



# **Nisga'a Child and Family Services**

## **Practice Audit**

**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 to Nisga’a Child and Family Services and conduct our work on their traditional lands.*



**Nisga’a Lisims  
Government**

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# AT A GLANCE: Practice Audit Report

## Nisga'a Child and Family Services (NCFS)

Report Completed: November 2025



The Nisga'a Nation is a self-governing First Nation on Canada's Pacific Coast.

Nisga'a Lisims Government is committed to protecting and promoting Nisga'a culture in all aspects of society. Ayuukhl Nisga'a - the ancient laws and customs of the Nisga'a people – informs, guides and inspires the learning of Nisga'a culture.

### Highlights



### Overall Strengths

#### Practice Shifts from Previous Practice Audit

##### Child Services

- Rights of Children and Youth in Care: 38% increase.

##### Family Services

- Conducting an Initial Record Review (IRR): 55% increase.
- Documenting the Safety Assessment: 80% increase.
- Family Strength and Needs Documented: 31% increase.

### Growth Opportunities

#### Family Services

- Document, complete and collaborate with family on the Family Plan.
- Contact and involve the Indigenous Community.

#### Child Services

- Review the appropriate discipline standards.
- Complete Review Recordings and Care Plan reviews.

#### Resources

- Complete the screening and assessment of prospective caregivers.
- Meet requirements for closing a family care home.



## What We Heard

- Strong relationships built with children, youth and families.
- Strong teamwork and supportive leadership, especially during challenging times.
- Staff value the freedom and encouragement to engage in meaningful cultural and community activities.
- Enhanced onboarding and access to structured, timely professional development would strengthen staff capacity.
- Streamlined administrative processes would improve efficiency and reduce frustration.
- Foster greater transparency and connection would support a more inclusive, collaborative environment.



## Actions Taken to Date

- NCFS enhanced cultural supports for children and youth and improved oversight by appointing a dedicated resource team leader.
- ICFSA Practice Branch completed training on child services documentation, held one-on-one sessions with guardianship workers and met with leadership to strengthen supervision practices.
- NCFS confirmed completion of all outstanding Rights of Children and Youth in Care due in 2025.

## Next Steps

- Train staff on Review Recordings and Care Plan reviews to meet policy requirements.
- Provide guidance on interviewing children and documentation when multiple team members are involved.
- Review all resource-related policies and documentation, including a new process for closing resources.
- Complete training on service requests, voluntary services, intake documentation and Structured Decision Making (SDM) Tools.
- Review and update Family Plan and Reunification Assessment processes.

## 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 guardianship, resources, family services and child safety provided by Nisga'a Child and Family Services from May 1, 2022 to April 30, 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 sixth practice audit for NCFS. The last practice audit was completed in September 2018.

NCFS is 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 delegated staff, including leadership, guardianship, resources, family services and child safety workers, were invited to share their perspectives about what was working well and where they saw opportunities for growth within NCFS. Ten 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.

### Strength and Growth Opportunities

#### Strengths

- **Staff's commitment and dedication** is evident in their relationships with families and retention of employees.
- Staff and team leaders (TLs) are **accessible and supportive** to each other.
- **Cultural integration and community engagement** is encouraged.

#### Growth Opportunities

- Improved **training and onboarding** for new and existing employees.
- **Streamline administrative systems** to enhance efficiency.
- Building **stronger connections and support systems** across the teams for enhanced communication and transparency.

## Guardianship Services Practice Audit Results

This practice audit covers the NCFS guardianship program over three years, based on 26 records from the selected sample, though not all 23 standards 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.

### Strength and Growth Opportunities

#### Strengths

- Maintained and supported cultural identity.
- Placed children and youth within community, with family and siblings and followed up with a child or youth after placement.
- Supported and preserved family relationships.
- Planned for placement changes.
- Provided medical and dental care.
- Planned for independence.
- Involved the Public Guardian and Trustee (PGT).
- Provided caregivers with information on the child and child-specific planning.

#### Growth Opportunities

- Monitor and document private visits with children and youth every 30 days.
- Complete Care Plans.
- Transfer of responsibility and records.
- Interview children and youth about their care experiences.
- Strengthen documentation.
- Review discipline standards.

## Highlights

NCFS excelled in preserving children and youth’s cultural identity by ensuring registration with their Nation and maintaining detailed records of family and cultural connections.

NCFS places a strong emphasis on maintaining and nurturing connections between children and youth in care and their families. Significant resources and funding are dedicated to supporting this priority, reflecting the organization's commitment to culturally grounded, family-centered care.

Records showed excellent documentation of preparing youth for independence including outreach involvement, coaching life skills, post-secondary planning and transitions to independent living.

## Analysis

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

The compliance rate was **100%**, with all 26 records rated achieved.

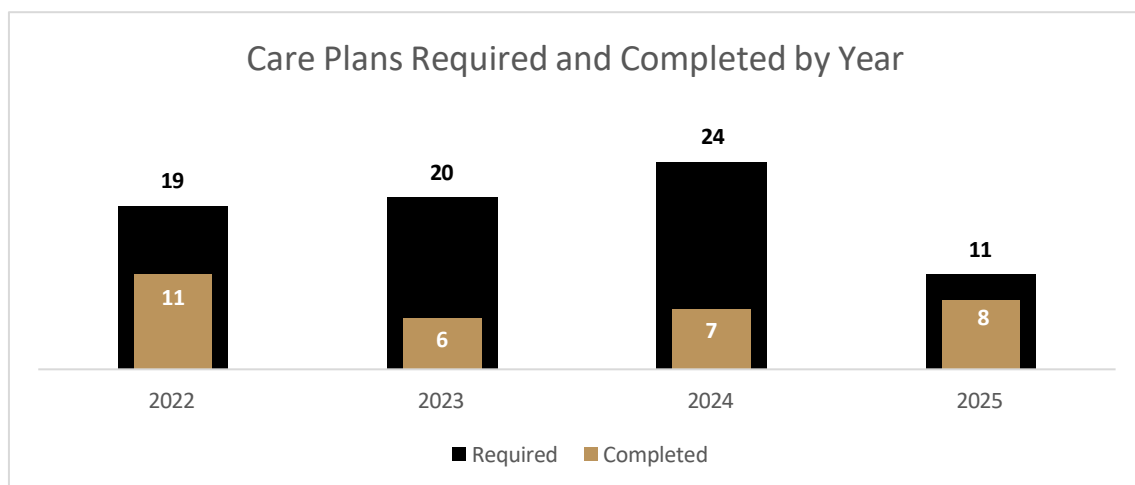
### St. 2: Development of a Comprehensive Plan of Care

The compliance rate for Initial Care Plans completed within the first 30 days was **0%** as the one applicable record did not have one documented.

The compliance rate for Care Plans completed within six months of admission was **67%**, as two of the three applicable records had a plan of care on record as required.

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

The compliance rate in 2025 was **73%**, in 2024 it was **29%**, in 2023 it was **30%** and in 2022 it was **58%**. The standard was applied to all 26 records.



NCFS demonstrated strong compliance in this area in 2025, with eight of 11 Care Plans up to date. One open record needs a current Care Plan.

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

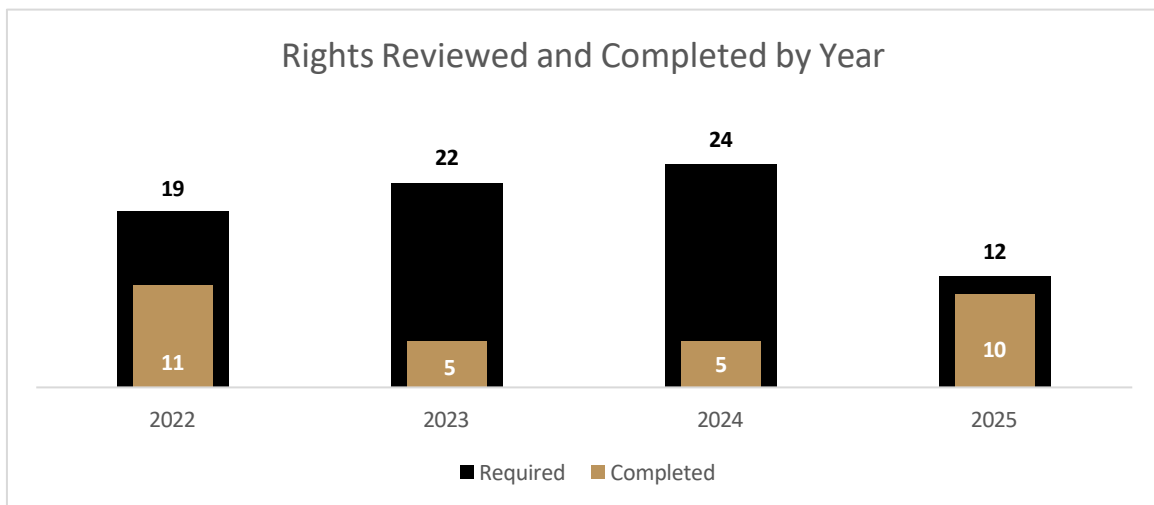
#### St. 4: Supervisory Approval Required for Guardianship Services

NCFS demonstrated strong practice in most key areas requiring supervisory consultation. The standard was applied to all 26 records. Sixteen were rated achieved in all applicable areas of supervisory consultation and 10 were missing supervisory sign off on Care Plans.

#### St. 5: Rights of Children and Youth in Care

The compliance rate in 2025 was **83%**, in 2024 it was **21%**, in 2023 it was **23%** and in 2022 it was **58%**. The standard was applied to all 26 records. One open record requires a current review of the rights of children in care.

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



The review of the Rights of Children and Youth in Care had a substantial improvement, rising from **45%** compliance in 2020 to **83%** in 2025, a **38%** increase. Additionally, NCFS has confirmed that the one open record requiring a current review of rights for 2025 has been completed.

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

The compliance rate was **100%**. The standard was applied to all 26 records and all were rated achieved.

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

The compliance rate was **100%**. The standard was applied to all 26 records and all were rated achieved.

### **St. 8: Guardianship Worker's Relationship and Contact with the Child or Youth**

The standard was applied to all 26 records.

The policy required a total of 752 private visits. Private visits occurred within the 30 day timeframe 612 out of the required 752 private visits, resulting in **81%** compliance.

The length of time between visits was also tracked. Just over half of the records documented private visits within 120 days and most of the remaining records had private visits within the year. Two records had longer times between private visits at 525 and 578 days.

### **St. 9a: Providing the Caregiver with Information**

The compliance rate was **92%**. The standard was applied to all 26 records, with 24 rated achieved and two rated not achieved.

The two records rated not achieved did not confirm the information on 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 **85%**. The standard was applied to 13 records, with 11 rated achieved and two rated not achieved.

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

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

The compliance rate was **100%**. The standard was applied to all 26 records and all were rated achieved.

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

The compliance rate was **100%**. The standard was applied to the six records and all were rated achieved.

### **St. 12: Reportable Circumstances (RC)**

The compliance rate was **43%**. The standard was applied to 14 records, with six rated achieved for completing the required reports and eight rated not achieved.

All eight records had RCs submitted but not within 24 hours. The length of time to submit the RCs was between four and 52 days.

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

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

### **St. 14: Case Documentation**

The compliance rate for opening recordings was **50%**. The standard was applied to two records, with one rated achieved and one rated not achieved. The one record rated not achieved did not contain an opening recording.

The compliance rate for review recordings or Care Plan reviews was **4%**. The standard was applied to 25 records, with one rated achieved and 24 rated not achieved.

Of the 24 records rated not achieved:

- 17 records had gaps between the review recordings and Care Plan reviews over the three years.
- Seven did not have any review recordings and Care Plan reviews completed at all during the timeframe.
- One did not have a review recording and Care Plan review when there was a change in circumstances.

### **St. 15: Transferring Continuing Care Files**

The compliance rate was **60%**. The standard was applied to five records, with three rated achieved and two rated not achieved. For the records rated not achieved, one record did not contain documentation that the guardianship worker met with the family within five days after the transfer and one record did not contain a transfer recording.

### **St. 16: Closing Continuing Care Files**

The compliance rate was **80%**. The standard was applied to five records, with four rated achieved and one rated not achieved as it did not contain a closing recording.

### **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 ministry permanency planning policy. As this is still an interim standard, it has not yet been audited.

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

The compliance rate was **40%**. The standard was applied to 10 records, with four rated achieved and six rated not achieved.

The six records rated not achieved did not confirm that interviews were conducted with the child or youth after placement changes or prior to leaving care.

**St. 20: Preparation for Independence**

The compliance rate was **100%**, with 19 applicable records rated achieved.

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

The compliance rate was **76%**. The standard was applied to 25 records, with 19 rated achieved and six rated not achieved. The six records rated not achieved did not contain documentation confirming that the PGT was notified when a Continuing Care Order was obtained.

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

The compliance rate for this standard was **100%**, with the two applicable records rated achieved.

**St. 23: Quality of Care Review**

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

**St. 24: Guardianship Agency Protocols**

The compliance rate was **100%**, with all 26 records rated achieved.

**Resources Practice Audit Results**

The practice audit examines the work completed by the staff in the resource program over three years, based on 13 records from the selected sample, though not all standards in the audit tool 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

- Training provided to caregivers.
- Agreements consistently signed with caregivers.
- Improved closing procedures of family care homes.
- Increase in the monitoring and reviewing of the family care home.

### Growth Opportunities

- Complete the screening and assessment of prospective caregivers.
- Meet requirements for closing a family care home.

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### Highlights

NCFS has made significant strides in its oversight of care homes, with completion of annual reviews increasing from **40%** in Year 1 to **83%** in Year 4, which demonstrates a strong commitment to continuous quality improvement and accountability in care standards.

Caregivers' training and education was well documented. Caregivers were offered, and took, a significant amount of training, with **92%** achievement noted.

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### Analysis

#### St. 28: Supervisory Approval for Family Care Home Services

The documentation of supervisory consultation was strong at NCFS. The standard was applied to all 13 records, with 10 rated achieved in all applicable areas of supervisory approval and three rated not achieved.

Two records missed mitigation and supervisory approval for Consolidated Criminal Record Check (CCRC) history and two records did not include approval for the application/home study.

The total exceeds three due to the combination of these concerns in one of the records.

#### St. 29: Family Care Homes – Application and Orientation

The compliance rate was **62%**. The standard was applied to all 13 records, with eight rated achieved and five rated not achieved.

Of the five records rated not achieved, three did not contain the necessary criminal records checks, two did not contain completed medical exam forms and one did not confirm all the required reference checks.

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

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

### St. 30: Home Study

The compliance rate was **50%**, with three rated achieved and three rated not achieved.

Of the three records rated not achieved, two did not contain a completed home study and one had a home study but there was no assessment of safety. Two of these three records were open at the time of the audit.

The Executive Director was notified of all outstanding documentation.

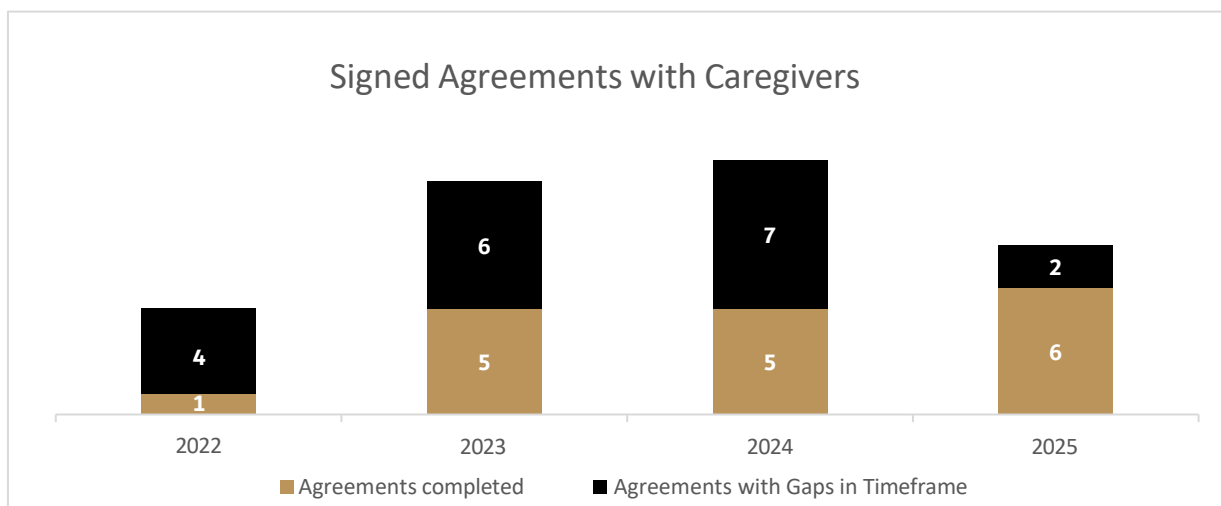
### St. 31: Training of Caregivers

The compliance rate was **92%**. The standard was applied to 13 records, with 12 rated achieved and one rated not achieved.

The one record rated not achieved did not document that training was offered nor were training needs identified.

### St. 32: Signed Agreement with Caregiver

The compliance rate for this standard in 2025 was **75%**, in 2024 it was **42%**, in 2023 it was **45%** and in 2022 it was **20%**. The standard was applied to all 13 records over the three year audit time frame. As some of the records are now closed, five open resource records require a current signed Family Care Home Agreement.



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

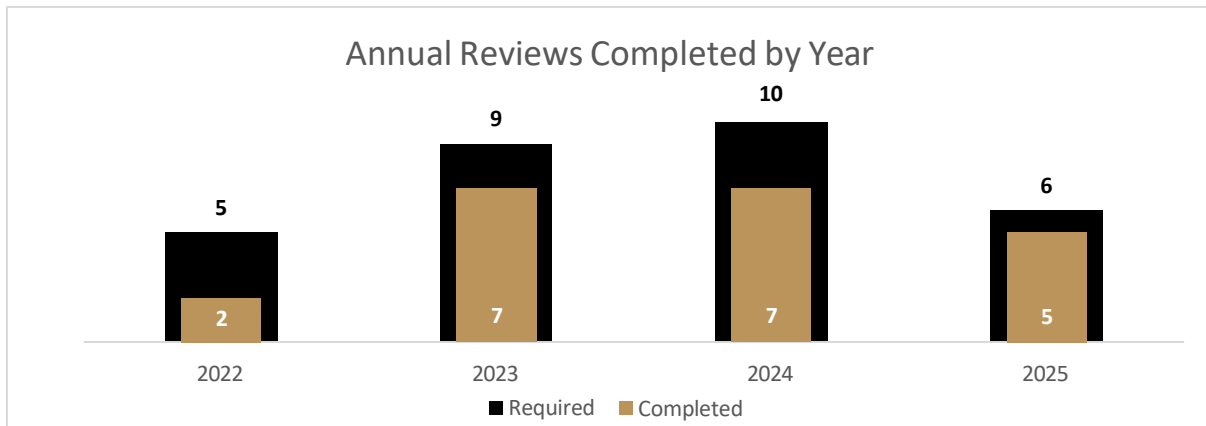
### St. 33a: Monitoring the Family Care Home

The standard was applied to all 13 records and all were rated not achieved. Eight records documented home visits, but these did not occur every 90 days and in five records there was no documentation of any home visits.

Of the 13 records reviewed, the policy required a total of 122 visits to the family care homes. The analysts found that visits occurred within the 90 day timeframe 92 out of the required 122 visits, resulting in a compliance of **75%**.

### St. 33b: Reviewing the Family Care Home

The compliance rate in 2025 was **83%**, in 2024 it was **70%**, in 2023 it was **78%**, and in 2022 it was **40%**. The standard was applied to 13 records over the three year audit time frame.



Three open records require a current 2025 annual review.

The Executive Director was notified of the open Family Care Homes that required a 2025 annual review.

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

There were no applicable records for this standard.

### St. 35: Quality of Care Review

The compliance rate was **100%**. This standard was applied to one record.

### St. 36: Closure of the Family Care Home

The compliance rate was **0%**. This standard was applied to two records and both were rated not achieved as they had no documentation that written notice was provided to the caregiver.

## Family Services and Child Safety Practice Audit Results

The practice audit examines the work completed by the staff in the Agency’s family services (FS) program over a three year period. There was a total of 22 closed service requests, 13 closed memos, 31 closed incidents and 13 open and three closed FS records in the sample.

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

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

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 Safety Assessments and processes.
- Completed collateral checks.
- Confirmed 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.
- Contact and involve the Indigenous Community.

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The family's strengths and needs are thoughtfully and thoroughly captured in each record.

#### Highlights

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Indigenous identity was confirmed **97%** of the time in records.

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## Analysis

### Family Service (FS) 1: Screening Measures

In the 66 records reviewed:

- The report generated was full and detailed **100%** of the time.
- The three components of the IRR were completed as follows:
  - **97%** of IRRs were completed within 24 hours.
  - **86%** of IRRs contained sufficient information about previous issues or concerns and the number of past service requests, incidents or reports (if a protection history exists).
  - **80%** of IRRs contained a Best Practices check.
- The Screening Assessment was completed either immediately, as necessary, or within 24 hours **92%** 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.

In five of the records, the Screening Assessment was not completed within the required timeframe, with five of the assessments being completed between three and 76 days and one taking 239 days. Two of these records indicated that the family was not contacted within the response priority timeframe, the longest being 19 days.



The rate of conducting an IRR increased from **42%** in 2020 to **97%** in 2025, representing a **55%** improvement over five years.

### FS 2: Conducting a Detailed Record Review (DRR)

The compliance rate was **35%**. The measure was applied to 31 records in the sample, with 11 rated achieved and 20 rated not achieved. Thirteen did not contain a DRR, six contained a DRR but it was not reflective of past issues, how the family responded and the effectiveness of the last intervention and one DRR did not contain information that was missing in the IRR.

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

The measure was applied to 31 records.

The Safety Assessment was completed within 24 hours, during the first significant involvement with the family and was on record **68%** of the time, with a breakdown of:

- **97%** of the Safety Assessments were completed during the first significant involvement with the family.
- **93%** of records contained a completed Safety Assessment.
- **13%** of the Safety Assessments were completed within 24 hours.

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

This measure also tracked how many days it took to complete the Safety Assessment if it was not documented within 24 hours. Of the 26 records that did not complete the Safety Assessment within 24 hours, eleven took up to 30 days, eight took between 41 and 97 days and five took between 100 and 246 days. On two records there was no contact with the family.



Documentation of the Safety Assessment increased from **13%** in 2020 to **93%** in 2025, reflecting an **80%** increase.

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

The compliance rate was **90%**. The measure was applied to 31 records, with 28 rated achieved and three rated not achieved.

The three records rated not achieved had a safety decision that was not consistent with the Safety Assessment.

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

#### **FS 5: Developing a Safety Plan**

The compliance rate was **10%**. This measure was applied to 21 records, with two rated achieved and 19 rated not achieved.

Of the 19 records rated not achieved, 13 did not make reasonable efforts to determine if the child was Indigenous and include the community in safety planning, nine required a Safety Plan but a plan was not documented and one ended early without a supervisory approval.

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

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

The compliance rate was **74%**. The measure was applied to 31 records, with 23 rated achieved and eight rated not achieved.

In the eight records rated not achieved, five did not contain documentation that the child safety worker met with or interviewed other adults in the home, two did not contain documentation that the child safety worker met with or interviewed the parents and on one record the response ended early without supervisory approval.

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

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

The compliance rate was **77%**. The measure was applied to 31 records, with 24 rated achieved and seven rated not achieved.

In the seven records rated as not achieved, four documented that interviews were completed with some but not all the children or youth in the home, two did not have any child or youth interviews documented and on one record the response ended early without supervisory approval.

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

#### **FS 8: Visiting the Family Home**

The compliance rate was **87%**. The measure was applied to 31 records, with 27 rated achieved and four rated not achieved.

In the four records rated not achieved, three did not have documentation that the child safety worker visited the family home and on one record the response ended early without supervisory approval.

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

#### **FS 9: Working with Collaterals**

The compliance rate was **81%** where all the required collaterals were completed, with 21 rated achieved and five rated not achieved. The five records did not have all the required collaterals completed.

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

#### **FS 10: Involvement with Indigenous Communities under the CFCSA**

In 31 records, the child or youth was identified as Indigenous, and the following results were found:

- **97%** of records documented confirmation that the child or youth was Indigenous.
- **19%** of records indicated the Indigenous Community was contacted.
- **10%** 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 four records (**100%** achievement).

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

In the 31 records reviewed:

- **70%** of records contained a summary of the current circumstances.
- **70%** of records had clear documentation of the outcome of the current involvement.
- **33%** of records contained a summary of the history of the family's child protection involvement.

In the 31 records reviewed, the supervisor appropriately approved ending the response early in four records, 24 did not end within 30 days of receiving the report, two had supervisory approval to extend and one ended within the 30 days.

In the one applicable record where there was an Indigenous child whose community was part of an Indigenous Governing Body (IGB), that IGB was not provided notice before the child safety worker took significant measures.

### **FS 12: Assessing the Family's Strength and Needs & Creating and Implementing the Family Plan**

This measure was applied to all 16 records, the compliance for each task are as follows:

- **81%** of the records had an assessment of the family's strengths and needs through a supervisor consultation note or discontinued Strengths and Needs Assessment tool.
- **38%** of the records had a Family Plan or equivalent reflective of the family's strengths and needs.
- **13%** of the records had a Family Plan or equivalent developed in collaboration with the family.
- **13%** of the records had a Family Plan or equivalent approved by supervisor.
- **6%** of the records had a Family Plan or equivalent on record.



Documentation of a family's strength and needs increased from **50%** in 2020 to **81%** in 2025, demonstrating a **31%** increase.

### **FS 13: The Reassessment of Risk of Future Harm**

The compliance rate was **33%**. The measure was applied to three records, with one rated achieved and two rated not achieved.

The two 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 12 records and all were rated not achieved.

Of the 12 records rated not achieved:

- 10 records did not have a Reunification Assessment completed within the most recent six month ongoing protection services cycle.
- Two records did not have a Reunification Assessment completed when the child or youth's return was being considered.

In three records, where there was an Indigenous child whose community was part of an IGB, the IGB was not provided notice before the child safety worker took significant measures.

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

The compliance rate was **75%**, the measure was applied to four records. Three records were rated achieved and one record was not achieved.

In the one record rated not achieved, not all of the relevant criteria was met before the decision to end ongoing protection services was made and approved by the supervisor.

### **FS 16: Collaborative Planning and Decision Making (CPDM)**

The compliance rate was **100%**. The measure was applied to three records and all records were rated achieved.

## **Actions Completed to Date**

NCFS completed the following:

- 1) On July 8 and July 22, 2025, the ICFSA Practice Branch met with the Director of Practice and the Band Designate to discuss how to support children and youth in engaging in cultural supports and creating cultural agreements.
- 2) In September 2025, the ICFSA Practice Branch attended NCFS and completed training in child services documentation that included the Director's obligations for NOSM (Notice of Significant Measure) and consult/cooperate requirements and IGB/92.1 agreements.
- 3) In September 2025, the ICFSA Practice Branch attended NCFS and completed one to one meetings with all guardianship workers to discuss their entire workloads supporting them on how to open memos, overview of Care Plans and Care Plan tab, visit Applet, contact notes for each CS record and what was needed to bring it up to date.
- 4) In September 2025, the ICFSA Practice Branch attended NCFS and met with the team leaders and the Director of Practice to discuss clinical and administrative supervision to support staff in their documentation.
- 5) On October 23, 2025, NCFS submitted documentation that the one outstanding review of the Rights of Children and Youth in Care for 2025 had been completed.
- 6) On October 29, 2025, NCFS shared that they have hired a dedicated team leader for the resource program. This role was previously managed by the team leader of guardianship who held both roles. Understanding that this led to gaps in oversight, NCFS was committed to ensuring better support for the staff and the families that they serve.

## Action Plan

Actions	Persons Responsible	Date to be Completed
<p><b>CHILD SERVICES</b></p> <p><b><u>St. 14: Case Documentation for Guardianship Services</u></b></p> <p>1. NCFS will provide training to review the standard with the team and implement a plan around ensuring Review Recordings and Care Plan reviews are completed as required by policy.</p> <p>Confirmation of the completed training, date, names of participants and plan will be provided, via email, to the Manager of Quality Assurance (MQA).</p> <p>All remaining guardianship documentation identified as overdue and listed above in actions taken will be completed with confirmation sent to MQA for review via email.</p> <p><b><u>St. 19: Interviewing the Child or Youth about the Care Experience</u></b></p> <p>2. NCFS will provide training that focuses on interviewing children on their care experience and best practices in documentation specifically when multiple care team members are involved. The Agency will then determine how this process will be documented moving forward.</p> <p>Confirmation of the completed training, date, names of participants and the template or procedure will be provided, via email, to the MQA.</p>	<p>ICFSA Practice Branch and the Director of Practice</p>	<p>March 31, 2026</p>
<p><b>RESOURCES</b></p> <p><b><u>St. 36: Closure of the Family Care Home</u></b></p> <p>3. NCFS will provide training and review of resource practices that includes all policy, practice and documentation. An internal documentation process for closing a resource will be established.</p> <p>Confirmation of the completed training, date, names of participants and the procedure or template will be provided, via email, to the MQA.</p>	<p>ICFSA Practice Branch and the Director of Practice</p>	<p>March 31, 2026</p>

<p>All remaining resource documentation identified as overdue and listed above in actions taken will be completed with confirmation sent to MQA for review via email.</p>		
<p><b>FAMILY SERVICES</b></p> <p><b><u>FS 2: Conducting a DRR, FS 3: Completing the Safety Assessment within 24 hrs., FS 5: Developing a Safety Plan</u></b></p> <p>4. Provide training and review of all policy, practice and documentation related to service requests, voluntary services and intake.</p> <p>Confirmation of the completed training, date and names of participants will be provided, via email, to the MQA.</p> <p><b><u>FS 12: Creating and Implementing the Family Plan and FS 14: Completion of the Reunification Assessment</u></b></p> <p>5. NCFS will review and provide training of the policies and procedures associated with the SDM tools specific to the FDR service phase with all protection teams. The Family Plan template and the Reunification Assessment will be reviewed, along with how Family Plans and Reunification Assessments will be documented moving forward.</p> <p>Confirmation of participants, the review date, along with an example of the Family Plan template and the process will be sent, via email, to the MQA.</p>	<p>ICFSA Practice Branch and the Director of Practice</p>	<p>March 31, 2026</p>

## **APPENDIX A**

### **1. Delegation**

Delegation for ICFSAs refers to the transfer of authority and responsibility for decision-making in child welfare services under the Child, Family and Community Services Act (CFCSA) to Indigenous Communities or organizations. This process enables ICFSAs to exercise greater control over the care, protection and well-being of their children, youth and families in accordance with cultural values, traditions and needs.

NCFS is operating under a Delegated Services Agreement which expires on March 31, 2026. NCFS signed their initial C4 delegation agreement in 1997 and, as of May 1, 2017, started to deliver C6 services on Nisga'a Lands in accordance with section 4.2 of the Nisga'a Nation Delegated Services Agreement. This level of delegation enables NCFS to provide the following services to any Indigenous person/family on Nisga'a land:

- Child protection.
- Temporary custody of children.
- Permanent guardianship of children.
- Permanency options and adoption planning.
- Support services to families.
- Voluntary Care or Support Needs Agreements.
- Youth Agreements.
- Resources.
- Out of Care Agreements

In addition to the delegated programs, NCFS provides the following non-delegated programs and services to Indigenous children and families on Nisga'a lands:

- Family Group Conference Program.
- Infant Development Program.
- Supported Child Development Program.
- Family Skills Program.
- Access to clinical therapy to NCFS clients.

### **2. Community Demographics and Staffing Context**

NCFS is located on and off Nisga'a territory and is comprised of three offices in the towns of Terrace, New Aiyansh and Prince Rupert. NCFS provides child and family services to four villages on Nisga'a territory; Gingolx (Kincolith), Laxgalts'ap (Greenville), Gitwinksihlkw (Canyon City) and Gitlakdamx (New Aiyansh), as well as Nisga'a members and their families in Terrace, and Prince Rupert/Port Edward and other urban areas.

## **Organizational Structure, Training and Work Environment**

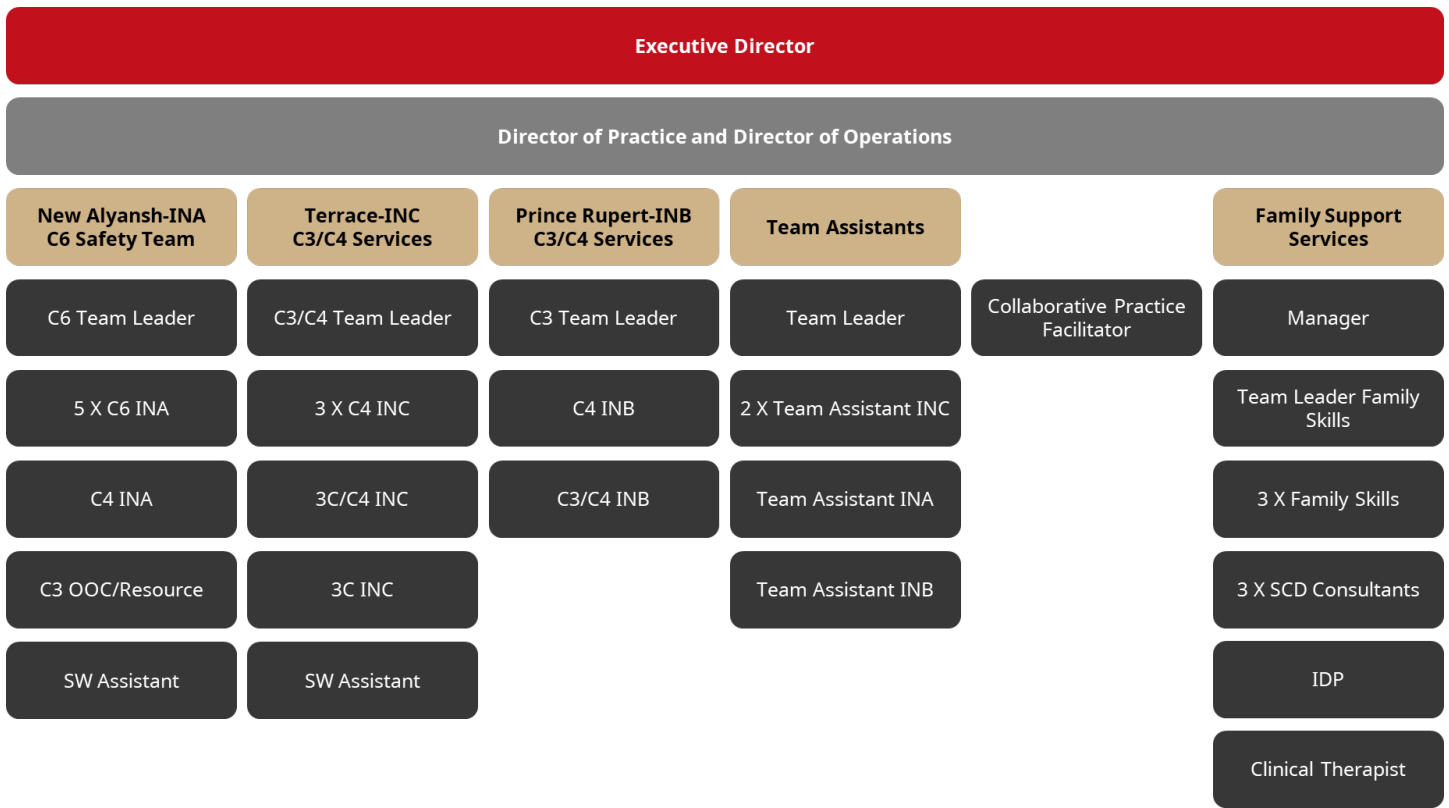
The leadership team for child safety includes a Director of Practice, a Director of Operations and three delegated team leaders. Additional staff provide delegated services, administrative support, and specialized roles across various programs to ensure comprehensive care. NCFS staff take great pride in serving Nisga'a communities and value the opportunity to deepen their understanding of Nisga'a culture, language and traditions while delivering family-centered, culturally grounded services.

The Director of Practice has been in their position since January of 2025. The Director of Operations has been in their position since December 2024 and has worked for NCFS for 13 years in various positions. Staff at NCFS hold varying delegation levels, including C3, C4 and C6 based on their role with staff having been with the Agency for an average of eight years. Supervision is primarily accessed through an open-door approach, supplemented by monthly team meetings and occasional scheduled one-on-one sessions, though consistency in these meetings has been identified as an area for improvement. While team leaders, the Director of Practice and the Director of Operations provide oversight, staff expressed the need for more structured and regular clinical supervision to support practice standards and professional growth. Implementing a formalized supervision model, one that includes scheduled clinical consultations and clear communication protocol, has been highlighted as a priority by staff to strengthen accountability, reduce practice inconsistencies and enhance staff confidence in decision-making.

Staff consistently expressed pride in the strong sense of teamwork and commitment within the Agency. Many highlighted how colleagues support each other during crises, placement breakdowns and deadlines creating a collaborative environment. Staff also value the Agency's holistic and relationship-based approach to child and family services, which emphasizes cultural connection, flexibility and individualized care. They appreciate opportunities to integrate Nisga'a traditions into practice, such as cultural activities for children and community engagement. Additionally, long-term staff retention and dedication were noted as strengths, with many describing the team as highly experienced and deeply invested in the well-being of families and children. What makes the Agency unique is its ability to blend policy and procedures with cultural values, ensuring that children are known by name rather than record numbers and that services reflect Nisga'a identity and traditions.

Staff at NCFS identified a strong need for additional training in areas such as Structured Response (SR) processes, trauma-informed practice, motivational interviewing and cultural competency. Specialized skills like Structured Analyst Family Evaluation (SAFE) and home study tools, clinical supervision techniques and interviewing strategies were also highlighted as priorities. While professional development is supported through mandatory training sessions, Learning Management Systems (LMS) modules and occasional external workshops, staff noted that access can be inconsistent due to workload and geographic challenges. It is reported that the Agency is working toward formalizing training plans within performance development frameworks, but these are not yet fully implemented.

## NCFS Organization Chart



### 3. Staff Perspectives: What We Heard

Staff within NCFS were offered the opportunity to share their thoughts. Sixty-seven percent of the staff participated in interviews, sharing their insights on strengths and growth opportunities within NCFS. These have been themed as follows:

#### Strengths:

- Dedicated Staff and Commitment:** Staff report that they consistently go above and beyond for families often working overtime and taking on multiple roles. Retention is high with many staff working with the Agency for many years. Staff have strong relationships with the children and families they support.
- Team Collaboration and Support:** Staff describe a strong sense of teamwork, especially during crises or placement breakdowns. Staff appreciate that supervisors are easily accessible and very supportive.
- Community Engagement and Cultural Integration:** Staff appreciate the flexibility and encouragement offered to participate in community events and cultural activities. Staff value the opportunity to work in culturally relevant ways, including building drums, fishing and connecting with Elders.

### Growth Opportunities:

- **Training:** Many staff report inconsistent or insufficient onboarding, especially for new hires. Professional development is supported in theory but often lacks structure or follow-through. Requests for training (e.g. trauma-informed practice, difficult conversations) are sometimes denied or delayed.
- **Administrative Systems and File Management:** Manual processes for finances, contracts, and filing are time-consuming and outdated. Staff report that documents are often misfiled, which can lead to inefficiencies and frustration.
- **Communication and Organizational Culture:** There is an opportunity to enhance transparency and foster a more inclusive and equitable workplace culture, with staff sharing feedback on interpersonal dynamics and fairness. There is an expressed desire to build stronger connections and support systems across the team.

## 4. Methodology

Two 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 each record type:

Type	Population	Sample Size
Open Child Service (CS) records	28	21
Closed Child Service (CS) records	7	7
Resource records	15	13
Service Requests	32	22
Memos	15	13
Incidents	55	31
Open Family Service (FS) records	15	13
Closed Family Service (FS) records	3	3

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

1. **Open CS:** records open in ICM on April 30, 2025, and managed by offices for at least six months (continuously) with the following legal categories Voluntary Care Agreement, Support Needs Agreement, Continuing Custody Order, Removal, Interim Order and Temporary Custody Order.
2. **Closed CS:** records closed in ICM between November 1, 2022, and April 30, 2025, and managed by offices for at least six months (continuously) with the following legal categories Voluntary Care Agreement, Special Needs Agreement, Continuing Custody Order, Removal, Interim Order and Temporary Custody Order.
3. **Open and Closed RE:** records in ICM that were managed by offices that had children or youth in their care for at least three months (continuously) between August 1, 2022, and April 30, 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.
4. **Service Requests:** closed in ICM between May 1, 2024, and April 30, 2025, where the type was request service, request family support or youth services.
5. **Memos:** closed in ICM between May 1, 2024, and April 30, 2025, where the type was screening and with the resolution of "No Further Action." Exclude Memos that were created in error.
6. **Incidents:** closed in ICM between May 1, 2024, and April 30, 2025, where the type was family development response or investigation.
7. **Open FS:** open in ICM on April 30, 2025, and managed by the Agency for at least six months (continuously) with a service basis listed as protection.
8. **Closed FS:** records closed in ICM between May 1, 2024, and April 30, 2025, and managed by the Agency for at least six months (continuously) with a service basis listed as protection.

## Appendix B

### Audit Tools

#### Guardianship Services Audit Tool

AOPSI Standards related to Guardianship Services		
Standard (St) #	Standard Name	Achievement Criteria
St. 1	Preserving the Identity of the Child or Youth in Care	<ul style="list-style-type: none"> <li>• Efforts were made to identify and involve the child or youth's Indigenous Community.</li> <li>• Efforts were made to register the child when entitled to a Band or Indigenous Community or with Nisga'a Lisims Government.</li> <li>• A cultural plan was completed if the child or youth was not placed within their extended family or community.</li> <li>• The child or youth was involved in culturally appropriate resources.</li> <li>• If the child or youth was harmed by racism, the guardianship worker developed a response.</li> <li>• If the child or youth was a victim of a racial crime, the police were notified.</li> </ul>
St. 2	Development of a Comprehensive Plan of Care	<ul style="list-style-type: none"> <li>• An initial plan of care completed within 30 days of admission, and</li> <li>• A plan of care completed within six months of admission.</li> </ul>
St. 3	Monitoring and Reviewing the Child or Youth's Plan of Care	<ul style="list-style-type: none"> <li>• Care Plans were completed annually throughout the audit timeframe.</li> <li>• Efforts were made to develop the plan of care with youth over the age of 12.</li> <li>• Efforts were made to develop the plan of care with the family.</li> <li>• Efforts were made to develop the plan of care with the service providers.</li> <li>• Efforts were made to develop the plan of care with the caregiver(s).</li> <li>• Efforts were made to develop the plan of care with the Indigenous Community.</li> </ul>
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"> <li>• Care Plan.</li> <li>• Placement change.</li> <li>• Placement in a non-Indigenous home.</li> <li>• Restricted access to significant others.</li> </ul>

		<ul style="list-style-type: none"> <li>• Return to the parent(s) prior to CCO rescindment.</li> <li>• Transfer of guardianship.</li> <li>• Plan for independence.</li> <li>• Record transfer.</li> <li>• Record closure.</li> </ul>
<b>St. 5</b>	Rights of Children and Youth in Care	<ul style="list-style-type: none"> <li>• 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</li> <li>• In instances when the child's rights were not respected, the guardianship worker took appropriate steps to resolve the issue.</li> </ul>
<b>St. 6</b>	Deciding Where to Place the Child or Youth	<ul style="list-style-type: none"> <li>• 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).</li> </ul>
<b>St. 7</b>	Meeting the Child or Youth's Needs for Stability and Continuity of Relationships	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>St. 8</b>	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"> <li>• Every 30 days.</li> <li>• At time of placement.</li> <li>• Within seven days after placement.</li> <li>• When there was a change in circumstance.</li> <li>• When there was a change in guardianship worker.</li> </ul>
<b>St. 9</b>	Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards	<ul style="list-style-type: none"> <li>• Information about the child or youth was provided to the caregiver(s) at time of placement.</li> <li>• Information about the child or youth was provided to the caregiver(s) as it became available.</li> <li>• Information about the child or youth was provided to the caregiver(s) within seven days of an emergency placement.</li> <li>• Discipline standards were reviewed with the caregiver(s) at the time of placement.</li> <li>• Discipline standards were reviewed annually with the caregiver(s).</li> </ul>
<b>St. 10</b>	Providing Initial and Ongoing Medical and Dental Care	<ul style="list-style-type: none"> <li>• A medical exam was conducted upon entering care.</li> <li>• Dental, vision and hearing exams were conducted as recommended.</li> <li>• Medical follow-up was conducted as recommended.</li> <li>• In instances when the youth had chosen not to attend recommended appointments, the guardianship worker made efforts to resolve the issue.</li> </ul>

<b>St. 11</b>	Planning a Move for a Child or Youth in Care	The record, if it involved a placement move, confirmed that: <ul style="list-style-type: none"> <li>• The child or youth was provided with an explanation prior to the move.</li> <li>• The guardianship worker arranged at least one pre-placement visit.</li> <li>• 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.</li> </ul>
<b>St. 12</b>	Reportable Circumstances	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>St. 13</b>	When a Child or Youth is Missing, Lost or Runaway	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 <ul style="list-style-type: none"> <li>• The police were notified.</li> <li>• The family was notified.</li> <li>• Once found, the guardianship worker made efforts to develop a safety plan to resolve the issue.</li> </ul>
<b>St. 14</b>	Case Documentation	The record contained: <ul style="list-style-type: none"> <li>• An opening recording.</li> <li>• Review recordings or care plan reviews every six months throughout the audit timeframe.</li> <li>• A review recording or care plan review when there was a change in circumstance.</li> </ul>
<b>St. 15</b>	Transferring Continuing Care Files	The record, if it involved a transfer of responsibility from one worker to another, confirmed that: <ul style="list-style-type: none"> <li>• A transfer recording was completed.</li> <li>• 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.</li> <li>• Efforts were made to meet with the caregiver(s) prior to the transfer.</li> <li>• Efforts were made to meet with the service providers prior to the transfer.</li> <li>• 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.</li> <li>• Efforts were made to meet with the child or youth’s family within five days after the transfer.</li> </ul>
<b>St. 16</b>	Closing Continuing Care Files	The record, if it involved closing the record when services ended, confirmed that: <ul style="list-style-type: none"> <li>• A closing recording was completed.</li> </ul>

		<ul style="list-style-type: none"> <li>• 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.</li> <li>• Efforts were made to meet with the caregiver(s) prior to the closure.</li> <li>• Service providers were notified of the closure.</li> <li>• The Indigenous Community was notified, if applicable.</li> <li>• Support services for the child or youth were put in place, if applicable.</li> </ul>
<b>St. 17</b>	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"> <li>• The risk of returning a child or youth to their family home was assessed by delegated worker.</li> <li>• A safety plan, if applicable, was put in place prior to returning the child or youth to their family home.</li> <li>• The safety plan, if applicable, was developed with required parties.</li> <li>• The safety plan, if applicable, addressed the identified risks.</li> <li>• The safety plan, if applicable, was reviewed every six months until the rescindment.</li> </ul>
<b>St. 18</b>	Permanency Planning	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
<b>St. 19</b>	Interviewing the Child or Youth about the Care Experience	<ul style="list-style-type: none"> <li>• The record, if it involved a move from a placement, confirmed the child or youth was interviewed about their care experience.</li> </ul>
<b>St. 20</b>	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"> <li>• Efforts were made to assess the youth's independent living skills, and</li> <li>• Efforts were made to develop a plan for independence.</li> </ul>
<b>St. 21</b>	Responsibilities of the Public Guardian and Trustee (PGT)	<ul style="list-style-type: none"> <li>• The PGT was provided a copy of the CCO, and</li> <li>• The PGT was notified of events affecting the child or youth's financial or legal interests.</li> </ul>

<b>St. 22</b>	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"> <li>• A Family Care Home Investigation was conducted with the summary report on file, and</li> <li>• Efforts were made to support the child or youth.</li> </ul>
<b>St. 23</b>	Quality of Care Review	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>St. 24</b>	Guardianship Agency Protocols	<ul style="list-style-type: none"> <li>• All protocols related to the delivery of child services that the Agency has established with local and regional agencies have been followed.</li> </ul>

## Resources Services Audit Tool

AOPSI Standards related to Resource Services		
Standard (St) #	Standard Name	Achievement Criteria
<b>St. 28</b>	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"> <li>• A criminal record was identified for a family home applicant or any adult person residing in the home.</li> <li>• Approving a family home application and home study.</li> <li>• Signing a Family Home Care Agreement.</li> <li>• Approving an annual review.</li> <li>• Determining the level of a family care home.</li> <li>• Placing a child or youth in a family care home prior to completing a home study.</li> <li>• Receiving a report about abuse or neglect of a child or youth in a family care home.</li> <li>• Receiving a concern about the quality of care received by a child or youth living in a family care home.</li> </ul>
<b>St. 29</b>	Family Care Homes – Application and Orientation	The record confirmed the completion of the following: <ul style="list-style-type: none"> <li>• Application form.</li> <li>• Prior contact check(s) on the family home applicant(s) and any adult person residing in the home.</li> <li>• Criminal record check(s).</li> <li>• Consent for release of information form(s).</li> <li>• Medical exam(s).</li> <li>• Three reference checks.</li> <li>• An orientation to the applicant(s).</li> </ul>
<b>St. 30</b>	Home Study	<ul style="list-style-type: none"> <li>• The resource worker met the applicant in the family care home.</li> </ul>

		<ul style="list-style-type: none"> <li>• A physical check of the home was conducted to ensure the home meets the safety requirements.</li> <li>• A home study, including an assessment of safety, was completed in its entirety.</li> </ul>
<b>St. 31</b>	Training of Caregivers	<ul style="list-style-type: none"> <li>• The training needs of the caregiver were assessed or identified, and training opportunities were offered to, or taken by, the caregiver.</li> </ul>
<b>St. 31</b>	Signed Agreement with Caregiver	<ul style="list-style-type: none"> <li>• There were consecutive Family Care Home Agreements throughout the audit timeframe, and they were signed by all the participants.</li> </ul>
<b>St. 33</b>	Monitoring and Reviewing the Family Care Home	<ul style="list-style-type: none"> <li>• Annual reviews of the family care home were completed throughout the audit timeframe, when required.</li> <li>• The annual review reports were signed by the caregiver(s).</li> <li>• The resource worker visited the family care home at least every 90 days throughout the audit timeframe, when required.</li> </ul>
<b>St. 34</b>	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"> <li>• A Family Care Home Investigation was conducted with a summary report on file.</li> <li>• Efforts were made to support the caregiver.</li> </ul>
<b>St. 35</b>	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"> <li>• A Quality of Care Review was conducted.</li> <li>• Efforts were made to support the caregiver.</li> </ul>
<b>St. 36</b>	Closure of the Family Care Home	<ul style="list-style-type: none"> <li>• 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.</li> </ul>

## Family Services and Child Safety Audit Tool

Measure #	Measure Name	Achievement Criteria
<b>FS 1</b>	Screening Measures	<p>The record needed to contain documentation of all the following components:</p> <ul style="list-style-type: none"> <li>• Full and detailed report.</li> <li>• Initial record review (IRR) that was completed within 24 hours, documented checking the best practices database for additional information and contained sufficient information about previous contact with the ministry.</li> <li>• Screening Assessment that was completed immediately if necessary or within 24 hours otherwise.</li> <li>• A clear and appropriate determination that the report requires either a protection or non-protection response.</li> <li>• An appropriate determination of the response priority.</li> </ul>
<b>FS 2</b>	Conducting a Detailed Record Review (DRR)	<ul style="list-style-type: none"> <li>• DRR was conducted in electronic databases and physical files.</li> <li>• Contained any information that was missing in the IRR.</li> <li>• Described how previous issues or concerns had been addressed, the responsiveness of the family in addressing the issues and concerns and the</li> </ul>

		<p>effectiveness of the last intervention.</p> <ul style="list-style-type: none"> <li>• Was not required because there were no previous MCFD or ICFSA involvement.</li> <li>• Was not required because the supervisor approved ending the protection response before the DRR was conducted and the rationale was documented and appropriate.</li> </ul>
<b>FS 3</b>	Assessing and Documenting the Safety of the Child or Youth	<ul style="list-style-type: none"> <li>• The Safety Assessment process was completed during the first significant contact with the family.</li> <li>• The Safety Assessment was on the electronic record.</li> <li>• The Safety Assessment tool was completed within 24 hours after completion of the safety assessment process.</li> <li>• Or, the response ended early with supervisory approval and the rationale was appropriate and documented.</li> </ul>
<b>FS 4</b>	Making a Safety Decision Consistent with the Safety Assessment	<ul style="list-style-type: none"> <li>• The safety decision was consistent with the information documented in the Safety Assessment form.</li> <li>• Or, the supervisor approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.</li> </ul>
<b>FS 5</b>	Developing a Safety Plan	<ul style="list-style-type: none"> <li>• If safety factors are identified in the SA tool and the child(ren) were not removed, an attached Safety Plan is required.</li> <li>• 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.</li> <li>• 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).</li> <li>• 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.</li> </ul>
<b>FS 6</b>	Meeting or Interviewing the Parents and Other Adults in the Family Home	<ul style="list-style-type: none"> <li>• The child safety worker met with or interviewed the parents and other adults in the home (if applicable).</li> <li>• 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.</li> <li>• 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.</li> </ul>
<b>FS 7</b>	Meeting with Every Child or Youth Who Lives in the Family Home	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Or, the supervisor granted an exception, and the rationale was documented.</li> <li>• 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.</li> </ul>
<b>FS 8</b>	Visiting the Family Home	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Or, the supervisor approved ending the protection response before the child safety worker visited the family home and the rationale was</li> </ul>

		documented and appropriate.
<b>FS 9</b>	Working with Collaterals	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
<b>FS 10</b>	Involving Indigenous Communities under the CFCSA	<ul style="list-style-type: none"> <li>• The child safety worker confirmed whether the child or youth was Indigenous.</li> <li>• The child safety worker contacted the Indigenous Community.</li> <li>• The child safety worker involved the Indigenous Community in the planning and delivery of services: <ul style="list-style-type: none"> <li>○ either via Section 79, section 92.1, or with consent.</li> <li>○ the child safety worker documented that they offered to involve the community, and the family did not give consent.</li> <li>○ there was documentation indicating that reasonable efforts were made to establish the child's Indigenous Community.</li> </ul> </li> <li>• 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.</li> </ul>
<b>FS 11</b>	Consultation in Assessing the Risk of Future Harm and Need for Ongoing Protection Services	<ul style="list-style-type: none"> <li>• A clinical consultation note which included the: <ul style="list-style-type: none"> <li>○ Summary of current circumstances.</li> <li>○ Summary of the history of the family's child protection involvement.</li> <li>○ Outcome of this current involvement with MCFD.</li> </ul> </li> <li>• Or, the response ended early with supervisory approval and the rationale was appropriate and documented</li> </ul>
<b>FS 12</b>	Assessing the Family's Strengths and Needs & Creating and Implementing the Family Plan	<ul style="list-style-type: none"> <li>• 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</li> <li>• Family Plan or its equivalent was on the record.</li> <li>• Family Plan or equivalent that was developed in collaboration with the family.</li> <li>• Family Plan or equivalent was reflective of the family's strengths and needs.</li> <li>• Family Plan or equivalent was approved by the supervisor.</li> </ul>
<b>FS 13</b>	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"> <li>• Summary of current circumstances.</li> <li>• History of child protection involvement.</li> <li>• Outcome of whether ongoing protection services were still needed.</li> </ul> <p>These components may have been found separately on the record but had to be within a clinical consultation.</p>
<b>FS 14</b>	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"> <li>• The most recent six month ongoing protection service cycle.</li> <li>• When the child or youth's return is being considered (if applicable).</li> <li>• When a custody court proceeding is approaching, and the previous</li> </ul>

		assessment is older than three months or no longer relevant (if applicable).
<b>FS 15</b>	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"> <li>• There have been no unaddressed reports of abuse or neglect.</li> <li>• there are no indications of current or imminent safety concerns</li> <li>• 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.</li> <li>• 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.</li> <li>• The family has demonstrated the ability to access and use formal and informal resources to assist them in problem solving.</li> <li>• Family members state that they are ready and able to resume parenting without Ministry or ICFSA support.</li> </ul>
<b>FS 16</b>	Collaborative Planning and Decision Making (CPDM)	<p>Documentation in ICM must show that a CPDM process was offered when any of the following circumstances applied:</p> <ul style="list-style-type: none"> <li>• Removal was likely to occur (excludes urgent removals).</li> <li>• After the removal occurs but before it is contested at the presentation hearing.</li> <li>• When a protection hearing is contested.</li> <li>• Before applying for CCO or 54.01 when a parent is not in agreement.</li> <li>• 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.</li> </ul>