



Surrounded by Cedar Child and Family Services
(IKE)

PRACTICE AUDIT REPORT

Report Completed: March 2023

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 measure the performance of staff in this agency against the prescribed set of standards, identifying areas of strength, as well as areas that may require more focus. 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. Practice is confirmed through documentation in the physical and electronic records and from information gathered in interviews with the delegated staff. This is the fourth audit for Surrounded by Cedar Child and Family Services (SCCFS). The last audit was completed in May 2017.

The specific purposes of the audit are to:

- further the development of practice
- assess achievement of key components of the Aboriginal Operational and Practice Standards and Indicators (AOPSI) as it relates to resource and guardianship.
- 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 Ministry of Children and Family Development's (MCFD) Office of the Provincial Director and Aboriginal Services Division who conducted the practice audit. The MCFD quality assurance analysts used a Share Point site to store collected data for the child and youth service and resource practice, as well as program compliance tables (see Findings and Analysis section) and a compliance report for each record audited. Interviews with the delegated staff were conducted by phone or a virtual meeting after the data collection was completed.

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

Record Types	Population Sizes	Sample Sizes
Open child service	87	39
Closed child service	25	19
Open and closed resource	31	22

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

1. Open child service: CS records open in ICM on March 31, 2022, and managed by the agency for at least six months (continuously) with the following legal categories: Voluntary Care Agreement (VCA), Special Needs Agreement (SNA), Continuing Custody Order (CCO) or out of Province.
2. Closed child service: CS records closed in ICM between October 1, 2019, and March 31, 2022, and managed by the agency for at least six months (continuously) with the legal categories: VCA, SNA, CCO or out of Province.
3. Open and closed resource: RE records relating to foster homes that had children or youth in their care for at least three months between April 1, 2019, and March 31, 2022. 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.

3. AGENCY OVERVIEW

a. Delegation

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

- Alternatives to Care/Transfer of Custody
- Guardianship of Children and Youth in Continuing Custody
- Support Services to Families
- Voluntary Care Agreements
- Special Needs Agreements
- Establishing family care homes
- Respite Services
- Independent Living Agreement
- Extended Family Program
- Youth Agreements
- Agreements with Young Adults

SCCFS assumed C4 guardianship delegation in May 2005. The agency currently operates under a delegated services agreement from April 1, 2022, to March 31, 2027.

In addition to the delegated programs, SCCFS also provides the following supports and programs to urban Indigenous children, youth, and families. The agency offers services and programs that keep their children safe, strengthen and preserve their families, connect to their culture, and enhance their community well-being:

- Child and Youth counselling: offers individual clinical counselling and group counselling to Indigenous children, youth and families impacted by complex trauma. The program strives to include regular participation of Indigenous Knowledge Keepers and community Elders.
- Cultural Programming: offers programming throughout the year that nurtures cultural identity development and provides a culturally safe space for this learning to take place. Programming each year includes:
 - Earth Walkers Spring and Summer Break Cultural camps
 - XE'XU T'ULTUTS'THUT (Sacred Circle) Youth Leadership
 - Pro D-day cultural camps (following School District #61 calendar)
 - Winter Feast
 - Nest to Wings Ceremony (for Indigenous youth leaving care)
- Building Our Bundles (monthly during the school year)
- Cultural Continuity: supports urban Indigenous children/youth in care to build and maintain meaningful connection to their Indigenous culture(s) by (re)connecting them to their ancestral territories. The program also provides 1:1 support in the foster home to ensure meaningful cultural connection within the home and that the caregiver is appropriately connected to the children/youth's Nation(s).
- Lifelong Connections: assists in identifying and locating a child's family or other close community member to help facilitate ongoing connection and possible placement where appropriate. In addition, the worker searches for placements with extended family when a child has been placed in foster care where it is in the best interest of the child. The worker will also help to facilitate and coordinate out of region and out of province kinship placements if required.
- Intensive Youth Support Services: engages with and supports youth ages 12-19. In collaboration with the youth and their guardian, the Intensive Youth Support Worker assists in achieving agreed upon, time-sensitive goals that range from immediate to long term. The worker engages the youth in helpful, supportive relations by connecting them

with cultural resources within the community, assistance with finding shelter, accessing basic needs, or developing independent living skills through appropriate means.

- Back to School Picnic: is a grassroots initiative that brings local communities together each year. This event celebrates children as they prepare to go back to school with free school supply kits and a variety of fun activities. This program was first launched by the agency in 2002.
- Elder in Residence: provides a wide range of cultural support to all program areas of Surrounded by Cedar and is available to provide support, guidance, advice and encouragement to all agency staff, children and youth in care, caregivers, and birth family members. To assist in fulfilling the agency's vision, the Elder in Residence works to facilitate a positive, respectful, and culturally appropriate environment, while breaking down stigmas and systemic barriers. Staff are supported by the Elder in Residence to perform their duties in a way that incorporates services rooted in strong cultural values.
- Youth Council: support issues, concerns, obstacles, and matters brought forward by youth participating and informs the way SCCFS provides services. The Youth Council participates in the governance of SCCFS, having one seat at the Board table.

b. Demographics

SCCFS provides services to children and families within the municipal boundaries of Victoria, Saanich, Oak Bay, Colwood, View Royal, Saanich, Esquimalt, Sooke, and the Saanich Peninsula, excluding those First Nations communities within those boundaries. The northern boundary on the Malahat is Okotoks Road.

SCCFS operates in an urban setting on the traditional territories of the lək'wəŋən people. SCCFS delivers guardianship, support services and caregiver recruitment to the urban Aboriginal and Métis population and does not provide any services on-reserve, to any members of the South Island First Nations. SCCFS acknowledges the lək'wəŋən, W SÁNEĆ, T'sou-ke, MÁlexeł, and Scia'new people whose unceded traditional territory the agency provides its services upon.

c. Professional Staff Complement and Training

Since the last audit in 2017, the agency has experienced tremendous growth. Current delegated staffing at SCCFS is comprised of the executive director, the practice manager, two team leaders, two resource social workers, seven permanency social workers and one delegated services assistant. The delegated work is supported by the work of the cultural programs coordinator/team leader, cultural support worker, cultural continuity worker, youth council coordinator, child and youth counsellor, lifelong connections worker, intensive youth support worker and the Indigenous knowledge keeper (vacant).

The administration team includes an executive assistant, permanency team assistant, resources team assistant, office assistant and two administrative assistants. Additionally, there is a finance manager and a finance assistant.

The executive director, the practice manager and all the delegated staff are delegated at the C4 level (except two). The delegated services assistant and a new hire are currently delegated at C1 level. All the delegated staff interviewed completed their delegation training through Indigenous Perspectives Society or through the Justice Institute of British Columbia. Additional training/professional development opportunities are fully supported by the agency. Staff can identify their training interests through their regular scheduled supervision and performance evaluations. Staff are encouraged to review the training available within MCFD's Learning Management System which the agency has full access to. Staff reported that the agency has focused on providing training on lateral kindness, cultural teachings, motivational interviewing, Trauma Informed Practice, adoption, problematic substance use/overdose prevention, and Structured Analysis Family Evaluation (SAFE). The agency offers "Feeding Our Spirits" in the workplace as a regular calendar event where staff are encouraged to take care of their spirit and overall well-being during working hours. Guest presenters are called upon from time to time. Other times, the team comes together to sing, drum, and share teachings. The management supports staff who are interested in moving into a leadership role with supervisory training. While the COVID-19 pandemic has impacted the availability of training over the past few 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:

- practice manager
- finance manager
- executive assistant

The following positions report to the practice manager:

- permanency team leader
- resources and support services team leader
- cultural program team leader
- Indigenous knowledge keeper (vacant)

Delegated staff report having excellent, accessible, and supportive supervision and consultation opportunities. The practice manager has scheduled clinical supervision with the executive director bi-weekly.

The three team leaders meet with the practice manager bi-weekly, have individual scheduled clinical supervision with the manager every one to two weeks and an open-door policy for consultation as needed. The resource team meets bi-weekly, has scheduled one to one clinical supervision bi-weekly and an open-door policy for consultation as needed. The permanency team meets bi-weekly, has scheduled one to one clinical supervision bi-weekly and an open-door policy for consultation as needed. The permanency and resource teams have joint bi-weekly meetings. The agency holds a bi-weekly all staff meeting. It was reported that the social workers and team leaders are collaborative and work well across the programs and teams.

During the COVID-19 pandemic, supervision and consultations were provided through a combination of face to face, emails, texts, phone calls, and video conferencing.

4. STRENGTHS OF THE AGENCY

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

- Adapting to growth- including two guardianship workers for Métis children and youth to support the Commitment Agreement between SCCFS, Island Métis Child & Family Services and Métis Nation British Columbia, an increase in service to young people in the Agreements with Young Adults and Youth Agreement programs, a focus on growth of delegated services (Adoption and C3 support services) and the establishment of a Youth Council.
- Focus on connection to culture - nurturing the identity of children and youth through supporting travel to ancestral territories and cultural events, celebrating rescindments and permanency plans as well as the success of youth graduating high school and moving on to post-secondary education Strong culturally aware practice that includes the use of ceremony, smudging, Elders, language, blanketing, gifting, and drumming was found throughout the practice in all programs.
- Focus on staff engagement - strong emphasis on collaboration and inter-agency teamwork with the agency's support programs. Staff acknowledge the benefits of all the internal support programs. Agency staff report that management is transparent, supportive, and flexible and report a high level of workplace satisfaction.

5. CHALLENGES OF THE AGENCY

Through a review of documentation and staff interviews, the quality assurance analysts identified the following challenges at the agency:

- As an urban Indigenous agency, SCCFS is funded solely by the province. The agency's views are that the current standardized funding agreement does not adequately meet their operational needs.
- The COVID-19 pandemic highlighted how the agency was not set up to provide services remotely. With no additional funding available within the agency's budget, the executive director sought external funding options; the Victoria Foundation was instrumental in supporting the agency's move to remote services by purchasing teleconferencing licenses, laptops, cell phones.
- The opioid crisis has impacted the children, youth and families served by the agency.
- Given the agency's expansion, there is a need for a dedicated Human Resources position.

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 Aboriginal Operational and Practice Standards and Indicators (AOPSI). Each table is followed by an analysis of the findings for each of the measures presented in the table. Please note that some records received ratings of not achieved for more than one reason.

a) Child Service

The overall compliance rate for the AOPSI Guardianship Practice Standards for open and closed children/youth in care was **68%**. The audit reflects the work done by the staff in the guardianship program over a three-year period (see Methodology section for details). There was a combined total of 58 records in the sample for this audit. However, not all 23 measures in the audit tool were applicable to all 58 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	58	56	2	97%
Standard 2 Development of a Comprehensive Plan of Care	0*	0	0	
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	56*	23	33	41%
Standard 4 Supervisory Approval Required for Guardianship Services	58	49	9	84%

Standard 5 Rights of Children in Care	58	27	31	47%
Standard 6 Deciding Where to Place the Child	58	53	5	91%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	58	56	2	97%
Standard 8 Social Worker's Relationship & contact with a Child in Care	58	17	41	29%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	58	10	48	17%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	58	58	0	100%
Standard 11 Planning a Move for a Child in Care (VS 20)	22*	18	4	82%
Standard 12 Reportable Circumstances	30*	9	21	30%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	9*	9	0	100%
Standard 14 Case Documentation	58	12	46	21%
Standard 15 Transferring Continuing Care Files	35*	23	12	66%
Standard 16 Closing Continuing Care Files	19*	18	1	95%
Standard 17 Rescinding a Continuing Custody Order	1*	1	0	100%
Standard 19 Interviewing the Child about the Care Experience	28*	17	11	61%
Standard 20 Preparation for Independence	32*	29	3	91%
Standard 21 Responsibilities of the Public Guardian and Trustee	57*	54	3	95%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	11*	4	7	36%
Standard 23 Quality of Care Review	3*	0	3	0%
Standard 24 Guardianship Agency Protocols	58	58	0	100%

Standard 2: 58 records did not involve a 30 day or 6-month care plan within 30 days of admission within the audit timeframe

Standard 3: 2 records did not involve an annual care plan completed within the audit timeframe

Standard 11: 36 records did not involve children/youth moving from their care homes

Standard 12: 28 records did not involve reportable circumstances

Standard 13: 49 records did not involve children missing, lost, or run away

Standard 15: 23 records did not involve file transfers

Standard 16: 39 records did not involve file closures

Standard 17: 57 records did not involve rescinding continuing custody orders

Standard 19: 30 records did not involve changing placements

Standard 20: 26 records did not involve youth planning for independence

Standard 21: 1 record did not involve the Public Guardian and Trustee

Standard 22: 47 records did not involve investigations of abuse or neglect in family care homes

Standard 23: 55 records did not involve quality of care reviews

St. 1: Preserving the identity of the Child or Youth in Care: The compliance rate for this measure was **97%**. The measure was applied to all 58 records in the samples; 56 records were rated achieved and two records were rated not achieved. To receive a rating of achieved:

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

Of the two records rated not achieved, one did not contain documentation that the child/youth was registered, and one did not contain documentation that the child/youth was placed within extended family or community, no cultural plan.

St. 2 Development of a Comprehensive Plan of Care: There were no applicable records for this measure. To receive a rating of achieved, the record, if it was opened during the three-year audit timeframe, contained:

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

St. 3 Monitoring and Reviewing the Child or Youth's Comprehensive Plan of Care: The compliance rate for this measure was **41%**. The measure was applied to 56 of the 58 records in the samples; 23 were rated achieved, 33 were rated not achieved and two were not applicable. To receive a rating of achieved:

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

Of the 33 records rated not achieved, one did not contain any care plans throughout the audit timeframe, 31 contained care plans but they were not completed annually throughout the audit timeframe, and two did not contain documentation that the care plans were developed with a youth over 12. Of the 33 records rated not achieved, 14 were open and required annual care

plans in 2021/2022. The total adds to more than the number of records rated not achieved because one record had combinations of the above noted reasons.

St. 4 Supervisory Approval Required for Guardianship Services: The compliance rate for this measure was **84%**. The measure was applied to all 58 records in the samples; 49 were rated achieved and nine 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
- transfer
- closure

Of the nine records rated not achieved, all had one or more care plans that were not signed by supervisors.

St. 5 Rights of Children and Youth in Care: The compliance rate for this measure was **47%**. The measure was applied to all 58 records in the samples; 27 were rated achieved and 31 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/youth or with a significant person if there were capacity concerns or the child was of a young age throughout the audit timeframe.
- in instances when the child's rights were not respected, the social worker took appropriate steps to resolve the issue.

Of the 31 records rated not achieved, four did not contain documentation confirming that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe and 27 contained documentation confirming 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 27 records rated not achieved, 12 were open and require the annual review of rights for 2021/2022.

St. 6 Deciding Where to Place the Child or Youth: The compliance rate for this measure was **91%**. The measure was applied to all 58 records in the samples; 53 were rated achieved and five 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 Services Act.

In the five records rated not achieved, the involved child/youth was placed in an out of home living arrangement that was not in accordance with section 71 of the Child, Family and Community Services Act. Specifically, the child/youth was not placed with extended family members or within their community and there were 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 **97%**. The measure was applied to all 58 records in the samples; 56 were rated achieved and two were rated not achieved. To receive a rating of achieved, a plan was in place to support and maintain contacts between the child/youth in care and their siblings, parents, extended families, and significant others.

In the two records rated not achieved, both did not contain documentation of a plan to support the child/youth's significant relationships.

St. 8 Social Worker's Relationship and Contact with the Child or Youth: The compliance rate for this measure was **29%**. The measure was applied to all 58 records in the samples; 17 were rated achieved and 41 were rated not achieved. To receive a rating of achieved, the social worker conducted a private visit with the child/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 41 records rated not achieved, 41 documented private visits but not every 30 days throughout the audit timeframe, 21 documented private visits but not every 30 days and some or all were not conducted in private (often with sibling groups), one did not document a private visit at the time of placement, two 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 23 records had combinations of the above noted reasons.

Of the 58 records that documented private visits, the standard required the child/youth to be seen 1510 times based on the criteria above. SCCFS documented that the social workers saw the child/youth privately 1088 times in this audit timeframe. This demonstrates that 72% 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 **17%**. The measure was applied to all 58 records in the samples; 10 were rated achieved and 48 were rated not achieved. To receive a rating of achieved:

- information about the child/youth was provided to the caregiver(s) at time of placement.
- information about the child/youth was provided to the caregiver(s) as it became available.
- information about the child/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 48 records rated not achieved, 44 did not contain documentation confirming that the discipline standards were reviewed with the caregivers at any time throughout the audit timeframe, two contained documentation confirming that the discipline standards were reviewed with caregivers within the audit timeframe, but these reviews were not documented annually, six did not contain documentation that the discipline standards were reviewed with caregivers at the time of placement and three did not contain documentation that the information on the child/youth was provided to the caregivers at the time of placement. The total adds to more than the number of records rated not achieved because five records had combinations of the above noted reasons. Of the 48 records rated not achieved, 34 were open and require documentation confirming that the disciplinary standards were reviewed with the caregivers in 2021/2022.

St. 10 Providing Initial and Ongoing Medical and Dental Care: The compliance rate for this measure was **100%**. The measure was applied to all 58 records in the samples; all were rated achieved. To receive a rating of achieved:

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

St. 11 Planning a Move for a Child or Youth in Care: The compliance rate for this measure was **82%**. The measure was applied to 22 of the 58 records in the samples; 18 were rated achieved and four were rated not achieved. To receive a rating of achieved, the record if it involved a placement move, confirmed that:

- the child/youth was provided with an explanation prior to the move.
- the social worker arranged at least one pre-placement visit.

- if the child/youth requested the move, the social worker reviewed the request with the caregiver, resource worker and the child to resolve the issue.

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

St. 12 Reportable Circumstances: The compliance rate for this measure was **30%**. The measure was applied to 30 of the 58 records in the samples; nine were rated achieved and 21 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 21 records rated not achieved, six contained documentation describing reportable circumstances but submitted reports were not found in the records, 18 contained reportable circumstance reports but they were not submitted within 24 hours (the range of time it took to submit was between two and 44 days, with the average being seven days). The total adds to more than the number of records rated not achieved because three records had combinations of the above noted reasons.

Of the six records that described reportable circumstances but submitted reports were not found in the records, five remained open in March 2022 (audit timeframe was April 1, 2019, to March 31, 2022). These records were brought to the attention of the agency for follow up.

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 nine of the 58 records in the samples; all were rated achieved. To receive a rating of achieved, the record, if it involved a missing, lost, or runaway child/youth 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 Documentation: The compliance rate for this measure was **21%**. The measure was applied to all 58 records in the samples; 12 were rated achieved and 46 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 46 records rated not achieved, all did not contain review recordings nor care plan reviews during the audit timeframe.

St. 15 Transferring Continuing Care Files: The compliance rate for this measure was **66%**. The measure was applied to 35 of the 58 records in the samples; 23 were rated achieved and 12 were rated not achieved. To receive a rating of achieved, the record if it involved a transfer, confirmed that:

- a transfer recording was completed.
- the social worker met with the child/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/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/youth's family within five days after the transfer.

Of the 12 records rated not achieved, two did not contain transfer recordings, eight did not contain documentation that the social worker met with the child or youth prior to the transfer, seven did not contain documentation that the social worker met with the caregiver prior to the transfer, seven did not contain documentation that the social worker met with the service provider(s) prior to the transfer, six did not contain documentation that the social worker met with the child/youth five days after the transfer and six 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 all the records had combinations of the above noted reasons.

St. 16 Closing Continuing Care Files: The compliance rate for this measure was **95%**. The measure was applied to 19 of the 58 records in the samples; 18 were rated achieved and one was rated not achieved. To receive a rating of achieved, the record if it involved a closure, confirmed that:

- a closing recording was completed.
- the social worker met with the child/youth prior to the closure 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 closure.
- service providers were notified of the closure.
- the Indigenous community members were notified, if appropriate
- support services for the child/youth were put in place, if applicable

In the one record rated not achieved, it did not document the social worker's efforts to meet the youth nor the caregiver prior to the closure nor did it contain documentation of a closing recording.

St. 17 Rescinding a CCO and Returning the Child or Youth to the Family Home: The compliance rate for this measure was **100%**. The measure was applied to one of the 58 records in the samples; it was rated achieved. To receive a rating of achieved, the record, if it involved a rescindment of a continuing custody order, confirmed that:

- the risk of return was assessed by delegated worker.
- a safety plan, if applicable, was put in place prior to placing the child/youth in the 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: This was an interim standard at the time of development in 2005. It was put in place to allow ICFSAs time to research and review the ministry permanency planning policy. Currently, Quality Assurance does not audit to this standard specifically. As permanency planning is now a focus of both ICFSA and MCFD work, the quality assurance team and Indigenous leaders, agencies, and communities will be discussing how we evaluate this practice going forward.

St. 19 Interviewing the Child or Youth about the Care Experience: The compliance rate for this measure was **61%**. The measure was applied to 28 of the 58 records in the samples; 17 were rated achieved and 11 were rated not achieved. To receive a rating of achieved, the record, if it involved a move from a placement, confirmed the child/youth was interviewed about their care experience.

Of the 11 records rated not achieved, all did not contain documentation confirming that interviews were conducted with the children and youth after placement changes.

St. 20 Preparation for Independence: The compliance rate for this measure was **91%**. The measure was applied to 32 of the 58 records in the samples; 29 were rated achieved and three were rated not achieved. To receive a rating of achieved, the record, if it involved a youth about to leave care and enter 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 three records rated not achieved, one did not contain documentation confirming that the youth's independent skills were assessed and two did not contain documentation confirming there was 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 57 of the 58 records in the samples; 54 were rated achieved and three were rated not achieved. To receive a rating of achieved:

- the PGT was provided a copy of the continuing custody order.
- the PGT was notified of events affecting the child/youth's financial or legal interests.

Of the three records rated not achieved, all did not contain documentation confirming that the PGT was notified when the continuing custody orders were granted.

St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **36%**. The measure was applied to 11 of the 58 records in the samples; four were rated achieved and seven 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/youth in a family care home, confirmed that:

- a protocol investigation response was conducted.
- efforts were made to support the child/youth.

Of the seven records rated not achieved, all described sec 13 concerns in the foster home but submitted reports were not found in the records, all remained open in March 2022 (audit timeframe was April 1, 2019, to March 31, 2022). These records were brought to the attention of the agency for possible follow up.

St. 23 Quality of Care Review: The compliance rate for this measure was **0%**. The measure was applied to three of the 58 records in the samples; all were rated not achieved. To receive a rating of achieved, the record, if it involved a concern about the quality of care received by a child/youth in a family care home, confirmed that a quality-of-care response was conducted.

Of the three records rated not achieved, all did not contain summary reports.

St. 24 Guardianship Agency Protocols: The compliance rate for this measure was **100%**. The measure was applied to all 58 records in the samples; all were rated achieved. To receive a rating of achieved, all protocols related to the delivery of child services that the agency has established with local and regional agencies have been followed.

b) Resources

The overall compliance rate for the AOPSI Resource Practice Standards was **64%**. 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 22 records in the one sample selected for this audit.

However, not all nine measures in the audit tool were applicable to all 22 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	22	18	4	82%
Standard 29 Family Care Homes – Application and Orientation	22	10	12	45%
Standard 30 Home Study	9*	3	6	33%
Standard 31 Training of Caregivers	22	22	0	100%
Standard 32 Signed Agreement with Caregivers	22	22	0	100%
Standard 33 Monitoring and Reviewing the Family Care Home	22	0	22	0%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	4*	4	0	100%
Standard 35 Quality of Care Review	1*	1	0	100%
Standard 36 Closure of the Family Care Home	2*	1	1	50%

Standard 30: 13 records did not involve home studies during the audit timeframe

Standard 34: 18 records did not involve investigations of alleged abuse or neglect in family care homes

Standard 35: 21 records did not involve quality of care reviews

Standard 36: 20 records were not closed

St. 28 Supervisory Approval for Family Care Home Services: The compliance rate for this measure was **82%**. The measure was applied to all 22 records in the sample; 18 records were rated achieved and four were 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/youth in a family care home prior to completing a home study
- receiving a report about abuse or neglect of a child/youth in a family care home

- receiving a concern about the quality of care received by a child/youth living in a family care home.

Of the four records rated not achieved, three records did not document supervisory approval on a family care home agreement, one did not document supervisory approval on an annual review, and one did not document supervisory approval on a home study. The total adds to more than the number of records rated not achieved because one record had combinations of the above noted reasons.

St. 29 Family Care Homes – Application and Orientation: The compliance rate for this measure was **45%**. The measure was applied to all 22 records in the sample; 10 were rated achieved and 12 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 12 records rated not achieved, five did not contain one or both required criminal record checks (four were open), eight did not contain documentation of completed medical exam forms, five did not document some or all the required reference checks, seven did not contain documentation of signed consent forms, six did not contain documentation of a signed application, eight did not contain documentation of a prior contact check on the caregivers, and five did not contain documentation that an orientation had been completed by the caregivers. The total adds to more than the number of records rated not achieved because eight records had combinations of the above noted reasons.

St. 30 Home Study: The compliance rate for this measure was **33%**. The measure was applied to nine of the 22 records in the sample; three records were rated achieved and six 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 six records rated not achieved, all did not contain documentation that a home study or an update was completed (all were open). It is important to note that all six records were opened and approved by MCFD and then transferred to the agency.

St. 31 Training of Caregivers: The compliance rate for this measure was **100%**. The measure was applied to all 22 records in the sample; all records were rated 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.

St. 32 Signed Agreement with Caregiver: The compliance rate for this measure was **100%**. The measure was applied to all 22 records in the sample; all records were rated 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.

St. 33 Monitoring and Reviewing the Family Care Home: The compliance rate for this measure was **0%**. The measure was applied to all 22 records in the sample; all were rated not achieved. To receive a rating of achieved:

- annual reviews of the family care home were completed throughout the audit timeframe.
- 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.

Of the 22 records rated not achieved, all documented home visits but they were not completed every 90 days as required, and nine contained annual reviews, but they were not completed for each year in the three-year audit timeframe. The total adds to more than the number of records rated not achieved because nine records had combinations of the above noted reasons. Of the nine records that did not contain all the required annual reviews, eight were open. Of these eight open records, five required current annual reviews.

St. 34: Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **100%**. The measure was applied to four of the 22 records in the sample; all records were rated achieved. To receive a rating of achieved, the record, if it involved a report of abuse and/or neglect of a child/youth in a family care home, confirmed that:

- a protocol investigation response was conducted.
- efforts were made to support the caregiver.

St. 35: Quality of Care Review: The compliance rate for this measure was **100%**. The measure was applied to one of the 22 records in the sample; this record was rated achieved.

To receive a rating of achieved, the record, if it involved a concern about the quality of care received by a child/youth in a family care home, confirmed that:

- a response was conducted.
- efforts were made to support the caregiver.

St. 36: Closure of the Family Care Home: The compliance rate for this measure was **50%**. The measure was applied to two of the 22 records in the sample; one was rated achieved and one was rated not achieved. To receive a rating of achieved, the record, if it involved a record closure, contained a written notice to the caregiver indicating the intent of the agency to close the family care home.

Of the one record rated not achieved, it did not contain documentation that a written notice had been provided to the caregiver.

7. ACTION PLAN

On October 13, 2022, the following Action Plan was developed in collaboration between Surrounded by Cedar Child and Family Services and MCFD Office of the Provincial Director and Aboriginal Services Division – Quality Assurance Branch.

Actions	Persons Responsible	Date to be Completed
<p>CS St 3 Monitoring and Reviewing the Child or Youth’s Comprehensive Plan of Care</p> <p>1. All open child service records will be reviewed, and all outstanding Care Plans will be completed. A list of completed care plans with completion dates will be sent, via email, to the manager of Quality Assurance, MCFD.</p>	Executive Director	March 31, 2023
<p>CS St 5 Rights of Children in Care & St 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards</p> <p>2. Team leaders will review the requirements to review the Sec. 70 rights and appropriate discipline standards with all children and youth in care with all social workers in their delegated team meetings. Confirmation of completion, including the date of completion, will be sent, via email, to the manager of Quality Assurance, MCFD.</p>	Executive Director	March 31, 2023

<p>CS St 12 Reportable Circumstances</p> <p>3. Training will be provided on the policies and procedures associated with documenting and submitting Reportable Circumstances with all social workers responsible for documenting and submitting reportable circumstances. Confirmation that this training has been completed, including the date of training, will be sent, via email, to the manager of Quality Assurance, MCFD.</p>	<p>Executive Director</p>	<p>March 31, 2023</p>
<p>CS St 22 Investigation of Alleged Abuse or Neglect in a Family Care Home & CS St 23 Quality of Care Review</p> <p>4. Training will be provided on the policies and procedures associated with documenting protocol investigations and quality of care reviews for all social workers responsible for this documentation. Confirmation that this training has been completed, including the date of training, will be sent, via email, to the manager of Quality Assurance, MCFD</p>	<p>Executive Director</p>	<p>March 31, 2023</p>