



Nezul Be Hunuyeh Child & Family Services Society  
(IQE, IQH)

# Practice Audit Report

Report Completed: July 2023

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## 1. PURPOSE

The purpose of the audit is to improve and support child and youth service and resource 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 fourth audit for Nezul Be Hunuyeh Child and Family Services Society (NBHCFSS). The last audit of the agency was completed in January 2018.

The specific purposes of the audit are to:

- Further the development of practice.
- Assess achievement of key components of the Aboriginal Operational and Practice Standards and Indicators (AOPSI) as it relates to resource and guardianship services.
- Determine the current level of practice across a sample of records.
- Identify barriers to providing an adequate level of service.
- Assist in identifying training needs.
- Provide information for use in updating and/or amending practice standards or policy.

## 2. AGENCY OVERVIEW

### a) Demographics

NBHCFSS serves children and families of the Nak'azdli Whut'en, Tl'azt'en Nation and Binche Whut'en. The agency offices are in the town of Fort St. James, adjacent to the community of Nak'azdli Whut'en and in the city of Prince George. The agency also provides services to children and families of their Member Nations in the municipalities of Fort St. James and Prince George. The total registered population of the First Nations are approximately 3790 (Source: <https://www.canada.ca/en/crown-indigenous-relations-northern-affairs.html>; April 2023).

### b) Delegation

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

- Out of Care Options
- Guardianship of Children and Youth in Continuing Custody
- Support Services to Families
- Voluntary Care Agreements
- Special Needs Agreements
- Establishing Resources
- Youth Agreements

- Respite Services
- Extended Family Program
- Agreements with Young Adults
- Alternatives to Care/Transfer of Custody

NBHCFS has been providing C4 services since 2010. The agency currently operates under a delegated services agreement from April 1, 2020 – March 31, 2025.

In addition to the delegated programs, NBHCFS provides the following programs/services to the children and families of their Member Nations (sources: <https://www.nezulbehunuyeh.ca>, NBHCFS AGA 2021-2022 report):

- Family Services: provides voluntary support for families who become involved in the child welfare system, with MCFD, or for families who request and are seeking support for a variety of issues.
- Community Advocate Services: the agency contracts with their member Nations to provide community advocate services. A community advocate also works out of the Prince George office to provide advocacy and support to community members living in the urban setting. Community Advocates work directly with families who are involved with MCFD to provide support and advocacy throughout the initial investigation process.
- Support and Prevention Services:
  - Children Services Team: responsible for administering services to children inclusive of Early Years programs, After School Programs, and Parent Support Programs to the three communities. The Child Service Team works closely with community to develop and deliver community-based programs which will promote family strength, dignity, and unity. The Children Service Team is comprised of the Tsibalyan T'ó (Eagles Nest), Parent Support, and Afterschool programs.
  - Youth Outreach team: interacts daily with youth from our three communities; both on a one-on-one context and at times in larger groups to increase engagement, provide services, and facilitate growth.
  - Culture Program: runs groups and workshops for children, youth, and families, and ensures cultural training and education for NBHCFS staff. The culture program collaborates with Nak'azdli Whut'en, Binche Whu'ten, and Tl'azt'en Nation to identify community needs and develop cultural programming in each community to meet those needs. The program offers Smokehouse Kids, Teens Leading Our Way and Woman's Group. To meet the cultural needs, the Culture program works with local Elders and Knowledge Keepers to ensure that programming is delivered in an informed and holistic manner.

- Family Connection Workers (FCWs): responsible for transporting children and families and for providing supervision for family visits. Additionally, the FCWs assist with life skills work and participate in NBHCFSS events and programs as needed.
- Shun Huznuta: provides youth who are transitioning to the adult world with wrap around services to navigate the journey in a safe, secure and supported way. This program is open to youth between the ages of 16-24.  
A youth support team supports and guides the youth to develop and implement an individual service plan that identifies their goals. (This program closed in 2021)

- Culture Camp
- Apple Day
- Polar Express
- Dr. Seuss Day

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

Since the last audit in 2018, the agency has experienced tremendous growth. Current delegated staffing at NBHCFSS is comprised of the executive director, the director of child and family services (new position as of February 2023), two managers- child and family services, one manager – resources (new position as of February 2021), two child and family service social workers, two guardianship social workers, one resource worker and two social worker assistants. Additionally, there are approximately 31 staff in various non-delegated services positions: one caregiver support worker, one resource and recruitment coordinator, a manager of cultural services, a cultural services coordinator, four cultural youth workers, a manager of prevention and support services, a manager of children services, two Tsibalyan T’o coordinators, two Tsibalyan T'o assistants, family connection workers (number not identified), a manager youth services, youth outreach workers (number not identified), a roots worker, a post majority worker, a manager of administration, two administrative assistants, two receptionists, two casual receptionists, a manager of finance, a finance assistant, a data entry clerk, an executive assistant and a Neghunli-un coordinator. The agency is currently working on creating a Family Services manager position.

The executive director and all the delegated staff except for the resource worker are delegated at the C4 level, the resource worker is delegated at the C3 level. All the delegated staff interviewed completed their delegation training through Indigenous Perspectives Society or through the Justice Institute through MCFD. The agency supports additional training/professional development opportunities, whenever possible. There is an annual training and development budget for each staff member to use. Motivational interviewing and trauma training were some of the trainings recently offered. The staff have access to the Learning Management System

through MCFD and iConnect. The agency places a priority on staff attending cultural events and they have a cultural team who provide opportunities for staff to attend. While the COVID-19 pandemic impacted the availability of training over the past few years, agency management are focused on supporting staff training needs and interests.

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

The executive director reports to the Board of Directors and the following positions report to the executive director:

- director of child and family services
- executive assistant
- Neghunli-un coordinator
- manager-administration
- manager-finance

The following positions report to the director of child and family services:

- managers - child and family services
- manager – resources
- manager- youth services
- manager-prevention and support services
- manager - cultural services
- manager – children’s services

Delegated staff report having excellent, accessible, and supportive supervision and consultation opportunities. Most staff interviewed described having various supervision opportunities such as weekly or monthly tracking meetings, scheduled clinical supervision or open-door consultation. The director of child and family services has scheduled weekly tracking meetings with each member of the team. The tracking meetings include discussions of the current review recordings and updates on milestones in the children or youth’s life in care. Inter-agency meetings are held every three months in Vanderhoof, and staff can attend virtually if they are unable to be there in person. Many of the staff interviewed reported knowing most of the children and youth being served by their offices, Prince George or Fort St. James, so they are able to step in and support their colleagues with managing their workload, if needed.

During the COVID-19 pandemic, supervision and consultations also occurred through emails, texts, phone calls, and video conferencing.

### 3. STRENGTHS OF THE AGENCY

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

- Adapting to growth – The agency is working towards the delivery of voluntary family support services. C6 planning is underway and is supported by each community and MCFD. In 2022, the agency contracted with a resource consultant to assist in strengthening their resource program.
- Supportive work environment - Staff described their colleagues as having their back and there is a strong teamwork environment in each office. Management supports staff carrying a smaller number of records and approaching their work creatively while staying within policy and legislation. There is a high level of retention with the delegated staff.
- Cultural programming - The cultural services provided and staff are very well received in each community.

### 4. CHALLENGES OF THE AGENCY

Through the review of documentation and staff interviews, the practice analysts identified the following challenges within the agency during the reporting period:

- Need for larger office space - Staff have outgrown their space in the Prince George office. Management is aware of this, and a new office has been secured, with a move planned in the coming months.
- Developing cultural knowledge - There is a need for a cultural competency program for orientation for new staff.
- Large geographical service area - The staff in the Fort St. James office have a large geographical area to cover which results in lengthy travel days and at times, days out of the office.

### 5. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all the measures in the audit tools. The tables present findings for measures that correspond with specific components of the policies within AOPSI. 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 **86%**. 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 44 records identified within the sample; however, not all 23 measures in the audit tool were applicable to all 44 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	44	44	0	100%
Standard 2 Development of a Comprehensive Plan of Care	0	0	0	N/A
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	44	37	7	84%
Standard 4 Supervisory Approval Required for Guardianship Services	44	44	0	100%
Standard 5 Rights of Children in Care	44	36	8	82%
Standard 6 Deciding Where to Place the Child	44	44	0	100%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	44	44	0	100%
Standard 8 Social Worker's Relationship & contact with a Child in Care	44	34	10	77%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	44	27	17	61%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	44	44	0	100%
Standard 11 Planning a Move for a Child in Care (VS 20)	15	15	0	100%
Standard 12 Reportable Circumstances	34	8	26	24%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	5	5	0	100%
Standard 14 Case Documentation	44	37	7	84%
Standard 15 Transferring Continuing Care Files	16	12	4	75%
Standard 16 Closing Continuing Care Files	12	9	3	75%
Standard 17 Rescinding a Continuing Custody Order	0	0	0	N/A
Standard 18 Permanency Planning	N/A	N/A	N/A	N/A
Standard 19 Interviewing the Child about the Care Experience	21	10	11	48%



Standard 20 Preparation for Independence	22	22	0	100%
Standard 21 Responsibilities of the Public Guardian and Trustee	44	43	1	98%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	10	8	2	80%
Standard 23 Quality of Care Review	0	0	0	N/A
Standard 24 Guardianship Agency Protocols	44	44	0	100%

Standard 2: 44 records did not involve initial care plans completed within the audit timeframe.

Standard 11: 29 records did not involve children or youth moving from their care homes.

Standard 12: 10 records did not involve reportable circumstances.

Standard 13: 39 records did not involve children missing, lost, or run away.

Standard 15: 28 records did not involve file transfers.

Standard 16: 32 records did not involve file closures.

Standard 17: 44 records did not involve rescinding continuing custody orders.

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

Standard 19: 23 records did not involve changing placements.

Standard 20: 22 records did not involve youth planning for independence.

Standard 22: 34 records did not involve investigations of abuse or neglect in family care homes.

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

**Standard (St). 1: Preserving the identity of the Child or Youth in Care:** The compliance rate for this measure was **100%**. The measure was applied to all 44 records in the samples; 44 were rated achieved. To receive a rating of achieved, the record, if it was opened during the three-year audit timeframe, confirmed that:

- Efforts were made to identify and involve the child or youth’s Indigenous community.
- Efforts were made to register the child when entitled to a Band or Indigenous community or with Nisga'a Lisims Government.
- A cultural plan was completed if the child or youth was not placed within their extended family or community.
- The child or youth was involved in culturally appropriate resources.
- If the child or youth was harmed by racism, the social worker developed a response.
- If the child or youth was a victim of a racial crime, the police were notified.

**St. 2: Development of a Comprehensive Plan of Care:** There were no applicable records for this measure. 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.

**St. 3 Monitoring and Reviewing the Child or Youth’s Plan of Care:** The compliance rate for this measure was **84%**. The measure was applied to all 44 of the records in the samples; 37 were rated achieved and seven 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 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.

The seven records that were rated not achieved contained care plans, but they were not completed annually throughout the audit timeframe. Of the seven records rated not achieved, three have care plans that are currently due.

**St. 4 Supervisory Approval Required for Guardianship Services:** The compliance rate for this measure was **100%**. The measure was applied to all records in the sample. 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.

**St. 5 Rights of Children and Youth in Care:** The compliance rate for this measure was **82%**. The measure was applied to all 44 records in the samples; 36 were rated achieved and eight were rated not achieved. To receive a rating of achieved:

- the rights of children in care, including the advocacy process, was reviewed annually with the child or youth or with a significant person if there were capacity concerns or the child was of a young age throughout the audit timeframe, and
- in instances when the child's rights were not respected, the social worker took appropriate steps to resolve the issue.

Of the eight records rated not achieved, seven were reviewed within the audit timeframe, but these reviews were not conducted annually. One did not confirm that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe. Of the eight records rated not achieved, four were open and required the annual review of rights for 2022/2023.

**St. 6 Deciding Where to Place the Child or Youth:** The compliance rate for this measure was **100%**. The measure was applied to all 44 records in the samples. All records were rated achieved. To receive a rating of achieved, efforts were made to place the child in an out of home living arrangement that was in accordance with section 71 of the *Child, Family and Community Service Act* (CFCSA).

**St. 7 Meeting the Child or Youth's Needs for Stability and Continuity of Relationships:** The compliance rate for this measure was **100%**. The measure was applied to all 44 records in the samples. All records 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 **77%**. The measure was applied to all 44 records in the samples; 34 were rated achieved and 10 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 44 records that documented private visits, the standard required the children or youth to be seen 1301 times based on the criteria above. NBHCFSS documented that social workers saw the children or youth privately 1237 times in this audit timeframe. This demonstrates that 95% of the required in-person private visits occurred.

Of the 10 records rated not achieved, all documented private visits but not every 30 days throughout the audit timeframe, one documented visits, and some or all were not conducted in private (often with sibling groups). The total adds to more than the number of records rated not achieved because one record 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 **61%**. The measure was applied to all 44 records in the samples; 27 were rated achieved and 17 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 17 records rated not achieved, one did not contain documentation confirming that the discipline standards were ever reviewed with the caregivers at any time throughout the audit timeframe, one did not contain documentation that the information on the child or youth was provided to the caregivers at the time of placement, one did not contain documentation that the discipline standards were reviewed with caregivers at the time of placement and 14 contained documentation confirming that the discipline standards were reviewed with caregivers within the audit timeframe, but these reviews were not documented annually. The total adds to more than the number of records rated not achieved because eight records had combinations of the above noted reasons.

Of the 17 records rated not achieved, 12 are open and require documentation confirming that the discipline standards were reviewed with the caregivers in 2022.

**St. 10 Providing Initial and Ongoing Medical and Dental Care:** The compliance rate for this measure was **100%**. The measure was applied to all 44 records in the samples; all 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 15 of the 44 records in the samples; all 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 to resolve the issue.

**St. 12 Reportable Circumstances:** The compliance rate for this measure was **24%**. The measure was applied to 34 of the 44 records in the samples; eight were rated achieved and 26 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 26 records rated not achieved, 26 contained reportable circumstance reports but they were not submitted within 24 hours (the range of time it took to submit was between two and 14 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 five of the 44 records in the samples; all were rated achieved. To receive a rating of achieved, the record, if it involved a child or youth who was missing, lost, or runaway who may have been at high risk of harm, confirmed 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 **84%**. The measure was applied to all 44 records in the sample; 37 were rated achieved and seven 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 seven records rated not achieved, two did not contain review recordings or care plan reviews, and five contained review recordings or care plan reviews but they were not completed every six months.

**St. 15 Transferring Continuing Care Files:** The compliance rate for this measure was **75%**. The measure was applied to 16 of the 44 records in the samples; 12 were rated achieved and four 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 four records rated not achieved, four did not contain documentation that the social worker met with the child or youth prior to the transfer of guardianship responsibility, three did not contain documentation that the social worker met with the caregiver prior to the transfer, one did not contain documentation that the social worker met with the service provider(s) prior to the transfer, one did not contain documentation that the social worker met with the child or youth five days after the transfer. The total adds to more than the number of records rated not achieved because the four records had combinations of the above noted reasons.

**St. 16 Closing Continuing Care Files:** The compliance rate for this measure was **75%**. The measure was applied to 12 of the 44 records in the samples; nine were rated achieved and three were rated not achieved. To receive a rating of achieved, the record if it involved closing the record when services ended, confirmed that:

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

Of the three records rated not achieved, two did not contain a closing recording, two did not contain documentation that the social worker met with the child or youth prior to the closure, and two did not contain documentation that the applicable Band was notified. The total adds to more than the number of records rated not achieved because three records had combinations of the above noted reasons.

**St. 17 Rescinding a CCO and Returning the Child or Youth to the Family Home:** There were no applicable records this measure. 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 delegated worker.
- A safety plan, if applicable, was put in place prior to returning the child or youth to their family home.

- The safety plan, if applicable, was developed with required parties.
- The safety plan, if applicable, addressed the identified risks.
- The safety plan, if applicable, was reviewed every six months until the rescindment.

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

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

**St. 19 Interviewing the Child or Youth about the Care Experience:** The compliance rate for this measure was **48%**. The measure was applied to 21 of the 44 records in the samples; 11 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 11 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 22 of the 44 records in the samples; all were rated achieved. To receive a rating of achieved, the record, if it involved a youth about to transition from care to an independent living situation, confirmed that:

- 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):** The compliance rate for this measure was **98%**. The measure was applied to all 44 records in the samples; 43 were rated achieved and one was rated not achieved. To receive a rating of achieved:

- 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.

The one record rated not achieved, did not contain documentation confirming the PGT was notified when the CCOs were ordered.

**St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home:** The compliance rate for this measure was **80%**. The measure was applied to ten of the 44 records in the samples, and two were rated not achieved.

To receive a rating of achieved, the record, if it involved a report of abuse and/or neglect of a child or youth in a family care home, confirmed that:

- a Family Care Home Investigation was conducted with the summary report on file, and
- efforts were made to support the child or youth.

All the records rated not achieved had documentation that a Family Care Home Investigation occurred, but no summary report was located on file.

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

**St. 24 Guardianship Agency Protocols:** The compliance rate for this measure was **100%**. The measure was applied to all 44 records in the samples; all 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 **73%**. 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 10 records in the one sample selected for this audit; however, not all nine measures in the audit tool were applicable to all 10 records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 28 Supervisory Approval Required for Family Care Home Services	10	10	0	100%
Standard 29 Family Care Homes – Application and Orientation	10	4	6	40%
Standard 30 Home Study	3*	2	1	67%
Standard 31 Training of Caregivers	10	10	0	100%
Standard 32 Signed Agreement with Caregivers	10	7	3	70%
Standard 33 Monitoring and Reviewing the Family Care Home	10	6	4	60%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	1*	1	0	100%
Standard 35 Quality of Care Review	0*	0	0	N/A
Standard 36 Closure of the Family Care Home	1*	0	1	0%

Standard 30: 7 records did not involve home studies during the audit timeframe.

Standard 34: 9 records did not involve investigations of alleged abuse or neglect in family care home.

Standard 35: 10 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 10 records in the sample; all 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 **40%**. The measure was applied to all 10 records in the sample; four were rated achieved and six 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 six records rated not achieved, four (open) did not contain completed criminal record check(s), one did not contain the required prior contact checks, two did not contain completed medical exam forms, one did not contain the three reference checks, one did not contain orientations and one did not contain a completed application form. The total adds to more than the number of records rated not achieved because three of the records had combinations of the above noted reasons. Of the four open records that did not contain completed criminal records check(s), the practice analyst notified the executive director for follow up.

**St. 30 Home Study:** The compliance rate for this measure was **67%**. The measure was applied to three of the 10 records in the sample; two were rated achieved and one was 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.

The one record (open) rated not achieved did not contain a home study. For the open record without a home study, the practice analyst notified the executive director for follow up.

**St. 31 Training of Caregivers:** The compliance rate for this measure was **100%**. The measure was applied to all 10 records in the sample; all were rated achieved. To receive a rating of achieved, the training needs of the caregiver were assessed or identified, and training opportunities were offered to, or taken by, the caregiver.

**St. 32 Signed Agreement with Caregiver:** The compliance rate for this measure was **70%**. The measure was applied to all 10 records in the sample; seven 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, all contained Family Care Home Agreements, but they were not consecutive throughout the three-year audit timeframe (all open). One open record required a current signed Agreement.

**St. 33 Monitoring and Reviewing the Family Care Home:** The compliance rate for this measure was **60%**. The measure was applied to all 10 records in the sample; six were rated achieved and four 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 four records rated not achieved, three documented home visits but they were not completed every 90 days as required, and two contained annual reviews but they were not completed for each year in the three-year audit timeframe. The total adds to more than the number of records rated not achieved because one record had combinations of the above noted reasons.

Of the two records that did not contain all the required annual reviews, both were open and both required current annual reviews. The practice analyst notified the executive director of the open family care homes that required 2022/2023 annual reviews.

**St. 34: Investigation of Alleged Abuse or Neglect in a Family Care Home:** The compliance rate for this measure was **100%**. This measure was applied to one of the 10 records in the sample; and it was rated achieved. To receive a rating of achieved, the record, if it involved a report of abuse and/or neglect of a child or youth in a family care home, confirmed that:

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

**St. 36: Closure of the Family Care Home:** The compliance rate for this measure was **0%**. The measure was applied to one of the 10 records in the sample, and it was rated not achieved. To receive a rating of achieved, the record, if it involved closure of a family care home, contained a written notice to the caregiver indicating the intent of the agency to close the family care home.

Of the one record rated not achieved, it did not contain written notice to the caregiver.

## **6. ACTIONS COMPLETED TO DATE**

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

1. In May 2023, the social work assistant created a tracking spreadsheet for care plan due/completion dates and care plan review due/completion dates. The spreadsheet is sent to the Child and Family Services manager and GSWs on the first of each month to review which care plans/reviews are due for completion. The manager provides support to the team to prioritize this work with dedicated time, as needed.

## 7. ACTION PLAN

Actions	Persons Responsible	Expected Completion Date
<p><b><u>CHILD SERVICE</u></b></p> <p><b><u>Enhanced Documentation</u></b></p> <p><b><i>Standard 5, Rights of Children in Care &amp; Standard 9, Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards:</i></b></p> <p>1. In service training will be provided to C4 delegated staff to review practice standards for Section 70 rights and the Discipline policy. NBH CFS has developed forms for sign off to be reviewed with CYICs and Caregivers and placed on the file. These forms will be provided to staff and reviewed.</p> <p>Confirmation of the training resources used along with a copy of the form and training date(s) will be provided, via email, to the manager of Quality Assurance.</p> <p><b><u>Safety and Wellness of Children/Youth in Care</u></b></p> <p><b><i>Standard 8, Social Worker's Relationship &amp; Contact with a Child in Care:</i></b></p> <p>2. The caseload summary process will be reviewed monthly by social workers with their manager during regular case tracking. The manager will follow up on outstanding tasks or when caseload summary is not received in a timely manner.</p> <p>Confirmation of implementation date and copy of the form will be provided, via email, to the manager of Quality Assurance.</p> <p><b><i>Standard 12, Reportable Circumstances:</i></b></p> <p>3. The Child and Family Services Director will request Provincial Centralized Screening support in having After Hours TL's review RC's that occur on the weekends to avoid a delay in the 24-hour response time.</p> <p>Confirmation of this process will be sent, via email, to the manager of Quality Assurance.</p> <p><b><i>Standard 19, Interviewing the Child about the Care Experience:</i></b></p> <p>4. In service training will be provided to C4 delegated staff to review the interview questions and form.</p> <p>Confirmation of the training provided, a copy of the training resource used, form and training date(s) will be provided, via email, to the manager of Quality Assurance.</p>	<p>Child and Family Service Director (Michelle Morris)</p> <p>Child and Family Service Director (Michelle Morris)</p> <p>Child and Family Service Director (Michelle Morris)</p> <p>Child and Family Service Director (Michelle Morris)</p>	<p>October 31, 2023</p> <p>October 31, 2023</p> <p>October 31, 2023</p> <p>October 31, 2023</p>

<p><b><u>RESOURCES:</u></b></p> <p><b><u>Training</u></b></p> <p><b><i>Standard 29, Application and Orientation:</i></b></p> <p>5. In service training will be provided to C4 delegated staff to review the requirements of completing the IRR/DRR, CCRC/CRRA, references, and medical exam.</p> <p>Confirmation of the training provided, a copy of the training and training date will be provided, via email, to the manager of Quality Assurance.</p> <p><b><u>Enhanced Documentation</u></b></p> <p><b><i>Standard 36, Closing of the Family Care Home:</i></b></p> <p>6. A closing resource checklist and procedure guide will be developed and provided to C4 delegated staff. The checklist will include a requirement for sign off by the Child and Family Services Director.</p> <p>Confirmation of the implementation date and a copy of the checklist and guide will be provided, via email, to the manager of Quality Assurance.</p> <p><b><i>Standard 33, Signed Agreement with Caregiver and Standard 33, Monitoring and Reviewing the Family Care Home:</i></b></p> <p>7. A resource tracking spreadsheet will be implemented that the resource workers will update monthly and share with the resource manager. The spreadsheet will alert the resource workers and manager of outstanding tasks that require completion.</p> <p>Confirmation of implementation date and copy of the form will be provided, via email, to the manager of Quality Assurance</p>	<p>Child and Family Service Director (Michelle Morris) and Resource Consultant (Maureen DePellegrin)</p> <p>Child and Family Service Director (Michelle Morris)</p> <p>Child and Family Service Director (Michelle Morris)</p>	<p>October 31, 2023</p> <p>October 31, 2023</p> <p>October 31, 2023</p>
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## APPENDIX A

### 1. METHODOLOGY

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

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

Record Types	Population Sizes	Sample Sizes
Open Child Service	58	32
Closed Child Service	14	12
Open and Closed Resource	10	10

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

1. Open Child Service (CS): CS records open in the agency's offices on January 31, 2023, and had been open (continuously) at the agency for at least six months with legal category Voluntary Care Agreement, Special Needs Agreement, Continuing Custody Order (CCO), or Out of Province.
2. Closed Child Service: CS records that were closed in ICM between August 1, 2020, and January 31, 2023, and managed by the office for at least six months (continuously) with the following legal categories Voluntary Care Agreement, Special Needs Agreement, Continuing Custody Order (CCO), or Out of Province.
3. Open and Closed Resource: Resource records in ICM that were managed by the agency that had children or youth in their care for at least three months (continuously) between February 1, 2020, and January 31, 2023. 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.