



Lii Michif Otipemisiwak Family and Community  
Services (IEK)

# PRACTICE AUDIT REPORT

Report Completed: November 2022

Office of the Provincial Director and Aboriginal Services Division  
Quality Assurance Branch  
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## 1. PURPOSE

The purpose of the audit is to improve and support child and youth service, resource, child safety, and family service practice. Through the review of samples of records, the audit provides a measure of the quality of documentation during the audit timeframes (see below for dates), confirms good practice, and identifies areas where practice requires strengthening. This is the first C6 audit for Lii Michif Otipemisiwak Family and Community Services (LMOFCS).

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. METHODOLOGY

There were three quality assurance practice analysts from MCFD's Office of the Provincial Director and Aboriginal Services Division – Quality Assurance Branch, who conducted the practice audit. The MCFD used a Share Point site to store collected data related to the child and youth service, resource, and child safety/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 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 nine record types:

Record Types	Population Sizes	Sample Sizes
Open Child Service	21	17
Closed Child Service	10	10
Open and Closed Resource	11	11
Open Family Service	13	13
Closed Family Service	5	5
Closed Service Requests	42	27
Closed Memos	12	12
Closed Incidents	73	36

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

1. Open Child Service (CS): CS records open in ICM on October 31, 2021, and managed by office IEK for at least six months (continuously) with the following legal categories: voluntary care agreement (VCA), special needs agreement (SNA), removed child, interim custody order, temporary custody order (TCO) and continuing custody order (CCO).
2. Closed Child Service: CS records closed in ICM between April 30, 2019, and October 31, 2021, and managed by office IEK for at least six months (continuously) with the following legal categories: VCA, SNA, removal, interim order, TCO and CCO.
3. Open and Closed Resource: RE records in ICM that were managed by office IEK that had children or youth in their care for at least three months (continuously) between November 1, 2018, and October 31, 2021. 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 (FS): FS records open in ICM on October 31, 2021, and managed by office IEK for at least six months (continuously) with a service basis listed as protection.
5. Closed Family Service: FS records closed in ICM between November 1, 2020, and October 31, 2021, and managed by office IEK for at least six months (continuously) with a service basis listed as protection.
6. Closed Service Requests: Service Requests that were closed in ICM between October 1, 2020, and September 30, 2021, 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 that were closed in ICM between October 1, 2020, and September 30, 2021, where the type was "screening" and with the resolution of "no further action".

8. Closed incidents: Incidents that were created after November 4, 2014, and were closed in ICM between October 1, 2020, and September 30, 2021, where the type was family development response or investigation.

### 3. AGENCY OVERVIEW

#### a) Delegation

LMOFCS 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 contracted care homes, completing safe home studies
- monitoring foster homes
- youth agreements
- respite services
- extended family program
- agreements with young adults

LMOFCS was established as a C6 delegated agency October 2, 2017. The agency currently operates under a delegated service agreement from April 1, 2020, to March 31, 2023. The agency provides services to Métis children, youth and families residing in Kamloops and the surrounding area.

While respecting Métis practices and traditions, the agency offers services and programs that keep their children safe, strengthen and preserve their families, connect to their culture, and enhance their community well-being. LMOFCS also provides the following non-delegated services, programs and events to Métis children and families:

- Pre and Post Natal Supports and Services
- Early Childhood Development Services including Infant Development and Supported Childhood Development Services and Programs (0- 18 years of age)
- Early Years Drop-In Centre (Monday-Friday)
- Family Support Services
- Father's Direct Support Services
- Housing Outreach Supports and Services

- Parenting programs including a Father's and Mother's Support Group
- Family Circle Program
- Kinship Outreach Support Services and Program
- Child and Youth Mental Health Services and Programs
- Youth Outreach Support Services and Programs (16-27 years of age)
- Youth Employment and Life Skills Development Program
- Community Living British Columbia (CLBC) Community Inclusion Services and Program
- Michif Language Revitalization Program
- Michif Cultural Support Services
- Métis Citizenship Application Services
- Michif Elder's Council with includes a daily Elder's-In-Residence Program
- 32 Unit Supported Indigenous Youth and Elders Housing Complex (youth aged 16-27)

## **b) Demographics**

LMOFCS is located in Kamloops, BC, and provides services within the municipalities of Kamloops, Merritt, Chase, Westwold, Logan Lake, and Savona communities of the Shuswap Thompson Okanagan.

In Canada, it is estimated that 587,545 Canadians self-identify as Métis, with approximately 89,405 residing in British Columbia (*Crown-Indigenous Relations and Northern Affairs Canada, Indigenous Peoples and Communities, Métis (n.d)*).

<https://www.rcaanc-cirnac.gc.ca/enq/1100100014427/1535467913043>).

Approximately 4,000 individuals who identify as Métis reside within the service delivery area of LMOFCS.

## **c) Professional Staff Complement and Training**

LMOFCS consists of 65 employees and a Michif Elders Council comprised of 13 Métis Elders who are available to assist employees at anytime. Current staffing of the child safety team at LMOFCS is comprised of the executive director, a team leader, five delegated social workers, one kinship support worker, and one community caregiver social worker. Their administrative team consists of the office administrator, a human resources representative, one administrative assistant, and one part-time administrative assistant.

The executive director, team leader, and child safety social workers are delegated at the C6 level. The guardianship and resource social workers are delegated at C4 level. All the delegated staff interviewed completed their delegation training through Indigenous Perspectives Society or the Justice Institute of British Columbia. The agency supports additional training/professional development opportunities whenever possible.

#### **d) Supervision and Consultation**

The executive director reports to the board of directors, which consists of seven directors, and the following positions report to the executive director:

- child safety team leader
- early childhood development manager
- youth team leader
- family support team leader
- Child and Youth Mental Health team leader
- Michif language & cultural services facilitator
- office administrator
- Kikékyelc Housing operations manager
- finance manager

Delegated staff report having excellent, accessible and supportive supervision and consultation opportunities. Consultation between staff and their supervisor occurs every two weeks.

The child safety team meets weekly on their own, and twice a month with the whole Michif team. One of the monthly Michif team meetings is dedicated to practice and includes front line workers and all the non delegated support team members. During these monthly practice meetings, staff receive training from a certified Signs of Safety Practice Consultant.

During the COVID-19 pandemic, supervision and consultations have been undertaken through a combination of face to face, emails, texts, phone calls, and video conferencing. All LMOFCS services and programs continued throughout the COVID-19 pandemic.

#### **4. STRENGTHS OF THE AGENCY**

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

- Committed to transforming child welfare for the better
- Promoting, encouraging and teaching Métis culture to children and youth in care and/or receiving services
- Prevention workers provide one to one support to many of the children and youth in care as a means of increasing access to, and participation in their culture
- LMOFCS had developed and implemented a Michif practice model, which uses the Signs of Safety practice framework to restore hope and compassion in child welfare and support services. This includes training and encouraging staff to use Signs of Safety as a primary practice framework when working with families.

- Emphasis is placed on preventing children from coming into care by increasing a family's natural support network and through wrap around support services
- For children in need of protection services, who are unable to remain in the care of their parents, emphasis is placed on out of care options and placement with relatives with strong kinship supports. Supportive, non-judgmental visits and inclusion of parents in planning for their children, preserve relationships between parents and their children
- Focus on cultural training and support for staff
- LMOFCS has developed its own Michif Cultural Safety Commitment Agreement which is completed for all children and youth in care
- Staff indicated manageable workloads
- Staff indicated a strong commitment and dedication to the agency
- The Elders Council has 13 members, with 10 Elders in Residence in the office every day
- Implemented Aykooshi, an exit interview for all youth and families accessing the agency, that is used as a supportive tool, to strengthen culturally safe practices with hopes to improve outcomes for youth and families
- Excellent professional relationships between delegated and non-delegated staff and management
- Emphasis on teamwork including training in team building
- A strong and collaborative connection exists between Lii Michif Otipemisiwak, the local Métis Chartered Community of Two Rivers Métis Society and Métis Nation British Columbia
- Hold a permanency table which includes the Métis Commission, an MCFD practice analyst from Aboriginal Services Branch, the executive director, the team leader, a supportive services team member, an assigned social worker and a facilitator, every six weeks. They focus on two specific children in care at each meeting. Eleven of fourteen children with a CCO are in the process of developing a lifelong plan which includes rescinding the CCO, planning adoptions, and successful 'out of care options', like s. 54.1 orders
- Management has been supportive and flexible with staff throughout the COVID-19 pandemic

## **5. CHALLENGES OF THE AGENCY**

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

- Funding for support and prevention services is proposal driven which requires continuous work, which often includes annual proposal requests



- Does not have funds available for a policy writer, or a dedicated Human Resources position
- Delegated administrative assistant was away on medical leave from March 2019 to January 2020, which led to a deficit of administrative support for delegated social workers
- New resource social worker was not able to become delegated in a timely manner due to issues stemming from the COVID-19 pandemic, which led to challenges for the agency keeping up with workload.

## 6. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all the measures in the audit tools. The tables present findings for measures that correspond with specific components of the policies within 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 **74%**. The audit reflects the work done 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 27 records identified within the sample, and two were removed as they did not meet the parameters set forth. Therefore, there was a total of 25 open and closed samples for this audit. Not all 23 measures in the audit tool were applicable to all 25 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	25	25	0	100%
Standard 2 Development of a Comprehensive Plan of Care	8*	4	4	50%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	21*	18	3	86%
Standard 4 Supervisory Approval Required for Guardianship Services	25	22	3	88%
Standard 5 Rights of Children in Care	25	16	9	64%
Standard 6 Deciding Where to Place the Child	25	25	0	100%

Standard 7 Meeting the Child's Need for Stability and Continuity of Relationships	25	25	0	100%
Standard 8 Social Worker's Relationship & Contact with a Child in Care	25	1	24	4%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	25	6	19	24%
Standard 10 Providing Initial and Ongoing Medical and Dental Care for a Child in Care	25	25	0	100%
Standard 11 Planning a Move for a Child in Care (VS 20)	11*	11	0	100%
Standard 12 Reportable Circumstances	7*	5	2	71%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	3*	3	0	100%
Standard 14 Case Documentation	25	8	17	32%
Standard 15 Transferring Continuing Care Files	6*	5	1	83%
Standard 16 Closing Continuing Care Files	8*	6	2	75%
Standard 17 Rescinding a Continuing Custody Order	1*	1	0	100%
Standard 18 Permanency Planning	N/A*			
Standard 19 Interviewing the Child About the Care Experience	5*	0	5	0%
Standard 20 Preparation for Independence	6*	6	0	100%
Standard 21 Responsibilities of the Public Guardian and Trustee	16*	16	0	100%
Standard 22 Investigation of Alleged Abuse or Neglect in a Family Care Home	0*	0	0	N/A
Standard 23 Quality of Care Review	0*	0	0	N/A
Standard 24 Guardianship Agency Protocols	25	25	0	100%

Standard 2: 17 records did not involve initial care plans completed within the audit timeframe

Standard 3: 4 records did not have annual care plans due

Standard 11: 14 records did not involve children or youth moving from their care homes

Standard 12: 18 records did not involve reportable circumstances

Standard 13: 22 records did not involve children missing, lost, or run away

Standard 15: 19 records did not involve file transfers

Standard 16: 17 records did not involve file closures

Standard 17: 24 records did not involve rescinding continuing custody orders

Standard 18: interim standard related to legal permanency not audited at this time

Standard 19: 20 records did not involve changing placements

Standard 20: 19 records did not involve youth planning for independence

Standard 21: 9 records did not involve notifying the Public Guardian and Trustee

Standard 22: 25 records did not involve investigations of abuse or neglect in family care homes

Standard 23: 25 records did not involve 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 25 records in the samples; all 25 were rated achieved. To receive a rating of achieved:

- efforts were made to identify and involve the child or youth's Indigenous community
- efforts were made to register the child or youth 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 **50%**. The measure was applied to eight of the 25 records in the samples; four were rated achieved and four were rated not achieved. To receive a rating of achieved, the record, if it was opened during the three-year audit timeframe, contained:

- an initial plan of care completed within 30 days of admission, and
- an annual plan of care completed within six months of admission

Of the four records rated not achieved, four did not contain initial care plans completed within 30 days of the admissions and four 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 four records 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 **86%**. The measure was applied to 21 of the 25 records in the samples; 18 were rated achieved and three were rated not achieved. To receive a rating of achieved:

- care plans were completed annually throughout the audit timeframe
- efforts were made to develop the care plan(s) with youth over the age of 12
- efforts were made to develop the care plan(s) with the family
- efforts were made to develop the care plan(s) with the service providers
- efforts were made to develop the care plan(s) with the caregiver(s)
- efforts were made to develop the care plan(s) with the Indigenous community

Of the three records rated not achieved, all three contained care plans but were not completed annually throughout the audit timeframe.

**St. 4 Supervisory Approval Required for Guardianship Services:** The compliance rate for this measure was **88%**. The measure was applied to all 25 records in the samples; 22 were rated achieved and three were rated not achieved. To receive a rating of achieved, the following key decisions and documents were approved by a supervisor.

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

Of the three records rated not achieved, all 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 **64%**. The measure was applied to all 25 records in the samples; 16 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 or youth'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 25 records in the samples; all 25 were rated achieved. To receive a rating of achieved, efforts were made to place the child or youth in an out of home living arrangement that was in accordance with section 71 of the *Child, Family and Community Service Act*. The practice analysts noted that most of the children and youth in care were placed with their siblings in the homes of extended family members.

**St. 7 Meeting the Child or Youth's Needs for Stability and Continuity of Relationships:** The compliance rate for this measure was **100%**. The measure was applied to all 25 records in the samples; all 25 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 compliance rate for this measure was 4%. The measure was applied to all 25 records in the samples; one was rated achieved and 24 were rated not achieved. To receive a rating of achieved, the social worker conducted 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 23 records that documented private visits, the standard required the children and youth to be seen 491 times within the audit timeframe, based on the criteria above. LMOFCS documented that social workers saw the children and youth privately on 148 occasions during this audit timeframe. This demonstrates that 30% of the required in person private visits occurred.

Of the 24 records rated not achieved, 21 documented private visits but not every 30 days throughout the audit timeframe, 22 documented visits but some or all were not conducted in private (often with sibling groups), and two did not document visits of any kind between the children and youth and their social workers throughout the three-year audit timeframe. The total adds to more than the number of records rated not achieved because 21 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 24%. The measure was applied to all 25 records in the samples; six were rated achieved and 19 were rated not achieved. To receive a rating of achieved:

- 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 19 records rated not achieved, 19 did not confirm that discipline standards were reviewed with the caregivers at any time throughout the three-year audit timeframe.

Of the 19 records rated not achieved, 12 are open and require the annual review of the discipline standards with the care givers to be completed.

**St. 10 Providing Initial and Ongoing Medical and Dental Care:** The compliance rate for this measure was **100%**. The measure was applied to all 25 records in the samples; all 25 were rated achieved. To receive a rating of achieved:

- a medical exam was conducted upon entering care
- dental, vision and hearing exams were conducted as recommended
- medical follow up was conducted as recommended
- in instances when the youth had chosen not to attend recommended appointments, the social worker made efforts to resolve the issue

**St. 11 Planning a Move for a Child or Youth in Care:** The compliance rate for this measure was **100%**. The measure was applied to 11 of the 25 records in the samples; all 11 were rated achieved. To receive a rating of achieved, the record, if it involved a placement move, confirmed that:

- 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 or youth to resolve the issue

**St. 12 Reportable Circumstances:** The compliance rate for this measure was **71%**. The measure was applied to 7 of the 25 records in the samples; five were rated achieved and two 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 two records rated not achieved, both contained reportable circumstance reports, but they were not submitted within 24 hours. In one record, the reportable circumstances report was submitted in six days, and in the second record it was submitted in 20 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 three of the 25 records in the samples; all three were rated achieved. To receive a rating of achieved, the record, if it involved a child or youth who is missing, lost, or runaway who may have been at elevated risk of harm, confirmed that:

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

**St. 14 Case Documentation:** The compliance rate for this measure was **32%**. The measure was applied to all 25 records in the samples; eight were rated achieved and 17 were rated not achieved. To receive a rating of achieved, the record contained:

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

Of the 17 records rated not achieved, one did not contain an opening recording, four did not contain review recordings nor care plan reviews, and 13 contained review recordings or care plan reviews but they were not completed every six months. The total adds to more than the number of records rated not achieved because one record had combinations of the above noted reasons.

**St. 15 Transferring Continuing Care Files:** The compliance rate for this measure was **83%**. The measure was applied to six of the 25 records in the samples; five were rated achieved and one was rated not achieved. To receive a rating of achieved, the record if it involved a transfer of responsibility from one worker to another, confirmed that:

- a transfer recording was completed
- the social worker met with the child 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 one record rated not achieved, it was not confirmed that the social workers met with the child or youth within five days after the transfer of guardianship responsibility or met with the family within five days of the transfer and no efforts to do so were documented. The total adds to more than the number of records rated not achieved because the one record had a combination of the above noted reasons.

**St. 16 Closing Continuing Care Files:** The compliance rate for this measure was **75%**. The measure was applied to eight of the 25 records in the samples; six were rated achieved and two were rated not achieved. To receive a rating of achieved, the record if it involved a case closure, confirmed that:

- a closing recording was completed

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

Of the two records rated not achieved, both did not contain a closing recording.

**St. 17 Rescinding a CCO and Returning the Child or Youth to the Family Home:** The compliance rate for this measure was **100%**. The measure was applied to one of the 25 records in the samples: it was rated achieved. To receive a rating of achieved, the record, if it involved a rescindment of a CCO, confirmed that:

- the risk of returning a child or youth to their family home was assessed by a 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 Continuing Care Order 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, 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 five of the 25 records in the samples; all five 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 five 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 six of the 25 records in the samples; all six 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 arrangement, confirmed that:

- efforts were made to assess the youth’s independent living skills
- efforts were made to develop a plan for independence

**St. 21 Responsibilities of the Public Guardian and Trustee (PGT):** The compliance rate for this measure was **100%**. The measure was applied to 16 of the 25 records in the samples; all 16 were rated achieved. To receive a rating of achieved:

- 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

**St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home:** There were no applicable records for this measure. 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 that:

- a family care home investigation was conducted with a summary report on file
- efforts were made to support the child or youth

**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 25 records in the samples; all 25 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 **63%**. 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 11 records in the one sample selected for this audit. However, not all nine measures in the audit tool were applicable to all 11 records.

The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
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Standard 28 Supervisory Approval Required for Family Care Home Services	11	11	0	100%
Standard 29 Family Care Homes – Application and Orientation	11	9	2	82%
Standard 30 Home Study	6*	4	2	67%
Standard 31 Training of Caregivers	11	8	3	73%
Standard 32 Signed Agreement with Caregivers	11	8	3	73%
Standard 33 Monitoring and Reviewing the Family Care Home	11	0	11	0%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	0*	0	0	N/A
Standard 35 Quality of Care Review	0*	0	0	N/A
Standard 36 Closure of the Family Care Home	2*	0	2	0%

Standard 30: 5 records did not involve home studies during the audit timeframe

Standard 34: 11 records did not involve investigations of alleged abuse or neglect in family care homes

Standard 35: 11 records did not involve quality of care reviews

Standard 36: 9 records were not closed

**St. 28 Supervisory Approval for Family Care Home Services:** The compliance rate for this measure was **100%**. The measure was applied to all 11 records in the sample; all 11 were rated achieved. To receive a rating of achieved, the record confirmed that the social worker consulted a supervisor at the following key decision points:

- a criminal record was identified for a family home applicant or any adult person residing in the home
- approving a family home application and home study
- signing a Family Home Care Agreement
- approving an annual review
- determining the level of a family care home
- placing a child 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:** The compliance rate for this measure was **82%**. The measure was applied to all 11 records in the sample; nine were rated achieved and two 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 two records rated not achieved, two did not contain completed application forms, and one did not confirm that the caregivers were provided with orientations. 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.

**St. 30 Home Study:** The compliance rate for this measure was **67%**. The measure was applied to six of the 11 records in the sample; four were rated achieved and two were rated not achieved. To receive a rating of achieved:

- the social worker met the applicant in the family care home
- a physical check of the home was conducted to ensure the home meets the safety requirements
- a home study, including an assessment of safety, was completed in its entirety

Of the two records rated not achieved, both did not contain home studies (one open record). Of the one open record without a home study, the practice analysts notified the executive director for follow up.

**St. 31 Training of Caregivers:** The compliance rate for this measure was **73%**. The measure was applied to all 11 records in the sample; eight were rated achieved and three were rated not achieved. To receive a rating of achieved, the training needs of the caregiver was assessed or identified, and training opportunities were offered to, or taken by, the caregiver.

Of the three records rated not achieved, three did not confirm that offers of training were provided to the caregiver, and two records did not confirm that the training needs of the caregivers were assessed or identified. The total adds to more than the number of records rated not achieved because two records had combinations of the above noted reasons.

**St. 32 Signed Agreement with Caregiver:** The compliance rate for this measure was **73%**. The measure was applied to all 11 records in the sample; eight were rated achieved and three were rated not achieved. To receive a rating of achieved, there were consecutive Family Care Home Agreements throughout the audit timeframe, and they were signed by all the participants.

Of the three records rated not achieved, two did not contain Family Care Home Agreements throughout the three-year audit timeframe (one open record), and one contained Family Care Home Agreements but they were not consecutive throughout the three-year audit timeframe (open record). Of these three records two were open at the time of the audit and required current signed agreements.

**St. 33 Monitoring and Reviewing the Family Care Home:** The compliance rate for this measure was **0%**. The measure was applied to all 11 records in the sample; all 11 were rated not achieved. To receive a rating of achieved:

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

**St. 34: Investigation of Alleged Abuse or Neglect in a Family Care Home:** There were no applicable records for this measure. 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 that:

- 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:** 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
- 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 two of the 11 records in the sample; both were rated not achieved. To

receive a rating of achieved, the record, if it involved a closure of the family care home, contained a written notice to the caregiver indicating the intent of the agency to close the family care home.

Of the two records rated as not achieved, both did not contain written notices to the caregivers.

### 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 **81%**. 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 FS records was reviewed. There was a total of 75 records in the closed memo, closed service request, and closed incident samples and a total of 18 records in the open FS record and closed FS record 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 *Child, Family and Community Service Act*. During this audit, no records were identified for action.

#### c.1 Report and Screening Assessment

FS 1 to FS 4 relate to obtaining and assessing a child protection report. The records included the selected samples of 27 closed service requests, 12 closed memos and 36 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	75	72	3	96%
FS 2: Conducting an Initial Record Review (IRR)	75	40	35	53%
FS 3: Assessing the Report about a Child or Youth’s Need for Protection (Completing the Screening Assessment)	75	69	6	92%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	75	75	0	100%

**FS 1: Gathering Full and Detailed Information:** The compliance rate for this measure was **96%**. The measure was applied to all 75 records in the sample; 72 were rated achieved and three were rated not achieved. To receive a rating of achieved, the information gathered from the caller was full, detailed, and sufficient to determine an appropriate pathway.

All three records that were rated not achieved contained insufficient information.

**FS 2: Conducting an Initial Record Review (IRR):** The compliance rate for this measure was **53%**. The measure was applied to all 75 records in the samples; 40 were rated achieved and 35 were rated not achieved. To receive a rating of achieved:

- 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 35 records rated not achieved, 10 did not have IRRs documented, one IRR was not documented within 24 hours, six IRRs contained insufficient information about previous issues or concerns, 14 IRRs did not indicate that Best Practice was checked, and four IRRs contained both insufficient information about previous issues or concerns and did not indicate that Best Practice was checked.

The one IRR that was not documented within 24 hours, was completed in three days.

**FS 3: Completing the Screening Assessment:** The compliance rate for this measure was **92%**. The measure was applied to all 75 records in the samples; 69 were rated achieved and six 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 six records rated not achieved, all six Screening Assessments were not completed within the required 24-hour timeframe. All six of these Screening Assessments were screened at LMOFCS. The range of time it took to complete the Screening Assessments was between two and twenty-eight days, with the average time being 10 days.

**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 75 records in the samples; 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 36 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 5: Assigning an Appropriate Response Priority	36	36	0	100%
FS 6: Conducting a Detailed Record Review (DRR)	36	28	8	78%
FS 7: Assessing the Safety of the Child or Youth	36	27	9	75%
FS 8: Documenting the Safety Assessment	36	26	10	72%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	36	36	0	100%

**FS 5: Determining the Response Priority:** The compliance rate for this measure was **100%**. The measure was applied to all 36 records in the sample; all 36 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 36 records related to incidents with appropriate protection responses, 27 documented face-to-face contact with the families within the assigned response priorities and nine did not. Of the nine records that did not document face-to-face contact with the families within the assigned response priorities, all nine were assigned the response priority of within five days. In two of the nine records, no face-to-face contact was made as the supervisor appropriately approved ending the protection response before contacting the family. The range of time it took to have face-to-face contacts with the remaining seven families was between six and 29 days with the average time being 12 days.

**FS 6: Conducting a Detailed Record Review (DRR):** The compliance rate for this measure was **78%**. The measure was applied to 36 records in the sample; 28 were rated achieved and eight 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 were 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 eight records rated not achieved, seven did not contain information missing in the IRRs, and one DRR did not indicate how previous issues or concerns were addressed and did not indicate the family's responsiveness in addressing previous issues or concerns.

**FS 7: Assessing the Safety of the Child or Youth:** The compliance rate for this measure was **75%**. The measure was applied to 36 records in the sample; 27 were rated achieved and nine were rated not achieved. To receive a rating of achieved:

- 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 *Child, Family and Community Service Act*, 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 nine records rated not achieved, five records did not confirm that the safety assessment process was completed with the family, four records did not have a safety plan that was signed by parent(s), and one record did not have a safety plan approved by the supervisor. The total adds to more than the number of records rated not achieved because three records had combinations of the above noted reasons.

**FS 8: Documenting the Safety Assessment:** The compliance rate for this measure was **72%**. The measure was applied to 36 records in the sample; 26 were rated achieved and 10 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.

All 10 records rated not achieved 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 two and 27 days, with the average time being eight days.

**FS 9: Making a Safety Decision Consistent with the Safety Assessment:** The compliance rate for this measure was **100%**. The measure was applied to 36 records in the sample; all 36 records were rated 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.



### c.3 Steps of the Family Development Response (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 36 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	36	31	5	86%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	36	32	4	89%
FS 12: Visiting the Family Home	36	31	5	86%
FS 13: Working with Collateral Contacts	36	35	1	97%

**FS 10: Meeting or Interviewing the Parents and Other Adults in the Family Home:** The compliance rate for this measure was **86%**. The measure was applied to 36 records in the sample; 31 were rated achieved and five 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 and 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 parents and other adults in the home and the rationale was documented and appropriate.

Of the five records rated not achieved, two documented that the parental interviews were not conducted face to face, two did not confirm that the social worker had met with or interviewed the other adults in the home and one record 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 **89%**. The measure was applied to 36 records in the sample; 32 were rated achieved and four 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.

All four records rated not achieved, confirmed that the social worker 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 **86%**. The measure was applied to 36 records in the sample; 31 were rated achieved and five 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.

All five records rated not achieved did not confirm that the social worker visited the family home.

**FS 13: Working with Collaterals:** The compliance rate for this measure was **97%**. The measure was applied to 36 records in the sample; 35 were rated achieved and one was 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.

The one record rated not achieved 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 parents prior to initiating the FDR responses and whether the social workers 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 36 records in the sample, 32 required FDR responses. Of these 32 FDR responses, 30 documented that the social workers contacted the parents prior to initiating the FDR responses and two did not. Furthermore, of these 32 FDR responses, 21 had documented discussions with the parents 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 36 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS14: Assessing the Risk of Future Harm	36	34	2	94%
FS 15: Determining the Need for Protection Services	36	36	0	100%
FS 16: Timeframe for Completing the FDR Assessment or Investigation	36	16	20	44%

**FS 14: Assessing the Risk of Future Harm:** The compliance rate for this measure was **94%**. The measure was applied to 36 records in the sample; 34 were rated achieved and two 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.

The two records rated not achieved contained incomplete vulnerability assessments.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. The range of time it took for the 34 records rated achieved was between 16 days and 187 days, with the average time being 60 days. Four of the 34 records did not have data because there was an appropriate and documented decision to end the protection response either before contact was made with the family or after in these records.

**FS 15: Determining the Need for Protection Services:** The compliance rate for this measure was **100%**. The measure was applied to 36 records in the sample; all 36 records were rated 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.

**FS 16: Timeframe for Completing the FDR Assessment or Investigation:** The compliance rate for this measure was **44%**. The measure was applied to 36 records in the sample; 16 were rated

achieved and 20 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.

Of the 20 records rated not achieved, 15 FDR assessments or investigations were not completed within 30 days and five FDR assessments were not completed in accordance with the extended timeframe and plan approved by supervisor. The range of time it took to complete was between 34 and 708 days, with the average time being 147 days.

### c.5 Strengths 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 13 open FS records and five closed FS records.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	18	8	10	44%
FS 18: Supervisor Approval of the Strengths and Needs Assessment	18	8	10	44%
FS 19: Developing the Family Plan with the Family	18	12	6	67%
FS 20: Timeframe for Completing the Family Plan	18	8	10	44%
FS 21: Supervisor Approval of the Family Plan	18	11	7	61%

**FS 17: Completing a Family and Child Strengths and Needs Assessment:** The compliance rate for this measure was **44%**. The measure was applied to all 18 records in the samples; eight were rated achieved and 10 were rated not achieved. To receive a rating of achieved, the Family and Child Strengths and Needs Assessment completed in its entirety.

All 10 records rated not achieved did not contain 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 eight records rated achieved, six Family and Child Strengths and Needs Assessments were completed within the most recent six-month practice cycle and two were not (these two were completed within the first six-month practice cycle within the 12-month timeframe of the audit).

**FS 18: Supervisor Approval of the Strengths and Needs Assessment:** The compliance rate for this measure was **44%**. The measure was applied to all 18 records in the samples; eight were rated achieved and 10 were rated not achieved. To receive a rating of achieved, the Family and Child Strengths and Needs Assessment was approved by the supervisor.

All 10 records rated not achieved did not contain Family and Child Strengths and Needs Assessments.

**FS 19: Developing the Family Plan with the Family:** The compliance rate for this measure was **67%**. The measure was applied to all 18 records in the samples; 12 were rated achieved and six 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 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

All six records rated not achieved 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 12 records rated achieved, six contained Family Plans or equivalents that were completed after the Family and Child Strengths and Needs Assessments, and six Family Plans or equivalents were completed without first completing the Family and Child Strengths and Needs Assessments.

**FS 20: Timeframe for Completing the Family Plan:** The compliance rate for this measure was **44%**. The measure was applied to all 18 records in the samples; eight were rated achieved and 10 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 10 records rated not achieved, five did not contain Family Plans or equivalents, five 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: Supervisor Approval of the Family Plan:** The compliance rate for this measure was **61%**. The measure was applied to all 18 records in the samples; 11 were rated achieved and seven were rated not achieved. To receive a rating of achieved, the Family Plan or its equivalent was approved by the supervisor.

Six of the seven records rated not achieved, did not contain Family Plans or equivalents and one record contained a Family Plan or an equivalent plan but it was not revised within the most recent six-month ongoing protection services cycle.

### Reassessment

FS 22 relates to the completion of the Vulnerability Reassessment or Reunification Assessment. The records included the selected samples of 13 open FS records and five closed FS records.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or a Reunification Assessment	18	7	11	39%

**FS 22: Completing a Vulnerability Reassessment OR a Reunification Assessment:** The compliance rate for this measure was **39%**. The measure was applied to all 18 records in the samples; seven were rated achieved and 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 was completed within three months of the child or youth’s return or a court proceeding regarding custody and the assessment(s) was approved by the supervisor.

Of the 11 records rated not achieved, four did not contain any Vulnerability Reassessments, three did not contain Reunification Assessments, six did not contain Vulnerability Reassessments or Reunification Assessments completed within the most recent 6-month protection cycle, one did not contain a Reunification Assessment within 3-months of a child or youth’s return or court proceeding regarding custody. The total adds to more than the number of records rated not achieved because three records had combinations of the above noted reasons.

### c.6 Decision to End Protection Services

FS 23 relates to making the decision to end ongoing protection services. The records included the selected sample of five closed FS records.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 23: Making the Decision to End Ongoing Protection Services	5	3	2	60%

**FS 23: Making the Decision to End Ongoing Protection Services:** The compliance rate for this measure was **60%**. The measure was applied to all five records in the sample; three were rated achieved and two were rated not achieved. To receive a rating of achieved:

- 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 were 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

The two records rated not achieved did not have Vulnerability Reassessments or Reunification Assessments completed within the most recent six-month practice cycle.

## 7. ACTIONS COMPLETED TO DATE

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

1. Guardianship social workers started printing monthly calendars to better track and document one to one private visits.
2. Resource social workers started monitoring and completing an annual guardianship discipline standards form as part of their annual resource review and filing them within the child service files.

## 8. ACTION PLAN

On June 29, 2022, the following Action Plan was developed in collaboration between Lii Michif Otipemisiwak Child and Family Services and MCFD Office of the Provincial Director and Aboriginal Services Division – Quality Assurance Branch. The Executive Director will oversee all persons responsible to verify each action item has been completed as outlined below.

Actions	Persons Responsible	Expected Completion Date
<p><b>CHILD SERVICE:</b></p> <p><b><u>Standard 3 Monitoring and Reviewing the Child or Youth’s Comprehensive Plan of Care:</u></b></p> <p>1. Administrative staff will provide quarterly case management reports to the guardianship social workers at team meetings to remind them when Care Plans are due.</p> <p>Confirmation that this practice has been initiated will be provided, via email, to the manager of Quality Assurance.</p> <p><b><u>Standard 19 Interviewing the Child about the Care Experience:</u></b></p> <p>2. The Agency will complete a review of the requirements of this Standard with the team.</p> <p>Confirmation of who participated in this review will be provided, via email, to the manager of Quality Assurance.</p>	Team Leader	February 28, 2023
<p><b>FAMILY SERVICE:</b></p> <p><b><u>Standard 17 Completing a Family and Child Strengths and Needs Assessment</u></b></p> <p><b><u>Standard 22 Completing a Vulnerability Reassessment OR a Reunification Assessment</u></b></p> <p><b><u>Standard 23 Making the Decision to End Ongoing Protection Services</u></b></p> <p>3. The Agency will complete a review with staff of the changes to the Core Practice Accountabilities that came into effect in July 2022, along with the agency’s plan for how they will document the clinical judgement, assessment, and supervisory approval in lieu of completing the no longer required SDM tools.</p> <p>Confirmation of who participated in this review will be provided, via email, to the manager of Quality Assurance.</p>	Team Leader	February 28, 2023



<p><b>RESOURCES:</b></p> <p><b><u>Standard 33 Monitoring and Reviewing the Family Care Home</u></b></p> <p>4. The Agency will implement a resource tracking form to guide the resource social worker in completing and documenting 90-day home visits.</p> <p>Confirmation that this review was completed will be sent, via email, to the manager of Quality Assurance.</p>	<p>Team Leader</p>	<p>February 28, 2023</p>
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