



Ministry of
Children and Family
Development



Nlha'7kapmx Child & Family Services Society

Practice Audit

April 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 Nations lands throughout British Columbia. It was an honor for our team to travel to Nlha'7kapmx Child and Family Services Society and conduct our work on their traditional lands.



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AT A GLANCE: Practice Audit Report

NLHA'7KAPMX Child and Family Services

Report Completed: March 2025

NLHA'7KAPMX's Vision

Our children and families will be health, achieve their dreams, celebrate their language and culture and be proud of being Nlha'kapmx.

NLHA'7KAPMX provides holistic child and family services embracing Nłe?kepmxcín, cultural beliefs and values.

Highlights

100%	St. 1: Preserving the Identity of the Child or Youth in Care
100%	St. 2: Development of a Comprehensive Plan of Care
100%	St. 6: Deciding Where to Place the Child or Youth
100%	St. 7: Meeting Child's Needs for Stability
100%	St. 9a: Proving the Caregiver with Information
100%	St. 35: Quality of Care Review
100%	St. 36: Closure of the Family Care Home
100%	FS 6: Interviewing the Parents and Other Adults
100%	FS 8: Visiting the Family Home

Overall Strengths

- 19 measures had 100% compliance.
- Providing culturally appropriate services.
- Supporting and preserving family relationships.
- Documenting consults and approvals.

Growth Opportunities

- Interviewing children and youth about their care experience.
- Monitoring family care homes and documenting 90 day reviews.
- Assessing the family's strengths and needs and creating the Family Plan.



What We Heard

- The Agency has a strong focus on strengthening relationships with families and the community.
- Staff report that they love their work. They also are happy that they are able creatively support children, youth and families.
- There are opportunities to participate in cultural activities as a team and with the community.
- Recent natural disasters have impacted the staff and community. This has created barriers to accessing services.
- Staff felt supports with their learning and development needs. Team training is offered on a regular basis.



Actions Taken to Date

- All Family Care Home Agreements have been updated.
- All children and youth in care have had their discipline standard reviewed.

Next Steps

- To review the AOPSI standards as a team for guardianship, resources and family service.
- To develop a tracking system to document the completion of annual reviews and Care Plans.
- To implement a documentation strategy to capture the Collaborative Planning and Decision Making process when working with families and the community.

Background and Purpose

The Ministry of Children and Family Development (MCFD) completes audits to inform continuous improvements in policy, practice and service delivery. Each audit assesses 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 audit reviewed the family service, guardianship and resource services provided by **Nlha'7kapmx Child and Family Services Society** (NCFSS) from May 1, 2021, to April 30, 2024. The audit measured the Agency's compliance with the [Aboriginal Operational and Practice Standards and Indicators](#) (June 2005) and [Child Protection Response Policies Chapter 3](#) (2024). This is the sixth audit for NCFSS. The last audit was completed in August 2018.

The province of British Columbia represented by the Director designated under the *Child, Family and Community Service Act* (CFCSA), delegated NCFSS with the responsibility to provide guardianship services, resource development and family services (C6) in 1994. The Agency provides child and family services to the following communities: Cook's Ferry, Kanaka Bar, Lytton, Nicomen, Siska, and Skuppah. See [Appendix A](#) detailed information on delegation, community demographics, organizational structure and work environment.

Staff Perspectives

During the audit process, nine delegated staff, including leadership, child protection workers, resource workers and guardianship workers, were invited to share their perspectives about what was working well and where they saw opportunity for growth within NCFSS. Seven staff members participated. To honor their voice, this report includes a summary of the strengths and opportunities for growth they identified in their work and workplace. See [Appendix A](#) for more detailed information.

Strengths

Increased number of staff	The Agency continues to grow the number of staff which has enabled them to have a more pro-active presence within the communities, build partnerships with other agencies, and share responsibility within the team.
Relationships	The Agency has a strong focus on strengthening relationships with families and community, prevention services and the creativity used to support children, youth and families.
Outcomes approach to services	Staff practice 'In-Service' sessions, where the team goes out into the land to spend time within the communities and participate in cultural activities.

Growth Opportunities

Communication	Staff expressed the need for improved communication between teams and between the teams and management.
Internal Agency supports	Staff have indicated that more cohesiveness and team building is needed as the team grows and expands.
Community rebuild	The recent natural disasters have severely impacted the community. Services, resources and infrastructure typically available are being rebuilt. Residents have to access services two hours away from their community.

Guardianship Services Audit Results

The audit covers the NCFSS guardianship program over three years, based on 18 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 requiring annual completion, results are shown by year.

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

Strengths and Growth Opportunities

Strengths:

- Preserving the identity of the children and youth in care.
- Providing culturally appropriate services.
- Supporting and preserving family relationships.
- Meeting health needs.

Growth Opportunities:

- Reviewing and monitoring plans of care.
- Monitoring and documenting private visits with children and youth every 30 days.
- Providing caregivers with information on discipline and child-specific planning.
- Interviews with children and youth about their care experiences.

Highlights

Good documentation of the child or youth’s involvement within their communities and culture.

Evidence of staff consultation with the child or youth about their living arrangement.

Documentation of promotion of family and community relationships and providing opportunities for the child or youth to participate in cultural events.

NCFSS achieved 100% compliance on 12 Guardianship measures.

Findings and Analysis

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

The compliance rate for this standard was **100%**. All 18 records were rated achieved.

St. 2: Development of a Comprehensive Plan of Care

The compliance rate for this standard was **100%**. Of the four applicable records, all four were rated achieved.

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

The compliance rate was **29%** in 2024, **45%** in 2023, **77%** in 2022 and **77%** in 2021.

Of the eight records rated not achieved, five are open records that need a current 2024 Care Plan and the remaining three are from past years.



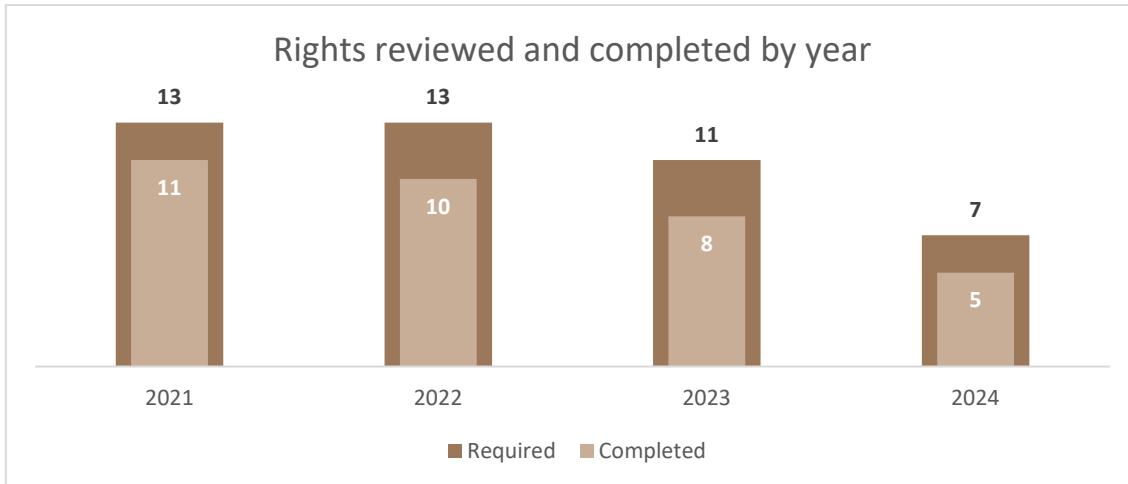
Four of the five open records now have updated current Care Plans documented.

St. 4: Supervisory Approval Required for Guardianship Services

NCFSS demonstrated strong practice in most key areas requiring supervisory consultation. The standard was applied to all 18 records; 17 records were rated achieved in all applicable areas of supervisory approval, while one was missing a supervisor’s signature on the Care Plan.

St. 5: Rights of Children and Youth in Care

The compliance rate for this standard in 2024 was **85%**, in 2023 it was **77%**, in 2022 it was **73%** and in 2021 it was **71%**.



Of the seven records rated not achieved, five contained evidence that the child or youth’s rights were reviewed within the timeframe, but these reviews were not conducted annually. The other two records did not confirm that section 70 rights were reviewed at any time during the 3 year timeframe.

Three records required the annual review of rights for 2024. The Executive Director was notified of all outstanding or incomplete documentation.

There were no instances identified during the audit where the child or youth’s rights were not respected.

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

The compliance rate for this standard was **100%**. All 18 records were rated achieved.

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

The compliance rate for this standard was **100%**. All 18 records were rated achieved.

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

The standard was applied to all 18 records. Policy required a total of 469 private visits over the audit time period. Private visits occurred within the 30 day timeframe 164 out of the expected 469 private visits, resulting in a compliance of **35%**.

The length of time between private visits was also tracked. A range of 54 to 421 days was found following analysis of all the records. Fifteen of the 18 records had periods of longer than 90 days between visits.

St. 9a: Providing the Caregiver with Information

The compliance rate for this standard was **100%**. All 18 records were rated achieved.

St. 9b: Reviewing the Appropriate Discipline Standards

The compliance rate for this standard was **91%**. The standard was applied to 11 records, 10 were rated achieved and one was rated not achieved.

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

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

The compliance rate for this standard was **100%**. The standard was applied to all 18 records, all were achieved.

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

The compliance rate for this standard was **100%**. The standard was applied to eight records and all were achieved.

St. 12: Reportable Circumstances (RC)

The compliance rate for submitting RC reports was **100%**. The standard was applied to two records, and both were rated achieved.

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

The compliance rate for this standard was **100%**. The standard was applied to one record, which was rated achieved.

St. 14: Case Documentation

The compliance rate for this standard was **56%**. The standard was applied to all 18 records, 10 were rated achieved and eight were rated not achieved.

Of the eight records rated not achieved, three 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 standard was **0%**. The standard was applied to one record. This record did not contain documentation that the guardianship worker met with the child or youth within five days following a transfer.

St. 16: Closing Continuing Care Files

The compliance rate for this standard was **100%**. The standard was applied to seven records and all were achieved.

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

The compliance rate for this standard was **100%**. The standard was applied to three records, all three were achieved.

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 for this standard was **0%**. The standard was applied to nine of the 18 records.

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

St. 20: Preparation for Independence

The compliance rate for this standard was **67%**. The standard was applied to six of the 18 records, four were rated achieved and two were rated not achieved.

The two records rated not achieved did not contain a plan for independent living, and one did not contain an assessment of the youth's independent living skills. The total adds to more than the number of records rated not achieved because one record had a combination of the reasons noted above.

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

The compliance rate for this standard was **100%**. The standard was applied to 13 of the 18 records.

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

There were no applicable records for this standard.

St. 23: Quality of Care Review

There were no applicable records for this standard.

St. 24: Guardianship Agency Protocols

The compliance rate for this standard was **100%**. The standard was applied to all 18 records.

Resources Audit Results

The audit reflects the work done by the staff in the Agency’s resource program over three years, based on eight 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.

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

Strengths and Growth Opportunities

Strengths:

- Supervisory consultations, approvals and involvement were well documented.
- Supervision supports quality, professional, ethical practice.
- Offering and providing training to caregivers.

Growth Opportunities:

- Home study completion.
- Monitoring family care homes and documenting 90 days reviews.
- Completing and documenting annual family care home reviews.

Highlights

Good documentation of supervisory approval and involvement for family care home services.

Supervisor consultations, approvals and signatures were found on Family Care Home Agreements and annual reviews were found in most records.

Caregiver training was consistently offered and provided to caregivers.

Finding and Analysis

St. 28: Supervisory Approval for Family Care Home Services

The documentation of supervisory consultation was excellent at NCFSS. The standard was applied to all eight records, and all were rated achieved.

St. 29: Family Care Homes – Application and Orientation

The compliance rate for this standard was **25%**. The standard was applied to all eight records, two were rated achieved and six were rated not achieved.

Of the six records rated not achieved:

- One record did not contain completed criminal record check(s).
- Four records did not contain completed medical exam forms.
- Three records did not contain completed application forms.
- Five did not contain all the required reference checks.
- Two did not contain a documented orientation.

The total adds to more than the number of records rated not achieved because four records had combinations of the above noted reasons. The Executive Director was notified of all outstanding or incomplete documentation.



NCFSS has confirmed that all criminal record checks have been updated.

St. 30: Home Study

The compliance rate for this standard was **20%**. The standard was applied to five of the records, one was rated achieved and four were rated not achieved.

Of the four records rated not achieved, three did not contain a completed home study, and one contained a partially completed home study but there was no assessment of safety. The Executive Director was notified of all outstanding documentation.

St. 31: Training of Caregivers

The compliance rate for this standard was **88%**. The standard was applied to all eight records, seven were rated achieved and one was rated not achieved.

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

St. 32: Signed Agreement with Caregiver

The compliance rate for this standard in 2024 was **67%**, in 2023 it was **71%**, in 2022 it was **88%**, and in 2021 it was **86%**. The standard was applied to all eight records; four were rated achieved and four were rated not achieved.

The four records rated not achieved contained Family Care Home Agreements, but they were not consecutive throughout the audit timeframe.

One open resource required a current signed Family Care Home Agreement, and the Executive Director was notified of this.



NCFSS has confirmed that the open resource record which required a signed Family Care Home Agreement has been updated.

St. 33a: Monitoring of the Family Care Home

The standard was applied to all eight records, and all were rated not achieved. In seven records, visits were documented, but these did not occur every 90 days and in one record there was no documentation of the required 90 day visits.

Of the eight records reviewed, the policy required a total of 79 visits to the Family Care Homes during the audit time period. It was found that visits occurred within the 90 day timeframe 32 out of the required 79 times, or **41%** of the time.

St. 33b: Annual Review of the Family Care Home

The compliance rate for this standard in 2024 was **29%**, in 2023 was **25%**, in 2022 was **43%** and 2021 it was **17%**. The standard was applied to all eight records.

Six records had documentation of annual reviews, but not all that were required, and two records did not have any documentation of completed annual reviews.

Of the eight records that did not contain all the required annual reviews, two were open and required a current annual review. The Executive Director was notified of the open Family Care Homes that required a 2024 annual review.



NCFSS has confirmed that all open Family Care Homes have had a current 2024 annual review.

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

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

St. 35: Quality of Care Review

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

St. 36: Closure of the Family Care Home

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

Family Services and Child Safety Audit Results

The audit reflects the work done by the staff in the Agency’s family service program over three years, based on 30 records from the selected sample, though not all measures in the audit tool applied to each record. See [Appendix A](#) for the methodology.

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

Strengths and Growth Opportunities

Strengths:

- Documenting details of reports accurately and fulsomely.
- Determining the priority and whether the report required a protection or non-protection response.
- Making a safety decision consistent with the safety assessment.
- Involving Indigenous Communities in the planning and delivery of services.

Growth Opportunities:

- Documenting the Initial Record Review (IRR) within 24 hours and confirming that Best Practices have been checked.
- Assessing the family’s strengths and needs and creating and implementing the Family Plan.
- Reassessing the risk of future harm
- Completing and documenting the reunification assessments.

Highlights

Noted improvement in the intake and assessment phase of practice.

Making a safety decision consistent with the Safety Assessment.

Meeting with parents and visiting the family home.

Findings and Analysis

Family Service (FS) 1: Screening Measures

The measure was applied to all 30 records in the sample. In the 30 records reviewed:

- The report generated was full and detailed **100%** of the time.
- The three components of the Initial Record Review (IRR) were completed as follows:
 - **63%** of IRRs were completed within 24 hours.
 - **53%** of IRRs contained a Best Practices check.
 - **47%** of IRRs contained sufficient information about previous issues or concerns and number of past service requests, incidents or reports (if protection history exists).

- The Screening Assessment was completed either immediately, as necessary, or within 24 hours **80%** of the time.
- The response chosen (either protection or non-protection response) was appropriate **100%** of the time.
- The response priority was appropriate (either 24 hours or 5 days for protection responses or non-protection response for Service Requests and Memos) **100%** of the time.

In six of the records, the Screening Assessment was not completed within the required timeframe. Half of the records were completed within a week, with one taking 183 days.

In 29 incidents of the 30 reviewed, the family was contacted in-person within the prescribed timeframe. In one record, the family was not contacted within the response priority timeframe, it took 56 days.

FS 2: Conducting a Detailed Record Review (DRR)

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 as they did not contain a DRR.

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

On the 10 records reviewed:

- The Safety Assessment was completed within 24 hours, during the first significant involvement with the family and was on the record **60%** of the time (six records), with a breakdown of:
 - **100%** of the Safety Assessments were completed during the first significant involvement with the family.
 - **100%** of records contained a completed Safety Assessment.
 - **56%** of the Safety Assessments were completed within 24 hours.
 - **100%** Assessing and Documenting the Safety of the Child or Youth (Auxiliary).
- The response ended early with supervisory approval and the rationale was appropriate and documented on 1 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 three records that did not complete the Safety Assessment within 24 hours, one record took two days, one took 89 days and the other took 302 days.

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

The compliance rate for this measure was **100%**. The measure was applied to all 10 records in the sample; all 10 were rated achieved.

FS 5: Developing a Safety Plan

The compliance rate for this measure was **80%**. This measure was applied to five records. Four records were rated achieved and one record was not achieved. The record rated not achieved did not document that the Safety Plan was agreed to by the parents.

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

The compliance rate for this measure was **100%**. The measure was applied to all 10 records in the sample; all 10 were rated achieved.

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

The compliance rate for this measure was **80%**. The measure was applied to 10 records, eight were rated achieved and two were rated not achieved.

The two records rated not achieved documented that interviews were completed with some of the children or youth but not all the children or youth in the home.

FS 8: Visiting the Family Home

The compliance rate for this measure was **100%**. The measure was applied to all 10 records and all 10 were rated achieved.

FS 9: Working with Collaterals

Of the 10 records where collaterals were required, five were completed (**50%**), three were partially completed (**30%**), and two collaterals were not documented (**20%**). On two records, the response ended early with supervisory approval and the rationale was appropriate and documented.

FS 10: Involvement with Indigenous Communities under the CFCSA

In 10 records, the children or youth identified as Indigenous, and the following results were found:

- **100%** of records documented confirmation that the child or youth was Indigenous.
- **80%** of records indicated the Indigenous Community was contacted.
- **80%** of records documented that the Indigenous Community were involved in the planning and delivery of services.

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

In the eight applicable records reviewed:

- **75%** of records contained a summary of the current circumstances.
- **38%** of records contained a summary of the history of the family's child protection involvement.
- **88%** of records had clear documentation of the outcome of the current involvement.

Of the 10 records reviewed, the supervisor appropriately approved ending the response early on two records. All eight remaining records did not end within 30 days of receiving the report.

In the one applicable record, where there was an Indigenous child, whose community was part of an Indigenous Governing Body (IGB), that IGB was provided notice before the child protection 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 five records and was broken down into five tasks. None of the records were rated achieved and were missing the following tasks:

- An assessment of the family's strengths and needs on record through a consultation note with a supervisor or a discontinued Strengths and Needs Assessment Tool.
- Family Plan or its equivalent on the record.
- Family Plan or equivalent that was developed in collaboration with the family. This would have been evidenced by documentation that the family service worker met with and discussed Family Plan goals with the family and worked collaboratively with them to create the Family Plan.
- Family Plan or equivalent was reflective of the family's strengths and needs.
- The Family Plan or equivalent was approved by the supervisor.

FS 13: The Reassessment of Risk of Future Harm

The compliance rate for this measure was **40%**. The measure was applied to five records; two were rated achieved and three were rated not achieved.

Of the three records rated not achieved:

- Two had no summary of child protection history.
- Three had no reassessment in the most recent six month protection cycle.
- Two had no summary of current circumstances.
- Two were not achieved for two or more of the previously listed reasons.

FS 14: Completion of the Reunification Assessment

Of the two records measured, both were rated as not achieved as they did not have a Reunification Assessment completed within the most recent six month ongoing protection services cycle.

In one record, where there was an Indigenous child, whose community was part of an Indigenous Governing Body (IGB), that IGB was provided notice before the family service worker took significant measures.

FS 15: Making the Decision to End Ongoing Protection Services

There were no applicable records for this standard.

FS 16: Collaborative Planning and Decision Making (CPDM)

The compliance rate for this measure was **100%**. The one record reviewed met the requirements for an appropriate CPDM process to be offered at least once.

The one applicable record involved the Indigenous Community and the compliance rate for including the Indigenous Community is **100%**.

Actions to Date

NCFSS has addressed some audit findings prior to developing an action plan, as follows:

1. As of March 5, 2025, NCFSS confirmed completion of the following:
 - The expired Consolidated Criminal Record Checks (CCRCs) and Criminal Record Review Act (CRRAs) found have been updated.
 - Two of the care homes missing current annual reviews have had reviews completed, and the third care home has transitioned into a 54.01 family resource.
 - The open resource which required a current signed Family Care Home Agreement now has an updated Agreement.
 - Four of the five children and youth in care who did not have updated Care Plans, have undergone updates to their current plans.
 - Two of the three children and youth missing a current review of their rights in care, have had their rights reviewed. The third youth turned 19 is no longer in care.
 - All 10 of the children and youth in care that were missing documentation confirming a review of their discipline standards have since had these standards reviewed with them.

Action Plan

Action	Persons Responsible	Expected Date of Completion
<p><u>RE: St. 33 Monitoring and Reviewing the Family Care Home</u></p> <p>1. NCFSS will review this standard with the team and develop a tracking system to ensure timely completion of annual reviews and 90 day visits.</p> <p>The team will set up an electronic team calendar which will have all review dates added to it.</p> <p>Confirmation of the newly developed process and documentation method will be provided, via email, to the Manager of Quality Assurance (MQA).</p>	<p>Jessica Bauman Team Leader</p> <p>Chrissy Thomas Executive Director</p>	<p>August 30, 2025</p>

<p><u>CS: St. 3 Monitoring and Reviewing the Child and Youth’s Care Plan</u></p> <p>2. NCFSS will review this standard with the team and develop a process for completing Care Plans within required timeframes.</p> <p>With the use of a team electronic calendar, they will input and Care Plan review dates at the beginning and middle of each month.</p> <p>Confirmation of the documentation method will be provided, via email, to the MQA.</p>	<p>Jessica Bauman Team Leader</p> <p>Chrissy Thomas Executive Director</p>	<p>August 30, 2025</p>
<p><u>CS: St. 14: Case Documentation for Guardianship Services</u></p> <p>3. NCFSS will review this standard with the team and develop a method for consistent documentation. Guardianship workers will ensure all documentation is maintained and updated regularly.</p> <p>As noted above, a calendar will be used as a tracking system and confirmation of this will be provided, via email, to the MQA.</p>	<p>Jessica Bauman Team Leader</p> <p>Chrissy Thomas Executive Director</p>	<p>August 30, 2025</p>
<p><u>FS 16: Collaborative Planning and Decision Making (CPDM)</u></p> <p>4. NCFSS will review this standard with the team and develop a process where the Agency will document all involvement with the family, extended family and community within 20 days of the Agency’s involvement.</p> <p>Confirmation of the review and new process will be provided, via email, to the MQA.</p>	<p>Jessica Bauman Team Leader</p> <p>Chrissy Thomas Executive Director</p>	<p>August 30, 2025</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 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.

NCFSS operates under C6 delegation. The Agency is operating under a delegated services agreement which expires March 31, 2029. This level of delegation enables the Agency to provide the following services:

- Child protection
- Temporary custody of children
- Permanent guardianship of the children in continuing custody
- Support services to families
- Voluntary Care or Support Needs Agreements
- Youth Agreements
- Agreements with Young Adults
- Resources
- Out of Care Options

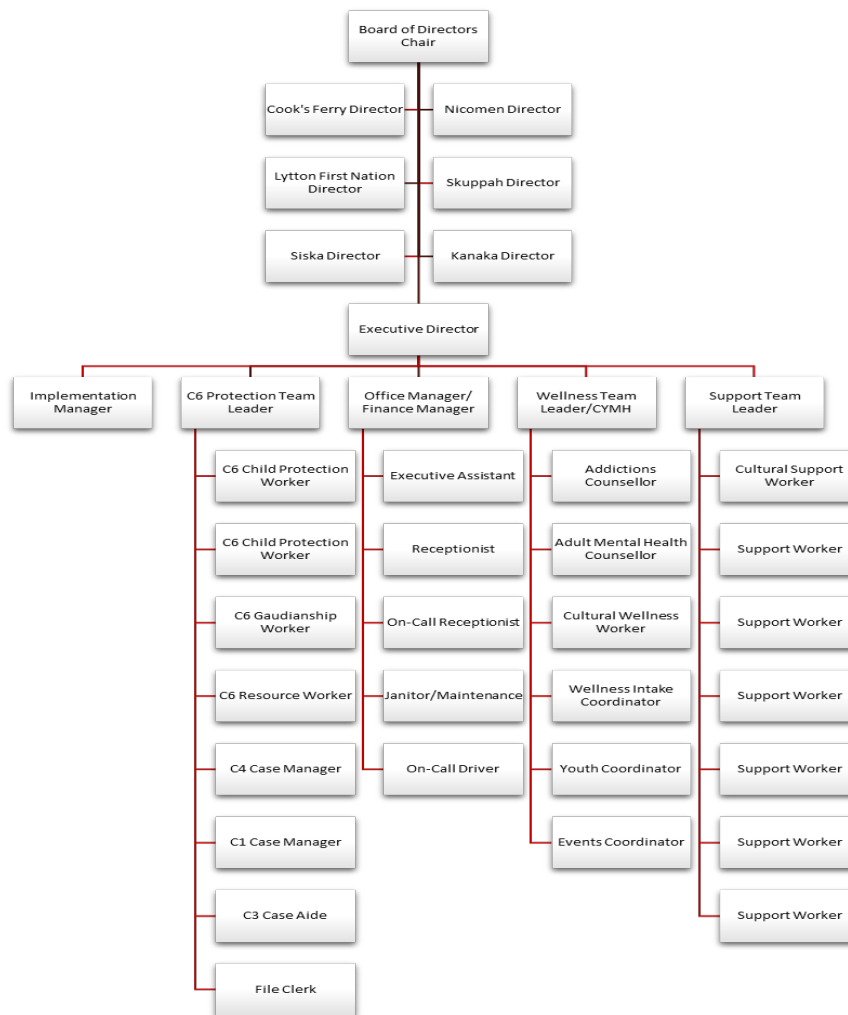
In addition to the delegated programs, NCFSS provides the following non-delegated programs and services to the members of their bands and urban Indigenous children and families.

- Wellness
 - Child and Youth Mental Health Clinician
 - Addictions Counsellor
 - Adult Mental Health Counsellor
 - Cultural Wellness Worker
 - Special events including:
 - Family Culture Camp
 - Wellness Camp
 - Cultural Excursions
 - Men's group
 - Women's group
 - Youth Committee
 - Grief and Loss Circles
- Family Support
 - 1 to 1 visits with youth/adults
 - Prevention Services
 - Transportation as required to access service
 - Family Events with other service providers

2. Demographics and Staffing Context

Nlha'7kpmx Child and Family Services provides services to six bands in the Lytton area. These six bands are: Cook's Ferry, Kanaka Bar, Lytton, Nicomen, Siska, and Skuppah. The NCFSS office is located on Skuppah Band land, which is four kilometers south of Lytton. The band furthest away is a 30 minute drive from the office, unless the Fraser River ferry is not operating. If the ferry is not operating the driving time can be as much as three hours away. The registered population for these six bands is approximately 3473. (Source: Aboriginal Peoples & Communities, First Nation Profiles, Aboriginal Affairs and Northern Development Canada, September 2024). The offices of NCFSS are located on leased land of the Skuppah Band.

Nlha'7 kpmx Child & Family Services Society 2024 Organizational Chart



NCFSS Professional Staff Complement

The Agency has experienced significant growth in the last couple of years. At the time of the audit, the Agency staff included an: Executive Director, team leader (C6 delegated), four C6 delegated case managers, C4 delegated case manager, C1 case manager, C3 case aide and a file clerk. The Wellness/Child and Youth Mental Health team is comprised of a team leader, addictions counsellor, adult mental health counsellor, cultural wellness worker, wellness intake coordinator, youth coordinator and events coordinator. The Support team is comprised of a team leader, a cultural support worker and six support workers. The office administration is comprised of an office/finance manager, an executive assistant, a receptionist, an on-call receptionist, a janitor/maintenance person and an on-call driver. The team works closely together to provide holistic, cultural services to Nhlá'7kapmx people.

The Executive Director has been in her position since January 2018. The current team leader started with NCFSS in June 2021 as a case manager on secondment from MCFD, and as of March 2022 she became an employee. In November 2022, she became the team leader. She currently supervises seven delegated workers and a file clerk. The team leader also manages a case load.

All delegated staff interviewed, except for the team leader, completed their delegation training through the Indigenous Perspectives Society (IPS). The team leader completed her delegation training at the Justice Institute (JI).

Delegated staff report to the team leader, and the team leader consults with MCFD Aboriginal Services Branch (ASB) when needed.

Supervision and Consultation

The team leader provides supervision and consultation to the delegated workers. The staff reported they are comfortable stopping by her office or calling her when she is out of the office for consultations. Many staff report having daily consultations with the team leader. The team have weekly case manager meetings and monthly case review meetings to discuss practice, review cases and engage in collaborative decision making. The team leader consults with the Agency's practice analyst from ASB for complex cases and delegated practice support. She reports having numerous MCFD contacts that she can consult with as needed.

Natural Disasters

The Agency explained that their community of Lytton and surrounding areas of BC, experienced a series of natural disasters that have significantly impacted the communities and their surroundings. The region, located in the Thompson-Nicola area of British Columbia, is particularly vulnerable to both wildfires and floods. In recent years, Lytton has faced devastating wildfires, such as the [2021 fire season](#), which ravaged large areas of the surrounding forests and prompted widespread evacuations. Additionally, intense [flooding events](#), including those in 2021, caused severe damage to infrastructure, homes and businesses, leading to a state of emergency and requiring substantial recovery efforts.

This directly impacted NCFSS as these natural disasters made it difficult to provide regular services as the focus was on emergency response efforts for staff and the communities that the Agency supports. Within the documentation reviewed, it was noted the impact of the natural disasters and the steps taken to locate and supports children and youth in care, families and caregivers. The Agency explained that these events have had a profound impact on their operations and their effects are still evident today.

3. Staff Perspectives: What We Heard

Staff within NCFSS were offered the opportunity to share their thoughts. Nine staff participated in interviews and from those interviews' themes were identified. Specific to strengths within the Agency, staff shared the following:

- "In Service" – Where the team goes out onto the land spending time with families within the communities, doing cultural activities. Staff shared that their work is deeply rooted in the culture and language of the people they support.
- "Lateral Kindness" – Staff spoke of how kind they are to each other, and how well they work with each other. They take pride in their work and love being there, which gets reflected into their work within the community. There is a strong sentiment that relationships are strengthening with the community.
- Learning Development – Staff felt supported with their learning and development needs. Team training is offered on a regular basis, and individual learning goals are supported.

Specific to opportunities for growth, staff shared the following:

- Additional Staffing – All staff indicated they appreciated how NCFSS has more than doubled in size over the last five years from a team of 12 to 29, but many have suggested that they still need to build out the Resource team as well as hire another team leader position which would allow for the current team leader to perhaps not have to carry a case load and would allow for more supervision and guidance for the new hires.
- Community Rebuilds – Every member of staff interviewed spoke to how difficult it has been with all the recent natural disasters, fires and floods that have so negatively affected the community. The town is gone, there is no local housing, there are no local stores, and many hours need to be added to every task navigating systems. Everyone is very hopeful that with time the community will be rebuilt and things can go back to normal.

4. Methodology

Two quality assurance practice analysts from MCFD conducted the audit. Data collected, compliance tables and a compliance report for each record audited was stored on a SharePoint site. Discussions with staff occurred by telephone 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 collected from the Integrated Case Management (ICM) database. This was a census audit, encompassing every file with a confidence level of 100%. The following are the sample sizes for each record type:

Record Types	Record Totals
Incidents	10
Service Requests (SRs)	12
Memos	8
Open Child Service (CS) records	11
Closed Child Service records	7
Resource (RE) records	8
Open Family Service (FS) records	5
Closed Family Service (FS) records	0

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

- 1) Closed incidents: closed in ICM between May 1, 2023, and April 30, 2024, where the type was family development response (FDR) or investigation.
- 2) Closed SRs: closed in ICM between May 1, 2023, and April 30, 2024, where the type was request service (CFS), request service (CAPP), request family support or youth services.
- 3) Closed Memos: closed in ICM between May 1, 2023, and April 30, 2024, where the type was screening and with the resolution of “No Further Action.”
- 4) Open CS: records open in ICM on April 30, 2024, and managed by office IEB for at least six months (continuously) with the following legal categories: VCA, SNA, removal, interim order, TCO and CCO.
- 5) Closed CS: records closed in ICM between August 1, 2021, and April 30, 2024, and managed by office IEB for at least six months (continuously) with the following legal categories: VCA, SNA, removal, interim order, TCO and CCO.
- 6) Open and closed RE: records in ICM that were managed by office IEB that had children or youth in their care for at least three months (continuously) between August 1, 2021, and April 30, 2024. Children or youth in care had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level 1 Care, Level 2 Care, Level 3 Care and First Nations Foster Home.
- 7) Open FS: records open in ICM on April 30, 2024, and managed by office IEB for at least six months (continuously) with a service basis listed as protection.

Appendix B

Audit Tools

Guardianship Audit Tool

Guardianship Services (Compliance to AOPSI Practice Standards)		
Standard #	Standard Name	Achieved Criteria
St. 1	Preserving the Identity of the Child or Youth in Care	<ul style="list-style-type: none"> • Efforts were made to identify and involve the child or youth's Indigenous Community. • Efforts were made to register the child when entitled to a Band or Indigenous Community or with Nisga'a Lisims Government. • A Cultural Plan was completed if the child or youth was not placed within their extended family or community. • The child or youth was involved in culturally appropriate resources. • If the child or youth was harmed by racism, the social worker developed a response. • If the child or youth was a victim of a racial crime, the police were notified.
St. 2	Development of a Comprehensive Plan of Care	<ul style="list-style-type: none"> • An initial plan of care completed within 30 days of admission, and • A plan of care completed within six months of admission.
St. 3	Monitoring and Reviewing the Child or Youth's Plan of Care	<ul style="list-style-type: none"> • Care Plans were completed annually throughout the audit timeframe. • Efforts were made to develop the plan of care with youth over the age of 12. • Efforts were made to develop the plan of care with the family. • Efforts were made to develop the plan of care with the service providers. • Efforts were made to develop the plan of care with the caregiver(s). • Efforts were made to develop the plan of care with the Indigenous Community.
St. 4	Supervisory Approval Required for Guardianship Services	<p>The following key decisions and documents were approved by a supervisor:</p> <ul style="list-style-type: none"> • Care Plan. • Placement change. • Placement in a non-Indigenous home. • Restricted access to significant others.

		<ul style="list-style-type: none"> • Return to the parent(s) prior to CCO rescindment. • Transfer of guardianship. • Plan for independence. • Record transfer. • Record closure.
St. 5	Rights of Children and Youth in Care	<ul style="list-style-type: none"> • The rights of children in care, including the advocacy process, was reviewed annually with the child or youth or with a significant person if there were capacity concerns or the child was of a young age throughout the audit timeframe, and • In instances when the child's rights were not respected, the social worker took appropriate steps to resolve the issue.
St. 6	Deciding Where to Place the Child or Youth	<ul style="list-style-type: none"> • Efforts were made to place the child in an out of home living arrangement that was in accordance with section 71 of the Child, Family and Community Service Act (CFCSA).
St. 7	Meeting the Child or Youth's Needs for Stability and Continuity of Relationships	<ul style="list-style-type: none"> • A plan was in place to support and maintain contacts between the child or youth in care and their siblings, parents, extended families, and significant others.
St. 8	Social Worker's Relationship and Contact with the Child or Youth	<p>The standard requires the social worker to conduct a private visit with the child or youth:</p> <ul style="list-style-type: none"> • Every 30 days. • At time of placement. • Within seven days after placement. • When there was a change in circumstance. • When there was a change in social worker.
St. 9	Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards	<ul style="list-style-type: none"> • Information about the child or youth was provided to the caregiver(s) at time of placement. • Information about the child or youth was provided to the caregiver(s) as it became available. • Information about the child or youth was provided to the caregiver(s) within seven days of an emergency placement. • Discipline standards were reviewed with the caregiver(s) at the time of placement. • Discipline standards were reviewed annually with the caregiver(s).
St. 10	Providing Initial and Ongoing Medical and Dental Care	<ul style="list-style-type: none"> • A medical exam was conducted upon entering care. • Dental, vision and hearing exams were conducted as recommended. • Medical follow-up was conducted as recommended. • In instances when the youth had chosen not to attend recommended appointments, the social worker made efforts to resolve the issue.

St. 11	Planning a Move for a Child or Youth in Care	<p>The record, if it involved a placement move, confirmed that:</p> <ul style="list-style-type: none"> • The child or youth was provided with an explanation prior to the move. • The social worker arranged at least one pre-placement visit. • If the child or youth requested the move, the social worker reviewed the request with the caregiver, resource worker and the child to resolve the issue.
St. 12	Reportable Circumstances	<ul style="list-style-type: none"> • A report about a Reportable Circumstance was submitted to the director within 24 hours from the time the information about the incident became known to the social worker.
St. 13	When a Child or Youth is Missing, Lost or Runaway	<p>The record, if it involved a child or youth who was missing, lost, or runaway, who may have been at high risk of harm, confirmed that</p> <ul style="list-style-type: none"> • The police were notified. • The family was notified. • Once found, the social worker made efforts to develop a safety plan to resolve the issue.
St. 14	Case Documentation	<p>The record contained:</p> <ul style="list-style-type: none"> • An opening recording. • Review recordings or Care Plan reviews every six months throughout the audit timeframe. • A review recording or Care Plan review when there was a change in circumstance.
St. 15	Transferring Continuing Care Files	<p>The record, if it involved a transfer of responsibility from one worker to another, confirmed that:</p> <ul style="list-style-type: none"> • A transfer recording was completed. • The social worker met with the child or youth prior to the transfer or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue. • Efforts were made to meet with the caregiver(s) prior to the transfer. • Efforts were made to meet with the service providers prior to the transfer. • The social worker met with the child or youth within five days after the transfer or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue. • Efforts were made to meet with the child or youth's family within five days after the transfer.
St. 16	Closing Continuing Care Files	<p>The record, if it involved closing the record when services ended, confirmed that:</p> <ul style="list-style-type: none"> • A closing recording was completed. • The social worker met with the child or youth prior to ending services and closing the record, in instances when the youth had

		<p>chosen not to meet, the social worker made efforts to resolve the issue.</p> <ul style="list-style-type: none"> • Efforts were made to meet with the caregiver(s) prior to the closure. • Service providers were notified of the closure. • The Indigenous Community was notified, if applicable. • Support services for the child or youth were put in place, if applicable.
St. 17	Rescinding a CCO and Returning the Child or Youth to the Family Home	<p>The record, if it involved a rescindment of a CCO, confirmed that:</p> <ul style="list-style-type: none"> • The risk of returning a child or youth to their family home was assessed by delegated worker. • A safety plan, if applicable, was put in place prior to returning the child or youth to their family home. • The safety plan, if applicable, was developed with required parties. • The safety plan, if applicable, addressed the identified risks. • The safety plan, if applicable, was reviewed every six months until the rescindment.
St. 18	Permanency Planning	<ul style="list-style-type: none"> • A permanent plan is considered for a child with a CCO when the plan's priorities are in the best interests of the child and the preservation of the child's cultural identity are priorities of the plan. • This is an interim standard for use until Indigenous Child and Family Service Agencies (ICFSA), cultural groups and Indigenous communities have researched and reviewed the ministry permanency planning policy. As this is still an interim standard, it has not yet been audited by Quality Assurance.
St. 19	Interviewing the Child or Youth about the Care Experience	<ul style="list-style-type: none"> • The record, if it involved a move from a placement, confirmed the child or youth was interviewed about their care experience.
St. 20	Preparation for Independence	<p>The record, if it involved a youth about to transition from care to an independent living situation, confirmed that:</p> <ul style="list-style-type: none"> • Efforts were made to assess the youth's independent living skills. • Efforts were made to develop a plan for independence.
St. 21	Responsibilities of the Public Guardian and Trustee (PGT)	<ul style="list-style-type: none"> • The PGT was provided a copy of the CCO. • The PGT was notified of events affecting the child or youth's financial or legal interests.
St. 22	Investigation of Alleged Abuse or Neglect in a Family Care	<p>If it involved a report of abuse and/or neglect of a child or youth in a family care home, confirmed that:</p> <ul style="list-style-type: none"> • A Family Care Home Investigation was conducted with the

	Home	<p>summary report on file.</p> <ul style="list-style-type: none"> • Efforts were made to support the child or youth.
St. 23	Quality of Care Review	<ul style="list-style-type: none"> • The record, if it involved a concern about the quality of care received by a child or youth in a family care home, confirmed that a Quality of Care Review was conducted.
St. 24	Guardianship Agency Protocols	<ul style="list-style-type: none"> • All protocols related to the delivery of child services that the Agency has established with local and regional agencies have been followed.

Resource Audit Tool

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

St. 31	Training of Caregivers	<ul style="list-style-type: none"> The training needs of the caregiver were assessed or identified, and training opportunities were offered to, or taken by, the caregiver.
St. 32	Signed Agreement with Caregiver	<ul style="list-style-type: none"> There were consecutive Family Care Home Agreements throughout the audit timeframe, and they were signed by all the participants.
St. 33	Monitoring and Reviewing the Family Care Home	<ul style="list-style-type: none"> Annual reviews of the family care home were completed throughout the audit timeframe, when required. The annual review reports were signed by the caregiver(s). The social worker visited the family care home at least every 90 days throughout the audit timeframe, when required.
St. 34	Investigation of Alleged Abuse or Neglect in a Family Care Home	<p>The record, if it involved a report of abuse and/or neglect of a child or youth in a family care home, confirmed that:</p> <ul style="list-style-type: none"> A Family Care Home Investigation was conducted with a summary report on file. Efforts were made to support the caregiver.
St. 35	Quality of Care Review	<p>The record, if it involved a concern about the quality of care received by a child or youth in a family care home, confirmed that:</p> <ul style="list-style-type: none"> A Quality of Care Review was conducted. Efforts were made to support the caregiver.
St. 36	Closure of the Family Care Home	<ul style="list-style-type: none"> The record, if it involved closure of a family care home, contained a written notice to the caregiver indicating the intent of the Agency to close the family care home.

Family Services and Child Safety Audit Tool

Family Services (Compliance to Chapter 3 Child Protection Policies)		
Measure #	Measure Name	Achieved Criteria
FS 1	Screening Measures	<p>The record needed to contain documentation of all of the following components:</p> <ul style="list-style-type: none"> A full and detailed report. An 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. Screening Assessment that was completed immediately if necessary or within 24 hours otherwise. A clear and appropriate determination that the report requires either a protection or non-protection response.

		<ul style="list-style-type: none"> • An appropriate determination of the response priority.
FS 2	Conducting a Detailed Record Review (DRR)	<ul style="list-style-type: none"> • DRR was conducted in electronic databases and physical files. • Contained any information that was missing in the IRR. • Described how previous issues or concerns had been addressed, the responsiveness of the family in addressing the issues and concerns and the effectiveness of the last intervention. • Was not required because there were no previous MCFD or ICFSA involvement. • Was not required because the supervisor approved ending the protection response before the DRR was conducted and the rationale was documented and appropriate.
FS 3	Assessing and Documenting the Safety of the Child or Youth	<ul style="list-style-type: none"> • The Safety Assessment process was completed during the first significant contact with the family. • The Safety Assessment was on the electronic record. • The Safety Assessment tool was completed within 24 hours after completion of the safety assessment process. • Or, the response ended early with supervisory approval and the rationale was appropriate and documented.
FS 4	Making a Safety Decision Consistent with the Safety Assessment	<ul style="list-style-type: none"> • The safety decision was consistent with the information documented in the Safety Assessment form. • Or, the supervisor approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.
FS 5	Developing a Safety Plan	<ul style="list-style-type: none"> • If safety factors are identified in the SA tool and the child(ren) were not removed, an attached Safety Plan is required. • The Safety Plan MUST be either signed by the parent(s) responsible for ensuring the conditions OR there is documentation indicating they understood and agreed to the safety plan. • The Safety Plan MUST be approved by a supervisor (indicated in the checkbox on the safety plan document or there is documentation indicating they understood and agreed to the safety plan). • If the child is Indigenous and the child's Indigenous Community is a part of an Indigenous Governing Body, the social worker made reasonable efforts to involve the community in developing the Safety Plan.
FS 6	Meeting or Interviewing the Parents and Other Adults in the Family Home	<ul style="list-style-type: none"> • The child protection worker met with or interviewed the parents and other adults in the home (if applicable). • Gathered sufficient information about the family to assess the safety and vulnerability of all children/youth living or being cared for in the family home. • Or, if the supervisor approved ending the protection response before the child protection worker met with or interviewed the parent(s) and other adults in the home, the rationale was documented and appropriate.
FS 7	Meeting with	<ul style="list-style-type: none"> • The child protection worker had a private, face-to-face

	Every Child or Youth Who Lives in the Family Home	<p>conversation with every child/youth living in the family home according to their developmental level.</p> <ul style="list-style-type: none"> • Or, the supervisor granted an exception, and the rationale was documented. • Or, the supervisor approved ending the protection response before the child protection worker had a private, face-to-face conversation with every child/youth living in the family home, and the rationale was documented and appropriate.
FS 8	Visiting the Family Home	<ul style="list-style-type: none"> • The child protection worker visited the family home before completing the FDR assessment or the Investigation or the supervisor granted an exception and the rationale was documented. • Or, the supervisor approved ending the protection response before the child protection worker visited the family home and the rationale was documented and appropriate.
FS 9	Working with Collaterals	<ul style="list-style-type: none"> • The child protection worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth before completing the FDR assessment or the investigation. • Or, the supervisor approved ending the protection response before the child protection worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth and the rationale was documented and appropriate.
FS 10	Involving Indigenous Communities under the CFCSA	<ul style="list-style-type: none"> • The child protection worker confirmed whether the child/youth was Indigenous. • The child protection worker contacted the Indigenous Community. • The child protection worker involved the Indigenous Community in the planning and delivery of services: <ul style="list-style-type: none"> ○ Either via Section 79, section 92.1, or with consent. ○ Or, the child protection worker documented that they offered to involve the community, and the family did not give consent. ○ Or, there was documentation indicating that reasonable efforts were made to establish the child's Indigenous Community. • The child protection worker confirmed the child/youth or family is Indigenous AND the parent did not consent to community involvement AND no significant measure was taken.
FS 11	Consultation in Assessing the Risk of Future Harm and Need for Ongoing Protection Services	<ul style="list-style-type: none"> • A clinical consultation note which included the: <ul style="list-style-type: none"> ○ Summary of current circumstances. ○ Summary of the history of the family's child protection involvement. ○ Outcome of this current involvement with MCFD. • The response ended early with supervisory approval and the rationale was appropriate and documented

FS 12	Assessing the Family's Strengths and Needs & Creating and Implementing the Family Plan	<ul style="list-style-type: none"> • An assessment of the family's strengths and needs was on record through a consultation note with a supervisor or a discontinued Strengths and Needs Assessment Tool. • A Family Plan or its equivalent was on the record. • A Family Plan or equivalent that was developed in collaboration with the family. • Family Plan or equivalent was reflective of the family's strengths and needs. • Family Plan or equivalent was approved by the supervisor.
FS 13	The Reassessment of Risk of Future Harm	<p>The reassessment of vulnerability must have been completed within the most recent six month ongoing protection service cycle and the documentation in ICM had to include all of the following:</p> <ul style="list-style-type: none"> • Summary of current circumstances. • History of child protection involvement. • Outcome of whether ongoing protection services were still needed. <p>These components may have been found separately on the record but had to be within a clinical consultation.</p>
FS 14	Completion of the Reunification Assessment	<p>The record must contain the Reunification Assessment completed by the child protection worker and approved by the team leader during the audit timeframe at the following points in time:</p> <ul style="list-style-type: none"> • The most recent six month ongoing protection service cycle. • When the child/youth's return is being considered (if applicable). • When a custody court proceeding is approaching, and the previous assessment is older than three months or no longer relevant (if applicable).
FS 15	Making the Decision to End Ongoing Protection Services	<p>All of the relevant criteria were met before the decision to end ongoing protection services was made and approved by the supervisor. The following are the criteria to close:</p> <ul style="list-style-type: none"> • There have been no unaddressed reports of abuse or neglect. • There are no indications of current or imminent safety concerns. • The family has demonstrated specific and sufficient behavioral improvements in the areas identified in the family plan, and there is documented evidence of these improvements. • A 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/youth's safety and well-being. • The family has demonstrated the ability to access and use formal and informal resources to assist them in problem solving. • The family members state that they are ready and able to resume parenting without Ministry or ICFSA support.
FS 16	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"> • Removal was likely to occur (excludes urgent removals). • After the removal occurs but before it is contested at the

		<p>presentation hearing.</p> <ul style="list-style-type: none">• When a protection hearing is contested.• Before applying for CCO or 54.01 when a parent is not in agreement.• And/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.
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