




Ministry of
Children and Family
Development



KTUNAXA KINBASKET CHILD & FAMILY SERVICE SOCIETY PRACTICE AUDIT REPORT

Completed: November 2024

Office of the Provincial Director and Aboriginal Services
Quality Assurance Branch



The quality assurance branch respectfully acknowledges that our work was conducted, in part, on the lands of the Ktunaxa. We honor and recognize the Ktunaxa Peoples, their Elders, both past and present, and their deep and ongoing connection to these lands.

We also extend our gratitude to the numerous First Nations throughout British Columbia whose lands we have been privileged to work on, acknowledging their stewardship and the care they have provided to these lands for generations.



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Ktunaxa Kinbasket
Child & Family
Service Society

KTUNAXA KINBASKET CHILD & FAMILY SERVICE SOCIETY (KKCFSS) PRACTICE AUDIT

AT A GLANCE

WHAT WE MEASURED:

FAMILY
SERVICES

CHILD
SERVICES

KINSHIP

OVERALL STRENGTHS:

- ❖ Improvement in Family Services work.
- ❖ Work environment that supports wellness and a sense of family.
- ❖ A holistic, strength based, and person-centered approach to practice.

OVERALL OPPORTUNITIES FOR GROWTH:

- ❖ Improvement in documentation.
- ❖ Collaboration with Indigenous communities.
- ❖ Open communication between management and staff.



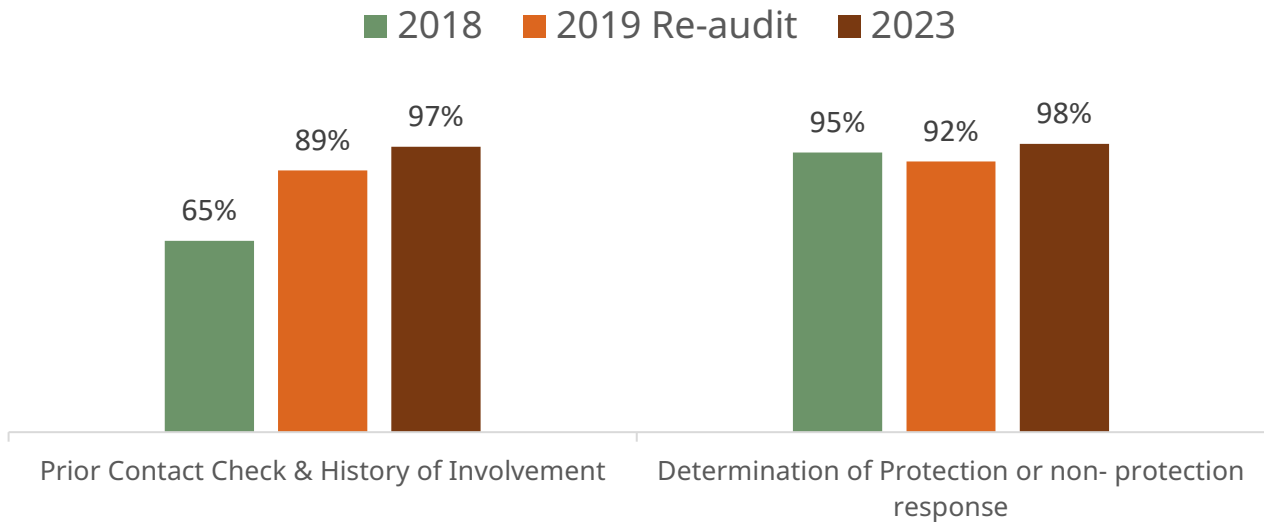
Ktunaxa Kinbasket Child & Family Service Society (KKCFSS) supports all Aboriginal children and family living in the Ktunaxa Traditional Territory in a culturally relevant manner. We believe in a holistic approach and offer a range of variety of services to children and families in our communities



KKCFSS uses the Signs of Safety approach examine risk while encompassing the family and individual strengths, periods of safety and good care that can be built upon to stabilize and strengthen a child's and family's situation ([Website](#)).

HIGHLIGHTS:

FAMILY SERVICES



- ❖ 80% of the records reviewed included the parent(s) language within the documentation of the interview.
- ❖ The parent's voice and/or words were included in the 75% the Child and Family Assessments (CFA).

ACTIONS TO DATE:

- ❖ ICM Training for staff.
- ❖ Completion of outstanding care plans.
- ❖ Creation of a tracking process for resource file tasks.
- ❖ Creation of checklists to enhance procedural understanding in key areas such as the domestic violence protocol.

ACTION PLAN:

- ❖ In service training opportunities provided to staff to support learning and development in components within Family Service and Guardianship.
- ❖ Enhanced internal documentation procedures.

Background and Purpose

The Ministry of Children and Family Development (MCFD) completes practice audits to support continuous improvements 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/or practice standards.

This audit assessed the delegated family service, guardianship and resource services provided by [Ktunaxa Kinbasket Child & Family Service Society \(KKCFSS\)](#) from August 1, 2022, to July 31, 2023, measuring compliance with the [Aboriginal Operational and Practice Standards and Indicators](#) (2009).

It is KKCFSS's sixth full audit. See [Appendix A](#) for more detailed information on delegation.

KKCFSS has been exempt from using the Structured Decision Making (SDM) tools since 2012 and instead uses its internally developed Case Management Model (CMM) with the Signs of Safety (SOS) framework for child protection. In 2018, the exemption was made permanent. See [Appendix B](#) for more detailed information on SOS.

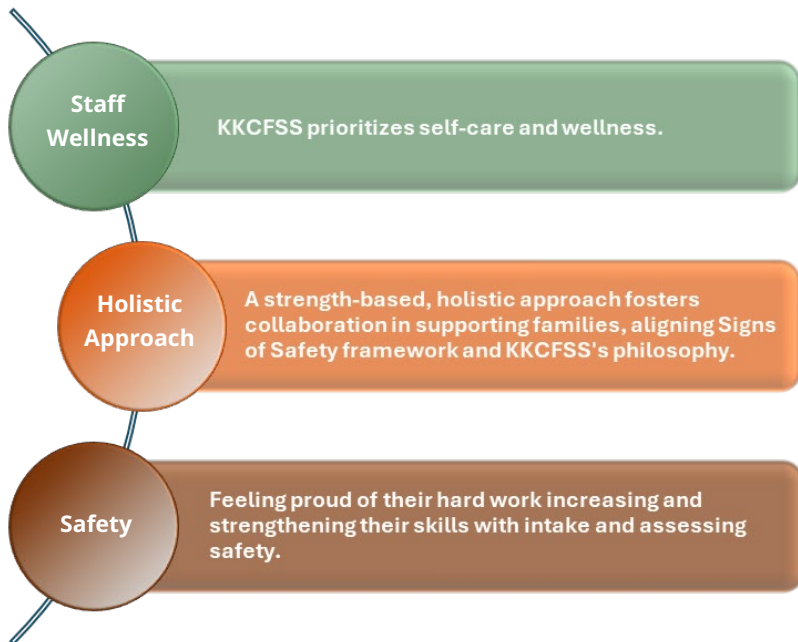
The last full audit took place in June 2018, with a re-audit of family services completed in June 2019.

KKCFSS is a non-profit ICFSA serving Ktunaxa, First Nations, Métis, and Inuit Peoples living within the ʔamakʔis Ktunaxa (land of the Ktunaxa), including [ʔakisǰnuk First Nation](#) (Windermere, BC), [ʔaǰam](#) and ʔa-kiskaqʔit (Cranbrook, BC), [yaqan nuʔkiy](#) – Lower Kootenay Indian Band (Creston, BC), Yaǰit ʔa-knuqʔit–Tobacco Plains Indian Band (Grasmere, BC), and kyaknuqʔit – Shuswap Indian Band (Invermere, BC). See [Appendix C](#) for more detailed information on community demographics and organizational structure.

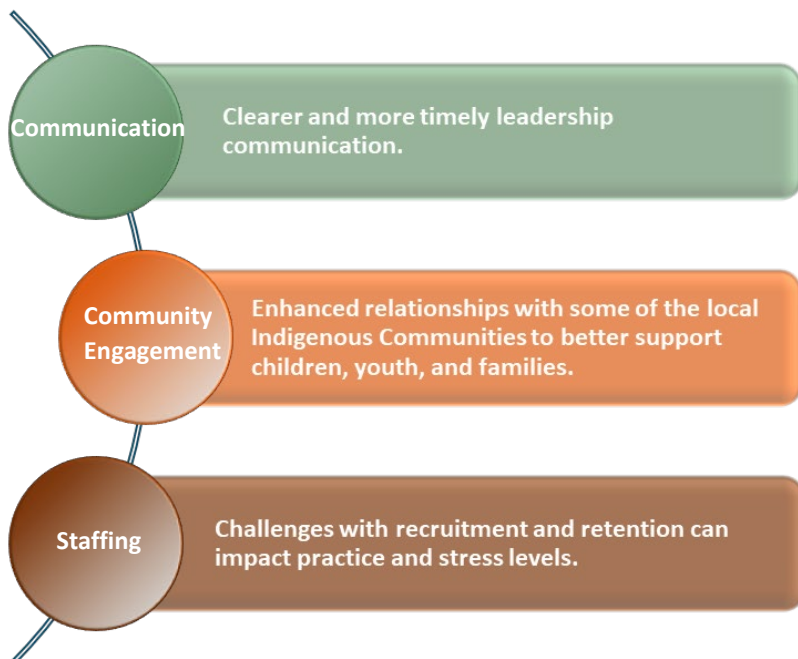
Staff Perspectives

During the audit process, 34 staff were invited to share their perspectives about what was working well and where they saw growth opportunities within their agency. Eleven staff members participated, which included leadership, social workers, kinship workers and support workers. To honour their voice, this report includes a summary of their perspectives. See [Appendix D](#) for more detailed information.

Strengths



Growth Opportunities



Guardianship Services Audit Results

The audit examined the work completed by staff in the guardianship and family service programs over a three-year period. The sample included 45 records, each associated to a child or youth in care, though not all 23 audit measures applied to every record. See [Appendix E](#) for more detailed methodology.

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

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

Strengths and Growth Opportunities

Strengths

- Maintaining the child or youth's identity.
- Providing culturally relevant services.
- Supporting and maintaining family relationships.
- Addressing health and medical needs.
- Planning for Independence.
- Transferring continuing care order (CCO) record.
- Involving the Public Guardian and Trustee.

Growth Opportunities

- Completing and documenting private visits with children and youth every 30 days.
- Providing caregivers with information on discipline and child-specific planning.
- Strengthen CS documentation practices.
- Interviewing children and youth about their care experiences.

Highlights

Connection to community and culture: staff consulted with the child or youth's community about a living arrangement, promoted family and community relationships, and encouraged and provided opportunities for the child or youth to participate in cultural events.

Planning for moves: the child or youth's safety, views, best interest, and needs were considered in placement changes. The child or youth was prepared and supported with their move.

Preparing for Independence: youth were supported in developing their self-care, life skills, and a plan to live independently. Relevant family members and service providers were involved in planning.

Findings and Analysis

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

The compliance rate for this standard was **87%**, with 39 of 45 records rated achieved. Of the 6 records rated not achieved:

- All were missing identification of the child or youth's community or demonstrated efforts to do so.
- 4 reflected the child or youth was not registered, and efforts to do so were not documented.
- 5 did not place children with extended family or community and had no cultural plan.
- 2 did not reflect access to culturally appropriate resources.

The total exceeds 6 due to combinations of these issues in 5 records.

St. 2: Development of a Comprehensive Plan of Care

This standard applied to 16 records. The compliance rate for initial care plans was **6%**; 1 record contained an initial care plan completed.

The compliance rate for care plans completed within 6 months of admission was **19%**; 3 records had a plan of care documented within 6 months of admission to care.

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

This standard applied to 36 records. The compliance rate was **42%** in 2023, **50%** in 2022, **67%** in 2021, and **50%** in 2020.

Of the 25 records rated not achieved across all the years, 18 contained care plans. They were not completed annually and 7 had no care plans. Eleven records had care plans due for 2023. KKCFSS addressed those outstanding and developed actions to remain consistent in care planning moving forward.



KKCFSS already made improvements in some of these areas and developed an action plan to address the others. See the Actions to Date and Action Plan section for details.

St. 4: Supervisory Approval Required for Guardianship Services

Supervisory approval practice was strong in most key areas, with 35 of 45 records rated achieved. Those not achieved were missing supervisory sign off on care plans only and had strong documentation of consultation in all other areas.

St. 5: Rights of Children and Youth in Care

The compliance rate was **50%** in 2023, **49%** in 2022, **57%** in 2021, and **89%** in 2020. The standard was applied to 45 records across all years, with 13 achieved.

Of the 32 not achieved, 18 were reviewed within the audit timeframe but not annually, and 13 required the annual review of rights for 2022/2023.



No instances were found where the child or youth's rights were not respected.

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

The compliance rate was **93%**, with 42 of 45 records rated achieved.

Of the 3 not achieved, efforts to place the child in an out of home living arrangement in accordance with section 71 of the *Child, Family and Community Service Act (CFCSA)* were not found.

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

The compliance rate was **96%**, with 43 of 45 records rated achieved and 2 not achieved.

St. 8: Social Worker's Relationship and Contact with the Child or Youth

In total, the policy required 1200 private visits across the 45 records. Of these, 798 visits were made within the required 30-day timeframe, achieving a compliance rate of **67%**. The time between visits ranged from 5 to 396 days. In 9 records, all visits were within 30 days, while 36 records had visits that did not occur every 30 days.



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

St. 9a: Providing the Caregiver with Information

The compliance rate was **87%**, with 39 of 45 records rated achieved.

Of 6 records rated not achieved there was no documentation confirming that the caregivers received information about the child or youth at the time of placement.

St. 9b: Reviewing the Appropriate Discipline Standards

The compliance rate was **4%**, with 2 of 45 records rated achieved.

Of the 43 records rated not achieved, 37 did not confirm a caregiver review of the discipline standards and 6 did not confirm this review at time of placement.

Twenty-seven of these records are open and still require documentation confirming caregiver review of discipline standards for 2022/2023.

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

The compliance rate was **91%**, with 41 of 45 records rated achieved.

Of the 4 records rated not achieved, there was no documentation of a medical exam upon entering care.

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

The standard applied to 11 records. The compliance rate was **91%**, with 10 rated achieved.

The 1 record rated not achieved did not document whether the child or youth was provided with an explanation for the move.

St. 12: Reportable Circumstances

This standard applied to 12 records.

The compliance rate for submitting the reportable was **100%**.

The compliance rate for submitting information to the Director within 24 hours was **67%**, with 8 of 12 records achieved and 4 not. Submission times ranged from 5 to 43 days.

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

This standard applied to 2 records, with a **100%** compliance rate.

St. 14: Case Documentation

The requirement for opening recordings applied to 9 records. The compliance rating was **29%**, with 2 records rated achieved and 7 not achieved.

The requirement for review recordings applied to 45 records. The compliance rating was **9%**, with 4 records rated achieved. Of the 41 records rated not achieved:

- 40 did not contain review recordings or care plan reviews.
- 1 contained review recordings or care plan reviews but they were not completed every 6 months.

The total exceeds 41 due to combinations of these issues in 5 records.



KKCFSS offered training and enhanced internal documentation procedures to prioritize improvements in some of these areas. See Actions to Date section for further details.

St. 15: Transferring Continuing Care Records

The standard applied to 25 records. The compliance rate was **96%** compliance rate, with 24 rated achieved. The 1 record rated not achieved did not have a transfer recording documented.

St. 16: Closing Continuing Care Records

The standard applied to 9 records, with a **100%** compliance rate.

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

The standard applied to 1 record, with a **100%** compliance rate.

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 standard applied to 13 records. The compliance rate was **8%**, with 1 rated achieved.

Of the 12 records rated not achieved, all lacked documentation that interviews were conducted with the children and youth after placement changes.

St. 20: Preparation for Independence

The standard applied to 17 records, with a **100%** compliance rate.

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

The standard applied to 27 records. The compliance rate was **93%**, with 25 rated achieved.

The 2 records rated not achieved did not contain documentation confirming the PGT was notified when a CCO was made.

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

The standard applied to 4 records, with a **100%** compliance rate.

St. 23: Quality of Care Review

The standard applied to 2 records, with a **100%** compliance rate.

St. 24: Guardianship Agency Protocols

The standard applied to all 45 records, with a **100%** compliance rate.

Additional Information

At the request of KKCFS, records were reviewed for the use of Words and Pictures as part of the SOS approach to help children understand key information. Of the 28 open child service records, 7 included Words and Pictures throughout the audit period, while none of the 16 closed records contained them.

Kinship Care Audit Results

KKCFS refers to resource work, including care outside of kinship arrangements, as “Kinship Care.” The audit covers KKCFS’s kinship care program over 3 years, with 26 records in the sample. Not all 9 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



KKCFSS showed great strength with home studies. The studies were thorough, well-written and identified the strengths of the caregivers and their suitability for fostering.

Highlights

Strong supervisory involvement, including consultations, approvals, exceptions to practice, and mitigation of concerns found throughout the records.

Caregivers were offered and took a significant amount of training, with compliance rising from **85%** in the 2018 audit to **96%** in the current audit.

Opportunities for Growth: Monitoring and reviewing family care homes

Findings and Analysis

St. 28: Supervisory Approval for Family Care Home Services

The compliance rate was **100%**, with strong supervisory consultation in key areas across all 26 records.

St. 29: Family Care Homes – Application and Orientation

The compliance rate was **85%**, with 22 of 26 records rated achieved.

Of the 4 records rated not achieved, 3 open records did not have completed criminal record checks, and 1 did not contain the required number of reference checks.

St. 30: Home Study

The standard applied to 9 records, with a **100%** compliance rate.

St. 31: Training of Caregivers

The compliance rate was **96%**, with 25 of the 26 records rated achieved.

The 1 record rated not achieved did not document offered training or identified training needs.

St. 32: Signed Agreement with Caregiver

The compliance rate was **79%** in 2023, **94%** in 2022, **95%** in 2021 and **94%** in 2020. Twenty-two of 26 records across the years were rated achieved and 4 not achieved.

KKCFSS had a high compliance in this area, with most family care home agreements completed consecutively.

Three had gaps in the agreements, 1 had no family care home agreement, and 1 open record required a current signed family care home agreement.

The total exceeds 4 as records missed more than one agreement over multiple years.

St. 33a: Monitoring the Family Care Home

The standard applied to 26 records. In 4 records, visits occurred as outlined in the standard, and the 22 records all had visits documented, but these did not occur every 90 days.

Policy required a total of 187 visits to the family care home among the 26 records reviewed. Visits occurred within the 90-day timeframe occurred 112 times, resulting in **60%** compliance.

Of the 22 records rated not achieved:

- 16 had home visits, but not every 90 days.
- 4 had annual reviews, but not for each year.
- 2 had no annual reviews.

St. 33b: Reviewing the Family Care Home

The compliance rate was **83%** in 2023, **59%** in 2022, **94%** in 2021, and **90%** in 2020. The standard was applied to all 26 records.

Of the 4 records rated not achieved, 2 had reviews, but not annually, and 2 had no annual reviews. Of the 2 records that did not contain any of the required annual reviews, both were open, and both required current annual reviews. The practice analyst notified the quality assurance advisor who informed us that 1 record was on hold and the other was in the process of being completed.



KKCFSS created a spreadsheet to track resource files tasks, including annual reports, caregiver signatures and 90-day visits. See Actions to Date section for further details.

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

The standard applied to 2 records, with a **100%** compliance rate.

St. 35: Quality of Care Review

The standard applied to 2 records, with a **100%** compliance rate.

St. 36: Closure of the Family Care Home

The standard applied to 14 records. The compliance rate was **93%**, with 13 rated achieved.

The 1 record not achieved did not contain written notice to the caregiver.

Family Services and Child Safety Audit Results

The audit covers 3 years of work in the agency’s family service program. The sample included 129 records for measures related to closed memos and service requests and 53 records for measures related to open and closed family service records. 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 H](#) for specific requirements.

Strengths and Growth Opportunities

Strengths

- Documentation of report details.
- Thorough PCCs and detailed record reviews.
- Improvement with CFCSA section 16 assessments.
- Determining the protection and priority response.
- Assessing Safety through the 24-Hour Review.
- Making a decision that is consistent with the 24-Hour review.
- Determining the need for ongoing protection services.
- Documenting the parent voice.

Growth Opportunities

- Completing and documenting private visits with children and youth every 30 days.
- Providing caregivers with information on discipline and child-specific planning.
- Strengthen CS documentation practices.
- Interviewing children and youth about their care experiences.

Highlights

KKCFSS worked hard to increase their skills and abilities in intake and assessment practice, rising from **71%** compliance in 2019 to **87%** in this audit.

PCCs and DRRs were well documented, detailing the history of involvement.

Assessing safety through the 24-Hour Review (FS 12) and making decisions aligned with its findings (FS 13) rose from **73%** and **76%** compliance in 2019 to **90%** and **94%** in this audit.

Findings and Analysis

Family Service (FS.) 1: Receiving the Request/Report

The standard applied to 129 records, with a compliance rate of **100%**.

KKCFSS uses a screening map as a supplement tool for completing an intake and this must be completed to receive an achieved rating.

FS. 2: Conducting a Prior Contact Check (PCC) and History of Involvement

This standard applied to 129 records. The compliance rate was **97%**, with 125 records rated achieved.

Of the 4 records rated not achieved, they did not have an initial record review (IRR)/PCC completed within 24 hours, with completion times ranging from 2 to 24 days.

FS. 3: Completing the Section 16 Assessment

This standard applied to 129 records. The compliance rate was **90%**, with 116 records rated achieved.

Of the 13 records rated not achieved, 6 had a team leader consultation but not within 24 hours, 2 had no CFCSA section 16 assessment, 6 had a section 16 assessment but not completed within 24 hours. The range of time it took ranged from 1 to 24 days.

The total adds to more than the number of records rated not achieved because 1 record had a combination of the above noted reasons.

FS. 4: Determining Whether the Report Requires a Protection or Non-Protection Response

This standard applied to 129 records. The compliance rate was **98%**, with 127 records rated achieved.

The 2 records rated not achieved did not have a CFCSA section 16 assessment completed, therefore no response decision was documented.

FS. 5: Determining Priority of Response

This standard applied to 52 records, with a **100%** compliance rate.

In 40 records, the family were seen within the response priority timeframe. In the 12 records not seen on time, it took KKCFSS an average 16 days.

FS. 6: Notification of the Indigenous Community of Agency Involvement

Of the 52 records this standard applied to:

The social worker confirmed the Indigenous identity, contacted the Indigenous Community, and involved the Indigenous Community in the planning and delivery of services **62%** of the time (32 records), with a breakdown of:

- **85%** records confirmed that the Indigenous community was notified.
- **77%** records confirmed that the Indigenous community was notified and there were efforts to obtain input from the Indigenous community.

FS. 7: Conducting a Detailed Record Review

This standard applied to 52 records, with a **100%** compliance rate.



KKCFSS excels in this area of practice, with thorough and consistent completion of all DRR's reviewed.

FS. 8: Collaterals

This standard applied to 52 records. The compliance rate was **88%**, with 46 rated achieved.

The 6 records rated not achieved did not document completion of collateral checks.

FS. 9: Interviewing the Child(ren) or Youth

This standard applied to 52 records. The compliance rate was **85%**, with 44 rated achieved.

Of the 8 not achieved, 5 completed some interviews but not all, 1 did not complete child or youth interviews, 1 completed interviews that were not done in private and/or face-to-face, and 1 did not conduct separate interviews.

FS. 10: Interviewing the Parent(s)

This standard applied to 52 records. The compliance rate was **73%**, with 38 records rated achieved and 14 not achieved.

In the 52 records, **75%** included the parent's language in the documentation of the interview. Additionally, in **71%** of the records the parent's voice and/or words were included within the Child and Family Assessment (CFA).

Of the 14 records rated not achieved:

- 4 did not document interviews.
- 1 did not document interviews with others in the home.
- 3 completed an interview but not in person.
- 1 completed an interview but not in private.
- 5 completed an interview with one parent only.

FS. 11: Viewing the Residence of the Child(ren) or Youth

This standard applied to 52 records. The compliance rate was **73%**, with 38 records rated achieved.

The 14 records rated not achieved did not document the social worker visited the family home.

FS. 12: Assessing the Safety of the Child(ren) or Youth

This standard applied to 52 records. The compliance rate was **90%**, with 47 records rated achieved.

The 5 records rated not achieved contained an incomplete CFA.

The audit also assessed whether the safety assessment process was conducted during the first significant contact with the family. Of the 47 records that were correctly deemed to require protection responses, 41 documented safety assessments completed during the first significant contact with the families resulting in **87%** compliance.

Of the 44 records where the 24-hour Review was completed, 40 were completed within 24 hours of the safety assessment processes resulting in **91%** compliance.

Of the 9 records where the CFA was not completed within 24 hours, 6 records took on average 11 days to complete, 1 record had no CFA on the record, 1 record had no team leader signature or rationale, and 1 had no date.

FS. 13: Making a Safety Decision Consistent with the Safety Assessment

This standard applied to 52 records. The compliance rate was **94%**, with 49 records rated achieved.

The 3 records rated not achieved did not contain a 24-hour Review.

FS. 14: Following Domestic Violence Protocol

This standard applied to 18 records. The compliance rate was **44%**, with 8 records rated achieved.

Of the 10 records rated not achieved:

- 9 had domestic violence factor(s) present but the protocol was not followed.
- 1 did not have a required safety plan.



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

FS. 15: Final Child and Family Assessment

This standard applied to 52 records. The compliance rate was **85%**, with 43 records rated achieved.

Of the 9 records rated not achieved:

- 4 had substantiated CFCSA section 13 concerns but no CFA.
- 5 had substantiated CFCSA section 13 concerns but incomplete CFA's.

FS. 16: Determining Need for Ongoing Protection Services

This standard applied to 52 records. The compliance rate was **98%**, with 51 records rated achieved.

In the 1 record rated not achieved, the decision regarding the need for Family Development Response (FDR) protection services or ongoing protection services had an unclear rationale through scaling or incomplete scaling and had no team leader consult documentation.

FS. 17: Timeframe for Completing the FDR Assessment or Investigation

This standard applied to 52 records. The compliance rate was **85%**, with 44 records rated achieved.

In the 8 records rated not achieved, FDR assessments or investigations were not completed within 30 days, taking an average of 52 days to complete.

FS. 18: Developing Family Plan

This standard applied to 53 records. The compliance rate was **42%**, with 22 records rated achieved.

Of the 31 records rated not achieved:

- 30 did not contain family plans, network meetings, or equivalent.
- 1 had an incomplete family plan, network meeting, or equivalent on the record.

FS. 19: Family Plan Sign Off

Of the 22 records this standard applied to:

The social worker confirmed the family plan, network meeting, or equivalent included signatures of the network participants, and team leader feedback and signature on the form **50%** of the time (11 records), with a breakdown of:

- **0%** of records confirmed signatures of network participants.
- **55%** of records confirmed team leader signature.
- **91%** of records confirmed feedback provided by team leader.

FS. 20: Timeframe for Completing Family Plan

This standard applied to 53 records. The compliance rate was **39%**, with 15 rated achieved and 38 not achieved.

Of the 38 records rated not achieved:

- 30 did not contain a family plan or equivalent.
- 4 did not contain a family plan or equivalent that was developed within 30 days of opening ongoing services.
- 4 did not have a family plan or equivalent reviewed every 6 months.

FS. 21: Developing Reunification Timeline

This standard applied to 33 records. The compliance rate was **18%**, with 6 records rated achieved. The 27 records rated not achieved did not contain a reunification timeline.

FS. 22: Timeframe for Developing Reunification Timeline

This standard applied to 32 records. The compliance rate was **14%**, with 4 rated achieved and 28 not achieved.

Of the 32 records this measure applied to:

- **22%** had a reunification timeline.
- **11%** had a reunification timeline without reviews every 6 months.

FS. 23: Making the Decision to End Ongoing Protection Services

This standard applied to 22 records. The compliance rate was **82%**, with 18 records rated achieved.

Of the 4 records rated not achieved:

- 2 did not contain a closing recording.
- 2 did not have a supervisor's signature on the closing recording.

Additional Information

At the request of KKCFSS, records were reviewed to determine if staff included the parent's language in interview documentation and the parent's voice or words in the CFA. This was found in **80%** and **75%** of the records, respectively.

Actions Completed to Date

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

- The KKCFSS quality assurance advisor created new checklists/guides with flow charts for all program areas to enhance procedural understanding, distributing the intake and assessment guide to team leaders on March 6, 2024, and the kinship and child services checklists/guides on March 28th, 2024.
- On March 5th, 2024, the KKCFSS quality assurance advisor met with the Aq'am team leader to provide the intake and assessment checklist/guide and discuss Indigenous community involvement in planning per Policy 1.1, and Policy 1.2, and the Domestic Violence Protocol.
- The kinship team leader created a spreadsheet to track resource files tasks, including annual reports, caregiver signatures and 90-day visits.
- On May 10, 2024, the KKCFSS quality assurance advisor confirmed that **40%** of outstanding care plans were completed and outlined a plan to finish the remaining by June 30, 2024, except for four care plans with extenuating circumstances. KKCFSS committed to completing these and providing additional training to increase future compliance.
- As part of a provincial initiative to increase contact with children and youth in care, the MCFD Child Safety Oversight & Practice Development (CSOPD) team launched an ICM tracking applet for visitation. This new applet supports staff and leadership to better document and track their visits with children and youth. Integrated Case Management (ICM) training took place from March 5-7, 2024, for the guardianship team and young adult services team to introduce the CYIC Check-in/Visit Applet.

Action Plan

Action	Persons Responsible	Expected Date of Completion
<p><u>FAMILY SERVICE</u> FS 6: Notification of the Indigenous Community of Agency Involvement</p> <p>1. The KKCFSS quality assurance advisor and child protection team leaders will review the process of notifying Indigenous communities, including Policy 1.1, and Policy 1.2, and implementing the checklists, as described in Actions Completed to Date.</p> <p>The review date, participants, and documented plan will be emailed to the quality assurance manager.</p>	Quality Assurance Advisor	January 30, 2025
<p>FS 14: Following Domestic Violence Protocol</p> <p>2. The KKCFSS quality assurance advisor and child protection team leaders will meet to discuss the Domestic Violence Protocol and review the documentation process.</p> <p>The meeting date, participants, and documented plan will be emailed to the quality assurance manager.</p>	Quality Assurance Advisor and Team Leaders	January 30, 2025
<p><u>CHILD SERVICE</u> St. 3: Monitoring and Reviewing the Child/Youth's Comprehensive Plan of Care St. 5: Rights of Children in Care St. 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards</p> <p>3. The KKCFSS quality assurance advisor and team leaders will complete all outstanding care plans identified through this audit by June 30, 2024.</p> <p>The guardianship team leader will collaborate with their Aboriginal Services practice analyst to provide in-house training to guardianship workers on standards specific to the child/youth's plan of care, CFCSA section 70 rights, and the discipline policy.</p> <p>The meeting date, participants, and list of policy and procedures reviewed will be emailed to the quality assurance manager.</p>	Quality Assurance Advisor Guardianship Team Leader Aboriginal Services Practice Analyst	January 30, 2025

Appendix A

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.

KKCFSS operates under C6 delegation, enabling them to deliver full child protection services. KKCFSS offers integrated, multi-disciplinary teams that deliver holistic services through the following key programs areas:

- Intake and Child Protection
- Guardianship and Family Delegated Services
- Kinship and Residential Care
- Indigenous Family Support Services
- Prevention, Early Intervention and Therapies
- CYMH Wellness and Family Counselors
- Early Years Program
- Reconnection and Cultural Support
- Justice Support Services
- Indigenous Youth Services
- Administrative Support Services and Maintenance

KKCFSS became delegated to provide voluntary services in 2002 and C4 guardianship services in 2003. In 2005, the ʔaąam (Cranbrook) office began delivering delegated C6 child protection services, followed by the Lower Kootenay (Creston) office in 2006, and the ʔakisq̓nuk (Windermere) office in 2007, serving the ʔakisq̓nuk First Nation and Shuswap Indian Band.

In 2012, the ʔaąam office expanded to provide C6 services in Tobacco Plains (Grasmere). The agency operates under a delegated services agreement from April 1st, 2023, to March 31st, 2026.

B. Signs of Safety (SOS)

A key theme in the audit is the central role of SOS in KKCFSS's work with families, reflected in high compliance during intake and assessment. Assessing and planning in SOS examines what the worry is, what is working well, and what needs to happen. Past harm, injury, or abuse towards the child is considered when assessing worry. A danger statement is created that encompasses what is believed to likely happen if there is not change and complicating factors are considered.

Consistent with a strength-based approach, assessing what is already working well is considered. Together, the existing strengths such as the people, plan, and action that contribute to the child or youth wellbeing and how to ensure safety when danger is present is reviewed.

Existing safety is considered by analyzing actions already taken by parents or caregiver to ensure the child or youth are safety when danger is present.

SOS explores what needs to happen by coming together and collaborating to create safety goals that the agency will need to see to be satisfied that the child will be safe. Steps are outlined that act as a map to build future safety.

This framework aligns with KKCFSS's philosophy, where their approach to practice can be seen through the analogy of the growth of a tree. Values and principles (including SOS) are the roots of the tree, which are far reaching and create a stable foundation. The approach of asking questions first and using the family's strengths as the sturdy trunk of the tree. The tools that are used act as the branches and through them comes the practice approach that respects the sacredness of relationships between children, their families, their communities, and their Nations and culture above all else.

C. Demographics and Organizational Structure

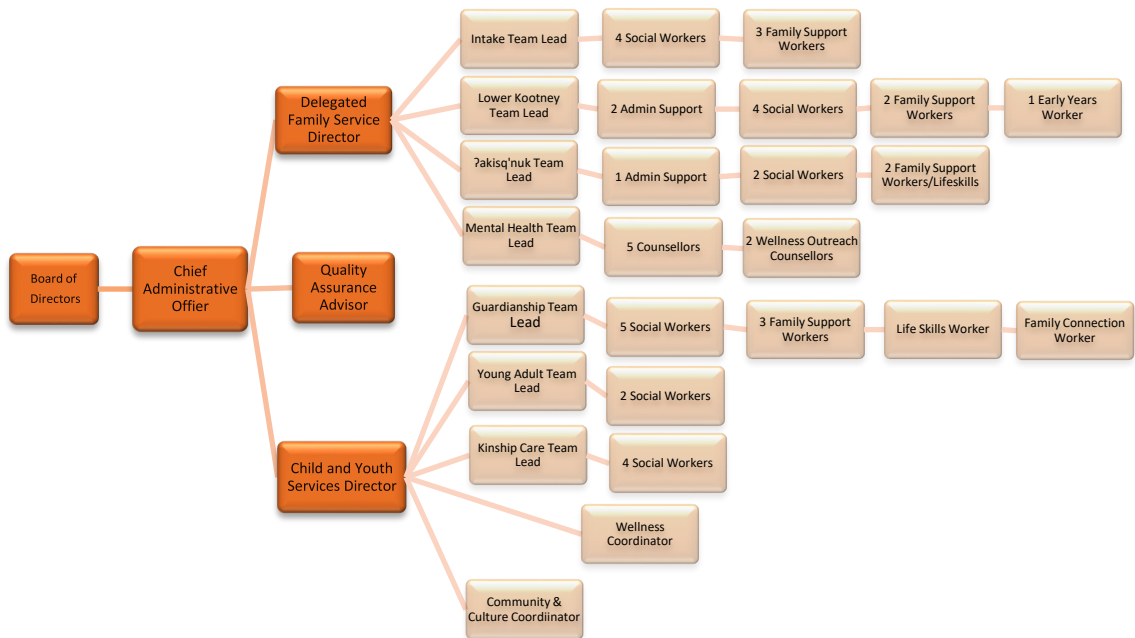
Ktunaxa territory (known as Qat'muk) spans approximately 70,000 km² across the Kootenay and Columbia Rivers, Arrow Lakes and historically, parts of Alberta, Montana, Washington, and Idaho.

KKCFSS provides service to the ʔakisq̓nuk First Nation (Windermere, BC), ʔaḡam, ʔa-kisk̓aq̓iʔit (Cranbrook, BC), Yaḡan Nuʔkiy – Lower Kootenay Indian Band (Creston, BC), ʔakink̓umḡasnuḡiʔi–Tobacco Plains Indian Band (Grasmere, BC), Kyaknuḡiʔit – Shuswap Indian Band (Invermere, BC), and Métis children and families. There are two

additional communities in the Ktunaxa territory that are located in the United States: the Confederated Salish Kootenai (near Elmo, Montana) and Kootenay Tribe of Idaho (at Bonner’s Ferry).

Services are provided at five KKCFSS locations in ʔakisq̓nuk First Nation, ʔaq̓am, Yaqan Nuʔkiy Lower Kootenay Indian Band, ʔakin̓kum̓ʔasnuq̓ʔit – Tobacco Plains Indian Band and ʔa·kiskaq̓ʔit – Cranbrook (Chief Joseph Centre).

KKCFSS ORGANIZATIONAL CHART



Staff Complement and Work Environment

Since the last audit in 2018, the agency has experienced tremendous growth. In addition to the social work and social work support staff, the agency includes the following roles/employees:

- Administrative and office support
- Maintenance
- Finance and accounting
- Human resources
- Communications and proposal and report writers
- Information technology
- Clinical operations
- Peer support
- Ktunaxa house team leader
- Youth care workers
- Early years staff
- Family enhancement staff

The audit highlighted the exceptional work of family support, life skills, and prevention staff in supporting children, youth, and families with supervised access, cooking skills, parenting support, budgeting, culture, and self-care.

KKCFSS is leading the creation and operation of [Foundry East Kootenay](#), a mental health community hub offering early intervention, mental health and substance use services, peer support, primary care, and social services to youth in Cranbrook and the surrounding area. The project, opening in 2024, is currently staffed by a clinical operations manager and a peer support worker.

KKCFSS offers various learning opportunities, and the staff appreciate the opportunities to improve service and practice to deliver the best possible service to children, youth, and families. Each employee receives funding for professional development to meet their own learning needs and goals. Annual training and professional development opportunities, including conferences and additional SOS training, are available. KKCFSS leadership regularly shares learning opportunities to canvass interest.

Supervision and Consultation

Delegated and support staff report accessible, supportive supervision and consultation, with some having regular tracking meetings or scheduled open-door clinical supervision, while others seek supervision when needed.

Consultations are easily accessible via in person meetings, phone, text and emails, and group supervision is occasionally used for a collaborative, holistic approach to consultation. Team leaders meet monthly.

D. What We Heard

Thirty-two percent of KKCFSS staff participated in interviews, sharing insights on strengths and growth opportunities within the agency. They identified the following key strengths:

- **Supportive and positive work environment:** Staff describe KKCFSS as a supportive, family friendly workplace with strong teamwork. Benefits are well-received, offering a good work life balance, flexible hours, and good opportunity for growth. Many staff praised the work of support staff across various areas.
- **Holistic Safety:** KKCFSS uses SOS to assess risk and determine how to support families. This work is strength based and collaborative. Staff describe this model as one that fosters creativity in supporting families by leveraging their strengths and honoring their culture and traditions. Families play a central role in the assessment and decision-making process when working with KKCFSS.
- **Intake and Assessment Work:** Staff report that they feel extremely proud in how hard they have worked to increase their skills and ability in assessing new child protection reports, creating safety within a family, and keeping the children, youth, and families at the center of their work.

Growth opportunities identified include:

- **Communication:** Staff report a desire for improved communication from management, seeking greater clarity and a better understanding of roles and responsibilities.
- **Community Engagement:** Many staff highlighted the opportunity to strengthen relationships with the communities they support. Some noted challenges in engaging with communities where the Chief and Council may not fully understand or support the role of KKCFSS or the programs offered.
- **Staffing Complement:** Staff noted high caseloads can sometimes challenge the ability to consistently meet standards and complete tasks. The agency faces challenges in recruiting and retaining staff, particularly in outlying/rural communities, which can contribute to increased stress in the workplace.

E. Methodology

This audit assessed the delegated family service, guardianship and resource services provided by [Ktunaxa Kinbasket Child & Family Service Society \(KKCFSS\)](#) from August 1, 2022, to July 31, 2023, measuring compliance with the [Aboriginal Operational and Practice Standards and Indicators](#) (2009).

KKCFSS has been exempt from using the Structured Decision Making (SDM) tools since 2012 and instead uses its internally developed Case Management Model (CMM) with the Signs of Safety (SOS) framework for child protection. In 2018, the exemption was made permanent. See [Appendix B](#) for more detailed information on SOS.

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

The population and sample sizes for all record types were collected from the ICM database, with a **90%** confidence level and a **+/- 10%** margin of error. However, some standards applied to fewer records, resulting in a lower confidence level and higher margin of error. The sample sizes for each record type are as follows:

Record Types	Populations	Sample Sizes
Open Child Service (CS)	45	28
Closed CS	21	17
Closed service requests	124	44
Closed memos	61	33
Closed incidents	214	52
Resource files	41	26
Open Family Service	55	31
Closed Family Service	31	22

Sample Sizes were randomly drawn from the following populations:

1. **Closed Incidents:** Incidents created on or after November 4, 2014, and closed in ICM between August 1, 2022, and July 31, 2023, with a type of “FDR” (FDR) or “investigation” (INV).
2. **Closed Service Requests:** Service requests closed in ICM between August 1, 2022, and July 31, 2023, with types “request service (CFS)”, “request service (CAPP)”, and “request for family support or youth services.”

3. **Closed Memos:** Memos closed in ICM between August 1, 2022, and July 31, 2023, with a type “screening” and resolution of “No Further Action”, excluding those created in error.
4. **Open CS:** CS records open in ICM on July 31, 2023, and managed by offices IAB, IAC and IAD for at least six continuous months, with legal categories voluntary care agreement (VCA), special needs agreement (SNA), removal, interim order, temporary custody order (TCO) and CCO.
5. **Closed CS:** CS records closed in ICM between February 1, 2021, and July 31, 2023, and managed by offices IAB, IAC and IAD for at least six continuous months, with legal categories VCA, SNA, removal, interim order, TCO and CCO.
6. **Open and closed resource (RE):** RE records in ICM managed by offices IAB, IAC and IAD for at least three continuous months between August 1, 2020, and July 31, 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.
7. **Open family service:** FS records open in ICM on July 31, 2023, and managed by offices IAB, IAC and IAD for at least six continuous months, with a service basis listed as protection.
8. **Closed family service:** FS records closed in ICM between August 1, 2022, and July 31, 2023, and managed by offices IAB, IAC and IAD for at least six continuous months with a service basis listed as protection.

All electronic documentation associated with service requests, memos and incidents were reviewed. All electronic and physical documentation associated with family service records were reviewed.

For the audit of family services, not all record types applied to each measure:

Types of Records	Applicable Critical Measures
Service requests, non-protection intakes, incidents, and protection intakes.	FS 1 – FS 4
Incidents and protection intakes, as well as service requests and non-protection intakes that were coded non protection inconsistent with policy.	FS 1 – FS 17
Open and closed family service cases.	FS 18 – FS 23

Appendix B

Guardianship Services Audit Tool

Guardianship Services (Compliance to AOPSI Practice Standards)		
Standard #	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.

		<ul style="list-style-type: none"> • 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.

		<ul style="list-style-type: none"> • 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.
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.

		<ul style="list-style-type: none"> 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. 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.

Kinship Care Audit Tool

Kinship Care (Compliance to AOPSI Resource Practice Standards)		
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	The record, if it involved a report of abuse and/or neglect of a child or youth in a family care home, confirmed that: <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	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: <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.

Family Services and Child Safety Audit Tool

Family Services and Child Safety (Compliance to Child Protection Response Policies: Chapter 3 and the KKCFSS Case Management Model)		
FS. 1	Receiving the Request/Report	<ul style="list-style-type: none"> • The information gathered from the caller was full, detailed, and sufficient to determine an appropriate pathway. KKCFSS uses a screening map as a supplement tool for completing an intake. The agency requires this to be completed to receive an achieved rating.
FS. 2	Conducting a Prior Contact Check (PCC) and History of Involvement	The record confirmed all the following: <ul style="list-style-type: none"> • The IRR/PCC was conducted from electronic databases within 24 hours of receiving the report. • The IRR/PCC 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.
FS. 3	Completing the Section 16 Assessment	The record confirmed all the following: <ul style="list-style-type: none"> • A Section 16 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. • A Section 16 assessment was complete within the screening map with a team leader (TL) consult or if no screening map, a rationale was found on the Assessment tab within Best Practices.

FS. 4	Determining Whether the Report Requires a Protection or Non-Protection Response	<ul style="list-style-type: none"> The decision to provide a protection or non-protection response was appropriate and consistent with the information gathered.
FS. 5	Determining Priority of Response	<p>There needs to be an appropriate decision that indicates the response priority as indicated below. This decision is found within the Screening Map within the TL comments.</p> <ul style="list-style-type: none"> When the report has been screened-in for requiring a protection response, determine the response priority of either: <ul style="list-style-type: none"> Within 24 hours: the family must be contacted immediately or within 24 hours of receiving the report; or Within five days: the family must be contacted as soon as possible and within five days of receiving the report.
FS. 6	Notification of the Indigenous Community of Agency Involvement	<ul style="list-style-type: none"> The social worker notified the Indigenous community that has a protocol agreement with KKFSS and recorded the efforts to obtain input from the Indigenous community when developing the response plan. If the Indigenous community does not have a protocol agreement with KKFSS, the social worker consulted the supervisor about how to notify the Indigenous community and recorded the efforts to obtain input from the Indigenous community when developing the response plan.
FS. 7	Conducting a Detailed Record Review	<ul style="list-style-type: none"> A detailed history of the family is to be documented in the screening map, in the PCC tab of Best Practices, and/or can be seen within the form of scaling within the record.
FS. 8	Collaterals	<ul style="list-style-type: none"> There was evidence that the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth before completing the protection response. 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/youth and the rationale was appropriate.
FS. 9	Interviewing the Child(ren) or Youth	<ul style="list-style-type: none"> The social worker had a private, face-to-face conversation with every child/youth living in the family home according to their developmental level and sufficient information was documented to assess the safety of the children. The supervisor granted an exception to conducting private, face-to-face conversation with every child/youth living in the family home. The supervisor approved ending the protection response before the social worker had a private, face-to-face conversation with every child/youth living in the family home and the rationale was appropriate.

FS. 10	Interviewing the Parent(s)	<ul style="list-style-type: none"> • The social worker met with or interviewed the parent(s) and other adults living in the home (if applicable) privately and in person and gathered sufficient information about the family to assess the safety and vulnerability of all children/youth living or being cared for in the family home. • The supervisor approved ending the protection response before the social worker met with or interviewed the parents and other adults in the home and the rationale was appropriate.
FS. 11	Viewing the Residence of the Child(ren) or Youth	<ul style="list-style-type: none"> • The social worker visited the family home, or the supervisor approved ending the protection response before the social worker visited the family home and the rationale was appropriate.
FS. 12	Assessing the Safety of the Child(ren) or Youth	<ul style="list-style-type: none"> • The 24-Hour Review within the CFA was completed in its entirety including scaling and signatures. • The social worker consulted with a supervisor. • If concerns about the child/youth's immediate safety were identified and the child/youth was not removed under the CFCSA, a Safety Plan was developed and the Safety Plan was signed by the parents and approved by the supervisor. • The supervisor approved ending the protection response before the safety assessment process was completed and the rationale was appropriate.
FS. 13	Making a Safety Decision Consistent with the Safety Assessment	<ul style="list-style-type: none"> • The safety decision was consistent with the information documented in the 24-Hour Review. • The supervisor approved ending the protection response before the 24-Hour Review was documented and the rationale was appropriate.
FS. 14	Following Domestic Violence Protocol	<ul style="list-style-type: none"> • If there was reason to believe there may have been past police involvement with the family, a check of the Protection Order Registry (POR) was conducted. • The CFA adequately assesses domestic violent risk and protective factors. • If the CFA identifies a rating of "unsafe," a consultation with a manager was conducted. • The Safety Plan includes safety planning with the offending parent. • The offending parent is reunited with the family following an assessment.
FS. 15	Final Child and Family Assessment	<ul style="list-style-type: none"> • The CFA must include scaling and analysis including a danger statement, safety goal, safety scales when section 13 concerns are substantiated. • The CFA must be signed off by the social worker and the TL. • The CFA is completed within 30 days. • The supervisor approved ending the protection response early and the rationale is appropriate and documented.

FS. 16	Determining Need for Ongoing Protection Services	<ul style="list-style-type: none"> • 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. • The supervisor approved ending the protection response before the decision was made regarding the need for FDR protection services. • Ongoing protection services and the rationale was documented and appropriate.
FS. 17	Timeframe for Completing the FDR Assessment or Investigation	<ul style="list-style-type: none"> • The FDR assessment or investigation was completed within 30 days of receiving the report. • The FDR assessment or investigation was completed in accordance with the extended timeframe that had been approved by the supervisor.
FS. 18	Developing Family Plan	<p>The Family Plan, documentation of a Network Meeting, or its equivalent was developed in collaboration with the family. An equivalent to the Family Plan 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 the following key components:</p> <ul style="list-style-type: none"> • 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.
FS. 19	Family Plan Sign Off	<ul style="list-style-type: none"> • The Family Plan, documentation of a Network Meeting, or its equivalent must have the agreement on the record, feedback from the TL, the signatures of the participants document including the TL.
FS. 20	Timeframe for completing Family Plan	<ul style="list-style-type: none"> • The record must have a Family Plan, Network Meeting, or equivalent documented, developed within 30 days of opening ongoing services, and reviewed every six months.
FS. 21	Developing Reunification Timeline	<ul style="list-style-type: none"> • Reunification Timeline was completed within the most recent six-month practice cycle and a Reunification Timeline completed within three months of the child's return. • A court proceeding regarding custody and the assessment(s) was approved by the supervisor.

FS. 22	Timeframe for developing Reunification Timeline	<ul style="list-style-type: none"> • A timeline within the record that identifies shared goals, clear steps to achieve goals, and measurement process to assess progress.
FS. 23	Making the Decision to End Ongoing Protection Services	<p>The record contained:</p> <ul style="list-style-type: none"> • A Closing Recording. • No unaddressed reports of abuse or neglect. • No indication of current or imminent safety concerns. • A recent review of the safety goals and, if safety goals have not been achieved, a supervisor approved an exception to close. • Evidence that the family was able to access informal and/or formal support. • Confirmation that the decision to conclude ongoing protection services was made in consultation with a supervisor.