	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> The record, if it involved a move from a placement, confirmed the child or youth was interviewed about their care experience.
St. 20	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"> Efforts were made to assess the youth's independent living skills, and Efforts were made to develop a plan for independence.
St. 21	Responsibilities of the Public Guardian and Trustee (PGT)	<ul style="list-style-type: none"> The PGT was provided a copy of the CCO, and The PGT was notified of events affecting the child or youth's financial or legal interests.
St. 22	Investigation of Alleged Abuse or Neglect in a Family Care Home	<p>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"> A Family Care Home Investigation was conducted with the summary report on file, and Efforts were made to support the child or youth.
St. 23	Quality of Care Review	<ul style="list-style-type: none"> 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.
St. 24	Guardianship Agency Protocols	<ul style="list-style-type: none"> All protocols related to the delivery of child services that the agency has established with local and regional agencies have been followed.

G. Resources Audit Tool

AOPSI Standards related to Resource Services		
Standard (St) #	Standard Name	Achieve Criteria
St. 28	Supervisory Approval for Family Care Home Services	<p>The record confirmed that the social worker consulted a supervisor at the following key decision points:</p> <ul style="list-style-type: none"> • 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 or youth in a family care home prior to completing a home study. • Receiving a report about abuse or neglect of a child or youth in a family care home. • Receiving a concern about the quality of care received by a child or youth living in a family care home.
St. 29	Family Care Homes – Application and Orientation	<p>The record confirmed the completion of the following:</p> <ul style="list-style-type: none"> • 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).
St. 30	Home Study	<ul style="list-style-type: none"> • 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.
St. 31	Training of Caregivers	<ul style="list-style-type: none"> • The training needs of the caregiver were assessed or identified, and training opportunities were offered to, or taken by, the caregiver.
St. 31	Signed Agreement with Caregiver	<ul style="list-style-type: none"> • There were consecutive Family Care Home Agreements throughout the audit timeframe, and they were signed by all the participants.
St. 33	Monitoring and Reviewing the Family Care Home	<ul style="list-style-type: none"> • Annual reviews of the family care home were completed throughout the audit timeframe, when required. • 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, when required.
St. 34	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"> • A Family Care Home Investigation was conducted with a summary report on file. • Efforts were made to support the caregiver.

St. 35	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"> • A Quality-of-Care Review was conducted. • Efforts were made to support the caregiver.
St. 36	Closure of the Family Care Home	<ul style="list-style-type: none"> • 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.