



**SCW'EXMX  
CHILD & FAMILY  
SERVICES SOCIETY**

**PRACTICE AUDIT REPORT  
REPORT COMPLETED: MAY 2025**

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

QA

*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 honour for our team to travel to Scw'exmx Child and Family Services Society to conduct our work on their traditional lands.*



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# AT A GLANCE: Practice Audit Report Scw'exmx Child and Family Services Society

Report Completed: May 2025

## Vision

*Work collectively to exercise nte?kepmx and syilx inherent rights as we empower children, young people and families*

## Highlights

The K'wu Stəmtíma? (the Grandmothers Group) who represent and plan for all matters relating to the children, youth and families of Upper Nicola Band. Practice analysts saw documentation of planning and case review involving the K'wu Stəmtíma? group with families involved with Scw'exmx Child & Family Services Society (SCFSS). SCFSS and with children in the care of SCFSS.

94%

Compliance achieved in preserving the identity of the child or youth in care



50%



2018



50%  
INCREASE

100%



2024

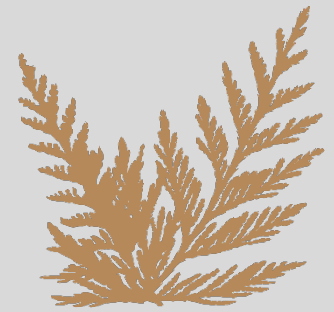
Preparing youth for independence demonstrated a 100% increase in compliance since the last practice evaluation.

## Growth Opportunities

- Strengthening overall documentation processes.
- Completing private 30-day visits with child and youth in care.
- Reviewing and monitoring plans of care for children and youth.
- Interviewing children/youth about their in care experience.
- Ensuring that protocol investigations are completed as required.

## Collaboration

SCFSS worked extensively and proactively with practice analysts and Aboriginal Services Branch (ASB), fostering a strong collaborative relationship to aid in aligning the work being completed with policy and procedures.



## Notable Actions Taken

Creation of the following:

- Criminal record check mitigation plan and form for caregivers.
- Protocol information forms.
- Rights of child in care form for child services files.
- Appropriate discipline standards form for child services files.



## Action Plan Summary

- Training for staff regarding when and how to use a safety plan.
- Review requirements with staff for completing reportable circumstances.
- Create an interview tool or procedure for interviewing child and youth about their care experience.
- Create a standardized checklist for resource records.
- Training provided to staff on documentation for resources records.
- Review of a small sample of files from each practice area to monitor growth in practice.

# 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 focuses on a specific area of practice within MCFD or an Indigenous Child and Family Service Agency (ICFSA) and assesses compliance with legislation, policy and practice standards.

This audit reviewed the family service, guardianship and resource services provided by [Scw'exmx Child & Family Services Society](#) (SCFSS) from January 1, 2021 to December 31, 2023. This audit measured the Agency's compliance with [Aboriginal Operational and Practice Standards and Indicators](#) (June 2005) and [Child Protection Response Policies - Chapter 3](#) (2024). This is the sixth audit for SCFSS. The last audit was completed in March 2018.

The province of British Columbia represented by the Director designated under the *Child, Family and Community Services Act* (CFCSA), delegated SCFSS with the responsibility to provide guardianship services, resource development and family services (C6) since 1994. See [Appendix A](#) for more detailed information on delegation, community demographics, organizational structure and work environment.

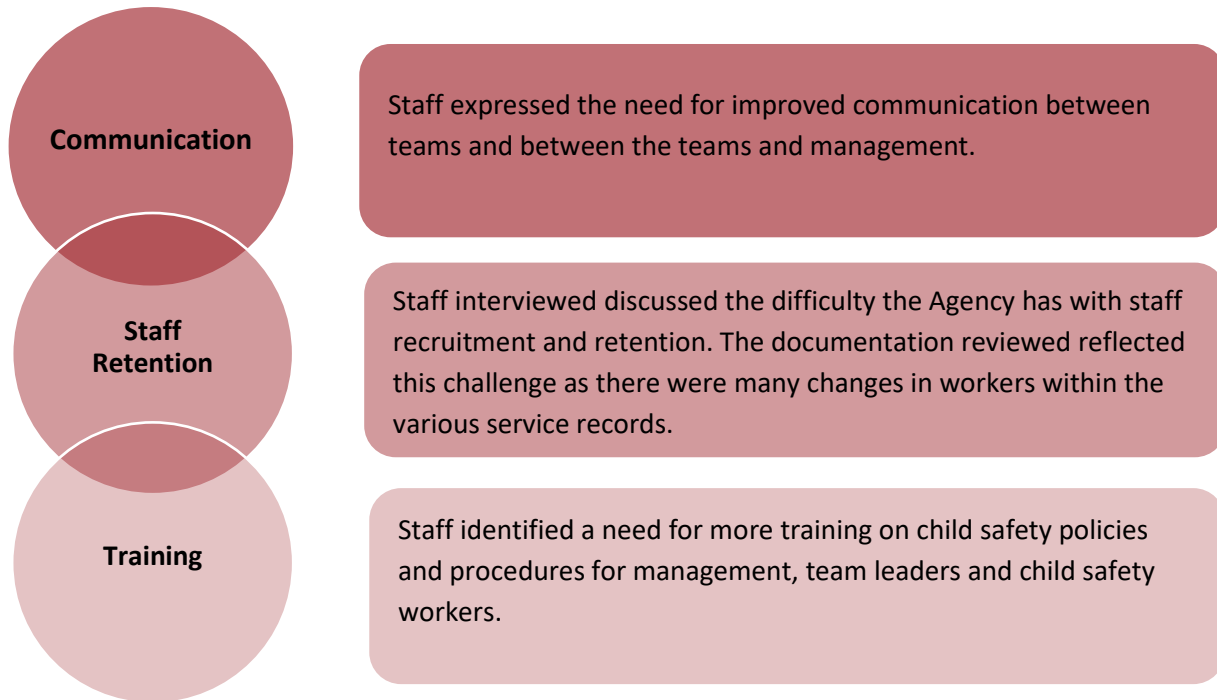
## Staff Perspectives

During the audit process, staff were invited to share their perspectives about what was working well and where they saw growth opportunities within SCFSS. Staff members who participated included leadership, guardianship workers, family service workers and resource workers. 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



## Growth Opportunities



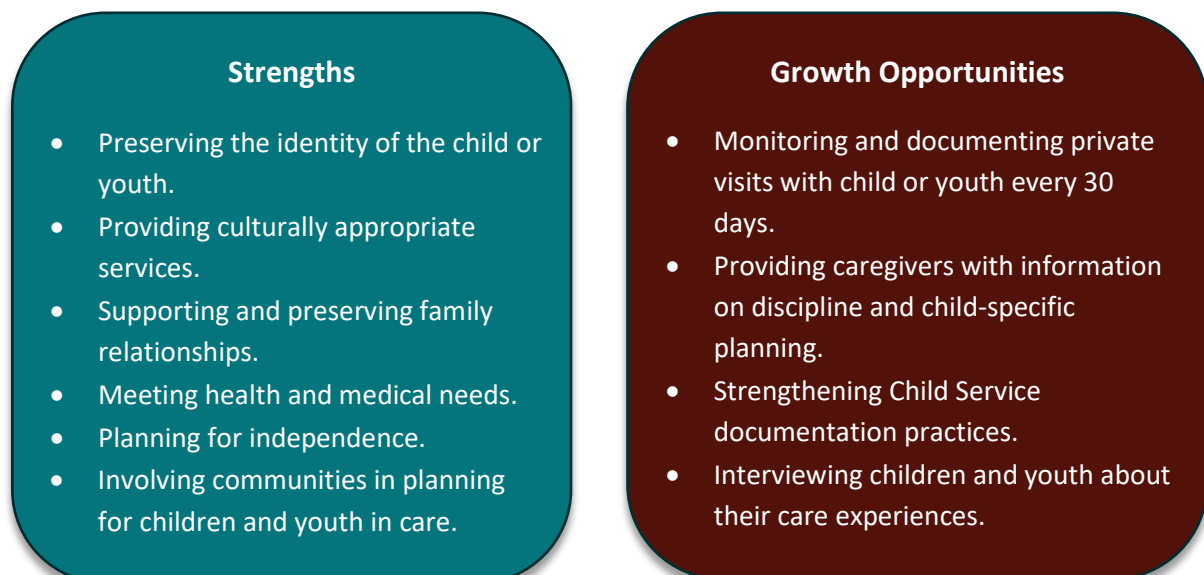
## Guardianship Services Practice Audit Results

The audit covered the SCFSS guardianship program over three years, based on 32 records, though not all 23 standards in the audit tool applied to each record. See [Appendix A](#) for methodology.

For standards that required 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



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## HIGHLIGHTS

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

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The **K<sup>w</sup>u Stəmtíma?** (the Grandmothers Group) represent and plan for all matters relating to the children, youth and families of Upper Nicola Band. Practice analysts saw documentation of planning and reviews involving the **K<sup>w</sup>u Stəmtíma?** group with families involved with SCFSS and with children in the care of SCFSS.

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Preparing youth for independence. This standard (St. 20), had a **50%** increase in compliance since the last audit, from **50%** compliance in 2018 to **100%** compliance.

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## Findings and Analysis

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

The compliance rate for this standard was **94%**. Of the two records rated not achieved, both indicated that the child or youth were not registered, and no efforts were made to do so. On one record the child or youth, who was not placed with extended family or community, did not have a cultural plan on the record.

The total exceeds two due to a combination of the reasons noted above.

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

This standard applied to seven records. The compliance rate for Initial Care Plans was **14%**; one record contained an Initial Care Plan completed.

The compliance rate for Care Plans completed within six months of admission was **29%**; two records had a plan of care documented within six months of admission to care.

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

This standard applied to 30 records. The compliance rate was **22%** in 2023, **82%** in 2022 and **79%** in 2021.



SCFSS completed all outstanding Care Plans and developed actions targeting consistent care planning.

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

SCFSS demonstrated strong practice in most key areas requiring supervisory consultation. The standard was applied to all 32 records. Twenty records were rated achieved. The 12 records rated not achieved were missing the supervisory sign off on Care Plans and supervisory approval for placement changes, however these records had strong documentation of consultation in all other areas.

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

The compliance rate was **38%** in 2023, **79%** in 2022 and **52%** in 2021. The standard was applied to 32 records across all years, with 11 achieved.

Of the 21 records rated not achieved over the time period:

- 19 records contained a review of rights, but they were not reviewed annually.
- Four records missed the review of rights for 2023.
- Two records did not contain documentation of a review of rights during the entire timeframe.



SCFSS created and implemented a Rights of the Child form that is included in each child services record to ensure that this standard is completed.

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 was **88%**, with 28 of 32 records rated achieved.

The four records rated not achieved did not document efforts to place the child in an out of home living arrangement in accordance with section 71 of the *Child, Family and Community Service Act* (CFCSA).

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

The compliance rate for this standard was **100%**. All 32 records were rated achieved.

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

The standard was applied to all 32 records. Policy required a total of 979 private visits during the audit time period. Private visits occurred within the 30 day timeframe 188 out of the expected 979 private visits, resulting in a compliance of **19%**.

The length of time between private visits was also tracked. Approximately two thirds of records more than one year occurred without a private visit, the longest being 991 days between visits.



SSCFs participated in training delivered by ASB regarding the use of the new Child and Youth Visit Applet in ICM and are now tracking all contact with children through this new method.

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

The compliance rate for this standard was **69%**. The standard was applied to all of the records, 22 were rated achieved and 10 were rated not achieved.

The 10 not achieved records did not confirm that information about the child or youth was provided to caregivers at the time of placement.

**St. 9b: Reviewing the Appropriate Discipline Standards**

The compliance rate was **72%**. This standard was applied to all 32 records, 23 records were rated achieved and nine did not confirm discipline standards were confirmed with caregivers at time of placement.

Of the nine records rated not achieved, five are open and require documentation confirming that the discipline standards were reviewed with the caregivers for 2023.



The Agency has created a discipline standard form that is included with each child in care (CIC) record to ensure that this standard is completed as required.

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

The compliance rate was **84%**, with 27 of 32 records rated achieved.

The five records rated not achieved did not have documentation of a medical exam upon entering care.

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

The compliance was **44%**. This standard applied to 16 records and seven were rated achieved.

Of the nine records rated not achieved, seven did not have documentation indicating that the child was provided with an explanation prior to the move and three records had no documentation of orientation or pre-placement visits.

The total exceeds nine due to a combination of the above noted reasons in one record.

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

The compliance rate for submitting RC reports was **44%**.

Of the 10 submitted reports, four were submitted within 24 hours. Submission times ranged from five to 175 days.



The Executive Director was notified of all outstanding or incomplete documentation. All outstanding reports have since been completed.

### **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 three records, all were rated achieved.

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

Opening recordings were required on five records. The compliance rating was **80%**, with four records rated achieved and one not achieved.

Review recordings were required on 32 records. The compliance rating was **13%**, with four records rated achieved. Of the 28 records rated not achieved:

- 15 contained review recordings or Care Plan reviews but they were not completed every six months.
- 12 did not contain review recordings or Care Plan reviews.
- Six had no review recordings or Care Plan reviews when there was a change in circumstance.

The total exceeds 28 due to a combination of the above noted reasons in six records.

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

This standard was applied to 22 records. The compliance rate for this standard was **9%**, with two rated achieved. Of the 20 rated not achieved:

- 19 records did not contain documentation that the guardianship worker met with the child or youth prior to the transfer of guardianship responsibility.
- 18 records did not contain documentation that efforts were made to meet with the caregivers prior to the transfer.
- 14 records did not contain documentation that the guardianship worker met with the child or youth within five days after the transfer.
- 13 records did not contain any transfer recordings.

- Six records did not contain documentation that there were efforts made to meet with the child or youth's family within five days after the transfer.
- One record did not contain documentation that there were efforts made to meet with the service providers prior to the transfer.

The total exceeds 20 due to a combination of the above noted reasons in the records.

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

This standard applied to seven records. The compliance was **57%**, with four rated achieved. Of the three records rated not achieved:

- Three records did not show documentation of meetings with the child prior to closing.
- One record did not have a closing recording.
- One record did not contain documentation indicating that the guardianship worker met with the caregiver prior to closing.

The total exceeds three due to a combination of these issues in two records.

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

There were no applicable records for this standard.

**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 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.

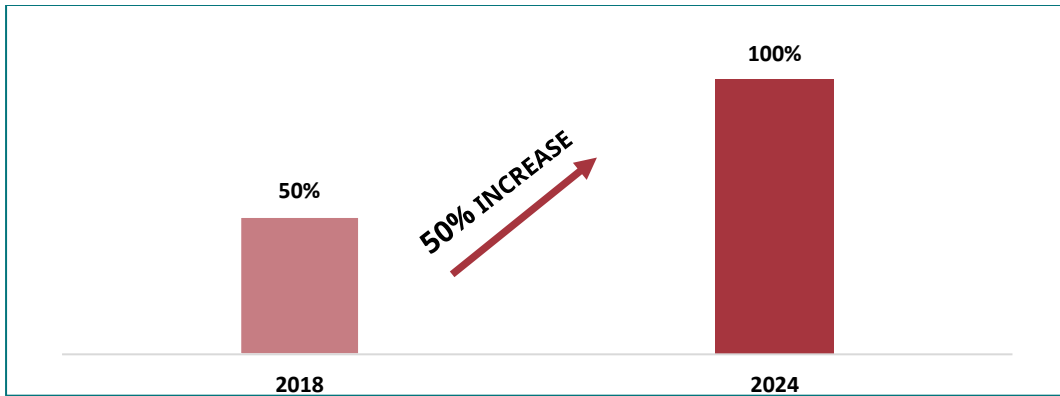
**St. 19: Interviewing the Child or Youth about the Care Experience**

The compliance rate was **0%**. This standard applied to 19 records.

The 19 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**

This standard was applied to 14 records, with a **100%** compliance rate.



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

The compliance was **72%**. This standard applied to 25 records with 18 records rated achieved.

The seven records rated not achieved did not contain documentation confirming the PGT was notified when a CCO was obtained.

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

The compliance was **50%**. The standard applied to four records.



The Executive Director was notified of the outstanding documentation requirements. All were completed as required.

**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 32 records.

**Resource Practice Audit Results**

The audit reflects the work done by the staff in the Agency’s resource program over three years. There was a total of 11 records in the sample selected for this audit; however, not all nine standards in the audit tool were applicable to each record. See [Appendix A](#) for more detailed 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

- Documentation of supervisory approval.
- Children and youth remain in their community.
- Children and youth are placed with family or relatives.
- Training provided to caregivers.

### Growth Opportunities

- Monitor and review family care homes through 90 day visits and annual reviews.
- Complete assessments and due diligence steps for caregivers.
- Ensure that protocol investigations are completed.

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Training was consistently offered to caregivers and the completion of these trainings were well documented. Training offered was advertised through communication with the caregiver, within Agency newsletters and in monthly reports or yearly reviews. In 2018 audit, the average compliance was **42%**. In this audit the average was **64%** demonstrating a **22%** increase in compliance.

### HIGHLIGHTS

Supervisory consultations, approvals and signatures were consistently found on the record, specifically relating to consults on entering and renewing Family Care Home Agreements and annual reviews.

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## Findings and Analysis

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

The documentation of supervisory consultation was excellent at SCFSS. The standard was applied to all 11 records, 10 were rated achieved and one open record rated not achieved was missing mitigation and supervisory approval for Consolidated Criminal Record Check (CCRC) history. **St.**

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

The compliance rate for this standard was **9%**, with one of 11 records rated achieved. Of the 10 records rated not achieved:

- Five records did not contain completed CCRCs and/or Criminal Record Review Act (CRRA) checks.
- Four records did contain completed medical exam forms.
- Three records did not contain all the required reference checks.

- Two records did not contain the required prior contact checks.
- Two records did not contain completed orientation.
- One record did not contain completed consent forms.
- One record did not contain completed application forms.

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

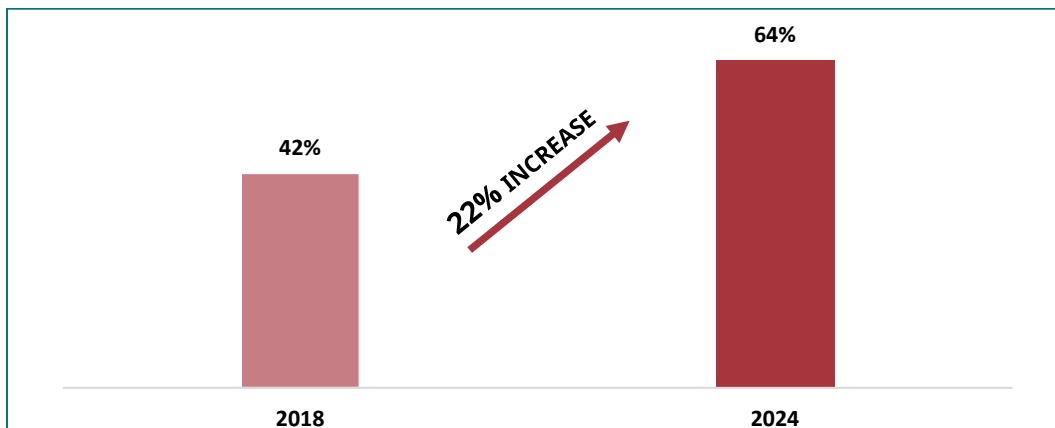
**St. 30: Home Study**

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

**St. 31: Training of Caregivers**

The compliance rate was **64%**, with seven of the 11 records rated achieved.

Of the four records rated not achieved, three did not document any training offered nor were training needs identified. One did not have any training needs identified.



**St. 32: Signed Agreement with Caregiver**

The compliance rate was **89%** in 2023, **93%** in 2022 and **90%** in 2021, with eight of the 11 records across the years rated achieved.

Of the three records rated not achieved, all contained Family Care Home Agreements, but they were not consecutive throughout the timeframe.

One open record required a current signed Family Care Home Agreement.

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

The standard applied to 11 records. Policy required a total of 112 visits to the family care home during the timeframe. Visits occurred within the 90 day timeframe 60 times, resulting in **54%** compliance. In more than half of the records more than six months occurred without a private visit, longest being 1094 days.

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

The compliance rate was **67%** in 2023, **78%** in 2022 and **45%** in 2021. The standard was applied to all 11 records.

Of the five records rated not achieved:

- Two records had reviews, but not annually.
- Two had annual reviews but they were not signed by the caregivers.
- One record had no annual reviews.

There were four open records that required current annual reviews.



Of the four records which required annual reviews, the Executive Director confirmed that one record has been closed, and three annual reviews are in the process of being completed.

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

The compliance rate for this standard was **0%**. This standard was applied to two records.

Of the two records rated not achieved, neither had the required a Protocol Investigation on record.

- One record required a Protocol Investigation, but it did not occur.
- One record had one Protocol on record however three additional Protocol Investigations were required.



The Executive Director was notified of all outstanding Protocol Investigations. It was confirmed that they have since been completed.

### **St. 35: Quality of Care Review**

No records were applicable for this standard.

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

The compliance rate for this standard was **0%**. This standard was applied to two records. The two records had no documentation that written notice was provided to the caregiver.

## Family Services and Child Safety

The audit reflects the work done by the staff in the Agency’s family service program over three years. There was a total of 22 closed Service Requests, 24 closed Memos, 46 closed Incidents and three open Family Service records in the sample selected for this audit; however, not all measures in the audit tool were applied to each record. Measures 1 to 11 applied to Incidents, Memos and Services Requests and measures 12 to 16 applied to open Family Service records. See [Appendix A](#) for more detailed methodology.

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

### Strengths and Growth Opportunities

#### Strengths

- Documentation of family’s strength and needs.
- Confirming Indigenous identity.
- Initial Record Reviews (IRRs) having thorough information.

#### Growth Opportunities

- Assessing s. 13 concerns.
- Completing Safety Assessments and process.
- Developing Safety Plans.
- Interviewing all children and youth as required.

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Records identified as not being properly addressed were discussed with the Executive Director and the Agency addressed and completed the identified concerns as required.

#### HIGHLIGHTS

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SCFSS worked collaboratively with ASB to provide practice support.

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## Findings and Analysis



*It was determined that some records in the sample had a non-protection response despite the need for a protection response. As such, the identified Memos or Service Requests were treated as Incidents and all the remaining measures (FS 2 –11) were rated Not Achieved. SCFSS was notified and has since addressed all incidents.*



*A protection response can be ended early at any time if there no indication that safety concerns exist. However, if the response ended early and did not contain a sufficient rationale, supervisory approval or the rationale was not documented, the remaining measures would be Not Achieved.*

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

The measure was applied to all 92 records in the sample. In the 92 records reviewed:

- The report generated was full and detailed **98%** of the time.
- The three components of the Initial Record Review (IRR) were completed as follows:
  - **72%** of IRRs were completed within 24 hours.
  - **64%** of IRRs contained a Best Practices check.
  - **78%** of IRRs contained sufficient information about previous issues or concerns and number of past service requests, incidents, or reports (if protection history existed).
- The Screening Assessment was completed either immediately, as necessary, or within 24 hours **75%** of the time.
- The response chosen (either protection or non-protection response) was appropriate **87%** of the time.
- The response priority was appropriate **87%** of the time.

On the 23 records where the Safety Assessment was not completed within 24 hours, 12 were completed within nine days. Completion for the remaining 11 took between 15 and 77 days, aside from one record where the assessment was completed after 273 days.

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

The compliance rate for this measure was **53%**. This measure applied to 58 records, with 31 of 58 records rated achieved.

Of the 27 records rated not achieved:

- 12 records did not contain a DRR.
- 12 records had an inappropriate non-protection response.
- Two records ended early and the rationale was inappropriate.
- One record the DRR was not reflective of past issues, how the family responded and the effectiveness of the last intervention.

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

Of the 58 records reviewed:

- **28%** of the Safety Assessments were completed during the first significant involvement with the family.
- **66%** of records contained a completed Safety Assessment.
- **10%** of the Safety Assessments were completed within 24 hours.

Of the 52 records that did not complete the Safety Assessment within 24 hours, the range was between three and 342 days.

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

The compliance rate for this measure was **41%**, with 24 of 58 records rated achieved.

Of the 34 rated not achieved:

- 12 records had an inappropriate non-protection response.
- Eight records the safety decision was not consistent with the Safety Assessment.
- Seven records the rationale for ending early was not appropriate.
- Six records had no Safety Assessment.
- Four records had no safety decision.
- One record the supervisor approved the decision to end the response early and the rationale was not documented.

The total exceeds 34 due to a combination of the above concerns in five records.

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

The compliance rate for this measure was **13%**, with six of 44 records rated achieved.

Of the 38 records rated not achieved:

- 16 records a Safety Plan was required but not documented.
- 12 records had an inappropriate non-protection response.
- Seven records the rationale for ending early was not appropriate.
- Three records the Safety Plan was not agreed to by the parents.
- Two records the Safety Plan was not approved by the supervisor.

The total exceeds 38 due to a combination of the above concerns in three records.

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

The compliance rate for this measure was **31%**, with 18 of 58 records rated as achieved.

Of the 40 records rated as not achieved:

- 16 records did not contain documentation that the worker met or interviewed the parents.
- 12 records had an inappropriate non-protection response.
- Seven records the rationale for ending early was not appropriate.
- Four records did not contain documentation that the worker met or interviewed other adults in the home.
- One record the worker did not gather sufficient information about the family to assess safety and vulnerability.

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

The compliance rate for this measure was **17%**, with 10 of 58 records rated achieved.

Of the 48 records rated not achieved:

- 22 records had no child or youth interview.
- 12 records had an inappropriate non-protection response.
- Seven records had interviews with some but not all children or youth.
- Seven records the rationale for ending early was not appropriate.

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

The compliance rate for this measure was **36%**, with 21 of 58 records rated achieved.

Of the 37 records rated not achieved:

- 18 records did not have documentation of a home visit.
- 12 records had an inappropriate non-protection response.
- Seven records the response ended early, however, the rationale for ending early was inappropriate or the rationale was not documented.

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

This measure applied to 58 records where **31%** of the required collaterals were completed.

Of the records where collaterals were required:

- 17 records had no collaterals documented.
- 12 records had an inappropriate non-protection response.
- Seven records the response ended early, however, the rationale for ending early was inappropriate or the rationale was not documented.

On one record the response ended early with supervisory approval and the rationale was appropriate and documented which represented **100%** achievement.

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

Of the 58 records this measure applied to:

- **71%** of records documented confirmation that the child or youth was Indigenous.
- **40%** of records documented contact with the Indigenous Community.
- **26%** of records documented that the Indigenous Community was involved in the planning and delivery of services.

In one record, the child protection worker confirmed the child or youth, or family was Indigenous, however, the parents did not consent to community involvement and no significant measure was taken, which represented **100%** achievement.

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

Of the 58 records this measure applied to:

- **31%** of records contained a summary of the current circumstances.
- **14%** of records contained a summary of the history of the family's child protection involvement.
- **29%** of records had clear documentation of the outcome of the current involvement.

- The response ended early with supervisory approval and the rationale was appropriate and documented in nine records, which represented **100%** achievement.
- There were 45 records that did not end within 30 days of receiving the report.

Additionally, in three applicable records, the child protection worker appropriately provided notice to the Indigenous Governing Body (IGB) before taking significant measures.

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

This measure applied to three records. The compliance rate for each task are as follows:

- **100%** of the records contained an assessment of the family’s strengths and needs through supervisor consultation note or discontinued Strengths and Needs Assessment tool.
- **33%** of the records contained a Family Plan or equivalent.
- **67%** of the Family Plan or equivalent documents were developed in collaboration with the family.
- **67%** of the Family Plan or equivalent documents were reflective of the family’s strengths and needs.
- **67%** of the Family Plan or equivalent documents were approved by the supervisor.

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

No records were applicable for this measure.

### **FS 14: Completion of the Reunification Assessment**

The compliance rate for this measure was **0%**. None of the required Reunification Assessments were completed.

### **FS 15: Making the Decision to End Ongoing Protection Services**

No records were applicable for this measure.

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

The compliance rate for this measure was **0%**. CPDM was not offered as required on both of the applicable records.

## Actions Completed to Date

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

- 1) Prior to attending onsite, SCFSS collaborated with ASB to address overall practice challenges identified in February 2023 and implemented training for staff and management through to January 2024.
- 2) All staff that provide delegated services have now completed delegation training.
- 3) On August 24, 2024, SCFSS created and confirmed that they have implemented the following:
  - Criminal record check mitigation plans and forms for caregivers.
  - Protocol information forms.
  - Rights of child in care forms for child services records.
  - Appropriate discipline standards forms for child services records.
- 4) As of April 25, 2024, Quality Assurance staff confirmed the completion of the following:
  - All but three of the resource records with caregivers with expired CCRCs and CRRAs have been updated. SCFSS is aware of the outstanding checks and has prioritized their completion.
  - All outstanding family care home agreements have been completed.
  - All current resource records within the Agency now have their annual reviews updated and on record.
  - All but two caregivers' medical assessments, prior contact checks, applications and references were current. SCFSS has prioritized the remaining documentation.
  - All but three caregivers' orientations were on record. SCFSS has prioritized the outstanding orientations.
  - All but one caregivers' consents were on record. SCFSS has prioritized the outstanding consents.
  - All required Reportable Circumstance reports have been submitted.
  - All Protocol Investigations required have been completed in full.
- 5) On May 1<sup>st</sup>, 2025, staff from ASB delivered training to the SCFSS staff regarding using the Child and Youth Visit Applet.

## Action Plan

Action	Persons Responsible	Expected Date of Completion
<p><b><u>FS 5: Safety Plan</u></b></p> <p>1. Scw' exmx will implement and use the Safety Plan templates and train staff on identifying when a Safety Plan is required. Confirmation of participants and review date will be provided, via email, to the Manager of Quality Assurance (MQA).</p>	Executive Director	December 31, 2025
<p><b><u>St. 12: Reportable Circumstances</u></b></p> <p>2. Scw'exmx, in partnership with ASB, will complete a review of the requirements of this standard with the team and develop a method for consistent documentation. Confirmation of participants and review date will be provided, via email, to the MQA.</p>	Executive Director and ABS	December 31, 2025
<p><b><u>St. 19: Interviewing the Child/Youth About Care Experience</u></b></p> <p>3. Scw'exmx will create an interview tool or outline to guide the interview process. Scw'exmx, will embed interview prompts in closing procedures. Confirmation of the documentation method will be provided, via email, to the MQA.</p> <p>4. Training to be provided in partnership with ASB regarding when and how to complete interviews regarding care experiences with children and youth. Confirmation of participants and review date will be provided, via email, to the MQA.</p>	Executive Director and ABS	December 31, 2025
<p><b><u>St. 9: Application &amp; Orientation</u></b></p> <p>5. Scw'exmx will develop a standardized intake checklist for resource records. Confirmation and a copy of the standardized intake checklist will be provided, via email, to the MQA.</p> <p>6. Scw'exmx will provide training to the staff responsible for obtaining and maintaining the CCRCs and CRRAs for resources records. Confirmation of participants and review date will be provided, via email, to the MQA.</p>	Executive Director	December 31, 2025

<p><b>St. 36: Closure of the Family Care Home</b></p> <p>7. Scw'exmx will schedule and deliver training specific to closure documentation for resource records.</p> <p>Confirmation of participants and review date will be provided, via email, to the MQA.</p>	<p>Executive Director</p>	<p>December 31, 2025</p>
<p><b>Overall:</b></p> <p>Scw'exmx is adding a quality assurance process to support ongoing improvement and accountability. They are in the process of hiring for a new quality assurance position. Once hired, the quality assurance staff will work with MCFD quality assurance staff to review a small sample of records from each practice area. After this joint review, Scw'exmx will take the lead on regular internal reviews to identify strengths and areas for improvement.</p>	<p>Executive Director and MQA</p>	<p>December 31, 2025</p>

## Appendix A

### 1. Delegation

Delegation for ICFSAs refers to the transfer of authority and responsibility for decision-making in child safety services from the Designated Director 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.

SCFSS operates under C6 delegation. The Agency is operating under a modified delegated services agreement which expires on March 31<sup>st</sup>, 2026. 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, SCFSS provides the following non-delegated programs and services to the members of their bands and urban Indigenous children and families.

- Youth outreach
- Youth transition
- Youth wellness
- Family wellness navigators
- Relationship navigators
- Family circles
- Relationship wellness program
- Men's group
- Woman's group
- Community navigators
- Community engagement
- Cultural program coordinators
- Child and youth mental health services
- Therapeutic services to children and young people
- Information sharing workshops

- Emergency services: emergency awareness
- Resources on fire safety and family safety

## 2. Demographics and Staffing Context

SCFSS serves the following member Nations: nc'tetk<sup>w</sup>u (Coldwater Indian Band), sulú s (Lower Nicola Indian Band), nwéyc (Nooaitch Indian Band), sxéx<sup>n</sup> x (Shackan Indian Band) sp'aǎ?mín and n†q'a†mǎl?x (Upper Nicola Band), along with the urban Indigenous population of the Nicola Valley. Four of the bands are members of the nfe?kepmx Nation and the fifth, Upper Nicola Band, is a member of the syilx Nation (<https://www.scwexmx.com/our-people>). These communities represent approximately 1420 registered members (Crown-Indigenous Relations and Northern Affairs Canada, Indigenous peoples and communities, First Nations, May 2024).

There are two offices in the city of Merritt. One office is located in the downtown area and provides child protection services and the main office is located on the south side of the Coldwater River.

### Natural Disasters

The Agency explained that their community of Merritt, BC, has experienced a series of natural disasters that have significantly impacted the community and its surroundings. The region, located in the Thompson-Nicola area of British Columbia, is particularly vulnerable to both wildfires and floods. In recent years, Merritt 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, which led to a state of emergency and required substantial recovery efforts.

This directly impacted SCFSS 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 found that there were notes that mentioned 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.

### Organizational Structure, Training and Work Environment

The Executive Director has been in their position since 2019 and had C1 delegation at the time of this audit and now has full C6 delegation. Guardianship and child protection workers consult with their team leaders. The team leaders have been employed at the Agency between one and five years. The team leaders have a range of child protection experience that spans eight to 28 years.



### 3. Staff Perspective: What We Heard

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

- Culture and Language – According to staff, the foundation of their work is deeply rooted in the culture and language of the people they support. The Agency's Strategic Directions—emphasizing a culture of caring, shifting from protection to prevention, nurturing growth and aligning infrastructure—guide their initiatives, with culture and language being central to their approach. Programs and services such as Feel the Beat and the Grandmother's Group reflect these guiding principles in action.
- Relationship with the Communities – Staff explained that a lot of work goes into building and maintaining relationships with the communities that they support. Not only are staff present in community but there are regular community meetings held to collaborate on planning for specific events and to support engagement with community.
- Support Services – The staff acknowledged Prevention Services as an area of great strength and importance. This service focuses on preventing issues, early intervention, family reunification and creating community caregiver programs and support networks.

Specific to opportunities for growth, staff shared the following:

- Communication – Staff explain that they would like to have better communication within the Agency. Staff expressed frustration with communication between teams, from management and having an extensive line of command. Communication is described as slow, minimal and confusing. This makes it difficult to complete their work properly as well as understand their own roles and direction.
- Training – Staff expressed a strong desire to receive comprehensive training in child protection policies and procedures. They also emphasized the importance of management being well-trained in this area, enabling confident and effective collaboration when seeking guidance. Areas that staff they would like to understand better are the proper expectations for assessment, support to families, consultation and documentation when involved in child protection matters.
- Staff Retention – Staff recruitment and retention has been difficult through the years. Staff noted that there have been high levels of turn over which increases stress as it impacts operations, staff morale and overall effectiveness.
- Documentation Procedures – Staff reported they are not directly involved with filing or uploading electronic notes, rather, the Agency has a system implemented where the administrative staff complete these tasks for them.

The Agency feels that this will allow staff to focus on relational, face to face work rather than spending time on administrative tasks. Staff expressed frustration in not having control of this aspect of their job citing confusion, errors in filing and missing documentation.

- Supervision – Staff reported varying levels of satisfaction with the supervision they receive noting that it is often limited, nonexistent or difficult to come by. Staff reported it is difficult to obtain quality clinical supervision and have confidence in the direction given. Since the commencement of this practice audit, training in clinical supervision has been completed in collaboration with ASB.

#### 4. Methodology

Three 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 practice audit, encompassing every record with a confidence level of 100%. The following are the number of records for each type:

Record Type	Number of Records
Incidents	46
Service Requests (SRs)	22
Memos	24
Open Child Service (CS) records	24
Closed Child Service records	8
Resource records	11
Open Family Service (FS) records	3
Closed Family Service records	0

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

- 1) Closed incidents: closed in ICM between January 1, 2023 and December 31, 2023, where the type was family development response or investigation.
- 2) Closed SRs: closed in ICM between January 1, 2023 and December 31, 2023, where the type was request service (CFS), request service (CAPP), request family support or youth services.
- 3) Closed Memos: closed in ICM between January 1, 2023 and December 31, 2023, where the type was screening and with the resolution of “No Further Action.”
- 4) Open CS: records open in ICM on December 31, 2023, and managed by office IEA 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 July 1, 2021 and December 31, 2023, and managed by office IEA for at least six months (continuously) with the following legal categories: VCA, SNA, removal, interim order, TCO and CCO.
- 6) Open and closed Resource (RE): records in ICM that were managed by office IEA that had children or youth in their care for at least three months (continuously) between January 1, 2021 and December 31, 2023. 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 Family Service (FS): records open in ICM on December 31, 2023 and managed by office IEA for at least six months (continuously) with a service basis listed as protection.
- 8) Closed FS: records closed in ICM between January 1, 2023 and December 31, 2023 and managed by office IEA for at least six months (continuously) with a service basis listed as protection.

## Appendix B

### Audit Tools

#### Guardianship Services 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"> <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 social 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.</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	<p>The following key decisions and documents were approved by a supervisor:</p> <ul style="list-style-type: none"> <li>• Care Plan.</li> </ul>

	Guardianship Services	<ul style="list-style-type: none"> <li>• Placement change.</li> <li>• Placement in a non-Indigenous home.</li> <li>• Restricted access to significant others.</li> <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 period.</li> <li>• In instances when the child's rights were not respected, the social 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>	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"> <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 social 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 social worker made efforts to resolve the issue.</li> </ul>
<b>St. 11</b>	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"> <li>• The child or youth was provided with an explanation prior to the move.</li> <li>• The social worker arranged at least one pre-placement visit.</li> <li>• If the child or youth requested the move, the social worker reviewed the request with the caregiver, resource worker and the child or youth to resolve the issue.</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 social worker.</li> </ul>
<b>St. 13</b>	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"> <li>• The police were notified.</li> <li>• The family was notified.</li> <li>• Once found, the social worker made efforts to develop a safety plan to resolve the issue.</li> </ul>
<b>St. 14</b>	Case Documentation	<p>The record contained:</p> <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	<p>The record, if it involved a transfer of responsibility from one worker to another, confirmed that:</p> <ul style="list-style-type: none"> <li>• A transfer recording was completed.</li> <li>• The social worker met with the child or youth prior to the transfer or, in instances when the child or youth had chosen not to meet, the social 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> </ul>

		<ul style="list-style-type: none"> <li>• The social worker met with the child or youth within five days after the transfer or, in instances when the child or youth had chosen not to meet, the social 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	<p>The record, if it involved closing the record when services ended, confirmed that:</p> <ul style="list-style-type: none"> <li>• A closing recording was completed.</li> <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 social 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.</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.</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	<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"> <li>A Family Care Home Investigation was conducted with the summary report on file.</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 Audit Tool

<b>Resource Services (Compliance to AOPSI Resource Practice Standards)</b>		
<b>Standard #</b>	<b>Standard Name</b>	<b>Achieved Criteria</b>
<b>St. 28</b>	Supervisory Approval for Family Care Home Services	<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</li> </ul>

		<p>family care home.</p> <ul style="list-style-type: none"> <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	<p>The record confirmed the completion of the following:</p> <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 social worker met the applicant in the family care home.</li> <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. 32</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 social 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 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"> <li>• A full and detailed report.</li> <li>• 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.</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>
FS 2	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>• Describe 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.</li> <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>
FS 3	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>
FS 4	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>
FS 5	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</li> </ul>

		<p>Safety Plan.</p> <ul style="list-style-type: none"> <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 social 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 protection 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 protection 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 protection 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 protection 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 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.</li> <li>• Or, the supervisor approved ending the protection response before the child protection worker visited the family home and the rationale was documented and appropriate.</li> </ul>
<b>FS 9</b>	Working with Collaterals	<ul style="list-style-type: none"> <li>• The child protection 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 protection 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 protection worker confirmed whether the child or youth was Indigenous.</li> <li>• The child protection worker contacted the Indigenous Community.</li> </ul>

		<ul style="list-style-type: none"> <li>• The child protection 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>○ Or, the child protection worker documented that they offered to involve the community, and the family did not give consent.</li> <li>○ Or, there was documentation indicating that reasonable efforts were made to establish the child’s Indigenous Community.</li> </ul> </li> <li>• The child protection worker confirmed the child or 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>• 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>• A Family Plan or its equivalent was on the record.</li> <li>• A 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> </ul> <p>Family Plan or equivalent was approved by the supervisor.</p>
<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 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"> <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 assessment is older than three months or no longer relevant (if applicable).</li> </ul>
<b>FS 15</b>	Making the	All of the relevant criteria were met before the decision to end

	Decision to End Ongoing Protection Services	<p>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 behavioral improvements in the areas identified in the family plan, and there is documented evidence of these improvements.</li> <li>• 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 or youth's safety and well-being.</li> <li>• The family has demonstrated the ability to access and use formal and informal resources to assist them in problem solving.</li> <li>• The 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> </ul> <p>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.</p>