



Métis Family Services

La Societe De Les Enfants Michif

Practice Audit Report

November 2025

**Practice and Quality Assurance Division
Quality Assurance Branch**

The Quality Assurance Branch respectfully acknowledges that we are living and working with gratitude and respect on First Nation lands throughout British Columbia. It was an honor for our team to travel Métis Family Services.

Table of Contents

AT A GLANCE3

BACKGROUND AND PURPOSE5

STAFF PERSPECTIVES5

GUARDIANSHIP SERVICES PRACTICE AUDIT RESULTS6

 STRENGTHS AND GROWTH OPPORTUNITIES6

 ANALYSIS7

RESOURCES PRACTICE AUDIT RESULTS12

 STRENGTHS AND GROWTH OPPORTUNITIES12

 ANALYSIS13

FAMILY SERVICES AND CHILD SAFETY PRACTICE AUDIT RESULTS16

 STRENGTHS AND GROWTH OPPORTUNITIES16

 ANALYSIS17

ADOPTION SERVICES PRACTICE AUDIT RESULTS21

 STRENGTHS AND GROWTH OPPORTUNITIES21

 ANALYSIS21

ACTIONS COMPLETED TO DATE24

ACTION PLAN26

APPENDIX A28

 1. DELEGATION28

 2. COMMUNITY DEMOGRAPHICS AND STAFFING CONTEXT29

 3. STAFF PERSPECTIVES: WHAT WE HEARD31

 4. METHODOLOGY31

APPENDIX B34

 AUDIT TOOLS34



AT A GLANCE: Practice Audit Report

Métis Family Services *La Societe De Les Enfants Michif*

Report Completed: November 2025

Mission:

Métis Family Services is committed to working collaboratively with children and families; supporting our communities, while increasing capacity to nurture and care for children and families in an inclusive manner that honors Métis traditions and culture.

Vision:

Métis Family Services is a non-profit society whose vision is to advocate for "a world in which Métis children (all children) and families have the right to family ties, security, culture, love, acceptance and opportunities for success."



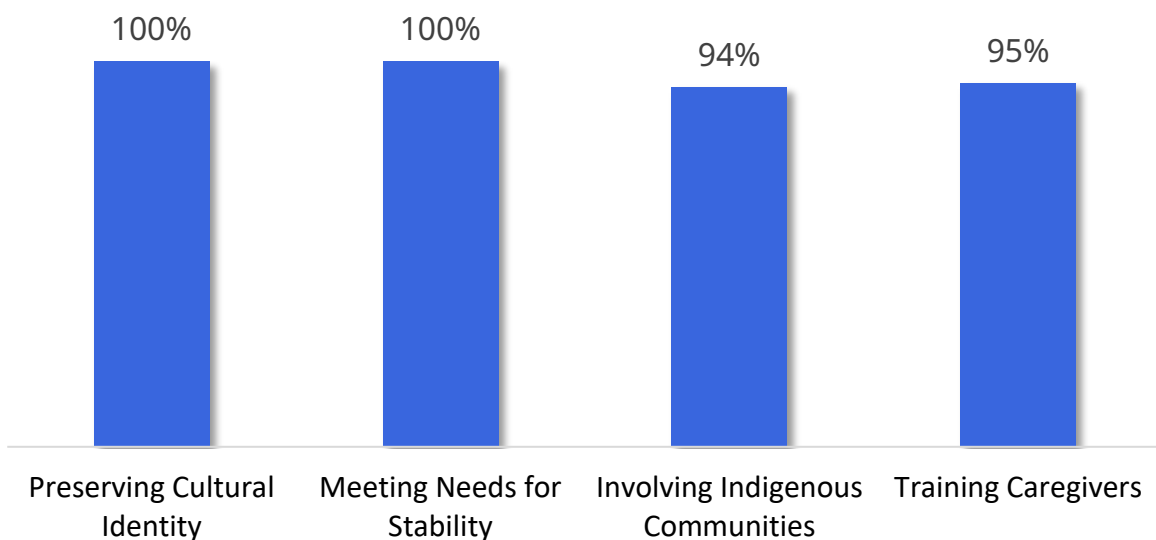
Overall Strengths

- Maintaining and supporting cultural identity.
- Supporting and preserving family relationships.
- Training provided to caregivers.
- Completing Safety Assessments and processes.
- Confirming and involving the Indigenous Community.

Growth Opportunities

- Completion of Reunification Assessments.
- Strengthen documentation for Review Recordings.
- Complete screening and assessment of prospective caregivers.

Highlights





What We Heard

Leadership and professional development are supported with numerous training opportunities.

Cultural engagement and respect are integral to all Agency activities.

Elders advisory committee offers valuable learning from Métis Elders.

Enhancing onboarding and training to improve staff integration.

Expanding career advancement pathways as staff noted challenges accessing management positions.

Strengthening partnerships with Métis Agencies and chartered communities.



Actions Taken to Date

- Staff received internal and external training opportunities.
- Resource and Guardianship documentation were updated.
- Tracking sheets implemented for Care Plans, Métis applications and Structured Decision Making tools.
- Templates developed for Circle Maps (Family Plans) and childcare experience interviews.

Next Steps

- Review documentation guidelines with staff specific to the referral document process.
- Develop a spreadsheet to track criminal record checks and to ensure timely completion.
- Complete outstanding resource documentation.

Background and Purpose

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

This practice audit looked at the guardianship, resources, family services, child safety and adoption practices provided by [Métis Family Services](#) (MFS) from March 1, 2022, to February 28, 2025. The practice audit measured compliance with the [Aboriginal Operational and Practice Standards and Indicators \(June 2005\)](#) and [Child Protection Response Policies – Chapter 3 \(2024\)](#). This is the seventh practice audit for Métis Family Services (MFS). The last practice audit was completed in November 2021.

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

Staff Perspectives

During the practice audit process, all 28 delegated staff, including leadership, guardianship, resources, family services, child safety and adoptions workers, were invited to share their perspectives about what was working well and where they saw opportunities for growth within MFS. Nineteen staff members participated. To honor their voice, this report includes a summary of the strengths and growth opportunities they identified in their work and workplace. See [Appendix A](#) for more detailed information.

Strengths

- **Leadership & professional development** well supported with numerous training opportunities.
- **Cultural engagement and respect** were integral to all Agency activities.
- **Elders Advisory Committee** offered valuable learning from Métis Elders.

Growth Opportunities

- **Enhanced onboarding and training** to improve staff integration.
- **Expanded Career Advancement Pathways:** Staff noted challenges in accessing management positions.
- **Strengthen partnerships** with Métis Agencies and chartered communities.

Guardianship Services Practice Audit Results

This practice audit examined the work completed by staff in the guardianship program over three years. A total of 56 child service (CS) records were included in the sample, though not all 23 measures in the audit tool applied to each record. See [Appendix A](#) for the methodology.

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

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

Strengths and Growth Opportunities

Strengths

- Maintaining and supporting cultural identity.
- Supporting and preserving family relationships.
- Providing medical and dental care.
- Involvement of the Public Guardian and Trustee (PGT).
- Planning for independence.
- Planning a move for a child or youth in care.
- Guardianship worker's relationship and contact with the child or youth.

Growth Opportunities

- Reviewing appropriate discipline standards.
- Development of a Comprehensive Plan of Care.
- Interviews with children and youth about their care experiences.
- Strengthen documentation specific to Review Recordings.

Highlights

MFS effectively preserved Métis children and youth's cultural identity through registration with Métis Nation British Columbia and fostering connections with Métis chartered communities. Extensive family finding was completed, with detailed records maintained on family and cultural ties, including Métis beadwork, Michif language and traditional medicines.

Most children and youth in care live in long-term placements with siblings or relatives. Caregivers are dedicated to promoting and preserving Métis culture and traditions within the home to support the children and youth.

In 2023, MFS workers showed exceptional commitment by visiting children and youth in care twice a month for three months, surpassing the required monthly visit standard and deepening their connections.

Analysis

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

The compliance rate was **100%**, with all 56 records rated achieved.



This area of practice improved from **36%** achievement in 2021 to **100%** in 2025.

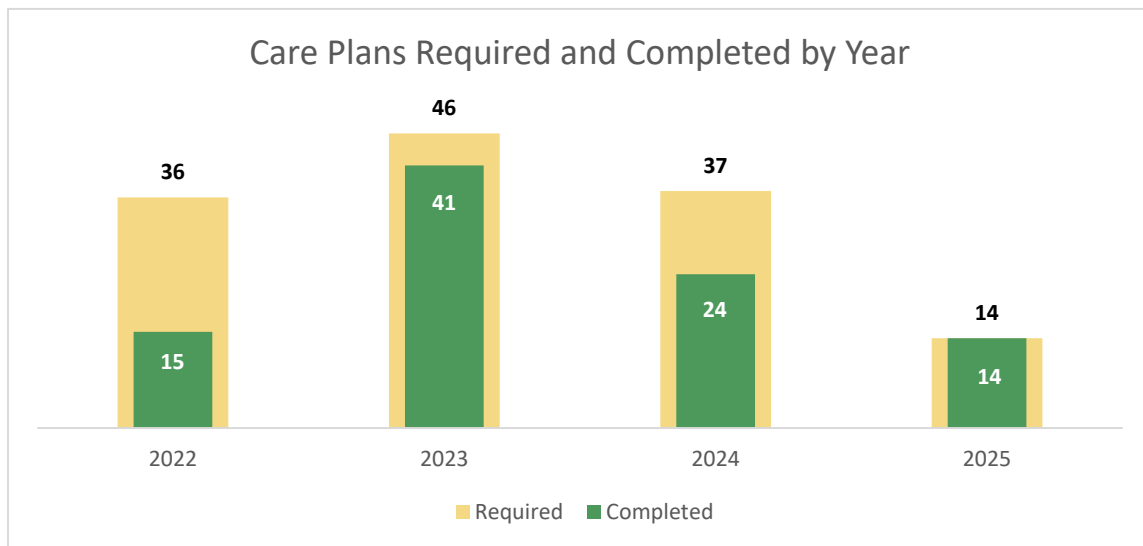
St. 2: Development of a Comprehensive Plan of Care

The compliance rate for Initial Care Plans was **42%**. Five of the 12 applicable records had an Initial Care Plan completed.

The compliance rate for Care Plans completed within six months of admission was **62%**, eight of the 13 applicable records had a plan of care on record within policy timeframes.

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

The compliance rate was **100%** in 2025, **65%** in 2024, **89%** in 2023 and **42%** in 2022. The standard was applied to all 56 records. MFS demonstrated strong achievement in this area, particularly in 2025 where all Care Plans are up to date.

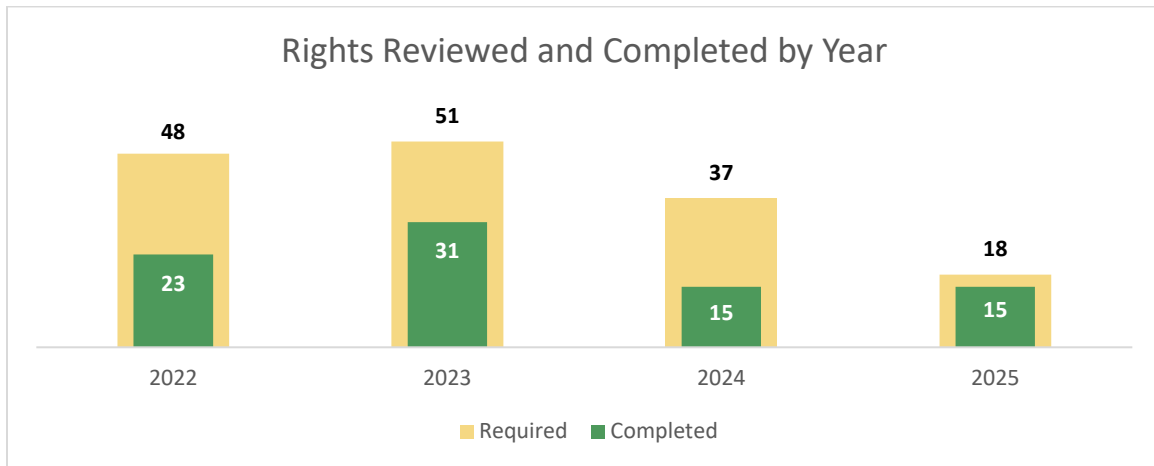


St. 4: Supervisory Approval Required for Guardianship Services

MFS demonstrated strong practice in most key areas requiring supervisory consultation. The standard was applied to all 56 records, with 44 records rated achieved and 12 missed supervisory sign off on Care Plans.

St. 5: Rights of Children and Youth in Care

The compliance rate was **83%** in 2025, **41%** in 2024, **61%** in 2023 and **48%** in 2022. The standard was applied to all 56 records. Ten open records require a current review of the rights of children in care.



The Executive Director was notified of all outstanding or incomplete documentation and implemented strategies for completion. See **Actions Completed to Date** for details.

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

The compliance rate was **98%**. The standard was applied to all 56 records, with 55 records rated achieved and one record rated not achieved.

The record rated not achieved did not meet section 71 requirements and there was no documentation of follow up being taken.

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

The compliance rate was **100%**, with all 56 records rated achieved.

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

The standard was applied to all 56 records. Policy required a total of 1563 private visits over the audit time period. Private visits occurred within the 30 day timeframe 1320 out of the required 1563 private visits, resulting in a compliance of **84%**.

Just under half of the private visits occurred between 30 and 100 days with most of the remaining visits between 100 and 200 days. Six of the records had breaks between visits that went beyond this, with the longest was 290 days observed on one.



During the audit time frame, MFS set an intentional practice shift in connecting with children and youth to visit every two weeks for a period of three months, which resulted in stronger relationships with the children and youth, less instances of youth not returning to their placements and very few placement changes.

St. 9a: Providing the Caregiver with Information

The compliance rate was **66%**. The standard was applied to all 56 records, with 37 rated achieved and 19 rated not achieved.

The records rated not achieved did not confirm the information about the child or youth was provided to the caregivers at the time of placement.

St. 9b: Reviewing the Appropriate Discipline Standards

The compliance rate was **39%**. The standard was applied to 33 records, with 13 rated achieved and 20 rated not achieved.

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

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

The compliance rate was **84%**. The standard was applied to all 56 records, with 47 records rated achieved and nine records rated not achieved.

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

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

The compliance rate was **96%**. The standard was applied to the 24 records in the sample, with 23 rated achieved and one rated not achieved.

The one record rated not achieved did not document that there was an orientation or preplacement visit.

St. 12: Reportable Circumstances (RC)

The compliance rate was **50%**. The standard was applied to the 24 records, with 12 rated achieved for completing the required reports and 12 rated not achieved. The not achieved records had RCs submitted but they were not within 24 hours. The length of time to submit the RC was between one and 39 days.



All required Reportable Circumstances have been submitted.

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

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



This area of practice improved from **71%** achievement in 2021 to **100%** in 2025.

St. 14: Case Documentation

The compliance rate for Opening Recordings was **81%**. The standard was applied to 16 records, with 13 rated achieved and three rated not achieved. The records rated not achieved did not contain an Opening Recording.

The compliance rate for Review Recordings or Care Plan reviews was **13%**. The standard was applied to 52 records, with seven rated achieved and 45 rated not achieved.

Some records showed gaps between the Review Recordings and Care Plan reviews over the three years and most lacked any documentation. Of the 45 records rated not achieved:

- Forty four did not contain any Review Recordings or Care Plan reviews.
- Two did not have a Review Recording or Care Plan review when there was a change in circumstance.
- One 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 two records had a combination of the reasons noted above.

St. 15: Transferring Continuing Care Files

The compliance rate was **91%**. The standard was applied to 34 records, with 31 rated achieved and three rated not achieved. For the records rated not achieved, information was missing as follows:

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

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

St. 16: Closing Continuing Care Files

The compliance rate was **100%**, with all 12 records rated achieved.

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

There were no applicable records.

St. 18: Permanency Planning

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

This is an interim standard for use until Indigenous Child and Family Service Agencies (ICFSA), cultural groups and Indigenous Communities have researched and reviewed the MCFD permanency planning policy. As this is still an interim standard it is not included in the practice audit.

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

The compliance rate was **12%**. The standard was applied to 26 applicable records, with three rated achieved and 23 rated not achieved.

The 23 records rated not achieved did not have documentation that confirmed that interviews were conducted with the children or youth after placement changes or prior to leaving care.

St. 20: Preparation for Independence

The compliance rate was **100%**, with all 15 records rated achieved.

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

The compliance rate for this standard was **95%**. The standard was applied to 38 records, with 36 rated achieved and two rated not achieved.

The two closed records rated not achieved did not document that the PGT was notified of the Continuing Custody Order.

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

The compliance rate for this standard was **100%**, with all nine records rated achieved.



Summary reports were initially identified as missing in the record review, but the Agency staff were able to locate and correct a filing error to bring this area of practice to full compliance. See **Actions Completed to Date** for details.

St. 23: Quality of Care Review

The compliance rate was **0%**. The standard was applied to one record, and it was rated not achieved as there was no summary report documented.



The Executive Director was notified of all outstanding or incomplete documentation and implemented strategies for completion. See **Actions Completed to Date** for details.

St. 24: Guardianship Agency Protocols

The compliance rate for this standard was **100%**, with all 56 records rated achieved.

Resources Practice Audit Results

This practice audit reflects the work completed by the staff in the resource program over a three year period. A total of 21 resource records were included in the samples though not all nine standards in the audit tool were applied to each record. See [Appendix A](#) for the methodology.

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

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

Strengths and Growth Opportunities

Strengths

- Home Studies completion.
- Training offered and provided to caregivers.
- Agreements signed with caregivers.
- Closure of family care homes.
- Family care homes monitored and reviews documented.

Growth Opportunities

- Screening and Assessment procedures completed for prospective caregivers.

Highlights

Home Studies were completed on all but one record.

Caregiver training and education was well documented, with 95% of caregivers completing a substantial amount of offered training.

MFS resource workers demonstrated outstanding dedication by consistently surpassing the 90 day visit requirement for their family care homes.

Analysis

St. 28: Supervisory Approval for Family Care Home Services

MFS demonstrated strong practice in most key areas requiring supervisory consultation. The standard was applied to all 21 records, with 16 rated achieved and five rated not achieved.

For the five records rated not achieved, supervisory approval was missing on:

- Two family care home agreements.
- Two annual reviews.
- One home study.

St. 29: Family Care Homes – Application and Orientation

The compliance rate was **67%**, The standard was applied to all 21 records, with 14 rated achieved and seven rated not achieved.

Of the seven records rated not achieved:

- Four did not contain completed criminal records checks.
- Four did not confirm all the required reference checks.
- Three did not contain completed medical exam forms.
- Two did not contain a completed application.
- Two did not contain completed orientations.
- Two did not contain completed prior contact checks.
- One did not contain a completed consent form.

The total exceeds seven due to a combination of these concerns in three records.

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

St. 30: Home Study

The compliance rate was **80%**, with five applicable records, with four rated achieved and one rated not achieved as a home study was not on the record.

The Executive Director was notified of the requirement to complete a home study on the one identified open record.

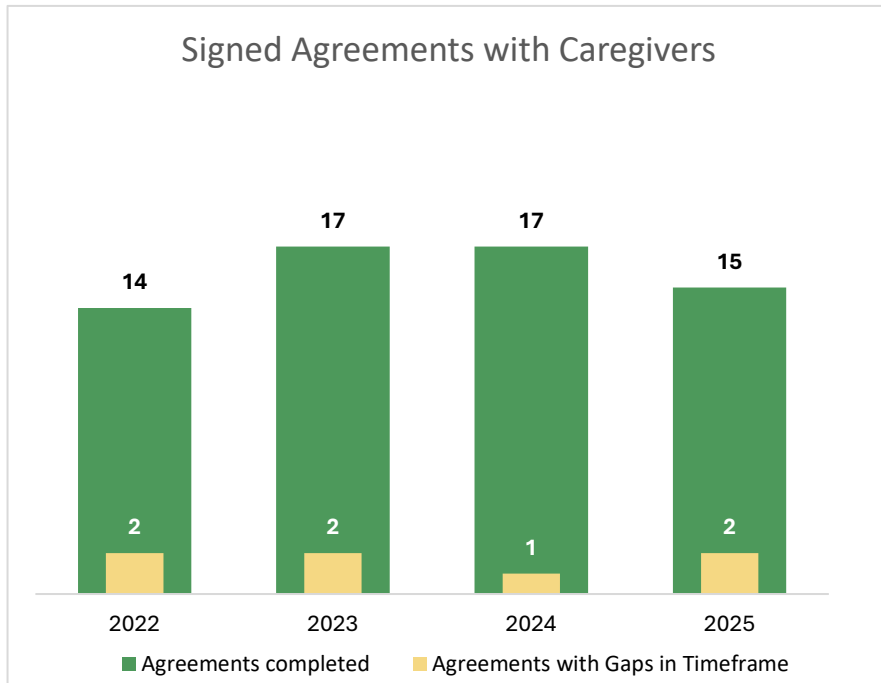
St. 31: Training of Caregivers

The compliance rate was **95%**. The standard was applied to all 21 records, with 20 rated achieved and one rated not achieved.

The record rated not achieved did not document that training was offered and did not have any training needs identified.

St. 32: Signed Agreement with Caregiver

The compliance rate was **88%** in 2025, **94%** in 2024, **89%** in 2023 and **88%** in 2022. The standard was applied to 21 records over the three year audit time frame. As some of the records are now closed, only one open record requires a current signed Family Care Home Agreement.



MFS had high compliance in this area, with most of the Family Care Home Agreements completed consecutively.

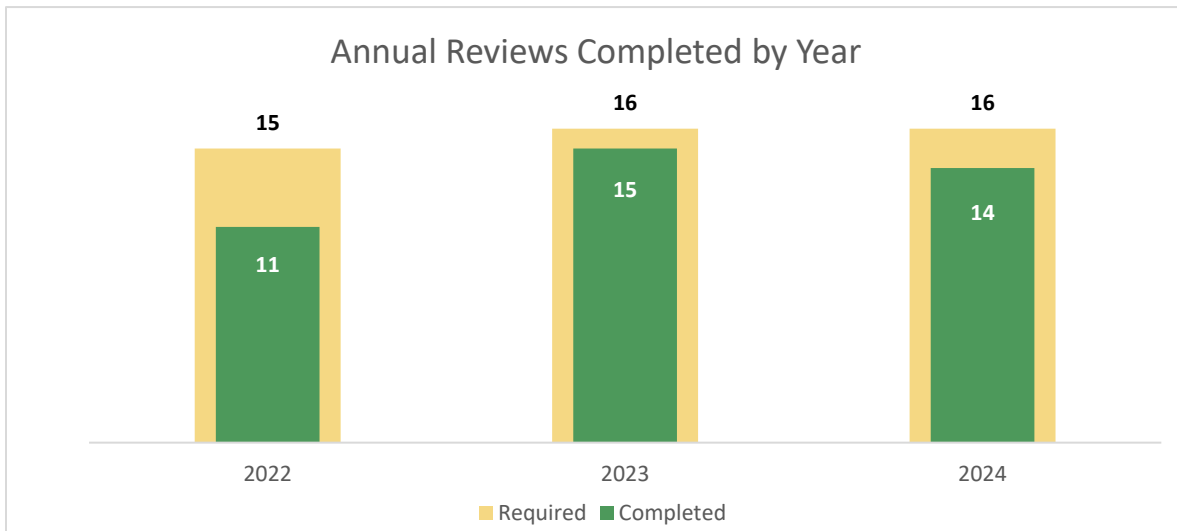
St. 33a: Monitoring the Family Care Home

The standard was applied to all 21 records, with five rated achieved and 16 rated not achieved. Five records documented home visits every 90 days, 15 records documented home visits, but not every 90 days and one record did not have regular home visits documented.

Among the 21 records reviewed, the policy required a total of 199 visits to the family care homes. It was found that visits occurred within the 90 day timeframe 178 out of the expected 199 visits, resulting in a compliance of **89%**. For the visits that did not occur within 90 days, just under half had over four months without a documented visit, the longest gap was 392 days.

St. 33b: Reviewing the Family Care Home

The compliance rate was **100%** in 2025, **88%** in 2024, **94%** in 2023 and **73%** in 2022. The standard was applied to 15 applicable records.



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

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

St. 35: Quality of Care Review

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

St. 36: Closure of the Family Care Home

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

The not achieved record did not contain documentation that written notice was provided to the caregiver.

Family Services and Child Safety Practice Audit Results

The practice audit examined the work completed by the staff in the Agency’s family services program over a three year period. There was a total of 38 service requests, 14 memos, 46 incidents, 14 closed FS records and 21 open in the sample.

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

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

Strengths and Growth Opportunities

Strengths

- Accurately assessed s. 13 concerns.
- Completed Detailed Record Reviews (DRR).
- Completed Safety Assessments and processes.
- Completed collateral checks.
- Confirmed, contacted and involved the Indigenous Community.
- Assessed and reassessed the risk of future harm.

Growth Opportunities

- Assess the family’s strengths and needs.
- Family Plan to be on record and developed in collaboration with the family.
- Complete the Reunification Assessment.

The intake team worked closely with Out of Care resource workers to coordinate planning and placements.

Highlights

Team leader consultations and approvals were consistently documented throughout the child protection response to ensure accountability and clear decision making.

Analysis

Family Service (FS) 1: Screening Measures

The measure applied to 98 records.

In the 98 records reviewed:

- The Screening Assessment was completed either immediately, as necessary, or within 24 hours **100%** of the time.
- The response chosen (either protection or non-protection response) was appropriate **100%** of the time.
- The response priority was appropriate **100%** of the time.
- **97%** of Initial Record Reviews (IRRs) were completed within 24 hours.
- **86%** of IRRs contained a Best Practices check.
- **86%** of IRRs contained sufficient information about previous issues or concerns and the number of past service requests, incidents or reports (when a protection history existed).

FS 2: Conducting a Detailed Record Review (DRR)

The compliance rate was **91%**. The measure was applied to all 46 records, with 42 rated achieved and four rated not achieved.

Of the four records rated not achieved:

- Two did not contain a DRR.
- One contained a DRR, but it was not reflective of past issues, how the family responded and the effectiveness of the last intervention.
- One record's rationale for ending early was not appropriate.

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

The measure was applied to all 46 records.

The Safety Assessment was completed within 24 hours during the first significant involvement with the family and was on the record **89%** of the time (41 records), with a breakdown of:

- **98%** of records contained a completed Safety Assessment.
- **89%** of the Safety Assessments were completed during the first significant involvement with the family.
- **65%** of the Safety Assessments were completed within 24 hours.

The response ended early with supervisory approval and the rationale was appropriate and documented in three records (**100%** achievement). On one record the rationale for ending early was not appropriate.

This measure also tracked how many days it took to complete the Safety Assessment if it was not documented within 24 hours. Of the 13 records that did not complete the Safety Assessment within 24 hours, 11 took up to 14 days and two took between 31 and 35 days.

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

The compliance rate was **98%**. The measure was applied to all 46 records, with 45 rated achieved and one rated not achieved.

The record was rated not achieved because the rationale for ending early was not appropriate.

FS 5: Developing a Safety Plan

The compliance rate was **87%**. This measure was applied to 15 records, with 13 rated achieved and two records rated not achieved.

Of the two records rated not achieved, one required a Safety Plan but was not documented and in one a rationale for ending early was not appropriate.

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

The compliance rate was **96%**. The measure was applied to all 46 records, with 44 rated achieved and two rated not achieved.

Of the two records rated not achieved, one did not contain documentation that the child safety worker met with or interviewed the parents and on one the rationale for ending early was not appropriate.

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

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

The compliance rate was **96%**. The measure was applied to 46 records, with 44 rated achieved and two rated not achieved.

Of the two records rated not achieved, one did not have any child or youth interviews documented and on one the rationale for ending early was not appropriate.

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

FS 8: Visiting the Family Home

The compliance rate was **96%**. The measure was applied to all 46 records, with 44 rated achieved and two rated not achieved.

In the two records rated not achieved, on one the child safety worker did not visit the family home and on one the rationale for ending early was not appropriate.

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

FS 9: Working with Collaterals

The compliance rate was **90%** where all the required collaterals were completed, with 38 records rated achieved and five rated not achieved. Four records did not have all the required collaterals and one record ended early without an appropriate rationale.

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

FS 10: Involvement with Indigenous Communities under the CFCSA

In all 42 records, the child or youth identified as Indigenous, and the following results were found:

- **95%** of records documented confirmation that the child or youth was Indigenous.
- **95%** of records indicated the Indigenous Community was contacted.
- **93%** of records documented that the Indigenous Community were involved in the planning and delivery of services.

The response ended early with supervisory approval and the rationale was appropriate and documented in seven records (**100%** achievement). On one record the rationale for ending early was not appropriate.

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

In the 46 records reviewed:

- **98%** of records contained a summary of the current circumstances.
- **98%** of records had clear documentation of the outcome of the current involvement
- **93%** of records contained a summary of the history of the family' s child protection involvement.

In the 46 records reviewed, the supervisor appropriately approved ending the response early in three, 27 did not end within 30 days of receiving the report, eight had supervisory approval to extend and eight ended within the 30 days.

The response ended early with supervisory approval and the rationale was appropriate and documented in seven records (**100%** achievement). On one record the rationale for ending early was not appropriate.

FS 12: Assessing the Family's Strengths and Needs & Creating and Implementing the Family Plan

This measure was applied to all 34 records, the compliance for each task is as follows:

- **47%** of the records had an assessment of the family's strengths and needs through supervisor consultation note or discontinued Strengths and Needs Assessment tool.
- **24%** of the records had a Family Plan or equivalent on record.
- **24%** of the records had a Family Plan or equivalent developed in collaboration with the family.
- **21%** of the records had a Family Plan or equivalent reflective of the family's strengths and needs.
- **21%** of the records had a Family Plan or equivalent approved by supervisor.

FS 13: The Reassessment of Risk of Future Harm

The compliance rate was **67%**. The measure was applied to 12 records, with eight rated achieved and four rated not achieved.

The records rated not achieved did not have a reassessment completed in the most recent six month protection cycle.

FS 14: Completion of the Reunification Assessment

The compliance rate was **0%**. The measure was applied to 22 records.

Of the 22 records rated not achieved:

- Eighteen records did not have a Reunification Assessment completed within the most recent six month ongoing protection services cycle.
- Three records did not have a Reunification Assessment completed when the child or youth's return was being considered.
- One record did not have a Reunification Assessment completed when a custody court proceeding was approaching and the previous assessment was older than three months or no longer relevant.

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

The compliance rate was **100%**, with all 14 records rated achieved.

FS 16: Collaborative Planning and Decision Making (CPDM)

The compliance rate was **70%**. The measure was applied to 10 records, with seven rated achieved and three rated not achieved.

In the records rated not achieved CPDM was not offered at least once when required.

Adoption Services Practice Audit Results

This audit reflects the work done by staff in the Agency’s adoption program over three years. There were a total of seven child service records and 11 adoption records; however, not all measures in the audit tool were applied to each record. Measures 1 to 6 applied to the child service records and measures 7 to 13 applied to adoption records. See [Appendix A](#) for more detailed methodology.

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

Strengths and Growth Opportunities

Strengths

- Cultural planning.
- Adoption matching.
- Proposing a child for Adoption.
- Contact with the child or youth and Adoptive Parents during residency.

Growth Opportunities

- Keeping the SAFE study current.

Highlights

Child centered placements addressing cultural, medical, behavioural and developmental needs for Métis children and youth.

Strong focus on including family in the Adoption Circle and planning.

Analysis

Adoption (A) 1: Adoption Circle was Established and Involved in Adoption Planning

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

Information was also gathered about the composition of the Adoption Circle and if the circle was involved in planning. In most of the records, the Adoption Circle involved the Indigenous Community and the circle was involved throughout adoption planning.

A 2: Notification to an Indigenous Child or Youth’s Cultural Community in Adoption Planning

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

A 3: Preparing a Child or Youth for Adoption

The compliance rate was **100%**. The measure was applied to one record in the sample. The other six records in the sample did not apply as the child was not developmentally able to participate in a discussion about their permanency plan.

The applicable record also had documentation on the record of team leader approval, indicating that the child or youth had been sufficiently prepared for their adoption prior to placement.

A 4: Assessing a Potential Match for a Child or Youth in Continuing Custody

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

When assessing a potential match for a child or youth Agency staff involved members of the Adoption Circle including:

- Birth family.
- Extended family.
- Indigenous Community.
- Caregivers.
- Prospective adoptive parents.
- Adoption professionals.
- Resource workers.
- Team leaders.

A 5: Consent to Adoption for a Child or Youth Over 12 years of age

There were no applicable records in this sample that involved obtaining consent for adoption by a child or youth over 12 years of age.

A 6: Adoption Care Plan

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

In addition to the adoption worker, guardianship worker, team leaders and adoptive parents being involved in the development of the Adoption Care Plan:

- Four records involved the Indigenous Community.
- Two records involved the resource worker.
- Two records involved the Métis Commission.
- One record involved adoption professionals.

All of the Adoption Care Plans were signed by members of the Adoption Circle.

A 7: Initial Screening

The compliance rate was **100%**, with all 11 records rated achieved.

A 8: Adoption Education Program

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

A 9: Completing the Structured Analysis Family Evaluation (SAFE) Study

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

A 10: Keeping the SAFE Study Current

The compliance rate was **25%**, with one of the four applicable records rated achieved. The records rated not achieved did not contain a written SAFE update annually as required.

A 11: Proposing the Adoption Placement of a Child or Youth to the Adoptive Parent

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

A 12: Adoption Transition

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

All applicable records had an updated initial record review and criminal record check completed within 30 days prior to the notice of placement as required.

A 13: Contact with the Child or Youth and Adoptive Parents during Residency

The compliance rate was **100%**, with all five records rated achieved. There were 60 post-placement visits required, and 61 post-placement visits occurred. Visits and support to the children or youth and adoptive parents was an area of significant strength in this audit. Agency staff not only met the minimum policy requirements but also prioritized seeing families when experiencing challenges and celebrating milestones. Families were also invited to participate in cultural celebrations and activities held at Métis Family Services, such as Christmas parties, photo days and National Indigenous Day.

Actions Completed to Date

MFS implemented the following:

1. Learning Opportunities

- ICFSA Practice Branch provided virtual training on September 18, 2024, for Guardianship Responsibilities around Youth Agreements and Independent Living Agreements.
- In February 2024, an Art as Medicine workshop was facilitated for all staff.
- In November 2023, Child's Song training focused on attachment issues for social workers and Safe Talk Suicide Intervention training provided to all staff.
- In September 2023, Leadership and Conflict Resolution training was completed for all leadership staff.
- MCFD Provincial Practice Branch provided in person training on June 14, 2023, on Reportable Circumstances.
- ICFSA Practice Branch provided virtual training on August 22, 2023, on Post Majority.

2. Updated Resource Documentation

MFS confirmed on October 3, 2025, the completion of the outstanding documentation on the identified resource records, specifically:

- One of the missed Structured Analysis Family Evaluation (SAFE) home study was added to the record. One remains outstanding as the home study could not be located.

MFS confirmed on October 10, 2025, the completion of the outstanding documentation on the identified resource records, specifically:

- Submissions completed for outstanding Criminal Record Checks and will forward once updates are received.
- All outstanding protocol summary reports have been located and filed within each record to bring to full compliance in this area.

3. Updated Guardianship Documentation

MFS confirmed on October 10, 2025, the completion of the outstanding documentation on the identified child service records, specifically:

- All but one of the missing protocol summary reports were provided and placed on the records.
- Some of the missing Rights in Care have been updated and the team shared a plan for completing the remainder.

4. Updated Family Services Documentation

MFS confirmed on November 6, 2025, the completion of the outstanding documentation on the identified family services records, specifically the completion of all outstanding Reunification Assessments.

5. Internal Documentation Enhancement

MFS confirmed on November 6, 2025, new internal processes have been implemented to address areas of practice that were identified in the audit process. Team leaders have developed a spreadsheet to track standards such as Care Plans, Signs of Safety maps and Reunification Assessments. They will monitor and send monthly emails as a reminder of upcoming deadlines of these standards. Staff are given clear standards for Care Plan reviews. They must print and re-sign the goal sheet for the six month review. Family service and guardianship team leaders provided documentation of new steps being taken to review rights and discipline standards with each child and youth.

Action Plan

Actions	Persons Responsible	Date to be Completed
<p>CHILD SERVICES</p> <p><u>St. 9a: Providing the Caregiver with Information</u></p> <p>1. MFS team leaders will review with their staff documentation guidelines about the sharing of information with caregivers at the time of placement. Staff will document that the referral document was reviewed and signed at the time of placement.</p> <p>Confirmation of participants and review date will be sent, via email, to the Manager of Quality Assurance (MQA).</p> <p><u>St 19: Interviewing the Child/Youth About Their Care Experience</u></p> <p>2. MFS family service and guardianship team leaders will create a template for interviewing children and youth about their care experience.</p> <p>MFS will provide a copy of the template, via email, to the MQA.</p>	<p>Executive Director</p>	<p>December 31, 2025</p> <p>Completed</p>
<p>RESOURCES</p> <p><u>St. 29: Family Care Homes – Application and Orientation</u></p> <p>3. MFS resource team leader to create a tracking spreadsheet for all criminal record checks to ensure they are completed in a timely manner.</p> <p>MFS will provide a copy of the tracking spreadsheet, and all outstanding resource documentation will be completed and sent via email, to the MQA.</p>	<p>Executive Director</p>	<p>March 31, 2026</p>

<p>FAMILY SERVICES</p> <p><u>FS 12: Assessing the Family’s Strengths and Needs & Creating and Implementing the Family Plan:</u></p> <p>4. MFS will provide their team with review of the policies and procedures in relation to family planning. Utilizing a Circle Map as the Family Plan template, MFS will have a map on all the required records and the map will be reviewed every six months.</p> <p>MFS will provide a copy of the new tracking method via email, to the MQA.</p>	<p>Executive Director</p>	<p>Completed</p>
--	---------------------------	------------------

APPENDIX A

1. Delegation

Delegation for ICFSAs refers to the transfer of authority and responsibility for decision-making in child safety services from the Indigenous Director of Child Welfare (Designated Director) to Indigenous Communities or organizations. This process enables ICFSAs to exercise greater control over the care, protection and wellbeing of their children, youth and families in accordance with cultural values, traditions and needs.

MFS operates under C6 and adoption delegations. 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.
- Resources.
- Youth Agreements.
- Respite services.
- Extended Family Program.
- Agreements with Young Adults.
- Adoption.

MFS was established in 1998 under C4 delegation and received C6 delegation on October 15, 2013. The Agency currently operates under a delegated service agreement from August 1, 2024 – March 31, 2028. The Agency provides services to Métis families in an urban setting.

MFS also provides the following non-delegated services, programs and events to Métis children and families:

Child Safety & Family Services

- Intake and family services.
- Supervised access services.
- Youth worker program.

Children & Youth in Care

- Guardianship program.
- Resources program.

Family Strengthening

- Rapid response program.
- Child and family group therapy.
- Cultural activities program.

Child & Family Development

- Drop-In support services for families.
- Indigenous/Métis Infant Development Program & Early Years Support.
- Elder program.
- Outreach Parenting program.

Permanency

- Adoption program.
- Resolutions & Reconnect program.

Culture & Community

- Youth circle.
- Family nights.
- Elder connection.
- Community referral.

2. Community Demographics and Staffing Context

Métis Family Services, based in Surrey, BC, provides guardianship, adoption, resource and placement supports for Métis children and youth across Surrey, White Rock, Delta (including Ladner) and the Greater Vancouver region; services are adapted to each child's placement location and may draw on local Coast Fraser Region programs and Child and Youth Mental Health resources. MFS partners and shares services with the Ministry of Children and Family Development (MCFD) and community providers—such as Aboriginal Youth Mental Health, S.O.S. Children's Village and local counselling services—to ensure culturally safe, coordinated supports for Métis children, youth and their families.

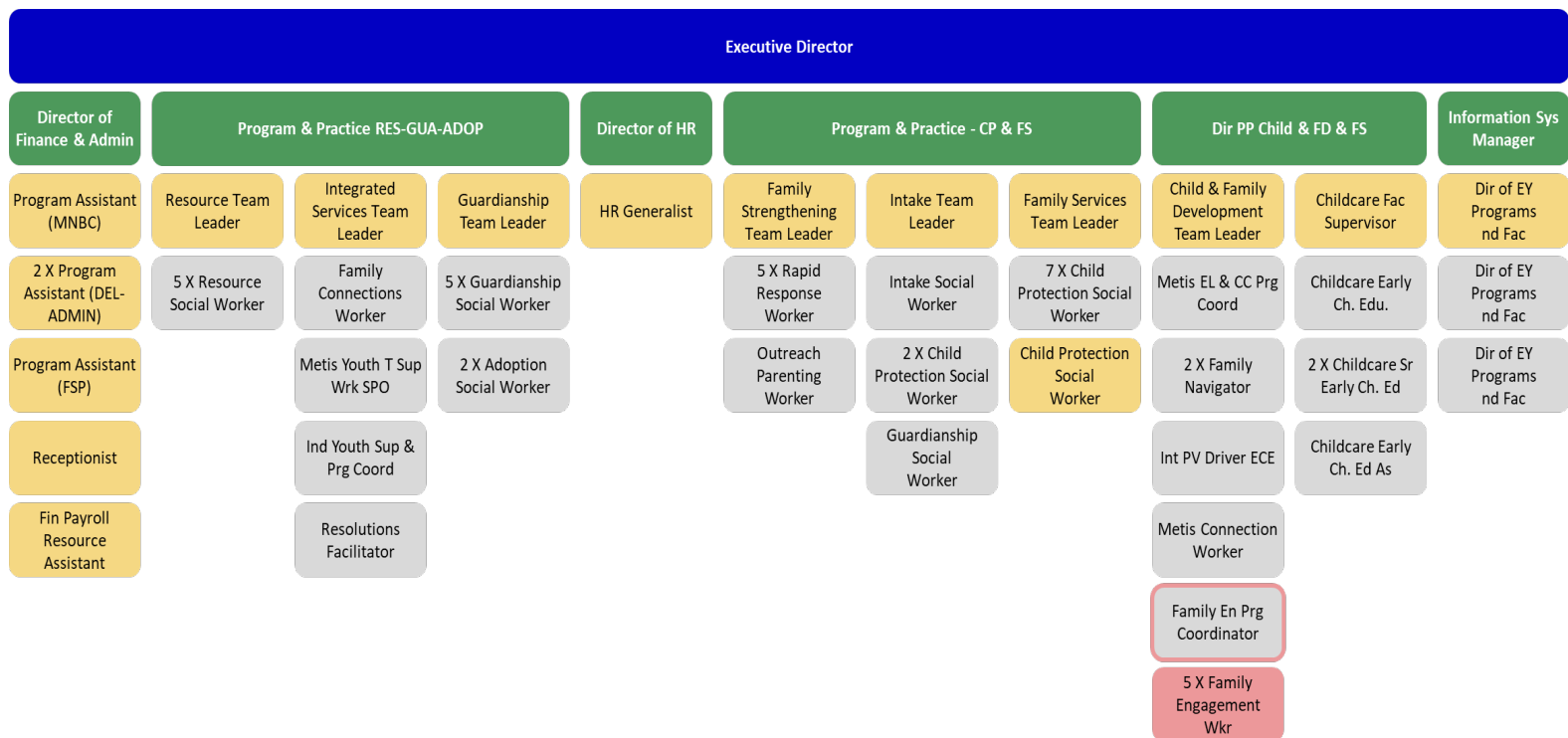
There are approximately 64,525 people in British Columbia who self-identify as Métis (*source: Crown-Indigenous Relations and Northern Affairs Canada, First Nations Profiles, Registered Populations, March 2021*).

Organizational Structure, Training and Work Environment

Métis Family Services Executive Director has led the Agency for four and a half years and has been with MFS since 2020. The Agency employs 60 staff and its leadership team comprises a Director of Finance and Administration, three Directors of Programs and Practice, a Director of Human Resources and seven delegated team leaders. Team leaders report to the Director of Programs and Practice, while resources, guardianship, family service and child safety workers report to their team leaders; delegated roles are assigned at C6 for the Executive Director and team leaders and at C4 or C6 for delegated workers depending on job requirements.

All delegated staff completed delegation training through the Indigenous Perspectives Society or the Justice Institute of British Columbia and the Agency actively supports additional professional development. Team leaders and workers have tenures ranging from six months to 17 years and staff report high satisfaction with supervision: one-on-one supervision and team meetings occur every one to two weeks, Agency-wide meetings are held monthly and leadership has invested in extensive leadership and supervisory training over the past two years while identifying a continuing need for enhanced clinical supervision.

MFS ORGANIZATIONAL CHART



3. Staff Perspectives: What We Heard

Sixty two percent of the staff participated in interviews, sharing their insights on strengths and growth opportunities within MFS, as follows:

Strengths:

- **Leadership and Professional Development:** MFS supports internal and external professional development, offering courses such as Stepwise Interviewing, Signs of Safety, SHSS (Specialized Home Support Services), leadership and supervisory development, delegation and certification, SAFE Study, cultural and Indigenous engagement, Somatic Experience and Trauma-Informed Practice, SAJE and Vicarious Trauma training.
- **Cultural Engagement and Respect:** A Cultural Committee runs weekly two-hour immersive teachings to weave Métis culture through the Agency: Métis bead painting, Michif language lessons, traditional medicines, land-based healing and cultural artistry.
- **Elders Advisory Committee:** Métis Elders provide cultural guidance, join family circles, and accompany workers to family meetings. The Agency is training more staff to co-facilitate circles with Elders to increase frequency and impact.
- **Strengthening Onboarding and Training:** A new HR training system has been introduced to support staff in learning as they go. This initiative aims to enhance the onboarding experience and ensure new employees are equipped with the tools and knowledge needed to succeed.

Growth Opportunities:

- **Expanding Career Advancement Pathways:** Staff noted challenges in accessing management positions due to recent changes in application requirements. Addressing these barriers could help retain talent and promote internal growth within the Agency.
- **Partnerships:** Strengthen collaboration with Métis Agencies and chartered communities to better support Métis children and families.

4. Methodology

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

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

Record Types	Population Sizes	Sample Size
Open Child Service Cases	69	35
Closed Child Service Cases	30	21
Resource Files	28	21
Service Requests	82	38
Memos	17	14
Incidents	134	46
Open Family Service Cases	29	21
Closed Family Service Cases	16	14
Open/Closed Adoption Home Cases	13	13
Open/Closed Child Service Cases attached to Adoption Home Cases	5	5

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

1. **Incidents:** closed in ICM between March 1, 2024 and February 28, 2025, where the type was family development response and investigation.
2. **Service Requests:** closed in ICM between March 1, 2024 and February 28, 2025, where the type was request service, request service, request family support or youth services.
3. **Memos:** closed in ICM between March 1, 2024 and February 28, 2025, where the type was screening and with the resolution of "No Further Action."
4. **Open CS:** records open in ICM on February 28, 2025, and managed by the offices IGA, IGC, IGE for at least six months (continuously) with legal categories Voluntary Care Agreement, Support Needs Agreement, Continuing Custody Order, Removal, Interim Order and Temporary Custody Order.
5. **Closed CS:** records that were closed in ICM between September 1, 2022 and February 28, 2025, and managed by the offices IGA, IGC, IGE at least six months (continuously) with legal categories Voluntary Care Agreement, Special Needs Agreement, Continuing Custody Order, Removal, Interim Order and Temporary Custody Order.

6. **Open and Closed RE:** records in ICM that were managed by office IGB that had children or youth in their care for at least three months (continuously) between May 31, 2022 and February 28, 2025. Children or youth in care had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level 1 Care, Level 2 Care, Level 3 Care and First Nations Foster Home.
7. **Open FS:** records open in ICM on February 28, 2025, and managed by the office IGE for at least six months (continuously) with a service basis listed as protection.
8. **Closed FS:** records closed in ICM between March 1, 2024, and February 28, 2025, and managed by the Agency for at least six months (continuously) with a service basis listed as protection.

Adoption Home and Child Service Cases

1. **Closed AH:** records with a file stop date between March 1, 2024 and February 28, 2025, and with a file start date after May 1, 2019.
2. **Open AH:** records (1) AH files with status Approved, Completed, offered, Placed, and Proposed, open on February 28, 2025, with a file start date after May 1, 2019. (2) AH files with status Under Study, open on February 28, 2025, where the file start date is after May 1, 2019, but before March 1, 2024.

Appendix B

Audit Tools

Guardianship Services Audit Tool

Guardianship Services (Compliance to AOPSI Practice Standards)		
Standard (St) #	Standard Name	Achievement 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 guardianship 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.

		<ul style="list-style-type: none"> • Return to the parent(s) prior to CCO rescindment. • Transfer of guardianship. • Plan for independence. • Record transfer. • Record closure.
St. 5	Rights of Children and Youth in Care	<ul style="list-style-type: none"> • The rights of children in care, including the advocacy process, was reviewed annually with the child or youth or with a significant person if there were capacity concerns or the child was of a young age throughout the audit timeframe, and • In instances when the child's rights were not respected, the guardianship 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.
St. 8	Guardianship Worker's Relationship and Contact with the Child or Youth	<p>The standard requires the guardianship worker to conduct a private visit with the child or youth:</p> <ul style="list-style-type: none"> • 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 guardianship 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 guardianship worker made efforts to resolve the issue.

St. 11	Planning a Move for a Child or Youth in Care	<p>The record, if it involved a placement move, confirmed that:</p> <ul style="list-style-type: none"> • The child or youth was provided with an explanation prior to the move. • The guardianship worker arranged at least one pre-placement visit. • If the child or youth requested the move, the guardianship worker reviewed the request with the caregiver, resource worker and the child to resolve the issue.
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 guardianship 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 guardianship 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 guardianship worker met with the child or youth prior to the transfer or, in instances when the youth had chosen not to meet, the guardianship worker made efforts to resolve the issue. • 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 guardianship worker met with the child or youth within five days after the transfer or, in instances when the youth had chosen not to meet, the guardianship worker made efforts to resolve the issue. • 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.

		<ul style="list-style-type: none"> • The guardianship worker met with the child or youth prior to ending services and closing the record, in instances when the youth had chosen not to meet, the guardianship worker made efforts to resolve the issue. • Efforts were made to meet with the caregiver(s) prior to the closure. • Service providers were notified of the closure. • The Indigenous Community was notified, if applicable. • Support services for the child or youth were put in place, if applicable.
St. 17	Rescinding a CCO and Returning the Child or Youth to the Family Home	<p>The record, if it involved a rescindment of a CCO, confirmed that:</p> <ul style="list-style-type: none"> • The risk of returning a child or youth to their family home was assessed by delegated worker. • A safety plan, if applicable, was put in place prior to returning the child or youth to their family home. • The safety plan, if applicable, was developed with required parties. • The safety plan, if applicable, addressed the identified risks. • 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	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 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.

Resources Services Audit Tool

Resource Services (Compliance to AOPSI Resource Practice Standards)		
Standard (St) #	Standard Name	Achievement Criteria
St. 28	Supervisory Approval for Family Care Home Services	The record confirmed that the resource worker consulted a supervisor at the following key decision points: <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	The record confirmed the completion of the following: <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.

		<ul style="list-style-type: none"> • An orientation to the applicant(s).
St. 30	Home Study	<ul style="list-style-type: none"> • The resource 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 resource worker visited the family care home at least every 90 days throughout the audit timeframe, when required.
St. 34	Investigation of Alleged Abuse or Neglect in a Family Care Home	<p>The record, if it involved a report of abuse and/or neglect of a child or youth in a family care home, confirmed that:</p> <ul style="list-style-type: none"> • A Family Care Home Investigation was conducted with a summary report on file. • Efforts were made to support the caregiver.
St. 35	Quality of Care Review	<p>The record, if it involved a concern about the quality of care received by a child or youth in a family care home, confirmed that:</p> <ul style="list-style-type: none"> • A Quality of Care Review was conducted. • Efforts were made to support the caregiver.
St. 36	Closure of the Family Care Home	<ul style="list-style-type: none"> • The record, if it involved closure of a family care home, contained a written notice to the caregiver indicating the intent of the Agency to close the family care home.

Family Services Audit Tool

Family Services (Compliance to Chapter 3 Child Protection Policies)		
Measure #	Measure Name	Achievement Criteria
FS 1	Screening Measures	<p>The record needed to contain documentation of all the following components:</p> <ul style="list-style-type: none"> • Full and detailed report. • Initial record review (IRR) that was completed within 24 hours,

		<p>documented checking the best practices database for additional information and contained sufficient information about previous contact with the ministry.</p> <ul style="list-style-type: none"> • Screening Assessment that was completed immediately if necessary or within 24 hours otherwise. • A clear and appropriate determination that the report requires either a protection or non-protection response. • An appropriate determination of the response priority.
FS 2	Conducting a Detailed Record Review (DRR)	<ul style="list-style-type: none"> • 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.
FS 3	Assessing and Documenting the Safety of the Child or Youth	<ul style="list-style-type: none"> • The Safety Assessment process was completed during the first significant contact with the family. • The Safety Assessment was on the electronic record. • The Safety Assessment tool was completed within 24 hours after completion of the safety assessment process. • Or, the response ended early with supervisory approval and the rationale was appropriate and documented.
FS 4	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 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.
FS 5	Developing a Safety Plan	<ul style="list-style-type: none"> • If safety factors are identified in the SA tool and the child(ren) were not removed, an attached Safety Plan is required. • The Safety Plan MUST be either signed by the parent(s) responsible for ensuring the conditions OR there is documentation indicating they understood and agreed to the safety plan. • The Safety Plan MUST be approved by a supervisor (indicated in the checkbox on the safety plan document or there is documentation indicating they understood and agreed to the safety plan). • If the child is Indigenous and the child's Indigenous Community is a part of an Indigenous Governing Body, the child safety worker made reasonable efforts to involve the community in developing the Safety Plan.
FS 6	Meeting or Interviewing	<ul style="list-style-type: none"> • The child safety worker met with or interviewed the parents and other adults in the home (if applicable).

	the Parents and Other Adults in the Family Home	<ul style="list-style-type: none"> • Gathered sufficient information about the family to assess the safety and vulnerability of all children or youth living or being cared for in the family home. • Or, if the supervisor approved ending the protection response before the child safety worker met with or interviewed the parent(s) and other adults in the home, the rationale was documented and appropriate.
FS 7	Meeting with Every Child or Youth Who Lives in the Family Home	<ul style="list-style-type: none"> • The child safety 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 child safety 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.
FS 8	Visiting the Family Home	<ul style="list-style-type: none"> • The child safety worker visited the family home before completing the FDR assessment or the investigation or the supervisor granted an exception and the rationale was documented. • Or, the supervisor approved ending the protection response before the child safety worker visited the family home and the rationale was documented and appropriate.
FS 9	Working with Collaterals	<ul style="list-style-type: none"> • The child safety 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 child safety 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.
FS 10	Involving Indigenous Communities under the CFCSA	<ul style="list-style-type: none"> • The child safety worker confirmed whether the child or youth was Indigenous. • The child safety worker contacted the Indigenous Community. • The child safety worker involved the Indigenous Community in the planning and delivery of services: <ul style="list-style-type: none"> ○ either via Section 79, section 92.1, or with consent. ○ the child safety worker documented that they offered to involve the community, and the family did not give consent. ○ there was documentation indicating that reasonable efforts were made to establish the child's Indigenous Community. • The child safety worker confirmed the child/youth or family is Indigenous AND the parent did not consent to community involvement AND no significant measure was taken.
FS 11	Consultation in Assessing the Risk of Future Harm	<ul style="list-style-type: none"> • A clinical consultation note which included the: <ul style="list-style-type: none"> ○ Summary of current circumstances. ○ Summary of the history of the family's child protection involvement. ○ Outcome of this current involvement with MCFD.

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

FS 16	Collaborative Planning and Decision Making (CPDM)	Documentation in ICM must show that a CPDM process was offered when any of the following circumstances applied: <ul style="list-style-type: none"> • Removal was likely to occur (excludes urgent removals). • After the removal occurs but before it is contested at the presentation hearing. • When a protection hearing is contested. • Before applying for CCO or 54.01 when a parent is not in agreement. • Or it was offered for two or more siblings in the above-mentioned circumstances if removals occurred at separate times or it was inappropriate to engage in a CPDM process and the rationale was documented .
--------------	---	--

Adoption Services Adult Tool

Measure #	Measure Name	Achievement Criteria
A 1	An Adoption Circle is Established and Involved in the Adoption Planning	The CS record contains documentation confirming the child's guardianship worker established an Adoption Circle AND the Circle was established within 30 days of adoption becoming the permanency plan for the child OR if the CCO was granted prior to 2019, the Adoption Circle was created before or after the policy came into effect.
A 2	Notification to an Indigenous Child's Cultural Community in Adoption Planning	<ul style="list-style-type: none"> • The Indigenous Community was notified within 30 days of adoption. • The Indigenous Community was not notified within 30 days but reasonable efforts to notify were made. • The identified representative was notified within 30 days. • The identified representative was not notified within 30 days but reasonable efforts to notify were made. <p>If the CCO was granted prior to 2019, the notification to the child's Indigenous Community and their identified representative, if applicable, occurred before or after the policy was published.</p>
A 3	Preparing the Child for Adoption	The CS record contains documentation confirming the child's guardianship worker met with the child to discuss their permanency plan in a developmentally appropriate manner AND ensured that the child was prepared for their adoption prior to their placement.
A 4	Assessing a Potential Match for a Child in Continuing Custody	The CS record contains documentation confirming the child's guardianship worker reviewed the written Structured Analysis Family Evaluation (SAFE) AND conducted a selection process involving the Adoption Circle AND involved the adoption worker local to the prospective adoptive parent(s) (PAPs) in the selection process.

A 5	Consent to Adoption for Child Over 12	The CS record contains documentation confirming consent was freely given and fully informed.
A 6	Adoption Care Plan	The Adoption Care Plan on record is reflective of the child's unique needs AND considers the child's views AND is completed in collaboration with the PAP(s) AND is reviewed and updated every six months, or if any circumstances significantly change, until an adoption order is applied for.
A 7	Complete Initial Screening Process	The AH record contains documentation confirming that the initial screening process has been completed AND appropriate approvals have been obtained when risk has been identified.
A 8	Completing the Adoption Education Program (AEP)	The record confirms that the PAP(s) completed the adoption education program (AEP) prior to the home study being completed by the adoption worker OR the PAP(s) are exempt from completing the AEP and there is documentation confirming this.
A 9	Completing the SAFE Study	The AH record contains a written SAFE study AND there was TL approval of completion
A 10	Keeping the SAFE Study Current	The AH record contains the required update to the written SAFE study AND includes the required information AND supervisory approvals.
A 11	Proposing the Adoption Placement of Child(ren) to Prospective Adoptive Parent(s)	The AH record contains a Proposal Package AND has an Acknowledgement Letter signed by the PAP(s), confirming the PAP(s) have received and agreed to the adoption proposal.
A 12	Adoption Transition	The guardianship worker, when developing the Transition Plan collaborated with the adoption worker AND PAP(s) AND current caregiver.
A 13	Contact with the Child(ren) and Prospective Adoptive Parent during Residency	The AH record contains documentation confirming the adoption worker contacted the child and the PAP(s): within one working day after the adoption placement AND visited the adoptive family home within seven days after the adoption placement, AND every 30 days thereafter AND if a reportable circumstance occurred AND if the child considered revoking their consent AND if the PAP(s) indicated that they wanted to end the residence AND the visits were completed in accordance with the visitation schedule (no more than 90 days) as approved by the team leader AND visits took place in person.