



Secwepémc Child and Family Services
(IEC, IEF, IEG)

PRACTICE AUDIT REPORT

Report Completed: November 2022

Office of the Provincial Director and Aboriginal Services Division
Quality Assurance Branch
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1. PURPOSE

The purpose of the audit is to improve and support child and youth service, resource, and child safety and family service practice. Through the review of samples of records, the audit provides a measure of the quality of documentation during the audit timeframes (see below for dates), confirms good practice, and identifies areas where practice requires strengthening. This is the fifth audit for Secwepémc Child and Family Services (SCFS). The last audit of the agency was completed in February 2017 as per the regularly scheduled 3-year audit cycle.

The specific purposes of the audit are to:

- further the development of practice
- assess achievement of key components of the Child Protection Response Model set out in Chapter 3 of the Child Safety, Family Support & Children in Care Services Policies, and the Aboriginal Operational and Practice Standards and Indicators (AOPSI) as it relates to resource and guardianship services
- determine the current level of practice across a sample of records
- identify barriers to providing an adequate level of service
- assist in identifying training needs
- provide information for use in updating and/or amending practice standards or policy

2. METHODOLOGY

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

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

Record Types	Population Sizes	Sample Sizes
Open Child Service	111	43
Closed Child Service	56	31
Open and Closed Resource	65	34
Open Family Service	35	24
Closed Family Service	20	16
Closed Service Requests	106	42
Closed Memos	189	51
Closed Incidents	270	55

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

1. Open Child Service (CS): CS records open in the agency's offices on December 31, 2021 and had been open (continuously) at the agency for at least six months with legal category Voluntary Care Agreement, Special Needs Agreement, Removed Child, Interim Care Order, Temporary Care Order, Continuing Custody Order (CCO), or Out of Province.
2. Closed Child Service: CS records that were closed in ICM between July 1, 2019, and December 31, 2021, and managed by the office for at least six months (continuously) with the following legal categories Voluntary Care Agreement, Special Needs Agreement, Removal of Child, Interim Care Order, Temporary Care Order, CCO, or Out of Province.
3. Open and Closed Resource: Resource records in ICM that were managed by the agency that had children or youth in their care for at least three months (continuously) between January 1, 2019, and December 31, 2021. Children or youth in care records had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level 1 Care, Level 2 Care, Level 3 Care, and First Nations Foster Home.
4. Open Family Service: Family service records open in ICM on December 31, 2021 and managed by this office for at least six months (continuously) with a service basis listed as protection.
5. Closed Family Service: Family service records closed in ICM between January 1, 2021 and December 31, 2021 and managed by this office for at least six months (continuously) with a service basis listed as protection.
6. Closed Service Requests: Service Requests closed in ICM by the agency between January 1, 2021, and December 31, 2021, where the type was request service CFS, request service Child and Family Support Assessment Planning and Practice Framework, request for family support, or youth services.

7. Closed Memos: Memos closed in ICM by the agency between January 1, 2021, and December 31, 2021, where the type was “screening” and with the resolution of "no further action".
8. Closed Incidents: Incidents that were created after November 4, 2014, and were closed by the agency between January 1, 2021, and December 31, 2021, where the type was FDR or investigation.

3. AGENCY OVERVIEW

a) Delegation

SCFS operates under C6 delegation. This level of delegation enables the agency to provide the following services:

- Child Protection
- Out of Care Options
- Temporary Custody of Children
- Guardianship of Children and Youth in Continuing Custody (Intensive Youth Support Team)
- Support Services to Families (Community and Urban Family Preservation Teams)
- Voluntary Care Agreements
- Special Needs Agreements
- Establishing Overnight Contracted Resources
- Youth Agreements
- Respite Services
- Extended Family Program
- Agreements with Young Adults

SCFS was established on April 28, 1999 and assumed C6 child protection delegation September 3, 2008. The agency currently operates under a delegated services agreement from April 1, 2020 – March 31, 2023. The agency provides services to band members residing outside and within community. The agency recruits caregivers from outside and within their community.

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

- Cultural Integration Team: SCFS collaborates and advocates for the well-being and cultural continuity and connection of children to their families and communities by honoring the legacy of Secwepémc ancestors and the Secwepémc Nation. This commitment to culture includes community engagement and collaboration, workshops, events, including offering Secwepémc 101, an employee cultural training program

(developed in partnership with Shuswap Nation Tribal Council), as well as opportunities to connect with and learn from our Elders. This team supports and guides practice and service delivery at all levels of the organization

- Stet'ex7ém Advisory Council: provide guidance and encourage all Agency staff toward a more meaningful and culturally knowledgeable approach to working with the children, families, and communities in the Secwepémc Territory
- Mental Health Team: This program offers individual counselling, group counselling, specialized groups (boys' groups, girls' groups), and family counselling for a wide range of mental health and wellness concerns/challenges
- Early Years Team: Specialized intervention and prevention services for Indigenous children 0-6 years of age and their families

b) Demographics

SCFS provides services to 7 communities in the Kamloops area. These 7 communities are: Cstélen (Adams Lake), Stuctwewsemc (Bonaparte), Tk'emlúps te Secwepémc (Kamloops), Sk'atsin (Neskonlith), Simpcw (North Thompson), Skeetchestn, and Pelt'iq't (Whispering Pines/Clinton). In 2008, the service was expanded to include all Indigenous people living in the Kamloops area. The current agency structure has all 7 communities accessing service through the office on territorial lands at Tk'emlúps te Secwepémc. The urban office provides service to all Indigenous and Inuit people residing within the city of Kamloops. The agency does not serve the Métis population as they are served by Lii Michif Otipemisiwak Family and Community Services or the Little Shuswap Band as they are served by MCFD Indigenous services team in Kamloops.

c) Professional Staff Complement and Training

Since the last audit in 2017, the agency has experienced tremendous growth. Current delegated staffing at SCFS is comprised of the executive director, the associate executive director, two program managers, five team leaders, four intensive youth support workers, two youth workers, one youth transition coordinator, five resource social workers, three kinship care social workers, 13 case social workers, one transition coordinator and one training specialist. Additionally, there are 30 staff in various non-delegated services positions: 26 staff in operations/administrative positions, two staff in corporate lead positions and two staff in corporate support positions.

The executive director is delegated at the C4 level, the associate executive director is delegated at the C6 level, and all the remaining delegated staff are delegated at their program level or above. Several staff have changed positions or have pursued C6 delegation to ensure they are able to assist with additional work as needed. All the delegated staff interviewed completed their delegation training through Indigenous Perspectives Society. The agency supports additional training/professional development opportunities, whenever possible. Staff reported that the

agency has focused on providing training for Signs of Safety (SOS) as well as ongoing trainings through MCFD on Trauma Informed Practice, permanency, adoption, and cultural teachings. The agency offers mandatory “Boot Camp” opportunities for SOS as well as voluntary “Lunch and Learns” as follow up to expand on their skills. While the COVID-19 pandemic has impacted the availability of training over the past two years, the management is focused on supporting the staff’s training needs and interests.

d) Supervision and Consultation

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

- associate executive director
- chief financial officer
- executive assistant
- director of operations
- director of human resources

The following positions report to the associate executive director:

- program manager prevention services
- program manager family preservation

The following positions report to the program managers:

- wellness-family support team leader
- wellness-early years team leader
- mental health team leader
- guardianship team leader
- family preservation team leader
- community family preservation manager
- intensive youth support team leader

Delegated staff report having excellent, accessible, and supportive supervision and consultation opportunities. The executive director is involved primarily with the agency’s operations and brought in on situations that may have a significant impact within the community. The associate executive director is also involved with significant events and relationship building with the community and provides consultation to the program managers as needed.

Team leaders described an open-door policy in their willingness to provide availability for staff as needed. In addition, they have set tracking times scheduled where the staff receive one on one time to review decision making and consult on planning with their team leader.

Each team has their own internal process for meetings, some occurring weekly as check ins and others monthly. For front line staff, consultation between staff and their supervisor occurs every two weeks with scheduled consultation times. Aside from the arranged times, workers described they can access their team leaders via text, phone call or email as well as face to face when in the office.

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

4. STRENGTHS OF THE AGENCY

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

- The agency has grown to include a Wellness Team, which will give families quicker access to programs, a High-Risk Youth Team and community teams. There is a new building to accommodate the growth of the agency, which many staff referenced being excited to transition to as they begin to return to the office following closures due to the pandemic.
- SCFS is using the SOS approach, which is family focused, strengths based, collaborative and transparent work with children, youth, families, and community. The agency leadership utilizes SOS mapping with staff at any decision-making point as well as with the families. Mapping out worries and benefits is a collaborative process whereby staff can reflect and be heard in decisions.
- The agency prioritizes staff morale with recent introduction of staff recognition for years of service and acknowledgement of birthdays or gifts for Christmas. Staff are also allotted time off over Christmas and flex days, sick time, or other accommodations to support work-life balance. Pre-COVID-19 there were also team building events hosted by the agency that staff look forward to doing again as restrictions are removed.
- There is a focus on permanency within the community which has seen more children returning to family members.
- A New Program Manager position was created, which has assisted in more even distribution of roles and responsibilities.
- Management has tried to reduce the workload for each staff to promote stronger relationships with children, youth, and families.
- The agency supports workers freedom to be creative in practice. Staff expressed being able to think outside the box in terms of solutions to support families, and that leadership is open and willing to listen and try new ideas. This innovation demonstrates their commitment to their community and gives family the ability to create their own safety plans.

- Staff are supported to participate in community and cultural events as they arise, with a focus on cultural training opportunities for staff within the agency. Staff are provided teachings on how to be a good guest in this territory, and the team is seeing a difference with improved relationships with the communities.
- Staff referenced strong leadership with high competency and skill level in their team leaders and managers.
- Within the teams, the workers support one another in getting their work done. The social workers are described as passionate, skilled, and creative.
- The High Risk Youth Team provides more intensive support to meet the needs of the youth, build strong networks for youth within the community, and cater services to meet individualized needs. Workload on the team is decreased to allow workers' increased focus on the youth, where needed.
- Flexibility to how the work is done has been offered since the COVID-19 pandemic, with staff being able to work from home or other locations. There is an increase in trust from management, knowing staff are able to carry themselves in a responsible and ethical manner.

5. CHALLENGES OF THE AGENCY

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

- There has been high staff turnover and some staff described an influx of staff going on extended leaves, which was referenced in many positions. There was also a described change in Executive Directors over recent years. Staff did share that steps have been taken to retain staff, such as wage increases for C6 child protection workers.
- The agency has been impacted in many ways from COVID-19. Some feel disconnected working from home or not meeting new colleagues in person where others spoke of how changes within the agency and on teams during this time were more difficult to navigate. There have also been community members seeking out additional support through the pandemic, adding to the pressures of the work with no additional resources available.
- Staff report there is no established, standardized hiring process.
- Staff are requesting general training upon hiring, as well as training when moving to various roles internally.
- Integrating SOS has resulted in increased workload. Although staff shared many of the strengths in using this approach, some workers are feeling as though they are doing double the work in needing to complete the Structured Decision Making Tools as well as the SOS tools.

- The agency has experienced significant growth, leading to a lot of change in a short amount of time. This includes positions being created with lots to learn in new roles and how they interact with one another. In addition, there have been upcoming legislation changes, the launch of the SOS model, changes in staffing, and rebuilding the agency to the new vision. The staffing model shifted from specialized workloads to generalized in 2020 and then a more recent shift from those generalized roles to include some roles dedicated to intake.

6. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all the measures in the audit tools. The tables present findings for measures that correspond with specific components of the policies within the AOPSI and Chapter 3 of the Child Safety, Family Support & Children in Care Services Policies. Each table is followed by an analysis of the findings for each of the measures presented in the table. Please note that some records received ratings of not achieved for more than one reason.

a) Child Service

The overall compliance rate for the AOPSI Guardianship Practice Standards was **61%**. The audit reflects the work done by the staff in the guardianship and family service programs over a three-year period (see Methodology section for details). There was a total of 74 records identified within the sample; however, not all 23 measures in the audit tool were applicable to all 74 records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	74	71	3	96%
Standard 2 Development of a Comprehensive Plan of Care	15*	4	11	27%
Standard 3 Monitoring and Reviewing the Child’s Comprehensive Plan of Care	70*	28	42	40%
Standard 4 Supervisory Approval Required for Guardianship Services	74	50	24	68%
Standard 5 Rights of Children in Care	74	25	49	34%
Standard 6 Deciding Where to Place the Child	74	66	8	89%
Standard 7 Meeting the Child’s Need for Stability and continuity of Relationships	74	73	1	99%
Standard 8 Social Worker’s Relationship & contact with a Child in Care	74	8	66	11%

Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	74	7	67	9%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	74	71	3	96%
Standard 11 Planning a Move for a Child in Care (VS 20)	30*	28	2	93%
Standard 12 Reportable Circumstances	43*	16	27	37%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	14*	14	0	100%
Standard 14 Case Documentation	74	11	63	15%
Standard 15 Transferring Continuing Care Files	50*	29	21	58%
Standard 16 Closing Continuing Care Files	28*	25	3	89%
Standard 18 Permanency Planning	N/A*			
Standard 17 Rescinding a Continuing Custody Order	0*	0	0	N/A
Standard 19 Interviewing the Child about the Care Experience	36*	3	33	8%
Standard 20 Preparation for Independence	35*	34	1	97%
Standard 21 Responsibilities of the Public Guardian and Trustee	56*	53	3	95%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	6*	0	6	0%
Standard 23 Quality of Care Review	0*	0	0	N/A
Standard 24 Guardianship Agency Protocols	74	74	0	100%

Standard 2: 59 records did not involve initial care plans completed within the audit timeframe

Standard 3: 4 records did not have annual care plans due

Standard 11: 44 records did not involve children or youth moving from their care homes

Standard 12: 31 records did not involve reportable circumstances

Standard 13: 60 records did not involve children missing, lost, or run away

Standard 15: 24 records did not involve file transfers

Standard 16: 46 records did not involve file closures

Standard 17: None of the records involved rescinding continuing custody orders

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

Standard 19: 38 records did not involve changing placements

Standard 20: 39 records did not involve youth planning for independence

Standard 21: 18 records did not involve notifying the Public Guardian and Trustee

Standard 22: 68 records did not involve investigations of abuse or neglect in family care homes

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

Standard (St). 1: Preserving the identity of the Child or Youth in Care: The compliance rate for this measure was **96%**. The measure was applied to all 74 records in the samples; 71 were rated achieved and three were rated not achieved. To receive a rating of achieved, the record, if it was opened during the three-year audit timeframe, confirmed that:

- efforts were made to identify and involve the child or youth's Indigenous community

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

Of the three records rated not achieved, one did not contain documentation that the child had access to culturally appropriate resources, two do not contain documentation of efforts made to register the child when they were entitled to registration, and one did not contain documentation indicating placement with extended family or community and there was no documented cultural plan which includes contact with them. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

St. 2: Development of a Comprehensive Plan of Care: The compliance rate for this standard was **27%**. The measure was applied to 15 of the 74 records in the samples; four were rated achieved and 11 were rated not achieved. To receive a rating of achieved, the record, if it was opened during the three-year audit timeframe, contained:

- an initial plan of care completed within 30 days of admission, and
- an annual plan of care completed within six months of admission

Of the 11 records rated not achieved, nine did not contain initial care plans completed within 30 days of the admissions, and four did not contain annual care plans within six months of the admissions. The total adds to more than the number of records rated not achieved because four records had combinations of the above noted reasons.

St. 3 Monitoring and Reviewing the Child or Youth's Plan of Care: The compliance rate for this measure was **40%**. The measure was applied to 70 of the 74 records in the samples; 28 were rated achieved and 42 were rated not achieved. To receive a rating of achieved:

- care plans were completed annually throughout the audit timeframe
- efforts were made to develop the plan of care with youth over the age of 12
- efforts were made to develop the plan of care with the family
- efforts were made to develop the plan of care with the service providers
- efforts were made to develop the plan of care with the caregiver(s)
- efforts were made to develop the plan of care with the Indigenous community

Of the 42 records rated not achieved, 39 contained care plans but they were not completed annually throughout the audit timeframe, and three did not contain any annual care plans throughout the audit timeframe.

St. 4 Supervisory Approval Required for Guardianship Services: The compliance rate for this measure was **68%**. The measure was applied to all 74 records in the samples; 50 were rated achieved and 24 were rated not achieved. To receive a rating of achieved, the following key decisions and documents were approved by a supervisor:

- care plan
- placement change
- placement in a non-Indigenous home
- restricted access to significant others
- return to the parent(s) prior to CCO rescindment
- transfer of guardianship
- plan for independence
- record transfer
- record closure

Of the 24 records rated not achieved, 23 had at least one care plan that was not signed by a supervisor and one did not have any documentation to indicate consultation with a team leader occurred at the appropriate decision making points.

St. 5 Rights of Children and Youth in Care: The compliance rate for this measure was **34%**. The measure was applied to all 74 records in the samples; 25 were rated achieved and 49 were rated not achieved. To receive a rating of achieved:

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

Of the 49 records rated not achieved, nine did not confirm that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe, and 40 confirmed that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe, but these reviews were not conducted annually. Of these 49 records rated not achieved, 17 were open and required the annual review of rights for 2020/2021.

St. 6 Deciding Where to Place the Child or Youth: The compliance rate for this measure was **89%**. The measure was applied to all 74 records in the samples; 66 were rated achieved and eight were

rated not achieved. To receive a rating of achieved, efforts were made to place the child in an out of home living arrangement that was in accordance with section 71 of the *Child, Family and Community Service Act* (CFCSA).

In the eight records rated not achieved, the involved child or youth was placed in an out of home living arrangement that was not in accordance with section 71 of the CFCSA. Specifically, the child or youth was not placed with extended family members or within their community and there was no documentation confirming the efforts to resolve this issue.

St. 7 Meeting the Child or Youth’s Needs for Stability and Continuity of Relationships: The compliance rate for this measure was **99%**. The measure was applied to all 74 records in the samples; 73 were rated achieved and one was rated not achieved. To receive a rating of achieved, a plan was in place to support and maintain contacts between the child or youth in care and their siblings, parents, extended families, and significant others.

In the record rated not achieved, there was no documented plan in place to support and maintain contacts between the child or youth in care and their siblings, parents, extended families, or significant others.

St. 8 Social Worker’s Relationship and Contact with the Child or Youth: The compliance rate for this measure was **11%**. The measure was applied to all 74 records in the samples; eight were rated achieved and 66 were rated not achieved. To receive a rating of achieved, the social worker conducted a private visit with the child or youth:

- every 30 days
- at time of placement
- within seven days after placement
- when there was a change in circumstance
- when there was a change in social worker

Of the 66 records rated not achieved, 63 documented private visits but not every 30 days throughout the audit timeframe, 32 documented visits but some or all were not conducted in private (often with sibling groups), three did not document visits of any kind between the children or youth and their social workers throughout the three-year audit timeframe, three did not document a private visit within seven days after placement, and one did not document a private visit after a change in social worker. The total adds to more than the number of records rated not achieved because 34 records had combinations of the above noted reasons.

Of the 74 records that documented private visits, the standard required the children or youth be seen 1992 times based on the criteria above. SCFS documented that social workers saw the

children or youth privately 1060 times in this audit timeframe. This demonstrates that 53% of the required in person private visits occurred.

St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards: The compliance rate for this measure was **9%**. The measure was applied to all 74 records in the samples; seven were rated achieved and 67 were rated not achieved. To receive a rating of achieved:

- information about the child or youth was provided to the caregiver(s) at time of placement
- information about the child or youth was provided to the caregiver(s) as it became available
- information about the child or youth was provided to the caregiver(s) within seven days of an emergency placement
- discipline standards were reviewed with the caregiver(s) at the time of placement
- discipline standards were reviewed annually with the caregiver(s)

Of the 67 records rated not achieved, 59 did not contain documentation confirming that the discipline standards were reviewed with the caregivers at any time throughout the audit timeframe, three did not contain documentation that the information on the child or youth was provided to the caregivers at the time of placement, six did not contain documentation that the discipline standards were reviewed with caregivers at the time of placement, and seven contained documentation confirming that the discipline standards were reviewed with caregivers within the audit timeframe, but these reviews were not documented annually. The total adds to more than the number of records rated not achieved because six records had combinations of the above noted reasons.

Of the 67 records rated not achieved, five are open and require documentation confirming that the discipline standards were reviewed with the caregivers in 2021.

St. 10 Providing Initial and Ongoing Medical and Dental Care: The compliance rate for this measure was **96%**. The measure was applied to all 74 records in the samples; 71 were rated achieved and three were rated not achieved. To receive a rating of achieved:

- a medical exam was conducted upon entering care
- dental, vision and hearing exams were conducted as recommended
- medical follow up was conducted as recommended
- in instances when the youth had chosen not to attend recommended appointments, the social worker made efforts to resolve the issue

Of the three records rated not achieved, all did not contain documentation that a medical exam was completed upon entering care.

St. 11 Planning a Move for a Child or Youth in Care: The compliance rate for this measure was **93%**. The measure was applied to 30 of the 74 records in the samples; 28 were rated achieved and two were rated not achieved. To receive a rating of achieved, the record if it involved a placement move, confirmed that:

- the child or youth was provided with an explanation prior to the move
- the social worker arranged at least one pre-placement visit
- if the child or youth requested the move, the social worker reviewed the request with the caregiver, resource worker and the child to resolve the issue

Of the two records rated not achieved, both did not contain documentation confirming that orientations and pre-placement visits were arranged prior to the moves and no efforts were documented, and one did not contain documentation that the child was provided an explanation prior to the move. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

St. 12 Reportable Circumstances: The compliance rate for this measure was **37%**. The measure was applied to 43 of the 74 records in the samples; 16 were rated achieved and 27 were rated not achieved. To receive a rating of achieved, a report about a reportable circumstance was submitted to the director within 24 hours from the time the information about the incident became known to the social worker.

Of the 27 records rated not achieved, 26 contained reportable circumstance reports but they were not submitted within 24 hours (the range of time it took to submit was between two and 712 days, with the average being 39 days), and 2 contained documentation describing incidents where a reportable circumstance would be required but submitted reports were not found in the records. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

St. 13 When a Child or Youth is Missing, Lost or Runaway: The compliance rate for this measure was **100%**. The measure was applied to 14 of the 74 records in the samples; all were rated achieved. To receive a rating of achieved, the record, if it involved a child or youth who was missing, lost, or runaway who may have been at high risk of harm, confirmed that:

- the police were notified
- the family was notified
- once found, the social worker made efforts to develop a safety plan to resolve the issue

St. 14 Case Documentation: The compliance rate for this measure was **15%**. The measure was applied to all 74 records in the sample; 11 were rated achieved and 63 were rated not achieved. To receive a rating of achieved, the record contained:

- an opening recording
- review recordings or care plan reviews every six months throughout the audit timeframe
- a review recording or care plan review when there was a change in circumstance

Of the 63 records rated not achieved, 36 did not contain review recordings nor care plan reviews, six did not contain opening recordings, and 27 contained review recordings or care plan reviews but they were not completed every six months. The total adds to more than the number of records rated not achieved because six records had combinations of the above noted reasons.

St. 15 Transferring Continuing Care Files: The compliance rate for this measure was **58%**. The measure was applied to 50 of the 74 records in the samples; 29 were rated achieved and 21 were rated not achieved. To receive a rating of achieved, the record if it involved a transfer of responsibility from one worker to another, confirmed that:

- a transfer recording was completed
- the social worker met with the child or youth prior to the transfer or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the caregiver(s) prior to the transfer
- efforts were made to meet with the service providers prior to the transfer
- the social worker met with the child or youth within five days after the transfer or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the child or youth's family within five days after the transfer

Of the 21 records rated not achieved, 19 did not contain transfer recordings, 10 did not contain documentation that the social worker met with the child or youth prior to the transfer of guardianship responsibility, 10 did not contain documentation that the social worker met with the caregiver prior to the transfer, nine did not contain documentation that the social worker met with the service provider(s) prior to the transfer, one did not contain documentation that the social worker met with the child or youth five days after the transfer, and one did not contain documentation that the social worker met with the family five days after the transfer. The total adds to more than the number of records rated not achieved because 11 records had combinations of the above noted reasons.

St. 16 Closing Continuing Care Files: The compliance rate for this measure was **89%**. The measure was applied to 28 of the 74 records in the samples; 25 were rated achieved and three were rated not achieved. To receive a rating of achieved, the record if it involved closing the record when services ended, confirmed that:

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

Of the three records rated not achieved, all did not contain a closing recording, one did not contain documentation that the social worker met with the child or youth prior to the closure, and one did not contain documentation that efforts were made to meet with the caregiver(s) prior to the closure. The total adds to more than the number of records rated not achieved because one record had combinations of the above noted reasons.

St. 17 Rescinding a CCO and Returning the Child or Youth to the Family Home: There were no applicable records for this measure. To receive a rating of achieved, the record, if it involved a rescindment of a CCO, confirmed that:

- the risk of returning a child or youth to their family home was assessed by delegated worker
- a safety plan, if applicable, was put in place prior to returning the child or youth to their family home
- the safety plan, if applicable, was developed with required parties
- the safety plan, if applicable, addressed the identified risks
- the safety plan, if applicable, was reviewed every six months until the rescindment

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

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

St. 19 Interviewing the Child or Youth about the Care Experience: The compliance rate for this measure was **8%**. The measure was applied to 36 of the 74 records in the samples; three were rated achieved and 33 were rated not achieved. To receive a rating of achieved, the record, if it involved a move from a placement, confirmed the child or youth was interviewed about their care experience.

Of the 33 records rated not achieved, all did not confirm that interviews were conducted with the children and youth after placement changes.

St. 20 Preparation for Independence: The compliance rate for this measure was **97%**. The measure was applied to 35 of the 74 records in the samples; 34 were rated achieved and one was rated not achieved. To receive a rating of achieved, the record, if it involved a youth about to transition from care to an independent living situation, confirmed that:

- efforts were made to assess the youth's independent living skills
- efforts were made to develop a plan for independence

Of the one record rated not achieved, it did not contain documentation confirming that the youth's independent skills were assessed nor was there a plan for independence.

St. 21 Responsibilities of the Public Guardian and Trustee (PGT): The compliance rate for this measure was **95%**. The measure was applied to 56 of the 74 records in the samples; 53 were rated achieved and three were rated not achieved. To receive a rating of achieved:

- 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

Of the three records rated not achieved, all did not contain documentation confirming the PGT was notified when the CCOs were ordered.

St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **0%**. The measure was applied to six of the 74 records in the samples, and all were rated not achieved. To receive a rating of achieved, the record, if it involved a report of abuse and/or neglect of a child or youth in a family care home, confirmed that:

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

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

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

St. 24 Guardianship Agency Protocols: The compliance rate for this measure was **100%**. The measure was applied to all 74 records in the samples; all 74 were rated achieved. To receive a rating of achieved, all protocols related to the delivery of child services that the agency has established with local and regional agencies have been followed.

b) Resources

The overall compliance rate for the AOPSI Resource Practice Standards was **60%**. The audit reflects the work done by the staff in the agency’s resource program over a three-year period (see Methodology section for details). There was a total of 34 records in the one sample selected for this audit; however, not all nine measures in the audit tool were applicable to all 34 records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 28 Supervisory Approval Required for Family Care Home Services	34	33	1	97%
Standard 29 Family Care Homes – Application and Orientation	34	14	20	41%
Standard 30 Home Study	9*	7	2	78%
Standard 31 Training of Caregivers	34	33	1	97%
Standard 32 Signed Agreement with Caregivers	34	25	9	74%
Standard 33 Monitoring and Reviewing the Family Care Home	34	0	34	0%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	3*	2	1	67%
Standard 35 Quality of Care Review	0*	0	0	N/A
Standard 36 Closure of the Family Care Home	7*	0	7	0%

Standard 30: 25 records did not involve home studies during the audit timeframe
 Standard 34: 31 records did not involve investigations of alleged abuse or neglect in family care homes
 Standard 35: 34 records did not involve Quality of Care Reviews
 Standard 36: 27 records were not closed

St. 28 Supervisory Approval for Family Care Home Services: The compliance rate for this measure was **97%**. The measure was applied to all 34 records in the sample; 33 were rated achieved one was rated not achieved. To receive a rating of achieved, the record confirmed that the social worker consulted a supervisor at the following key decision points:

- a criminal record was identified for a family home applicant or any adult person residing in the home
- approving a family home application and home study
- signing a Family Home Care Agreement
- approving an annual review
- determining the level of a family care home
- placing a child or youth in a family care home prior to completing a home study
- receiving a report about abuse or neglect of a child or youth in a family care home
- receiving a concern about the quality of care received by a child or youth living in a family care home

The one record rated not achieved did not contain documentation that a supervisor signed off and approved of the Family Home Care Agreement dated Sept 1, 2021 – Feb 28, 2022.

St. 29 Family Care Homes – Application and Orientation: The compliance rate for this measure was **41%**. The measure was applied to all 34 records in the sample; 14 were rated achieved and 20 were rated not achieved. To receive a rating of achieved, the record confirmed the completion of the following:

- application form
- prior contact check(s) on the family home applicant(s) and any adult person residing in the home
- criminal record check(s)
- Consent for Release of Information form(s)
- medical exam(s)
- three reference checks
- an orientation to the applicant(s)

Of the 20 records rated not achieved, 16 did not contain completed criminal record check(s), five did not contain the required reference checks, three did not contain completed medical exam forms, and one did not contain a completed application form. The total adds to more than the number of records rated not achieved because three of the records had combinations of the above noted reasons.

St. 30 Home Study: The compliance rate for this measure was **78%**. The measure was applied to nine of the 34 records in the sample; seven were rated achieved and two were rated not achieved. To receive a rating of achieved:

- the social worker met the applicant in the family care home

- a physical check of the home was conducted to ensure the home meets the safety requirements
- a home study, including an assessment of safety, was completed in its entirety

Of the two records rated not achieved, all did not contain home studies and one of these remains open. Of the open record without a home study, the practice analysts notified the executive director for follow up.

St. 31 Training of Caregivers: The compliance rate for this measure was **97%**. The measure was applied to all 34 records in the sample; 33 were rated achieved and one was rated not achieved. To receive a rating of achieved, the training needs of the caregiver was assessed or identified, and training opportunities were offered to, or taken by, the caregiver.

The record rated not achieved did not confirm that offers of training were provided to the caregiver or that the training needs of the caregivers were assessed or identified.

St. 32 Signed Agreement with Caregiver: The compliance rate for this measure was **74%**. The measure was applied to all 34 records in the sample; 25 were rated achieved and nine were rated not achieved. To receive a rating of achieved, there were consecutive Family Care Home Agreements throughout the audit timeframe, and they were signed by all the participants.

Of the nine records rated not achieved, five did not contain Family Care Home Agreements throughout the three-year audit timeframe (one open record), three contained Family Care Home Agreements but they were not consecutive throughout the three-year audit timeframe (open record), and one contained an agreement, but it was not signed by the applicant. Of the open record without an agreement, the practice analysts notified the executive director for follow up.

St. 33 Monitoring and Reviewing the Family Care Home: The compliance rate for this measure was **0%**. The measure was applied to all 34 records in the sample; all 34 were rated not achieved. To receive a rating of achieved:

- annual reviews of the family care home were completed throughout the audit timeframe, when required
- the annual review reports were signed by the caregiver(s)
- the social worker visited the family care home at least every 90 days throughout the audit timeframe, when required

Of the 34 records rated not achieved, 26 documented home visits but they were not completed every 90 days as required, 17 contained annual reviews but they were not completed for each year in the three-year audit timeframe, nine did not contain any annual reviews completed in the

three-year audit timeframe, and eight did not document any home visits. The total adds to more than the number of records rated not achieved because 26 records had combinations of the above noted reasons. Of the 17 records that did not contain all the required annual reviews, 16 were open. Of these 16 open records, eight require current annual reviews. The practice analysts notified the executive director of the open family care homes without visits as well as those that required annual reviews.

St. 34: Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **67%**. This measure was applied to three of the 34 records in the sample; two were rated achieved and one was rated not achieved. To receive a rating of achieved, the record, if it involved a report of abuse and/or neglect of a child or youth in a family care home, confirmed that:

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

The record rated not achieved contained documentation of a Family Care Home Investigation but there was no summary report on file.

St. 35: Quality of Care Review: There were no applicable records for this measure. To receive a rating of achieved, the record, if it involved a concern about the quality of care received by a child or youth in a family care home, confirmed that:

- a Quality of Care Review was conducted
- efforts were made to support the caregiver

St. 36: Closure of the Family Care Home: The compliance rate for this measure was **0%**. The measure was applied to seven of the 34 records in the sample, and all were rated not achieved. To receive a rating of achieved, the record, if it involved closure of a family care home, contained a written notice to the caregiver indicating the intent of the agency to close the family care home.

Of the seven records rated as not achieved, all did not contain written notices to the caregivers.

c) Family Service

The overall compliance rate for the Child Protection Response Model set out in Chapter 3 of the Child Safety, Family Support & Children in Care Services Policies was **71%**. The audit reflects the work done by the staff in the agency's family service program over various time periods (see Methodology section for details). All electronic documentation associated with Service Requests, Memos and Incidents was reviewed. All electronic and physical documentation associated with family service records was reviewed. There was a total of 148 records in the closed Memo, closed Service Request, and closed Incident samples and a total of 36 records in the open Family Service

records and closed family service record samples selected for this audit. Not all 23 measures in the audit tool were applicable to all the records. The notes below the table describe the records that were not applicable.

Records Identified for Action

Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the CFCSA. During this audit, no records were identified for action.

c.1 Report and Screening Assessment

Family service measure (FS) 1 to FS 4 relate to obtaining and assessing a child protection report. The records included the selected samples of 27 closed Service Requests, 12 closed Memos and 36 closed Incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	148	148	0	100%
FS 2: Conducting an Initial Record Review (IRR)	148	91	57	61%
FS 3: Assessing the Report about a Child or Youth’s Need for Protection (Completing the Screening Assessment)	148	121	27	82%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	148	148	0	100%

FS 1: Gathering Full and Detailed Information: The compliance rate for this measure was **100%**. The measure was applied to all 148 records in the sample, and all were rated achieved. To receive a rating of achieved, the information gathered from the caller was full, detailed, and sufficient to determine an appropriate pathway.

FS 2: Conducting an Initial Record Review (IRR): The compliance rate for this measure was **61%**. The measure was applied to all 148 records in the samples; 91 were rated achieved and 57 were rated not achieved. To receive a rating of achieved:

- the IRR was conducted from electronic databases within 24 hours of receiving the report
- the IRR identified previous issues or concerns and the number of past Service Requests, Incidents, or reports
- if the family had recently moved to BC, or there was reason to believe there may have been prior child protection involvement in one or more jurisdictions, the appropriate child protection authorities were contacted, and information was requested and recorded

Of the 57 records rated not achieved, 33 IRRs did not indicate that Best Practices was checked, 15 IRRs were not documented within 24 hours (14 created at SCFS), 10 did not have IRRs

documented (four created at SCFS), and eight IRRs did not contain sufficient information about previous issues or concerns (six created at SCFS). The total adds to more than the number of records rated not achieved because eight records were rated not achieved for more than one of the above noted reasons.

Of the 15 IRRs that were not documented within 24 hours, the range of time it took to complete the IRRs was between two and 118 days, with the average time being 18 days.

The audit also identified where the IRR was created: Provincial Centralized Screening (PCS), SCFS, or Service Delivery Area (SDA). Of the 91 records rated achieved, 57 were created by PCS and 34 were created by SCFS.

FS 3: Completing the Screening Assessment: The compliance rate for this measure was **82%**. The measure was applied to all 148 records in the samples; 121 were rated achieved and 27 were rated not achieved. To receive a rating of achieved, a Screening Assessment was completed immediately if the child or youth appeared to be in a life-threatening or dangerous situation or within 24 hours in all other situations.

Of the 27 records rated not achieved, all Screening Assessments were not completed within the required 24-hour timeframe (14 created at SCFS). Of the 27 Screening Assessments that were not completed within the 24-hour timeframe, the range of time it took to complete was between two and 159 days, with the average time being 31 days.

The audit also identified where the Screening Assessment was created: PCS, SCFS, or SDA. Of the 121 records rated achieved, 71 were created by PCS, 49 were created by SCFS and one was completed by an SDA.

FS 4: Determining Whether the Report Requires a Protection or Non-Protection Response: The compliance rate for this measure was **100%**. The measure was applied to all 148 records in the sample; all records were rated achieved. To receive a rating of achieved, the decision to provide a protection or non-protection response was appropriate and consistent with the information gathered.

c.2 Response Priority, Detailed Record Review and Safety Assessment

FS 5 to FS 9 relate to assigning a response priority, conducting a detailed record review (DRR), and completing the safety assessment process and Safety Assessment form. The records included the selected sample of 55 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 5: Assigning an Appropriate Response Priority	55	55	0	100%
FS 6: Conducting a Detailed Record Review (DRR)	55	19	36	65%
FS 7: Assessing the Safety of the Child or Youth	55	44	11	80%
FS 8: Documenting the Safety Assessment	55	21	34	38%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	55	51	4	93%

FS 5: Determining the Response Priority: The compliance rate for this measure was **100%**. The measure was applied to all 55 records in the sample; all 55 records were rated achieved. To receive a rating of achieved, the response priority was appropriate and if there was an override it was approved by the supervisor.

The audit also assessed whether the families were contacted within the timeframes of the assigned response priorities. Of the 55 records related to incidents with appropriate protection responses, 46 documented face-to-face contact with the families within the assigned response priorities and nine did not. Of these 46, two were appropriately closed prior to the social workers making face-to-face contacts with the families. Of the 9 records that did not document face-to-face contact with the families within the assigned response priorities, all 9 were assigned the response priority of within five days. In one of the nine records, no face-to-face contact was made as the supervisor appropriately approved ending the protection response before contacting the family. The range of time it took to have face-to-face contacts with the remaining eight families was between two and 125 days with the average time being 39 days.

FS 6: Conducting a Detailed Record Review (DRR): The compliance rate for this measure was **35%**. The measure was applied to 55 records in the sample; 19 were rated achieved and 36 were rated not achieved. To receive a rating of achieved, the 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

Of the 36 records rated not achieved, 31 did not contain a DRR, four did not contain information missing in the IRRs, one DRR did not indicate how previous issues or concerns were addressed, and one did not indicate the family's responsiveness in addressing previous issues or concerns. The total adds to more than the number of records rated not achieved because two records were rated not achieved for more than one of the above noted reasons.

FS 7: Assessing the Safety of the Child or Youth: The compliance rate for this measure was **80%**. The measure was applied to 55 records in the sample; 44 were rated achieved, and 11 were rated not achieved. To receive a rating of achieved:

- the safety assessment process was completed during the first significant contact with the child or youth's family
- if concerns about the child or youth's immediate safety were identified and the child or youth was not removed under the CFCSA, a safety plan was developed, and the safety plan was signed by the parent(s) and approved by the supervisor
- the supervisor approved ending the protection response before the safety assessment process was completed and the rationale was documented and appropriate

Of the eleven records rated not achieved, seven records did not have a safety plan that was signed by parent(s), four did not have a safety plan on file although concerns about the child or youth's immediate safety were identified and the child or youth was not removed under the CFCSA, and two records did not have a safety plan that was approved by the supervisor. The total adds to more than the number of records rated not achieved because two records were rated not achieved for more than one of the above noted reasons.

FS 8: Documenting the Safety Assessment: The compliance rate for this measure was **38%**. The measure was applied to 55 records in the sample; 21 were rated achieved and 34 were rated not achieved. To receive a rating of achieved, the Safety Assessment form was documented within 24 hours after the completion of the safety assessment process, or the supervisor approved ending the protection response before the Safety Assessment was documented and the rationale was documented and appropriate.

All 34 records rated not achieved contained Safety Assessment forms that were not completed within 24 hours of completing the safety assessment processes. The range of time it took to complete the forms was between six and 887 days, with the average time being 191 days.

FS 9: Making a Safety Decision Consistent with the Safety Assessment: The compliance rate for this measure was **93%**. The measure was applied to 55 records in the sample; 51 were rated achieved and four were rated not achieved. To receive a rating of achieved, 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.

All four rated not achieved contained safety decisions that were not consistent with the information documented in Safety Assessments.

c.3 Steps of the FDR Assessment or Investigation

FS 10 to FS 13 relate to meeting with or interviewing the parents and other adults in the family home, meeting with every child or youth who lives in the family home, visiting the family home and working with collateral contacts. The records included the selected sample of 55 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	55	49	6	89%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	55	46	9	84%
FS 12: Visiting the Family Home	55	46	9	84%
FS 13: Working with Collateral Contacts	55	25	30	45%

FS 10: Meeting or Interviewing the Parents and Other Adults in the Family Home: The compliance rate for this measure was **89%**. The measure was applied to 55 records in the sample; 49 were rated achieved and six were rated not achieved. To receive a rating of achieved, the social worker met with or interviewed the parent(s) and other adults in the home (if applicable) and gathered sufficient information about the family to assess the safety and vulnerability of all children or youth living or being cared for in the family home, or the supervisor approved ending the protection response before the social worker met with or interviewed the parent(s) and other adults in the home and the rationale was documented and appropriate.

Of the six records rated not achieved, three records did not confirm that the social worker met with or interviewed other adults in the home, three records documented that only one of two parents was interviewed, and one documented that the parental interviews were not conducted face to face. The total adds to more than the number of records rated not achieved because one record was rated not achieved for more than one of the above noted reasons.

FS 11: Meeting with Every Child or Youth Who Lives in the Family Home: The compliance rate for this measure was **84%**. The measure was applied to 55 records in the sample; 46 were rated achieved and nine were rated not achieved. To receive a rating of achieved, the social worker

had a private, face-to-face conversation with every child or youth living in the family home according to their developmental level; or the supervisor granted an exception, and the rationale was documented; or the supervisor approved ending the protection response before the social 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.

Of the nine records rated not achieved, five did not confirm that the social worker had conversations with any children or youth living in the homes, three confirmed that the social worker interviewed some, but not all, of the children living in the homes, and one documented an interview, but it was not private.

FS 12: Visiting the Family Home: The compliance rate for this measure was **84%**. The measure was applied to 55 records in the sample; 46 were rated achieved and nine were rated not achieved. To receive a rating of achieved, the social 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 social worker visited the family home and the rationale was documented and appropriate.

All nine records rated not achieved did not confirm that the social worker visited the family home.

FS 13: Working with Collaterals: The compliance rate for this measure was **45%**. The measure was applied to 55 records in the sample; 25 were rated achieved and 30 were rated not achieved. To receive a rating of achieved, the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child or youth before completing the FDR assessment or the investigation, or the supervisor approved ending the protection response before the social 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.

Of the 30 records that received ratings of not achieved, 13 did not have any collaterals documented, and 17 related to Indigenous families and did not have documentation that collateral contact was made with the Indigenous Representative.

The audit also assessed whether the social workers, if the records were incidents with FDR protection responses, contacted the parent(s) prior to initiating the FDR responses and whether the social worker had discussions about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals. Of the 55 records in the sample, 53 required FDR responses. Of these 53 FDR responses, 28 documented that the social worker contacted the parent(s) prior to initiating the FDR response and 25 did not. Furthermore, of these 53 FDR responses, 29 had documented

discussions with the parent(s) about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals.

c.4 Assessing the Risk of Future Harm and Determining the Need for Protection Services

FS 14 to FS 16 relate to assessing the risk of future harm, determining the need for protection services and the timeframe for completing the FDR assessment or investigation. The records included the selected sample of 55 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS14: Assessing the Risk of Future Harm	55	52	3	95%
FS 15: Determining the Need for Protection Services	55	54	1	98%
FS 16: Timeframe for Completing the FDR Assessment or Investigation	55	15	40	27%

FS 14: Assessing the Risk of Future Harm: The compliance rate for this measure was **95%**. The measure was applied to 55 records in the sample; 52 were rated achieved and three were rated not achieved. To receive a rating of achieved, the Vulnerability Assessment was completed in its entirety and approved by the supervisor, or the supervisor approved ending the protection response before the Vulnerability Assessment was completed in its entirety and the rationale was documented and appropriate.

Of the three records rated not achieved, two Vulnerability Assessments were not approved by a supervisor, and one did not contain a Vulnerability Assessment.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. Of the 52 records rated achieved, three did not have Vulnerability Assessments because the protection response ended early, and the rationale was appropriate. The range of time it took to complete the 49 Vulnerability Assessments was between nine days and 938 days, with the average time being 191 days.

FS 15: Determining the Need for Protection Services: The compliance rate for this measure was **98%**. The measure was applied to 55 records in the sample; 54 records were rated achieved and one was rated not achieved. To receive a rating of achieved, the decision regarding the need for FDR protection services or ongoing protection services was consistent with the information obtained during the FDR assessment or the investigation, or the supervisor approved ending the protection response before the decision was made regarding the need for FDR protection services or ongoing protection services and the rationale was documented and appropriate.

In the one record rated not achieved the decision regarding the need for FDR protection services or ongoing protection services was not consistent with the information documented.

FS 16: Timeframe for Completing the FDR Assessment or Investigation: The compliance rate for this measure was **27%**. The measure was applied to 55 records in the sample; 15 were rated achieved, and 40 were rated not achieved. To receive a rating of achieved, the FDR assessment or investigation was completed within 30 days of receiving the report, or the FDR assessment or investigation was completed in accordance with the extended timeframe that had been approved by the supervisor.

In all 40 records rated not achieved, FDR assessments or investigations were not completed within 30 days. The range of time it took to complete was between 35 and 938 days, with the average time being 250 days.

c.5 Strength and Needs Assessment and Family Plan

FS 17 to FS 21 relate to the completion of the Family and Child Strengths and Needs Assessment and the Family Plan. The records included the selected samples of 36 open family service records and five closed family service records.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	36	15	21	42%
FS 18: Supervisor Approval of the Strengths and Needs Assessment	36	13	23	36%
FS 19: Developing the Family Plan with the Family	36	12	24	33%
FS 20: Timeframe for Completing the Family Plan	36	9	27	25%
FS 21: Supervisor Approval of the Family Plan	36	6	30	17%

FS 17: Completing a Family and Child Strengths and Needs Assessment: The compliance rate for this measure was **42%**. The measure was applied to all 36 records in the samples; 15 were rated achieved and 21 were rated not achieved. To receive a rating of achieved, the Family and Child Strength and Needs Assessment was completed in its entirety.

Of the 21 records rated not achieved, 20 did not contain a Family and Child Strengths and Needs Assessment, and one contained an incomplete Family and Child Strengths and Needs Assessment.

The audit also assessed whether the Family and Child Strengths and Needs Assessment was completed within the most recent six-month practice cycle. Of the 15 records rated achieved, 14 Family and Child Strengths and Needs Assessments were completed within the most recent six-month practice cycle, and one was not but was completed within the 12-month timeframe of the audit.

FS 18: Supervisor Approval of the Strengths and Needs Assessment: The compliance rate for this measure was **39%**. The measure was applied to all 36 records in the samples; 14 were rated achieved and 22 were rated not achieved. To receive a rating of achieved, the supervisor approved the Family and Child Strength and Needs Assessment.

Of the 22 records rated not achieved, 20 records did not contain Family and Child Strengths and Needs Assessments and two did not contain documentation of supervisory approval.

FS 19: Developing the Family Plan with the Family: The compliance rate for this measure was **33%**. The measure was applied to all 36 records in the samples; 12 were rated achieved and 24 were rated not achieved. To receive a rating of achieved, the Family Plan form or its equivalent was developed in collaboration with the family. An equivalent to the Family Plan form can be the plan developed during a facilitated meeting, such as at a Family Case Planning Conference, Traditional Family Planning Meeting, or Family Group Conference. The equivalent plan must have the following key components:

- the priority needs to be addressed
- the goals described in clear and simple terms regarding what the family would like to change in their lives in relation to the identified need
- indicators that described in clear and simple terms what will appear different when the need is met (from the viewpoint of the family or from the viewpoint of others)
- strategies to reach goals, where the person responsible for implementing the strategy is also noted
- a review date, when progress towards the goal will be reviewed and a determination made on whether the goal has been met

Of the 24 records rated not achieved, 22 did not contain Family Plans or equivalents and two had a Family Plan or equivalent with no documented collaboration with family.

The audit also assessed whether the Family Plans or equivalents were completed after the Family and Child Strengths and Needs Assessments. Of the 12 records rated achieved, seven contained Family Plans or equivalents that were completed after the Family and Child Strengths and Needs Assessments and five Family Plans or equivalents were completed without first completing the Family and Child Strengths and Needs Assessments.

FS 20: Timeframe for Completing the Family Plan: The compliance rate for this measure was **25%**. The measure was applied to all 36 records in the samples; nine were rated achieved and 27 were rated not achieved. To receive a rating of achieved, a Family Plan or its equivalent was created within 30 days of initiating ongoing protection services and revised within the most recent six-month practice cycle.

Of the 27 records rated not achieved, nineteen did not contain Family Plans or equivalents and eight contained Family Plans or equivalents within the 12-month timeframe of the audit but they were not revised within the most recent six-month practice cycle.

FS 21: Supervisors Approval of the Family Plan: The compliance rate for this measure was **17%**. The measure was applied to all 36 records in the samples; six were rated achieved and 30 were rated not achieved. To receive a rating of achieved, the Family Plan or its equivalent was approved by the supervisor.

Of the 30 records rated not achieved, 22 did not contain Family Plans or equivalents and eight Family Plans or equivalents were not approved by supervisors.

Reassessment

FS 22 relates to the completion of the Vulnerability Reassessment or Reunification Assessment. The records included the selected samples of 24 open family service records and 12 closed family service records.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or a Reunification Assessment	36	9	27	25%

FS 22: Completing a Vulnerability Reassessment OR a Reunification Assessment: The compliance rate for this measure was **25%**. The measure was applied to all 36 records in the samples; 9 were rated achieved and 27 were rated not achieved. To receive a rating of achieved, a Vulnerability Reassessment or Reunification Assessment was completed within the most recent six-month practice cycle and a Reunification Assessment completed within three months of the child’s return or a court proceeding regarding custody and the assessment(s) was approved by the supervisor.

Of the 27 records rated not achieved, 13 did not contain Reunification Assessments, four did not contain any Vulnerability Reassessments, four did not contain Vulnerability Reassessments or Reunification Assessments completed within the most recent 6-month protection cycle, three contained a Reunification Assessment but it was incomplete, and three did not contain a

Reunification Assessment within three-months of a child’s return or court proceeding regarding custody.

c.6 Decision to End Protection Services

FS 23 relates to making the decision to end ongoing protection services. The records included the selected sample of 12 closed family service records.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 23: Making the Decision to End Ongoing Protection Services	12	6	6	50%

FS 23: Making the Decision to End Ongoing Protection Services: The compliance rate for this measure was **50%**. The measure was applied to all 12 records in the sample; six were rated achieved and six were rated not achieved. To receive a rating of achieved:

- the decision to conclude ongoing protection services was made in consultation with a supervisor
- there were no unaddressed reports of abuse or neglect
- there were no indications of current or imminent safety concerns
- the family demonstrated improvements as identified in the Family Plan
- a recent Vulnerability Reassessment or Reunification Assessment confirmed that factors identified as contributing to high vulnerability no longer existed or have been sufficiently addressed
- the family demonstrated the ability to access and use formal and informal resources and the family had the ability to parent without MCFD support

The six records rated not achieved did not have Vulnerability Reassessments or Reunification Assessments completed within most recent six-month practice cycle.

7. ACTIONS COMPLETED TO DATE

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

1. The agency received rating sheets from the quality assurance branch in July 2022 and reviewed them in detail with the management team, identified areas of focus for action planning and confirmed the audit process of reviewing both physical and electronic records with the analysts involved.

2. Standard 30 Home Study: The agency located all missing home studies that were identified as off site at the time of the audit. The home studies were scanned and sent to the quality assurance branch practice analysts for review. The resources team leader will monitor records during the transfer-in process and during the completion of home studies by the team to ensure all resource records have home studies, and a face sheet attached to each record will be used to track completion.
3. Standard 2 Development of a Comprehensive Plan of Care: The development of the Comprehensive Plan of Care scored at 27%. Exception has since been granted as of December 1, 2021, for approval to use a new process within the agency that integrates components from Signs of Safety (SOS) with the care plan standards. The agency identifies that this allows for a more natural completion of care planning to be documented throughout contact with a child and/or youth and has already seen an improvement in compliance with care plan completion.
4. Standard 5 Rights of Children in Care: The agency revised the face sheet of the child in care plan to include the need to review the rights of the child and a copy of this face sheet was provided to the manager of quality assurance in September 2022.
5. Standard 8 Social Worker's Relationship & Contact with a Child in Care: The agency reviewed with the team leads the need to document in ICM when a worker has private face to face meetings with the child or youth. This included verifying to staff a one on one private contact must be made with each sibling.
6. Standard 12 Reportable Circumstance: The agency created a summary for team leads that detailed expectations related to the outcome of the audit. The summary included expectations related to what was missing from this standard. Team leads reviewed the expectations related to Reportable Circumstances with all the family preservation workers and confirmed completion of this to the quality assurance branch in September 2022.
7. Standard 14 Case Documentation: Training that is already being provided at the agency will be enhanced to include the requirements for all family preservation work.
8. Standard 22 Investigation of Alleged Abuse or Neglect in a Family Care Home: The agency created a summary document outlining what was missing in child service records regarding the Family Care Home Investigations to be reviewed with the Family Preservation teams. The summary included the need to document how immediate safety was established in relation to the Family Care Home Investigation and that the investigation letter must be attached to the child service record. A copy of the summary was provided to the quality assurance branch In September 2022.

9. FS 8 Documenting the Safety Assessment: The agency created a summary document that team leaders reviewed with workers about what was missing in this standard and the need to document completion of the Safety Assessment within 24 hours of going to the home. Team leaders were given responsibility to monitor this standard ongoingly. The agency provided a copy of the summary document and confirmed completion of this action to the Quality Assurance Branch in September 2022.
10. FS 16 Timeframe for Completing the FDR Assessment or Investigation: This agency went from a generalized team to a dedicated intake team in the fiscal year 2021-2022. The agency reports since this change to their staffing model, they are now consistently completing the FDR process or the investigation process in the 30-day timeline and/or in accordance with an extended timeframe approved by a supervisor.
11. FS 19 Developing the Family Plan with the Family: In July 2022, MCFD introduced Core Practice Accountabilities and the Family and Child Strengths and Needs Assessment is now optional. The agency created a process using SOS to address provincial standards for Family Plans and have embedded a date and signatory line within their family mapping templates to increase compliance to this measure.
12. FS 22 Completing a Vulnerability Reassessment or a Reunification Assessment: In July 2022, MCFD introduced Core Practice Accountabilities and the Vulnerability Reassessment is no longer required. This agency has developed a process and procedure to address provincial standards for assessing/reassessing the risk of future harm and the need for ongoing protection services.
13. Standard 36 Closure of the Family Home: The agency took immediate steps to confirm all closed resource files contain written notice to the caregiver indicating the intent of the agency to close the family care home. This standard will be monitored via a face sheet/checklist will be reviewed during supervision.

8. ACTION PLAN

On August 25, 2022, the following Action Plan was developed in collaboration between Secwepémc Child and Family Services and MCFD Office of the Provincial Director and Aboriginal Services Division (Quality Assurance Branch). The Executive Director and Associate Director will oversee all persons responsible to verify each action item has been completed as outlined below.

Actions	Persons Responsible	Expected Completion Date
<p>1. Standard 33 Monitoring and Reviewing the Family Care Home:</p> <p>The resource team leader will create a face sheet/checklist and attach it to each resource file. The checklist will include the 90-day home visit and annual review requirements and will be reviewed by the resources team leader during supervision to support compliance to this standard. At each 90-day home visit, the assigned resource worker will schedule their next 90-day home visit. They will schedule them earlier in the month to allow for the need to reschedule. The same will apply to the annual home visit (scheduling the next one at the conclusion of each one).</p> <p>The agency will provide a copy of the face sheet / checklist to the manager of quality assurance.</p>	Resources Manager	February 28, 2023
<p>2. Standard 29 Family Care Homes:</p> <p>The resource team leader will create a face sheet/checklist and attach it to each resource file. The face sheet/checklist will include details relating to the status of Criminal Record Checks (e.g., submitted for processing, completed and on file, electronic database has been updated). The resource team leader will use the face sheet/checklist to monitor criminal record check completion during supervision.</p> <p>The resource team leader will prioritize the audited resource files that were missing Criminal Record Check documentation and ensure the assigned worker completes them, as noted above.</p> <p>The agency will provide a copy of the face sheet/checklist template to the manager of quality assurance.</p>	Resources Manager Family Wellness Programs Manager	February 28, 2023
<p>3. Standard 2 Development of a Comprehensive Plan of Care, Standard 3 Monitoring and Reviewing the Child’s Comprehensive Plan of Care & Standard 19 Interviewing the Child about the Care Experience:</p> <p>SCFSA to create a procedural manual that reflects agency missions, vision, and values in Family Preservation practice as well as audit expectations, provincial standards, and AOPSI standards to ensure program wide understanding.</p> <p>As processes are developed, the agency will provide updates to the quality assurance branch until the procedural manual is completed.</p>	Family Preservation Programs Manager	August 25, 2023

<p>4. Standard 19 Interviewing the Child about the Care Experience:</p> <p>The agency will create a summary for team leads to distribute to workers that details expectations related to the outcome of the audit. The summary will include expectations related to Interviewing the Child about the Care Experience. Team leads will notify the Family Preservation Programs Manager when they have reviewed the summary document with each team. A copy of the summary document will be provided to the quality assurance branch.</p> <p>The agency will develop an additional care plan procedure that Family Preservation workers will complete a care plan when closing the child services file. The care plan will reflect a child or youth's care experience with the agency and reflect the things that went well, what they were worried about and what the agency could do better.</p>	Team Leaders	May 30, 2023
<p>5. Standard 22 Investigation of Alleged Abuse or Neglect in a Family Care Home:</p> <p>The agency will bring the care team together when a Family Care Home Investigation is initiated. The care team will receive a copy of the notification letter and the letter notifying that the Family Care Home Investigation has been completed, which will include the summary report with findings and recommendations. These letters and the summary report will be scanned into the electronic database, attached to the Family Care Home Investigation. Copies of these letters will be printed off and placed on both the resource and child services physical file. The Family Preservation Programs Manager will remind the workers to attach the letter to the child services record when the care team meets to discuss the conclusion of the investigation. Resources will monitor this standard by using the face sheet/checklist, which the team leader will review during supervision.</p> <p>The agency will demonstrate completion of this action item through confirmation that the documentation as outlined above was scanned into the electronic database and attached to the files in the six records identified in the sample as missing summary reports.</p>	Family Preservation Programs Manager	May 30, 2023