



Knucwentwecw Society

(IMA)

Practice Audit Report

Report Completed: November 2023

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1. PURPOSE

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

The specific purposes of the audit are to:

- Further the development of practice.
- Assess achievement of key components of the Child Protection Response Model set out in Chapter 3 of the Child Safety, Family Support & Children in Care Services Policies, and the Aboriginal Operational and Practice Standards and Indicators (AOPSI) as it relates to resource and guardianship services.
- Determine the current level of practice across a sample of records.
- Identify barriers to providing an adequate level of service.
- Assist in identifying training needs.
- Provide information for use in updating and/or amending practice standards or policy.

2. AGENCY OVERVIEW

a) Delegation

KS operates under C6 delegation. This level of delegation enables the agency to provide the following services:

- Child Protection
- Out of Care Options
- Temporary Custody of Children
- 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

The agency currently operates under a delegated services agreement from April 1, 2022 – March 31, 2025. KS has been providing statutory services under the Child Family and Community Services Act (CFCSA) since 1996. KS welcomes the opportunity to provide comprehensive wholistic child and family services while supporting the member First Nations in their pursuit of self-government and full jurisdiction.

b) Demographics

Knuwewtwecw Society currently provides services to the five member First Nations of Canim Lake (Tsq'escen), Soda Creek/Deep Creek (Xat'sull/Cmetem') and Williams Lake (T'exelc). Prior July 2020, KS also provided services to Canoe Creek, and Dog Creek (Stwecem'c/ Xgat'tem). Included are services to member First Nations; as well as, those members living in the urban communities of Williams Lake, 100 Hundred Mile House, Lac La Hache, McLeese Lake, Horsefly and Likely and the surrounding areas. The population of the First Nations are approximately 2839 (Source:<https://www.canada.ca/en/crown-indigenous-relations-northern-affairs.html>; December 2022).

Their office is in the city of Williams Lake, within the traditional territory of the Secwepemc people and neighbours both the T'exelceme First Nations and the Xat'sull First Nation.

c) Professional Staff Complement and Training

At the time of the audit, the agency staff included: the Executive Director, who also takes on the responsibilities of a team leader, five C6 delegated full time social workers, one C4 delegated full time resource social worker and four team assistants. The agency also has a finance manager, an administrative assistant, and a cultural/community liaison.

All the social work staff and the Executive Director are delegated and have completed the Indigenous Perspective Society (IPS) or MCFD delegation training. The agency collaborates with MCFD to ensure staff receive mandatory training. The staff confirmed that opportunities for outside community training or educational workshops are provided on an individual basis which is dependent on coverage due to the small number of staff.

d) Supervision and Consultation

The Executive Director reports to the Board of Directors and provides supervision to the delegated social workers through an "open door policy". Staff report their Executive Director is always available for consultations in person, by phone or text/email. There are scheduled weekly team meetings where they review their workload.

3. STRENGTHS OF THE AGENCY

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

- a) They focus their services to meet the individual needs of children and families. When trying to keep families together, they prioritize preventative options such as involving families in out of care options, bringing in extended family, working with the Bands, and designated Band Representatives.
- b) The agency's focus is on least intrusive measures, and doing everything they can to support the children and families they are working with.
- c) The Executive Director has been with the agency for more than ten years and has a wealth of practice and community knowledge that she shares with the staff.
- d) Staff report that they work well together and are supportive of one another. This has been important over the past year when the agency has been short staffed and additional coverage has been necessary.
- e) The agency encourages social workers to practice in culturally knowledgeable and creative ways.

4. CHALLENGES OF THE AGENCY

Through the review of documentation and staff interviews, the MCFD practice analysts were made aware of the following challenges within the agency during the reporting period:

- a) Recruitment of a full-time team leader to provide additional support and supervision, particularly to new hires.
- b) Staff request more in-person training.
- c) Lack of local Indigenous foster homes.

5. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all the measures in the audit tools. The tables present findings for measures that correspond with specific components of the policies within the AOPSI and Chapter 3 of the Child Safety, Family Support & Children in Care Services Policies. Each table is followed by an analysis of the findings for each of the measures presented in the table. Please note that some records received ratings of not achieved for more than one reason.

a) Child Service

The overall compliance rate for the AOPSI Guardianship Practice Standards was **61%**. The audit reflects the work documented by the staff in the guardianship and family service programs over a three-year period (see Methodology section for details). There was a total of 19 records identified within the sample; however, not all 23 measures in the audit tool were applicable to all 19 records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	19	19	0	100%
Standard 2: Development of a Comprehensive Plan of Care	3*	1	2	33%
Standard 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care	17*	6	11	35%
Standard 4: Supervisory Approval Required for Guardianship Services	19	14	5	74%
Standard 5: Rights of Children in Care	19	10	9	53%
Standard 6: Deciding Where to Place the Child	19	19	0	100%
Standard 7: Meeting the Child's Need for Stability and continuity of Relationships	19	19	0	100%
Standard 8: Social Worker's Relationship & contact with a Child in Care	19	-	-	44% ¹
Standard 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	19	4	15	21%
Standard 10: Providing Initial and ongoing Medical and Dental Care for a Child in Care	19	17	2	89%
Standard 11: Planning a Move for a Child in Care (VS 20)	4*	3	1	75%
Standard 12: Reportable Circumstances	9*	3	6	33%
Standard 13: When a Child or Youth is Missing, Lost or Runaway	2*	2	0	100%
Standard 14: Case Documentation	19	1	18	5%
Standard 15: Transferring Continuing Care Files	9*	6	3	67%
Standard 16: Closing Continuing Care Files	10*	5	5	50%
Standard 17: Rescinding a Continuing Custody Order	0*	0	0	N/A

Standard 18: Permanency Planning	N/A *	-	-	-
Standard 19: Interviewing the Child about the Care Experience	9*	0	9	0%
Standard 20: Preparation for Independence	7*	7	0	100%
Standard 21: Responsibilities of the Public Guardian and Trustee	14*	12	2	86%
Standard 22: Investigation of alleged Abuse or Neglect in a Family Care Home	1*	0	1	0%
Standard 23: Quality of Care Review	0*	0	0	N/A
Standard 24: Guardianship Agency Protocols	19	19	0	100%

Standard 2: 16 records did not involve initial care plans completed within the audit timeframe.

Standard 3: 2 records did not have annual care plans due.

Standard 8: All 19 records were analyzed using a percentage-based formula that went beyond number of records and into the specific requirements of the standard, hence the achieved vs not achieved data is not relevant for the analysis of this measure.

Standard 11: 15 records did not involve children or youth moving from their care homes.

Standard 12: 10 records did not involve reportable circumstances.

Standard 13: 17 records did not involve children missing, lost, or run away.

Standard 15: 10 records did not involve file transfers.

Standard 16: 9 records did not involve file closures.

Standard 17: 19 records did not involve rescinding continuing custody orders.

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

Standard 19: 10 records did not involve changing placements.

Standard 20: 12 records did not involve youth planning for independence.

Standard 21: 5 records did not involve notifying the Public Guardian and Trustee.

Standard 22: 18 records did not involve investigations of abuse or neglect in family care homes.

Standard 23: None of the records involved Quality of Care Reviews.

Standard (St). 1: Preserving the identity of the Child or Youth in Care: The compliance rate for this measure was **100%**. The measure was applied to all 19 records in the samples; all 19 were rated achieved. To receive a rating of achieved, the record, if it was opened during the three-year audit timeframe, confirmed all the following:

- 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: The compliance rate for this standard was **33%**. The measure was applied to three of the 19 records in the samples; one was rated achieved and two were rated not achieved. To receive a rating of achieved, the record, if it was opened during the three-year audit timeframe, contained all the following:

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

Of the two records rated not achieved, one did not contain initial care plans completed within 30 days of the admission and two did not contain annual care plans within six months of the admissions. The total adds to more than the number of records rated not achieved because one record had combinations of the above noted reasons.

St. 3: Monitoring and Reviewing the Child or Youth's Plan of Care: The compliance rate for this measure was **35%**. The measure was applied to 17 of the 19 records in the samples; six were rated achieved and 11 were rated not achieved. To receive a rating of achieved the record confirmed all the following:

- 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.

Of the 11 records rated not achieved, 10 contained care plans but they were not completed annually throughout the audit timeframe, and one did not contain any annual care plans throughout the audit timeframe.

St. 4: Supervisory Approval Required for Guardianship Services: The compliance rate for this measure was **74%**. The measure was applied to all 19 records in the samples; 14 were rated achieved and five were rated not achieved. To receive a rating of achieved, the following key decisions and documents were approved by a supervisor:

- care plan.
- placement change.
- placement in a non-Indigenous home.
- restricted access to significant others.
- return to the parent(s) prior to CCO rescindment.
- transfer of guardianship.
- plan for independence.
- record transfer.
- record closure.

Of the five records rated not achieved, all five had at least one care plan that was not signed by a supervisor.

St. 5: Rights of Children and Youth in Care: The compliance rate for this measure was **53%**. The measure was applied to all 19 records in the samples; 10 were rated achieved and nine were rated not achieved. To receive a rating of achieved:

- The rights of children in care, including the advocacy process, was reviewed annually with the child 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.

Of the nine records rated not achieved, two did not confirm that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe, and seven confirmed that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe, but these reviews were not conducted annually.

St. 6: Deciding Where to Place the Child or Youth: The compliance rate for this measure was **100%**. The measure was applied to all 19 records in the samples; all 19 were rated achieved. To receive a rating of achieved, efforts were made to place the child in an out of home living arrangement that was in accordance with section 71 of the *Child, Family and Community Service Act* (CFCSA).

St. 7: Meeting the Child or Youth's Needs for Stability and Continuity of Relationships: The compliance rate for this measure was **100%**. The measure was applied to all 19 records in the samples; all 19 were rated achieved. To receive a rating of achieved, 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.

St. 8: Social Worker's Relationship and Contact with the Child or Youth: The measure was applied to all 19 records in the samples. All 19 records documented private visits, but these did not occur every 30 days. The standard requires the social worker to conduct a private visit with the child or youth:

- Every 30 days.
- At time of placement.
- Within seven days after placement.
- When there was a change in circumstance.
- When there was a change in social worker.

Of the 19 records that documented private visits, the standard required the children or youth to be seen 517 times based on the criteria above.

KS documented that social workers saw the children or youth privately 226 times in this audit timeframe. This demonstrates that **44%** of the required in person private visits occurred.

Of the 19 records rated not achieved, all 19 documented private visits but not every 30 days throughout the audit timeframe, 16 documented visits but some or all were not conducted in private (often with sibling groups), and one did not document a private visit within seven days after placement. The total adds to more than the number of records rated not achieved because 16 records had combinations of the above noted reasons.

St. 9: Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards: The compliance rate for this measure was **21%**. The measure was applied to all 19 records in the samples; four were rated achieved and 15 were rated not achieved. To receive a rating of achieved, the record confirmed all the following:

- 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).

Of the 15 records rated not achieved, six did not contain documentation confirming that the discipline standards were reviewed with the caregivers at any time throughout the audit timeframe, two did not contain documentation that the information on the child or youth was provided to the caregivers at the time of placement, two did not contain documentation that the discipline standards were reviewed with caregivers at the time of placement and seven contained documentation confirming that the discipline standards were reviewed with caregivers within the audit timeframe, but these reviews were not documented annually. The total adds to more than the number of records rated not achieved because two records had combinations of the above noted reasons.

Of the 15 records rated not achieved, five were open and require documentation confirming that the discipline standards were reviewed with the caregivers in 2022.

St. 10: Providing Initial and Ongoing Medical and Dental Care: The compliance rate for this measure was **89%**. The measure was applied to all 19 records in the samples; 17 were rated achieved and two were rated not achieved. To receive a rating of achieved the record confirmed all the following:

- 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.

Of the two records rated not achieved, neither contained documentation that a medical exam was completed upon entering care.

St. 11: Planning a Move for a Child or Youth in Care: The compliance rate for this measure was **75%**. The measure was applied to four of the 19 records in the samples; three were rated achieved and one was rated not achieved. To receive a rating of achieved, the record if it involved a placement move, confirmed all the following:

- The child or youth was provided with an explanation prior to the move.
- The social worker arranged at least one pre-placement visit.
- 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.

Of the one record rated not achieved, it did not contain documentation confirming that orientations and pre-placement visits were arranged prior to the moves and no efforts were documented.

St. 12: Reportable Circumstances: The compliance rate for this measure was **33%**. The measure was applied to nine of the 19 records in the samples; three were rated achieved and six were rated not achieved. To receive a rating of achieved, a report about a reportable circumstance was submitted to the director within 24 hours from the time the information about the incident became known to the social worker.

Of the six records rated not achieved, all six contained reportable circumstance reports but they were not submitted within 24 hours (the range of time it took to submit was between 12 and 128 days).

St. 13: When a Child or Youth is Missing, Lost or Runaway: The compliance rate for this measure was **100%**. The measure was applied to two of the 19 records in the samples; both were rated achieved. To receive a rating of achieved, 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 all the following:

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

St. 14: Case Documentation: The compliance rate for this measure was **5%**. The measure was applied to all 19 records in the sample; one was rated achieved and 18 were rated not achieved. To receive a rating of achieved, the record contained all the following:

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

Of the 18 records rated not achieved, seven did not contain review recordings nor care plan reviews, one did not contain opening recordings, and 10 contained review recordings or care plan reviews but they were not completed every six months.

St. 15: Transferring Continuing Care Files: The compliance rate for this measure was **67%**. The measure was applied to nine of the 19 records in the samples; six were rated achieved and three were rated not achieved. To receive a rating of achieved, the record if it involved a transfer of responsibility from one worker to another, confirmed all the following:

- 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.

Of the three records rated not achieved, three did not contain documentation that the social worker met with the child or youth prior to the transfer of guardianship responsibility, three did not contain documentation that the social worker met with the caregiver prior to the transfer, three did not contain documentation that the social worker met with the child or youth five days after the transfer, and one did not contain documentation that the social worker met with the family five days after the transfer. The total adds to more than the number of records rated not achieved because all three records had combinations of the above noted reasons.

St. 16: Closing Continuing Care Files: The compliance rate for this measure was **50%**. The measure was applied to 10 of the 19 records in the samples; five were rated achieved and five were rated not achieved. To receive a rating of achieved, the record if it involved closing the record when services ended, confirmed all the following:

- 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.

Of the five records rated not achieved, one did not contain a closing recording, five did not contain documentation that the social worker met with the child or youth prior to the closure, and one did not contain documentation that efforts were made to meet with the caregiver(s) prior to the closure. The total adds to more than the number of records rated not achieved because two records had combinations of the above noted reasons.

St. 17: Rescinding a CCO and Returning the Child or Youth to the Family Home: There were no applicable records for this measure. To receive a rating of achieved, the record, if it involved a rescindment of a CCO, confirmed all the following:

- 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.
- The safety plan, if applicable, was reviewed every six months until the rescindment.

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

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

St. 19: Interviewing the Child or Youth about the Care Experience: The compliance rate for this measure was **0%**. The measure was applied to nine of the 19 records in the samples; all nine were rated not achieved. To receive a rating of achieved, the record, if it involved a move from a placement, confirmed the child or youth was interviewed about their care experience.

Of the nine records rated not achieved, all did not confirm that interviews were conducted with the children and youth after placement changes.

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

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

St. 21 Responsibilities of the Public Guardian and Trustee (PGT): The compliance rate for this measure was **86%**. The measure was applied to 14 of the 19 records in the samples; 12 were rated achieved and two were rated not achieved. To receive a rating of achieved the record confirmed all the following:

- The PGT was provided a copy of the CCO.
- The PGT was notified of events affecting the child or youth's financial or legal interests.

Of the two records rated not achieved, both did not contain documentation confirming the PGT was notified when the CCOs were ordered (both closed).

St. 22: Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **0%**. The measure was applied to one of the 19 records in the samples, it was rated not achieved. To receive a rating of achieved, the record, if it involved a report of abuse and/or neglect of a child or youth in a family care home, confirmed all the following:

- A Family Care Home Investigation was conducted with the summary report on file.
- Efforts were made to support the child or youth.

The one record rated not achieved had documentation that a Family Care Home Investigation occurred, but no summary report was located on file.

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

St. 24: Guardianship Agency Protocols: The compliance rate for this measure was **100%**. The measure was applied to all 19 records in the samples; all 19 were rated achieved. To receive a rating of achieved, all protocols related to the delivery of child services that the agency has established with local and regional agencies have been followed.

b) Resources

The overall compliance rate for the AOPSI Resource Practice Standards was **61%**. The audit reflects the work done by the staff in the agency’s resource program over a three-year period (see Methodology section for details). There was a total of eight records in the one sample selected for this audit; however, not all nine measures in the audit tool were applicable to eight records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 28: Supervisory Approval Required for Family Care Home Services	8	7	1	88%
Standard 29: Family Care Homes – Application and Orientation	8	5	3	63%
Standard 30: Home Study	2*	1	1	50%
Standard 31: Training of Caregivers	8	7	1	88%
Standard 32: Signed Agreement with Caregivers	8	7	1	88%
Standard 33: Monitoring and Reviewing the Family Care Home	8	0	8	0%
Standard 34: Investigation of Alleged Abuse or Neglect in a Family Care Home	1*	0	1	0%
Standard 35: Quality of Care Review	0*	-	-	-
Standard 36: Closure of the Family Care Home	1*	0	1	0%

Standard 30: 6 records did not involve home studies during the audit timeframe.
 Standard 34: 7 records did not involve investigations of alleged abuse or neglect in family care homes.
 Standard 35: 8 records did not involve Quality of Care Reviews.
 Standard 36: 7 records were not closed.

St. 28: Supervisory Approval for Family Care Home Services: The compliance rate for this measure was **88%**. The measure was applied to all 8 records in the sample; seven were rated achieved and one was rated not achieved. To receive a rating of achieved, the record confirmed that the social worker consulted a supervisor at all the following key decision points:

- A criminal record was identified for a family home applicant or any adult person residing in the home.
- Approving a family home application and home study.

- Signing a Family Home Care Agreement.
- Approving an annual review.
- Determining the level of a family care home.
- Placing a child 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.

The one record rated not achieved contained criminal records without documented consultations with supervisors (closed resource).

St. 29: Family Care Homes – Application and Orientation: The compliance rate for this measure was **63%**. The measure was applied to all eight records in the sample; five were rated achieved and three were rated not achieved. To receive a rating of achieved, the record confirmed the completion of the following:

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

Of the three records rated not achieved, three did not contain completed criminal record checks (two open), one did not contain completed medical exam forms, and one did not contain the three reference checks. The total adds to more than the number of records rated not achieved because one of the records had combinations of the above noted reasons.

Of the two open records that did not contain completed criminal records check(s), the practice analyst notified the executive director for follow up.

St. 30: Home Study: The compliance rate for this measure was **50%**. The measure was applied to two of the eight records in the sample; one was rated achieved and one was rated not achieved. To receive a rating of achieved the record confirmed all the following:

- 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.

The record rated not achieved, did not contain a home study (closed).

St. 31: Training of Caregivers: The compliance rate for this measure was **88%**. The measure was applied to all eight records in the sample; seven were rated achieved and one was rated not achieved. To receive a rating of achieved, the training needs of the caregiver were assessed or identified, and training opportunities were offered to, or taken by, the caregiver.

The record rated not achieved did not confirm that offers of training were provided to the caregiver or that the training needs of the caregivers were assessed or identified.

St. 32: Signed Agreement with Caregiver: The compliance rate for this measure was **88%**. The measure was applied to all eight records in the sample; seven were rated achieved and one was rated not achieved. To receive a rating of achieved, there were consecutive Family Care Home Agreements throughout the audit timeframe, and they were signed by all the participants.

The record rated not achieved contained Family Care Home Agreements, but they were not consecutive throughout the three-year audit timeframe (open record). The one open record without an agreement was open at the time of the audit and required a current signed agreement.

St. 33: Monitoring and Reviewing the Family Care Home: The compliance rate for this measure was **0%**. The measure was applied to all eight records in the sample; all eight were rated not achieved. To receive a rating of achieved the record confirmed all the following:

- 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.

Of the eight records rated not achieved, two documented home visits but they were not completed every 90 days as required, six did not document any home visits, three contained annual reviews but they were not completed for each year in the three-year audit timeframe and two did not contain any annual reviews completed in the three-year audit timeframe. The total adds to more than the number of records rated not achieved because five records had combinations of the above noted reasons. Of the five records that did not contain all the required annual reviews, four were open. Of these four open records, two required current annual reviews.

St. 34: Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **0%**. This measure was applied to one of the eight records in the sample; it was rated not achieved. To receive a rating of achieved, the record, if it involved a report of abuse and/or neglect of a child or youth in a family care home, confirmed all the following:

- A Family Care Home Investigation was conducted with a summary report on file.
- Efforts were made to support the caregiver.

The record rated not achieved contained documentation of a Family Care Home Investigation but there was no summary report on file.

St. 35: Quality of Care Review: There were no applicable records for this measure. To receive a rating of achieved, the record, if it involved a concern about the quality of care received by a child or youth in a family care home, confirmed all the following:

- A Quality of Care Review was conducted.
- Efforts were made to support the caregiver.

St. 36: Closure of the Family Care Home: The compliance rate for this measure was **0%**. The measure was applied to one of the eight records in the sample, and it was rated not achieved. To receive a rating of achieved, the record, if it involved closure of a family care home, contained a written notice to the caregiver indicating the intent of the agency to close the family care home.

The record rated not achieved, did not contain written notice to the caregiver.

c) Family Service

The overall compliance rate for the Child Protection Response Model set out in Chapter 3 of the Child Safety, Family Support & Children in Care Services Policies was **65%**. The audit reflects the work done by the staff in the agency's family service program over various time periods (see Methodology section for details). All electronic documentation associated with Service Requests, Memos and Incidents was reviewed. All electronic and physical documentation associated with family service records was reviewed. There was a total of 38 records in the closed Memo, closed Service Request, and closed Incident samples and a total of 11 records in the open and closed Family Service samples selected for this audit. Not all 23 measures in the audit tool were applicable to all the records. The notes below the table describe the records that were not applicable.

Records Identified for Action

Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the CFCSA. During this audit, no records were identified for action.

c.1 Report and Screening Assessment

Family service measure (FS) 1 to FS 4 relate to obtaining and assessing a child protection report. The records included the selected samples of five closed Service Requests, 16 closed Memos and 17 closed Incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	38	38	0	100%
FS 2: Conducting an Initial Record Review (IRR)	38	20	18	53%
FS 3: Assessing the Report about a Child or Youth's Need for Protection (Completing the Screening Assessment)	38	30	8	79%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	38	38	0	100%

FS 1: Gathering Full and Detailed Information: The compliance rate for this measure was **100%**. The measure was applied to all 38 records in the sample, all 38 were rated achieved. To receive a rating of achieved, the information gathered from the caller was full, detailed, and sufficient to determine an appropriate pathway.

FS 2: Conducting an Initial Record Review (IRR): The compliance rate for this measure was **53%**. The measure was applied to all 38 records in the samples; 20 were rated achieved and 18 were rated not achieved. To receive a rating of achieved the record confirmed all the following:

- The IRR was conducted from electronic databases within 24 hours of receiving the report.
- The IRR identified previous issues or concerns and the number of past Service Requests, Incidents, or reports.
- If the family had recently moved to BC, or there was reason to believe there may have been prior child protection involvement in one or more jurisdictions, the appropriate child protection authorities were contacted, and information was requested and recorded.

Of the 18 records rated not achieved, 11 IRRs did not indicate that Best Practices was checked, three IRRs were not documented within 24 hours (one created at KS), eight did not have IRRs documented (all created at KS), and four IRRs did not contain sufficient information about previous issues or concerns (three created at KS). The total adds to more than the number of records rated not achieved because three records were rated not achieved for more than one of the above noted reasons.

Of the three IRRs that were not documented within 24 hours, the range of time it took to complete the IRRs was between four and 11 days, with the average time being seven days.

The audit also identified where the IRR was created: Provincial Centralized Screening (PCS), SCFS, or Service Delivery Area (SDA). Of the 20 records rated achieved, 11 were created by PCS, seven were created by KS and two were created by SDA.

FS 3: Completing the Screening Assessment: The compliance rate for this measure was **79%**. The measure was applied to all 38 records in the samples; 30 were rated achieved and eight were rated not achieved. To receive a rating of achieved, a Screening Assessment was completed immediately if the child or youth appeared to be in a life-threatening or dangerous situation or within 24 hours in all other situations.

Of the eight rated not achieved, none of the Screening Assessments were completed within the required 24-hour timeframe (eight created at KS). Of the eight Screening Assessments that were not completed within the 24-hour timeframe, the range of time it took to complete was between two and 190 days.

The audit also identified where the Screening Assessment was created: PCS, SCFS, or SDA. Of the 30 records rated achieved, 12 were created by PCS, 22 were created by KS and four were completed by an SDA.

FS 4: Determining Whether the Report Requires a Protection or Non-Protection Response: The compliance rate for this measure was **100%**. The measure was applied to all 38 records in the sample; all records were rated achieved. To receive a rating of achieved, the decision to provide a protection or non-protection response was appropriate and consistent with the information gathered.

c.2 Response Priority, Detailed Record Review and Safety Assessment

FS 5 to FS 9 relate to assigning a response priority, conducting a detailed record review (DRR), and completing the safety assessment process and Safety Assessment form. The records included the selected sample of 17 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 5: Assigning an Appropriate Response Priority	17	17	0	100%
FS 6: Conducting a Detailed Record Review (DRR)	17	3	14	18%
FS 7: Assessing the Safety of the Child or Youth	17	15	2	88%
FS 8: Documenting the Safety Assessment	17	11	6	65%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	17	14	3	82%

FS 5: Determining the Response Priority: The compliance rate for this measure was **100%**. The measure was applied to all 17 records in the sample; all records were rated achieved. To receive a rating of achieved, the response priority was appropriate and if there was an override it was approved by the supervisor.

The audit also assessed whether the families were contacted within the timeframes of the assigned response priorities. Of the 17 records related to incidents with appropriate protection responses, 14 documented face-to-face contact with the families within the assigned response priorities and three did not. Of the three records that did not document face-to-face contact with the families within the assigned response priorities, all were assigned the response priority of within five days. In one of the three records, there was no documentation that the social worker made face-to-face contact with the family. The range of time it took to have face-to-face contact with the remaining two families was six and 21 days.

FS 6: Conducting a Detailed Record Review (DRR): The compliance rate for this measure was **18%**. The measure was applied to 17 records in the sample; three were rated achieved and 14 were rated not achieved. To receive a rating of achieved, the DRR:

- Was conducted in electronic databases and physical files.
- Contained any information that was missing in the IRR.
- 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.
- Was not required because there was no previous MCFD or ICFSA involvement.
- Was not required because the supervisor approved ending the protection response before the DRR was conducted and the rationale was documented and appropriate.

Of the 14 records rated not achieved, 13 did not contain a DRR, and two did not contain information missing in the IRR. The total adds to more than the number of records rated not achieved because two records were rated not achieved for more than one of the above noted reasons.

FS 7: Assessing the Safety of the Child or Youth: The compliance rate for this measure was **88%**. The measure was applied to 17 records in the sample; 15 were rated achieved, and two were rated not achieved. To receive a rating of achieved the record confirmed all the following:

- The safety assessment process was completed during the first significant contact with the child or youth's family.
- If concerns about the child or youth's immediate safety were identified and the child or youth was not removed under the CFCSA, a safety plan was developed, and the safety plan was signed by the parent(s) and approved by the supervisor.

- The supervisor approved ending the protection response before the safety assessment process was completed and the rationale was documented and appropriate.

Of the two records rated not achieved, one record did not have a safety plan on file although concerns about the child/youth's immediate safety were identified and the child/youth was not removed under the CFCSA, and one record did not document that the safety assessment process was completed during the first significant contact with the family.

FS 8: Documenting the Safety Assessment: The compliance rate for this measure was **65%**. The measure was applied to 17 records in the sample; 11 were rated achieved and six were rated not achieved. To receive a rating of achieved, the Safety Assessment form was documented within 24 hours after the completion of the safety assessment process, or the supervisor approved ending the protection response before the Safety Assessment was documented and the rationale was documented and appropriate.

Of the six records rated not achieved, two did not contain a Safety Assessment form and four contained Safety Assessment forms that were not completed within 24 hours of completing the safety assessment processes. The range of time it took to complete the forms was between 14 and 55 days.

FS 9: Making a Safety Decision Consistent with the Safety Assessment: The compliance rate for this measure was **82%**. The measure was applied to 17 records in the sample; 14 were rated achieved and three were rated not achieved. To receive a rating of achieved, the safety decision was consistent with the information documented in the Safety Assessment form or the supervisor approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.

Of the three records rated not achieved, two records did not contain a safety decision as a Safety Assessment was not completed, and one record contained a safety decision that was not consistent with the information documented in Safety Assessment.

c.3 Steps of the FDR Assessment or Investigation

FS 10 to FS 13 relate to meeting with or interviewing the parents and other adults in the family home, meeting with every child or youth who lives in the family home, visiting the family home and working with collateral contacts. The records included the selected sample of 17 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	17	14	3	82%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	17	12	5	71%
FS 12: Visiting the Family Home	17	13	4	76%
FS 13: Working with Collateral Contacts	17	10	7	59%

FS 10: Meeting or Interviewing the Parents and Other Adults in the Family Home: The compliance rate for this measure was **82%**. The measure was applied to 17 records in the sample; 14 were rated achieved and three were rated not achieved. To receive a rating of achieved, the social worker met with or interviewed the parent(s) and other adults in the home (if applicable) and gathered sufficient information about the family to assess the safety and vulnerability of all children or youth living or being cared for in the family home, or the supervisor approved ending the protection response before the social worker met with or interviewed the parent(s) and other adults in the home and the rationale was documented and appropriate.

Of the three records rated not achieved, one record documented that only one of two parents were interviewed, and two records did not confirm that a parent interview was completed.

FS 11: Meeting with Every Child or Youth Who Lives in the Family Home: The compliance rate for this measure was **71%**. The measure was applied to 17 records in the sample; 12 were rated achieved and five were rated not achieved. To receive a rating of achieved, the social worker had a private, face-to-face conversation with every child or youth living in the family home according to their developmental level; or the supervisor granted an exception, and the rationale was documented; or the supervisor approved ending the protection response before the social worker had a private, face-to-face conversation with every child or youth living in the family home, and the rationale was documented and appropriate.

Of the five records rated not achieved, three did not confirm that the social worker had conversations with any children or youth living in the home, and two confirmed that the social workers interviewed some, but not all, of the children living in the home.

FS 12: Visiting the Family Home: The compliance rate for this measure was **76%**. The measure was applied to 17 records in the sample; 13 were rated achieved and four were rated not achieved. To receive a rating of achieved, the social worker visited the family home before completing the FDR assessment or the investigation or the supervisor granted an exception and the rationale was documented, or the supervisor approved ending the protection response

before the social worker visited the family home and the rationale was documented and appropriate.

Of the four records rated not achieved, all four did not confirm that the social worker visited the family home.

FS 13: Working with Collaterals: The compliance rate for this measure was **59%**. The measure was applied to 17 records in the sample; 10 were rated achieved and seven were rated not achieved. To receive a rating of achieved, the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child or youth before completing the FDR assessment or the investigation, or the supervisor approved ending the protection response before the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child or youth and the rationale was documented and appropriate.

Of the seven records rated not achieved, all did not have any collaterals documented.

The audit also assessed whether the social workers, if the records were incidents with FDR protection responses, contacted the parent(s) prior to initiating the FDR responses and whether the social worker had discussions about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals. Of the 17 records in the sample, 16 required FDR responses. Of these 16 FDR responses, nine documented that the social worker contacted the parent(s) prior to initiating the FDR response and seven did not. Furthermore, of these 16 FDR responses, eight had documented discussions with the parent(s) about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals.

c.4 Assessing the Risk of Future Harm and Determining the Need for Protection Services

FS 14 to FS 16 relate to assessing the risk of future harm, determining the need for protection services and the timeframe for completing the FDR assessment or investigation. The records included the selected sample of 17 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS14: Assessing the Risk of Future Harm	17	4	13	24%
FS 15: Determining the Need for Protection Services	17	16	1	94%
FS 16: Timeframe for Completing the FDR Assessment or Investigation	17	3	14	18%

FS 14: Assessing the Risk of Future Harm: The compliance rate for this measure was 24%. The measure was applied to 17 records in the sample; four were rated achieved and 13 were rated not achieved. To receive a rating of achieved, the Vulnerability Assessment was completed in its entirety and approved by the supervisor, or the supervisor approved ending the protection response before the Vulnerability Assessment was completed in its entirety and the rationale was documented and appropriate. Of the 13 records rated not achieved, eight Vulnerability Assessments were not approved by a supervisor, two had incomplete Vulnerability Assessments and three did not contain a Vulnerability Assessment.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. Of the four records rated achieved, the range of time it took to complete the Vulnerability Assessments was between 26 and 58 days.

FS 15: Determining the Need for Protection Services: The compliance rate for this measure was **94%**. The measure was applied to 17 records in the sample; 16 records were rated achieved and one was rated not achieved. To receive a rating of achieved, the decision regarding the need for FDR protection services or ongoing protection services was consistent with the information obtained during the FDR assessment or the investigation, or the supervisor approved ending the protection response before the decision was made regarding the need for FDR protection services or ongoing protection services and the rationale was documented and appropriate.

In the one record rated not achieved the decision regarding the need for FDR protection services or ongoing protection services was not consistent with the information documented.

FS 16: Timeframe for Completing the FDR Assessment or Investigation: The compliance rate for this measure was **18%**. The measure was applied to 17 records in the sample; three were rated achieved, and 14 were rated not achieved. To receive a rating of achieved, the FDR assessment or investigation was completed within 30 days of receiving the report, or the FDR assessment or investigation was completed in accordance with the extended timeframe that had been approved by the supervisor.

In all 14 records rated not achieved, FDR assessments or investigations were not completed within 30 days. The range of time it took to complete was between 38 and 499 days.

Strength and Needs Assessment and Family Plan

FS 17 to FS 21 relate to the completion of the Family and Child Strengths and Needs Assessment and the Family Plan. The records included the selected samples of 11 open family service records.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	11	2	9	18%
FS 18: Supervisor Approval of the Strengths and Needs Assessment	11	1	10	9%
FS 19: Developing the Family Plan with the Family	11	6	5	55%
FS 20: Timeframe for Completing the Family Plan	11	2	9	18%
FS 21: Supervisor Approval of the Family Plan	11	6	5	55%

FS 17: Completing a Family and Child Strengths and Needs Assessment: The compliance rate for this measure was **18%**. The measure was applied to all 11 records in the samples; two were rated achieved and nine were rated not achieved. To receive a rating of achieved, the Family and Child Strength and Needs Assessment was completed in its entirety.

Of the nine records rated not achieved, six did not contain a Family and Child Strengths and Needs Assessment, and three contained incomplete Family and Child Strengths and Needs Assessments.

The audit also assessed whether the Family and Child Strengths and Needs Assessment was completed within the most recent six-month practice cycle. Of the two records rated achieved, no Family and Child Strengths and Needs Assessments were completed within the most recent six-month practice cycle.

FS 18: Supervisor Approval of the Strengths and Needs Assessment: The compliance rate for this measure was **9%**. The measure was applied to all 11 records in the samples; one was rated achieved and 10 were rated not achieved. To receive a rating of achieved, the supervisor approved the Family and Child Strength and Needs Assessment.

Of the 10 records rated not achieved, six records did not contain Family and Child Strengths and Needs Assessments and three did not contain documentation of supervisory approval.

FS 19: Developing the Family Plan with the Family: The compliance rate for this measure was **55%**. The measure was applied to all 11 records in the samples; six were rated achieved and five were rated not achieved. To receive a rating of achieved, the Family Plan form or its equivalent was developed in collaboration with the family. An equivalent to the Family Plan form can be the plan developed during a facilitated meeting, such as at a Family Case Planning Conference, Traditional Family Planning Meeting, or Family Group Conference. The equivalent plan must have all of the following key components:

- The priority needs to be addressed.

- The goals described in clear and simple terms regarding what the family would like to change in their lives in relation to the identified need.
- Indicators that described in clear and simple terms what will appear different when the need is met (from the viewpoint of the family or from the viewpoint of others).
- Strategies to reach goals, where the person responsible for implementing the strategy is also noted.
- A review date, when progress towards the goal will be reviewed and a determination made on whether the goal has been met.

Of the five records rated not achieved, all five did not contain Family Plans or equivalents.

The audit also assessed whether the Family Plans or equivalents were completed after the Family and Child Strengths and Needs Assessments. Of the six records rated achieved, all six contained Family Plans or equivalents that were completed after the Family and Child Strengths and Needs Assessments.

FS 20: Timeframe for Completing the Family Plan: The compliance rate for this measure was **18%**. The measure was applied to all 11 records in the sample; two were rated achieved and nine were rated not achieved. To receive a rating of achieved, a Family Plan or its equivalent was created within 30 days of initiating ongoing protection services and revised within the most recent six-month practice cycle.

Of the nine records rated not achieved, five did not contain Family Plans or equivalents and four contained Family Plans or equivalents within the 12-month timeframe of the audit but they were not revised within the most recent six-month practice cycle.

FS 21: Supervisors Approval of the Family Plan: The compliance rate for this measure was **55%**. The measure was applied to all 11 records in the samples; six were rated achieved and five were rated not achieved. To receive a rating of achieved, the Family Plan or its equivalent was approved by the supervisor.

Of the five records rated not achieved, all five did not contain Family Plans or equivalents.

Reassessment

FS 22 relates to the completion of the Vulnerability Reassessment or Reunification Assessment. The records included the selected samples of 11 open family service records.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or a Reunification Assessment	11	0	11	0%

FS 22: Completing a Vulnerability Reassessment OR a Reunification Assessment: The compliance rate for this measure was 0%. The measure was applied to all 11 records in the samples; all 11 were rated not achieved. To receive a rating of achieved, a Vulnerability Reassessment or Reunification Assessment was completed within the most recent six-month practice cycle and a Reunification Assessment completed within three months of the child’s return or a court proceeding regarding custody and the assessment(s) was approved by the supervisor.

Of the 11 records rated not achieved, six did not contain Reunification Assessments, one did not contain any Vulnerability Reassessments, one did not contain Vulnerability Reassessments or Reunification Assessments completed within the most recent 6-month protection cycle, three contained a Reunification Assessment that were incomplete, and one contained a Vulnerability Reassessment that was incomplete. The total adds to more than the number of records rated not achieved because one record was rated not achieved for more than one of the above noted reasons.

Decision to End Protection Services

FS 23 relates to making the decision to end ongoing protection services. There were no applicable closed family service records.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 23: Making the Decision to End Ongoing Protection Services	0	-	-	-

FS 23: Making the Decision to End Ongoing Protection Services: There were no applicable records for this measure. To receive a rating of achieved the record confirmed all of the following:

- The decision to conclude ongoing protection services was made in consultation with a supervisor.
- There were no unaddressed reports of abuse or neglect.
- There were no indications of current or imminent safety concerns.
- The family demonstrated improvements as identified in the Family Plan.
- A recent Vulnerability Reassessment or Reunification Assessment confirmed that factors identified as contributing to high vulnerability no longer existed or have been sufficiently addressed.
- The family demonstrated the ability to access and use formal and informal resources and the family had the ability to parent without MCFD support.

6. ACTIONS COMPLETED TO DATE

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

1. The agency informed that a resource caregiver that had an out-of-date criminal record check, has been updated and is now current.
2. The agency informed that a resource caregiver that had an expired Family Care Home Agreement, has been updated and a current signed Family Care Home Agreement has been filed within the record.

7. ACTION PLAN

Actions	Persons Responsible	Expected Completion Date
<p>Child Service:</p> <p>Standard 3 Monitoring and Reviewing the Child or Youth’s Plan of Care:</p> <ol style="list-style-type: none"> 1. The Agency will complete a review of the requirements of this standard with the team and devise a method to increase care plan completion. 2. The practice analyst from Aboriginal Services Branch will provide training on the completion of care plans and other documentation including the use of the case plan tab in ICM to finalize care plans and set the next care plan due date. <p>Confirmation of who participated in this review, date of the review, and the method to be used moving forward will be provided, via email, to the manager of Quality Assurance.</p> <p>Standard 5 Rights of Children and Youth in Care; Standard 8 Social Worker’s Relationship & contact with a Child in Care; and Standard 19 Interviewing the Child or Youth about the Care Experience:</p> <ol style="list-style-type: none"> 3. The Agency will complete a review of the requirements of this standard with the team and devise a method for consistent documentation. <p>Confirmation of who participated in this review, date of the review, and the method to be used moving forward will be provided, via email, to the manager of Quality Assurance.</p>	<p>Delegated team lead; Arlene Adie</p> <p>Aboriginal Services Branch Practice Analyst; Kayla Marcotte</p> <p>Delegated team lead; Arlene Adie</p>	<p>December 31, 2023</p> <p>December 31, 2023</p> <p>December 31, 2023</p>

<p>Resources:</p> <p>Standard 33 Monitoring and Reviewing the Family Care Home:</p> <p>4. The Agency will complete a review of the requirements of this standard with the resource social worker and resource social worker assistant and devise a method for ensuring consistent in-person reviews and documentation.</p> <p>Confirmation of when and who participated in this review, and the method to be used moving forward will be provided, via email, to the manager of Quality Assurance.</p>	<p>Delegated team lead; Arlene Adie</p>	<p>December 31, 2023</p>
<p>Family Service:</p> <p>Critical Measure 2 Conducting an Initial Record Review (IRR):</p> <p>5. The Agency will complete a review with the team of the requirements of completing an IRR, including the need to review the Best Practices electronic database.</p> <p>Confirmation of when and who participated in this review will be provided, via email, to the manager of Quality Assurance.</p> <p>Critical Measure 6 Conducting a Detailed Record Review (DRR):</p> <p>6. The Agency will complete a review with the team of the requirements of completing a DRR.</p> <p>7. The practice analyst from Aboriginal Services Branch will provide training on the documentation requirements for completing a DRR.</p> <p>Confirmation of when and who participated in this review will be provided, via email, to the manager of Quality Assurance.</p>	<p>Delegated team lead; Arlene Adie</p> <p>Delegated team lead; Arlene Adie</p> <p>Aboriginal Services Branch Practice Analyst; Kayla Marcotte</p>	<p>December 31, 2023</p> <p>December 31, 2023</p> <p>December 31, 2023</p>

APPENDIX A

1. METHODOLOGY

There were three quality assurance practice analysts from the Ministry of Children and Family Development's (MCFD) Office of the Provincial Director and Aboriginal Services Division – Quality Assurance Branch, who conducted the practice audit. The MCFD quality assurance practice analysts used a Share Point site to store collected data for the child and youth service, resource, and child safety and family service practice, as well as program compliance tables (see Findings and Analysis section) and a compliance report for each record audited. Interviews with the delegated staff were conducted by phone or a virtual meeting after the data collection was completed.

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

Record Types	Population Sizes	Sample Sizes
Open Child Service	10	9
Closed Child Service	10	10
Open and Closed Resource	8	8
Open Family Service	12	11
Closed Family Service	0	-
Closed Service Requests	5	5
Closed Memos	19	16
Closed Incidents	21	17

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

1. Open Child Service (CS): CS records open in the agency's offices on July 31, 2022, and had been open (continuously) at the agency for at least six months with legal category Voluntary Care Agreement, Special Needs Agreement, Removed Child, Interim Care Order, Temporary Care Order, Continuing Custody Order (CCO), or Out of Province.

2. Closed Child Service: CS records that were closed in ICM between February 1, 2020, and July 31, 2022, and managed by the office for at least six months (continuously) with the following legal categories Voluntary Care Agreement, Special Needs Agreement, Removal of Child, Interim Care Order, Temporary Care Order, CCO, or Out of Province.
3. Open and Closed Resource: Resource records in ICM that were managed by the agency that had children or youth in their care for at least three months (continuously) between February 1, 2019, and July 31, 2022. Children or youth in care records had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level 1 Care, Level 2 Care, Level 3 Care, and First Nations Foster Home.
4. Open Family Service: Family service records open in ICM on July 31, 2022, and managed by this office for at least six months (continuously), with a service basis listed as protection.
5. Closed Family Service: Family service records closed in ICM between August 1, 2021, and July 31, 2022, and managed by this office for at least six months (continuously), with a service basis listed as protection.
6. Closed Service Requests: Service Requests closed in ICM by the agency between August 1, 2021, and July 31, 2022, where the type was request service CFS, request service Child and Family Support Assessment Planning and Practice Framework, request for family support, or youth services.
7. Closed Memos: Memos closed in ICM by the agency between August 1, 2021, and July 31, 2022, where the type was "screening" and with the resolution of "no further action".
8. Closed Incidents: Incidents that were closed by the agency between August 1, 2021, and July 31, 2022, where the type was FDR or investigation.