



USMA NUU-CHAH-NULTH FAMILY AND CHILD SERVICES

PRACTICE AUDIT REPORT
REPORT COMPLETED: MAY 2025

Practice and Quality Assurance Division
Quality Assurance Branch

The Quality Assurance Branch respectfully acknowledges that we are living and working with gratitude and respect on First Nation lands throughout British Columbia. It was an honor for our team to travel to Usma Nuu-chah-nulth Family and Child Services and conduct our work on their traditional lands.

Nuu-chah-nulth Nations



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AT A GLANCE: Practice Audit Report

USMA NUU-CHAH-NULTH FAMILY & CHILD SERVICES

Report Completed: May 2025

VISION

Kw aa-agh-nish T'aa-paa Tii"
(Our Vision): Our vision is self-government that promotes strong, healthy, Nuu-chah-nulth communities which are guided by Naas and Ha'wiih.

Usma means "precious one" in the Nuu-chah-nulth language.

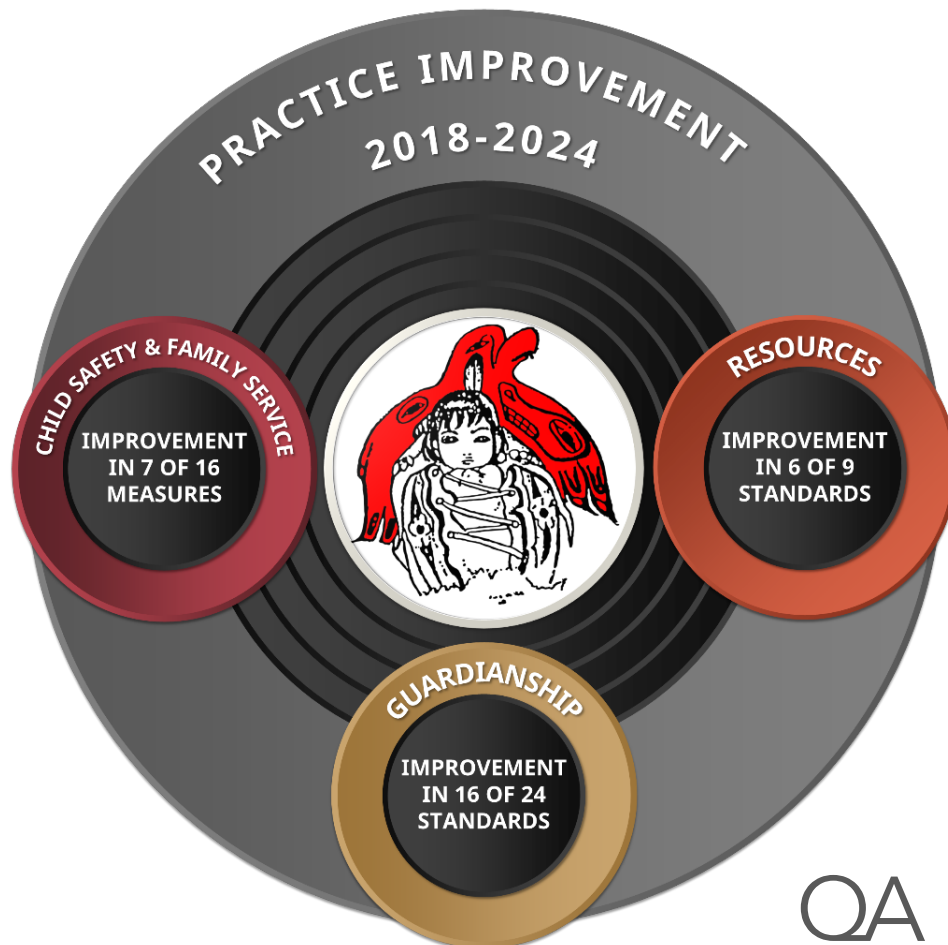
Strengths

- Maintaining and supporting cultural identity.
- Supporting and preserving family relationships.
- Training provided to caregivers.
- Completing Safety Assessments and processes.
- Confirming and involving the Indigenous community.

Growth Opportunities

- Monitoring and documenting private visits with children and youth every 30 days.
- Strengthen CS documentation.
- Complete screening and assessment of prospective caregivers.
- Monitoring and reviewing the family care home.

Usma showed improvement in many areas in the 2024 practice audit compared to 2018.



What We Heard

- **Professional Development** is supported and there are many opportunities for internal and external trainings.
- **Self-care, wellness, and healing** is prioritized by leadership.
 - Staff are offered **flexibility** in their work schedules.
- The **Family Connections program** provides tremendous support to Guardianship.
 - Staff would like more **Supervisory training** for new and existing team leaders.
 - Needs identified to **improve communication** between teams.



Actions Taken to Date

- Training to review policies and procedures for child service, resources and family service practice, as well as supervisor-focused sessions on consultations and critical thinking.
- Documentation updates.

Action Plan Summary

- Create new internal documentation method specific to placement changes for children and youth.
- Launch advanced technology supports and enhance documentation procedures.
- Develop a culturally reflective Safety Plan document.

Background and Purpose

The Ministry of Children and Family Development (MCFD) completes practice audits to inform continuous improvements in policy, practice and service delivery. Each practice audit looks at a specific area of practice within MCFD or an Indigenous Child and Family Service Agency (ICFSA) and measures compliance with legislation policy, and practice standards.

This practice audit looked at guardianship, resources, family services and child safety provided by [Usma Nuu-chah-nulth Family and Child Services](#) (Usma) from June 1, 2021 to February 29, 2024. The practice audit measured compliance with the [Aboriginal Operational and Practice Standards and Indicators \(June 2005\)](#) and [Child Protection Response Policies – Chapter 3 \(2024\)](#). This is the sixth practice audit for Usma. The last practice audit was completed in September 2018.

Usma is delegated under the *Child, Family and Community Services Act* (CFCSA). See [Appendix A](#) detailed information on delegation, community demographics, organizational structure and work environment.

Staff Perspectives

During the practice audit process, all 21 delegated staff, including leadership, guardianship, resources, family services and child safety workers, were invited to share their perspectives about what was working well and where they saw opportunities for growth within Usma. Thirteen staff members participated. To honor their voice, this report includes a summary of the strengths and growth opportunities they identified in their work and workplace. See [Appendix A](#) for more detailed information.

Strengths

- **Professional Development** is supported and there are many opportunities for internal and external trainings.
- Agency leadership prioritizes **self-care, wellness and healing**.
- **Flexible** work schedules.
- The **Family Connections program** provides tremendous support to the work with children and youth.

Growth Opportunities

- **Supervisory training** for new and existing team leaders.
- **Improved communication** between teams.
- **Recruitment and retention** of staff.

tat-na-utl-uuk Guardianship Services Practice Audit Results

This practice audit examines the work completed by staff in the tat-na-utl-uuk guardianship program over the 3 year audit timeframe. A total of 67 child service (CS) records were included in the sample, though not all 23 measures in the audit tool applied to each record. See [Appendix A](#) for more detailed methodology.

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

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

Strength and Growth Opportunities

Strengths

- Maintaining and supporting cultural identity.
- Placement of a child or youth within community, with family and siblings and following up with a child or youth after placement.
- Supporting and preserving family relationships.
- Planning for placement changes.
- Providing medical and dental care.
- Involvement of the Public Guardian and Trustee (PGT).
- Planning for independence.
- Providing caregivers with information on discipline and child-specific planning.

Growth opportunities

- Monitoring and documenting private visits with children and youth every 30 days.
- Completion of Care Plans.
- Transfer of responsibility and records.
- Interviews with children and youth about their care experiences.
- Strengthen CS documentation.

Usma excelled in preserving children and youth’s cultural identity by ensuring registration with their Nations and maintaining detailed records of family and cultural connections. Cultural programs, led by Elders and community members, offered language classes, traditional food gathering, cooking, cedar use and drum making to uphold Nuu-chah-nulth traditions.

HIGHLIGHTS

Most children and youth in care are in long term placements within their community, with siblings or with relatives. Placement reviews for non-Indigenous caregivers and efforts to keep siblings together were well documented.

Records showed excellent documentation of disability designations, youth navigator and outreach involvement, Community Living BC applications, post-secondary planning and transitions to independent living.

Analysis

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

The compliance rate was **100%**, with all 67 records rated achieved.



This area of practice improved from 75% achievement in 2018 to 100% in 2024.

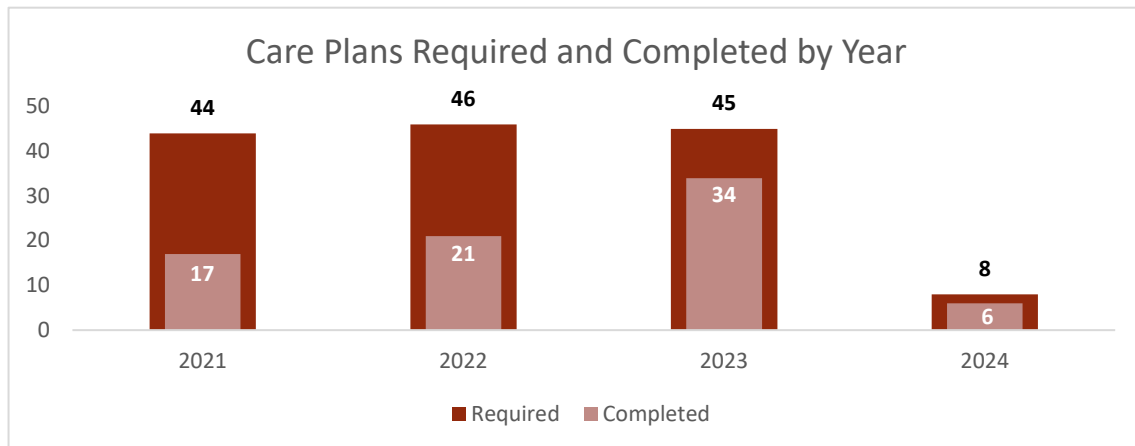
St. 2: Development of a Comprehensive Plan of Care

The compliance rate for Initial Care Plans was **95%**, with 21 of the 22 applicable records having an Initial Care Plan completed.

The compliance rate for Care Plans completed within six months of admission was **29%**, two of the seven applicable records had a plan of care on record within 6 months of admission to care.

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

The compliance rate in 2024 was **75%**, in 2023 it was **76%**, in 2022 it was **53%** and in 2021 it was **39%**. The standard was applied to 56 of the 67 records.



Usma demonstrated strong compliance in this area, particularly in 2023 and 2024, with Care Plans almost fully up to date. Of the 43 records rated not achieved:

- 39 records had Care Plans completed but not annually.
- Three records did not have any Care Plans over the 3 year timeframe.
- Two records had Care Plans, but they were not developed with the community.
- Two open records need a current 2023/2024 Care Plan.
- One record’s Care Plan was not developed with the youth over 12 years of age.

The total exceeds 43 due to a combination of these concerns in one record.

St. 4: Supervisory Approval Required for Guardianship Services

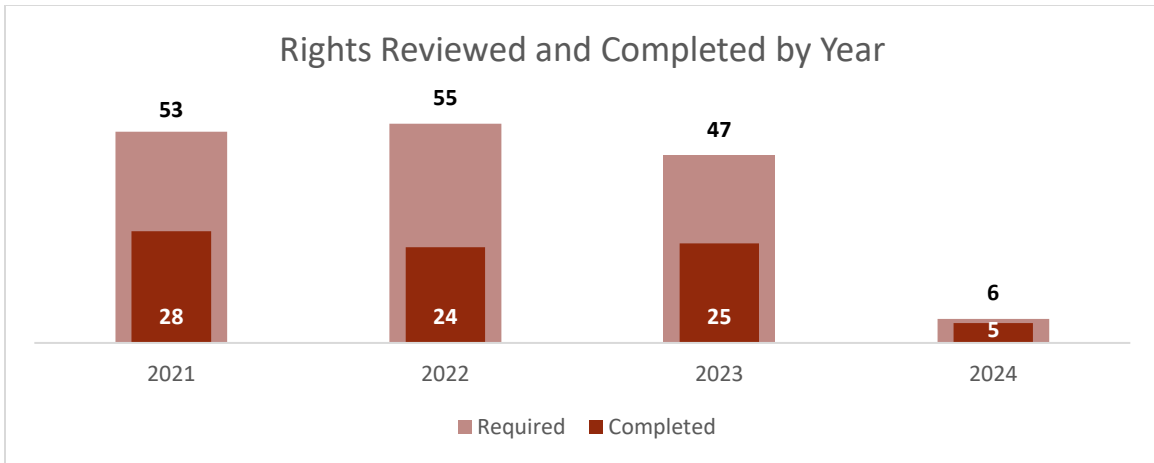
Usma demonstrated strong practice in most key areas requiring supervisory consultation. The standard was applied to all 67 records. Forty-two records were rated achieved in all applicable areas of supervisory consultation, 23 were missing supervisory sign off on Care Plans and two did not have supervisory approval for placement changes.



Usma completed training specific to case documentation and Team Leader consultations and approvals in partnership with ASB. See **Actions Completed to Date** for more information.

St. 5: Rights of Children and Youth in Care

The compliance rate in 2024 was **83%**, in 2023 it was **53%**, in 2022 it was **44%** and in 2021 it was **53%**. The standard was applied to all 67 records. Twelve open records require a current review of the rights of children in care.



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

The compliance rate was **99%**. The standard was applied to all 67 records, 66 records were rated achieved and one record was rated not achieved.

The one record rated not achieved did not meet section 71 requirements and there was no active follow-up documented.

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

The compliance rate was **100%**, with all 67 records rated achieved.



This area of practice improved from 92% achievement in 2018 to 100% in 2024.

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

The standard was applied to all 67 records.

The policy required a total of 1803 private visits. Private visits occurred within the 30 day timeframe 828 out of the required 1803 private visits, resulting in **46%** compliance. Forty records documented between 30 and 200 days between private visits, 19 records had between 201 and 500 days between private visits, 7 records had between 500 and 625 days between private visits and 1 record had 1073 days between private visits.

St. 9a: Providing the Caregiver with Information

The compliance rate was **94%**. The standard was applied to all 67 records, 63 were rated achieved and four were rated not achieved.

The four records rated not achieved did not confirm the information on the child or youth was provided to the caregivers at the time of placement.



This area of practice improved from 26% achievement in 2018 to 94% in 2024.

St 9b: Reviewing the Appropriate Discipline Standards

The compliance rate was **90%**. The standard was applied to all 67 records, 60 were rated achieved and seven were rated not achieved.

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



This area of practice improved from 26% achievement in 2018 to 90% in 2024.

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

The compliance rate was **99%**. The standard was applied to all 67 records, 66 records were rated achieved and one record was rated not achieved.

The one record rated not achieved did not confirm that a medical exam was completed upon entering care.

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

The compliance rate was **77%**. The standard was applied to the 22 applicable records in the sample, 17 were rated achieved and five were rated not achieved.

The five records rated not achieved did not document that the child or youth was provided with an explanation prior to the move and there was no orientation or pre-placement visit.



This area of practice improved from 62% achievement in 2018 to 77% in 2024.

St. 12: Reportable Circumstances (RC)

The compliance rate was **58%**. The standard was applied to the 19 applicable records, seven were rated achieved for completing the required reports and 12 were rated not achieved. Seven records had RCs submitted but they were not within 24 hours and five required RCs but they were not submitted. The length of time to submit the RCs was between two and 12 days.

The total exceeds 12 due to a combination of these concerns in five records.



Usma completed training specific to Reportable Circumstances in partnership with ASB and submitted four of the five outstanding RCs. See **Actions Completed to Date** for more information.

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

The compliance rate was **80%**, four applicable records were rated achieved and one was rated not achieved.

The one record rated as not achieved did not have a safety plan developed once the youth was found.



This area of practice improved from 60% achievement in 2018 to 80% in 2024.

St. 14: Case Documentation

Sixteen applicable records required an opening recording, 13 were rated achieved and three were rated not achieved, the compliance rate was **81%**. The three records rated not achieved did not contain an opening recording.

Forty-five records required review recordings and Care Plan reviews, 13 were rated achieved and 32 were rated not achieved, the compliance rate was **29%**.

Some records had gaps between the review recordings and Care Plan reviews over the three years and many did not have any review recordings and Care Plan reviews completed at all during the timeframe.

St. 15: Transferring Continuing Care Files

The compliance rate was **46%** with 26 applicable records, 12 were rated achieved and 14 were rated not achieved. For the records rated not achieved, information was missing as follows:

- Eight records did not contain documentation that a guardianship worker met with the caregiver prior to child or youth coming into their care.

- Six records did not contain documentation that a guardianship worker met with the child or youth prior to the transfer of guardianship responsibility.
- Six records did not contain documentation that the guardianship worker met with the youth within five days after the transfer.
- Three records did not contain documentation that the guardianship worker met with the family within five days after the transfer.
- Three records did not contain any transfer recordings.

The total exceeds 14 due to a combination of these concerns in 10 records.

St. 16: Closing Continuing Care Files

The compliance rate was **62%**, with 13 applicable records, eight were rated achieved and five were rated not achieved. Five did not contain documentation that the guardianship worker met with the child or youth prior to the closure and four did not contain documentation that the guardianship worker met with the caregiver prior to the closure.

The total exceeds five due to the combination of these concerns in four records.

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

There were no applicable records.

St. 18: Permanency Planning

A permanency plan is considered for a child or youth with a CCO when the plan's priorities are in the best interests of the child or youth and the preservation of the child or youth's cultural identity are priorities of the plan.

This is an interim standard for use until Indigenous Child and Family Service Agencies (ICFSA), cultural groups and Indigenous Communities have researched and reviewed the MCFD permanency planning policy. As this is still an interim standard it is not included in the practice audit.

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

The compliance rate was **8%**, with 25 applicable records, two were rated achieved and 23 were rated not achieved.

The 23 records rated not achieved did not confirm that interviews were conducted with the child or youth after placement changes.

St. 20: Preparation for Independence

The compliance rate was **93%**, with 14 applicable records, 13 were rated achieved and one was rated not achieved.

The one record did not document a plan for independence.



Usma completed training specific to post majority planning in partnership with ASB. See **Actions Completed to Date** for more information.

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

The compliance rate was **98%**, with 48 applicable records, 47 were rated achieved and one rated not achieved.

The not achieved record did not document that the PGT was notified of the Continuing Custody Order.

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

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



This area of practice improved from 17% achievement in 2018 to 100% in 2024.

St. 23: Quality of Care Review

The compliance rate was **0%**, the one applicable record was rated not achieved.

The one record had a Quality of Care Review but there was no summary report documented.

St. 24: Guardianship Agency Protocols

The compliance rate was **100%**, with all 67 records rated achieved.

huu-uts-tsa-up Resources Practice Audit Results

This practice audit examines the work completed by the staff in the huu-uts-tsa-up resource program over a three year period. A total of 33 resource (RE) records were included in the samples though not all nine standards in the audit tool were applied to each record. See [Appendix A](#) for more detailed methodology.

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

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

Strength and Growth Opportunities

Strengths

- Documentation of Supervisory approvals.
- Training provided to caregivers.
- Signing agreements with caregivers.
- Closure of family care homes.
- Monitoring and reviewing the Family Care Home.

Growth Opportunities

- Completing screening and assessment of prospective caregivers.

HIGHLIGHTS

Resource workers maintained frequent in-person contact with caregivers, with meetings often occurring more frequently and every 90 days. In addition to in-person visit, there was evidence of regular phone and email communication .

Caregivers training and education was well documented. Caregivers were offered, and took, a significant amount of training, with **97%** achievement noted.

Analysis

Standard (St.) 28: Supervisory Approval for Family Care Home Services

Usma demonstrated strong practice in most key areas requiring supervisory consultation. The standard was applied to all 33 records, 30 were rated achieved in all applicable areas of supervisory approval and three were missing mitigation and supervisory approval for Consolidated Criminal Record Check (CCRC) history.



Usma completed training with ASB specific to documentation of Team Leader and Program Director approvals for mitigation and complex consultations. See **Actions Completed to Date** for more information.

St. 29: Family Care Homes – Application and Orientation

The compliance rate was **64%**, The standard was applied to all 33 records, 21 were rated achieved and 12 were rated not achieved.

Nine did not contain completed the necessary criminal records checks, four did not contain completed medical exam forms, two did not confirm all the required reference checks and one did not contain a completed application.

The total exceeds 12 due to the combination of these concerns in four records.

St. 30: Home Study

The compliance rate was **76%**, with 17 applicable records. Thirteen were rated achieved and four were rated not achieved as no home studies were on the record. Two of these four records were open.

St. 31: Training of Caregivers

The compliance rate was **97%**. The standard was applied to all 33 records, 32 were rated achieved and one was rated not achieved.

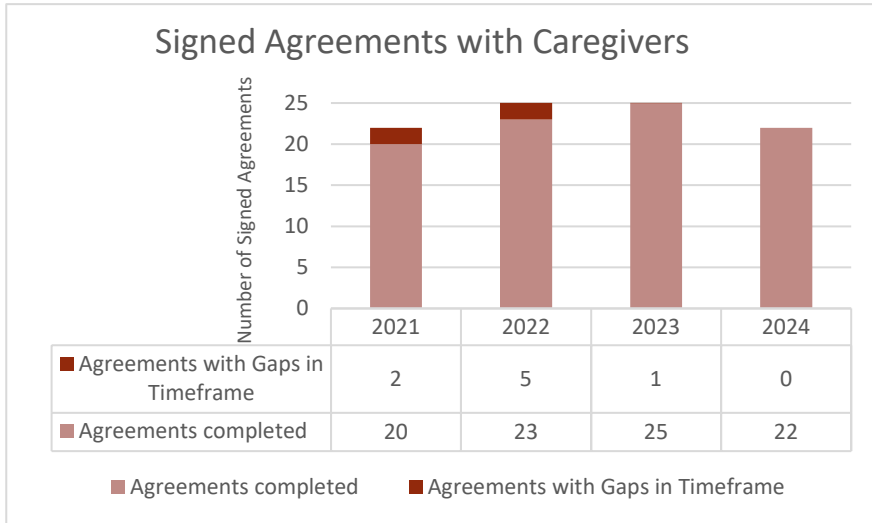
Not achieved record did not document that training was offered nor were training needs identified.

St. 32: Signed Agreement with Caregiver

The compliance rate in 2024 was **100%**, in 2023 it was **92%**, in 2022 it was **78%** and in 2021 it was **90%**. The standard was applied to all 33 records, 26 were rated achieved and seven were rated not achieved.

For the records rated not achieved, agreements were missing as follows:

- One closed record and one open record in 2021.
- Two closed records and three open records in 2022.
- One open record in 2023.



Usma had high compliance in this area, with most of their family care home agreements completed consecutively.



Family Care Home Agreements have been completed and added to the four records. See Actions **Completed to Date** for more information.

St. 33a: Monitoring the Family Care Home

The standard was applied to all 33 records, 19 were rated achieved and 14 were rated not achieved. Nineteen records documented home visits every 90 days and 14 records documented home visits, but not every 90 days.

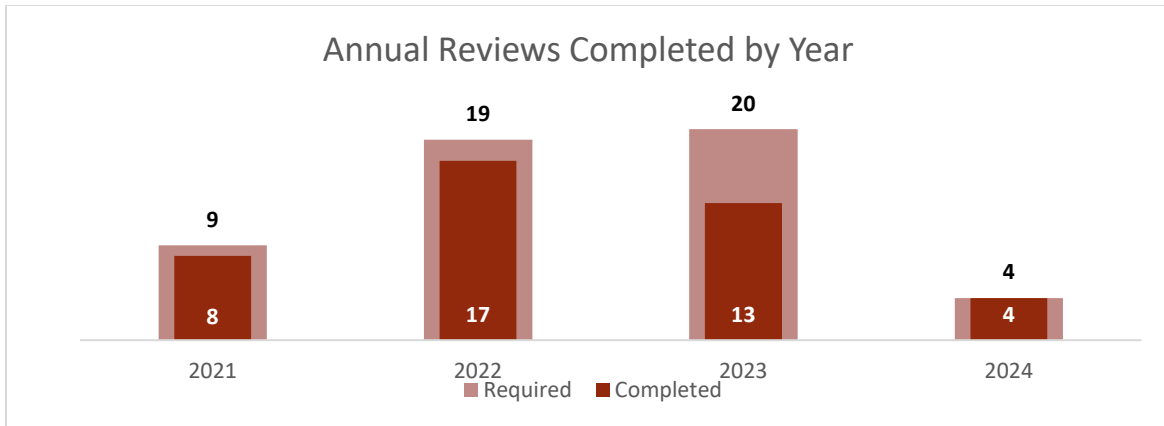
Among the 33 records reviewed, the policy required a total of 256 visits to the family care homes. The analysts found that visits occurred within the 90 day timeframe 213 out of the expected 256 visits, resulting in a compliance of **83%**.



This area of practice improved from 54% overall achievement in 2018 to 83% for monitoring the family care home in 2024.

St. 33b: Reviewing the Family Care Home

The compliance rate for 2024 was **100%**, in 2023 it was **65%**, and in 2022 and 2021 it was **89%**. The standard was applied to 24 applicable records, 16 were rated achieved and eight were rated not achieved.



The eight records rated not achieved contained reviews but they were not completed annually. Of these eight records, two require a current annual review, and the Executive Director was notified of the outstanding documentation.



Usma completed the three outstanding Annual Reviews. See **Actions Completed to Date** for more information.

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

There were no applicable records for this standard.

St. 35: Quality of Care Review

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

St. 36: Closure of the Family Care Home

The compliance rate was **75%**, the standard was applied to eight applicable records. Six records were rated achieved and two records were rated not achieved.

Two records did not contain documentation that written notice was provided to the caregiver.



This area of practice improved from 56% achievement in 2018 to 75% in 2024.

ti-ti-cha-tluk Family Services and Child Safety Practice Audit Results

The practice audit examines the work completed by the staff in the Agency's ti-ti-cha-tluk family services (FS) program over a three year period. There was a total of 40 closed service requests, 32 closed memos, 50 closed incidents and 21 open and 19 closed FS records in the sample.

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

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

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

Strengths and Growth Opportunities

Strengths

- Assessing s. 13 concerns.
- Completing Detailed Record Reviews (DRR).
- Completing Safety Assessments and processes.
- Completing collateral checks.
- Confirming, contacting and involving the Indigenous Community.
- Assessing and reassessing the risk of future harm.

Growth Opportunities

- Assessing the family's strengths and needs.
- Developing the Family Plan in collaboration with the family.
- Completing the Reunification Assessment.

The Intake team works closely with the Out of Care resource workers regarding Out of Care planning and placements.

HIGHLIGHTS

Team leader consultations and approvals are well documented throughout child protection responses.

Analysis

Family Service (FS) 1: Screening Measures

The measure applied to 122 records.

In the 122 records reviewed:

- **89%** of Initial Record Reviews (IRRs) were completed within 24 hours.
- **80%** of IRRs contained a Best Practices check.
- **69%** of IRRs contained sufficient information about previous issues or concerns and the number of past service requests, incidents or reports (when a protection history existed).
- The Screening Assessment was completed either immediately, as necessary, or within 24 hours **80%** of the time.
- The response chosen (either protection or non-protection response) was appropriate **100%** of the time.
- The response priority was appropriate **100%** of the time.

In 25 of the records, the Screening Assessment was not completed within the required timeframe with more than half of the Assessments being completed between one and 10 days and the longest taking 296 days. Twenty of these records indicated that the family was not contacted within the response priority timeframe, the longest being 26 days.

FS 2: Conducting a Detailed Record Review

The compliance rate was **86%**. The measure was applied to all 50 records, 43 were rated achieved and seven were rated not achieved. Seven did not contain a DRR and one contained a DRR but it was not reflective of past issues, how the family responded and the effectiveness of the last intervention.



This area of practice improved from 48% achievement in 2018 to 86% in 2024.

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

The measure was applied to all 50 records.

The Safety Assessment was completed within 24 hours, during the first significant involvement with the family and was on the record **82%** of the time (40 records), with a breakdown of:

- **82%** of the Safety Assessments were completed during the first significant involvement with the family.

- **98%** of records contained a completed Safety Assessment.
- **65%** of the Safety Assessments were completed within 24 hours.

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

This measure also tracked how many days it took to complete the Safety Assessment if it was not documented within 24 hours. Of the 19 records that did not complete the Safety Assessment within 24 hours, 14 took up to 20 days and five took between 28 and 90 days.

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

The compliance rate was **98%**. The measure was applied to all 50 records, 49 were rated achieved and one was rated not achieved.

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

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

FS 5: Developing a Safety Plan

The compliance rate was **59%**. This measure was applied to 27 records, 16 were rated achieved and 11 records were rated not achieved.

Of the 11 records rated not achieved, seven did not document that the Safety Plan was agreed to by the parents, three required a Safety Plan but they were not documented and one Safety Plan was not approved by the supervisor.

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

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

The compliance rate was **64%**. The measure was applied to all 50 records, 32 were rated achieved and 18 were rated not achieved.

The 18 records rated not achieved did not contain documentation that the child safety worker met with or interviewed the parents.

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

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

The compliance rate was **76%**. The measure was applied to 50 records, 38 were rated achieved and 12 were rated not achieved.

In the 12 records rated as not achieved, seven did not have any child or youth interviews documented and five documented that interviews were completed with some but not all the children or youth in the home.

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

FS 8: Visiting the Family Home

The compliance rate was **84%**. The measure was applied to all 50 records, 42 were rated achieved and eight were rated not achieved.

In the eight records rated not achieved, the child safety worker did not visit the family home.

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

FS 9: Working with Collaterals

The compliance rate was **92%** where all the required collaterals were completed, 46 records were rated achieved and four were rated not achieved. The four records did not have all the required collaterals completed.

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

FS 10: Involvement with Indigenous Communities under the CFCSA

In all 50 records, the child or youth identified as Indigenous, and the following results were found:

- **100%** of records documented confirmation that the child or youth was Indigenous.
- **94%** of records indicated the Indigenous Community was contacted.
- **88%** of records documented that the Indigenous Community were involved in the planning and delivery of services.

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

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

In the 50 records reviewed:

- **96%** of records contained a summary of the current circumstances.
- **72%** of records contained a summary of the history of the family's child protection involvement.

- **100%** of records had clear documentation of the outcome of the current involvement.

In the 50 records reviewed, the supervisor appropriately approved ending the response early in four, 10 did not end within 30 days of receiving the report, 26 had supervisory approval to extend and 10 ended within the 30 days.

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



Usma completed training specific to documentation of Team Leader consultations, assessing future risk and engaging Indigenous communities in partnership with ASB. See **Actions Completed to Date** for more information.

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

This measure was applied to all 40 records, the compliance for each task are as follows:

- **83%** of the records had an assessment of the family’s strengths and needs through supervisor consultation note or discontinued Strengths and Needs Assessment tool.
- **55%** of the records had a Family Plan or equivalent on record.
- **25%** of the records had a Family Plan or equivalent developed in collaboration with the family.
- **53%** of the records had a Family Plan or equivalent reflective of the family’s strengths and needs.
- **45%** of the records had a Family Plan or equivalent approved by supervisor.



Usma completed training specific to documentation practice on open Family Service records in partnership with ASB. See **Actions Completed to Date** for more information.

FS 13: The Reassessment of Risk of Future Harm

The compliance rate was **88%**. The measure was applied to 17 applicable records; 15 were rated achieved and two were rated not achieved.

The two records rated not achieved did not have a reassessment completed in the most recent six month protection cycle.



This area of practice improved from 35% achievement in 2018 to 88% in 2024.

FS 14: Completion of the Reunification Assessment

The compliance rate was **36%**, the measure was applied to 22 applicable records, eight were rated achieved and 14 were rated not achieved.

Of the 14 records rated not achieved:

- Six records did not have a Reunification Assessment completed within the most recent six month ongoing protection services cycle.
- Five records did not have a Reunification Assessment completed when the child or youth's return was being considered.
- Three records did not have a Reunification Assessment completed when a custody court proceeding was approaching and the previous assessment was older than three months or no longer relevant.

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

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

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



This area of practice improved from 46% achievement in 2018 to 100% in 2024.

FS 16: Collaborative Planning and Decision Making (CPDM)

There were no applicable records for this measure.

Actions Completed to Date

Usma implemented the following:

1. Learning Opportunities

- ASB provided in person learning sessions in Port Alberni, from March 10 to 14, 2025. There was an opportunity to ask practice and Usma specific questions which led to further discussion and learning. The training reviewed:
 - Caregiver assessments and documentation.

- Child Service documentation.
 - Intake and Family Service documentation processes.
 - RCs and the joint case management/file transfer policy.
 - TL approvals and documentation practices when working with pregnant mothers.
 - Post majority planning with Youth Agreements and Strengthening Abilities and Journeys of Empowerment (SAJE).
- MCFD Provincial Practice Branch held 8 staff sessions on Safety Planning updates in February 2025 and 4 Supervisor-focused sessions in March 2025 on consultations and critical thinking. Usma delegated staff participated in these sessions.
 - On August 8, 2024, the ASB provided a 3-hour virtual mentorship session focused on team leadership and supervisory topics.

2. Updated Resource Documentation

Usma confirmed on May 16, 2025, the completion of the outstanding documentation on the identified Resource records, specifically:

- All but two of the resource caregivers with expired CCRCs and CRRAs have been updated.
- All but one of the references and medicals have been completed and added to the records.
- The Structured Analysis Family Evaluation (SAFE) home study and a SAFE home study update were completed and added to the two records.
- All Family Care Home Agreements have been completed and added to the four records.
- All Annual Reviews were completed and added to the records.

3. Updated Guardianship Documentation

Usma confirmed on May 16, 2025, the completion of the outstanding documentation on the identified Child Service records, specifically:

- All but one of the outstanding Care Plans for 2023/2024 were completed and added to the record.
- All but three of the 2023/2024 review of rights have been completed and added to the records.
- All but one required RC report has been submitted.
- The notification to the Public Guardian and Trustee was completed and added to the one record.

Action Plan

Actions	Persons Responsible	Date to be Completed
<p><u>St 19: Interviewing the Child/Youth About Their Care Experience</u></p> <p>1. ICM case notes will include details from supervisory consultations regarding interviews with the child or youth in care conducted after a placement change or before transitioning out of care.</p> <p>Confirmation of the documentation method will be provided, via email, to the Manager of Quality Assurance (MQA).</p>	Program Director	August 31, 2025
<p><u>St 14: Case Documentation for Guardianship Services</u></p> <p>2. Usma will review the standard with the team and implement advanced technology i.e. tablets, voice to text, etc. to support concise and timely documentation in ICM while travelling in community.</p> <p>Confirmation of the documentation method will be provided, via email, to the MQA.</p> <p>3. All remaining guardianship documentation identified as overdue and listed above in actions taken will be completed with confirmation sent to MQA for review via email.</p>	Program Director	August 31, 2025 June 30, 2025
<p><u>FS 5: Developing a Safety Plan</u></p> <p>4. Usma will review the measure with the team and leadership to develop a culturally reflective Safety Plan document with input from parents, extended family, Indigenous community members, and natural supports.</p> <p>Confirmation of the documentation method will be provided, via email, to the MQA.</p>	Program Director	August 31, 2025
<p><u>Resources</u></p> <p>5. All remaining resource documentation identified as overdue and listed above in actions taken will be completed with confirmation sent to MQA for review via email.</p>	Program Director	June 30, 2025

APPENDIX A

1. Delegation

Delegation for ICFSAs refers to the transfer of authority and responsibility for decision-making in child safety services from the Indigenous Director of Child Welfare (Designated Director) to Indigenous Communities or organizations. This process enables ICFSAs to exercise greater control over the care, protection and wellbeing of their children, youth and families in accordance with cultural values, traditions and needs.

Usma obtained Voluntary Services delegation (C3) in 1987 and Child Safety delegation (C6) in 1989. Usma was the first ICFSA in British Columbia to obtain C6 delegation.

Their current level of delegation enables the Agency to provide the following services:

- Child Protection
- Guardianship and care for children and youth in Continuing Care
- Temporary custody of children and youth
- Voluntary Care or Support Needs Agreements
- Recruitment, training and support for caregivers
- Youth Agreements
- Respite Services
- Out of Care
- Resources
- SAJE

Usma is operating under a Delegated Services Agreement which expires on March 31, 2026. Usma and the Nuu-chah-Nulth Tribal Council provides the following services and events to their member Nations' children, youth and families:

Child and Youth Services

- Early Years Outreach Programs
- Infant Development (0-6)
- Moe the Mouse (3-5)
- Supported Child Development (0-18)
- Naa-nach-tuqhsi Parenting 101 program
- Saasin Sisters
- Sparrow Girls
- Boys Groups
- Regalia Making
- Family & Youth Connections Camps
- Reunification/Returning Celebrations
- Strengthening Partnerships

Education, Employment Training

- Get Ready to Work
- Get Training
- Trades Training
- Get Access to Special Employment Projects
- Pathway to Success
- Financial Administrative Support
- Uu-a-thluk (Fisheries)

Health Benefits

- Community Infrastructure and Housing Development
- Mental Health Services
- Nuu-chah-nulth Nursing Services
- Community Health Nurse
- Home Care Nurse
- Community Health Worker
- First Nations Advocate Nurse
- Nurse Navigator
- Registered Dietitian
- Teechuktl Clinical Counselling
- Non-Insured Mental Health Benefits
- Resolution Health Support Workers (RHSW) and Indian Day School Support Worker
- Murdered and Missing Indigenous Women and Girls (MMIWG)
- Harm Reduction Team

Social Development Programs

- Social Assistance
- Family Violence Prevention Program (FVPP)
- Assisted Living
- Pre-Employment Supports (PES)
- Income Assistance First Nations Youth Employment Strategy (IAFNYES)
- Quu'asa Program
- Counselling Services
- Post-Secondary Funding
- Training and Workshop Guides
- Membership
- Ha-Shilth-Sa Newspaper
- Economic Development

2. Community Demographics and Staffing Context

Usma provides family and child services to the municipalities of Port Alberni and the surrounding districts of Sproat Lake, Beaver Creek and Cherry Creek and to the 14-member Indigenous communities on Vancouver Island:

- Southern Region: Ditidaht, Huu-ay-aht, Hupacasath, Tse-shaht, and Uchucklesaht,
- Central Region: Ahousaht, Hesquiaht, Tla-o-qui-aht, Toquaht, and Yuu-cluth-aht,
- Northern Region: Ehattesaht, Ka:'yu:'k't'h'/Che:k:tles7et'h', Mowachaht/Muchalaht, and Nuchatlaht.

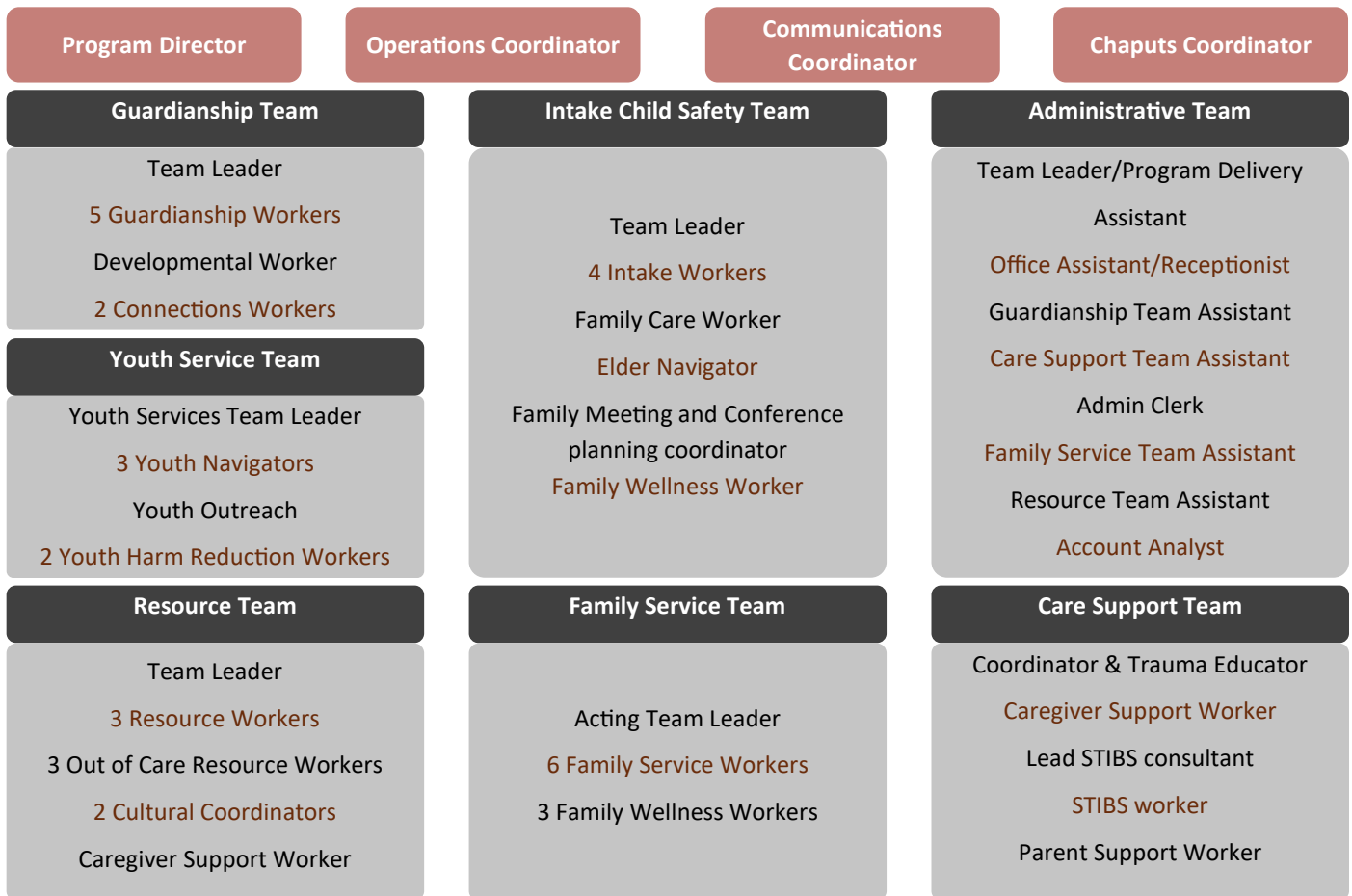
Organizational Structure, Training and Work Environment

The Executive Director has been in their position for five years and has worked for Usma since 2010. Currently Usma has 65 positions with an operations coordinator, four delegated team leaders, care support team coordinator/trauma educator, prevention services coordinator, youth services coordinator and an administrative team leader making up the leadership team. All the staff take pride in the Agency and the opportunity to gain experience and knowledge about the Nuuchahnulth culture, languages and traditions.

The Executive Director and team leaders are all delegated to the C6 level and the resource, guardianship, family service and child safety workers are delegated to either C4 or C6, depending on their work requirements. There is one developmental worker delegated at C4. All the delegated staff have completed their delegation training through Indigenous Perspectives Society or the Justice Institute of British Columbia. Additional training and professional development opportunities are supported and encouraged by the Agency internally and externally. Additional supervisory training was identified as a need. The team leaders and workers have been with the Agency and in their positions for extended periods of time ranging from one to 15 years. In the last three years, one team leader provided additional team leader coverage for another team. When this coverage ended, there was a reassignment of two team leaders to different teams.

Within the Agency, the team leaders report to the Executive Director while the delegated workers report to their team leaders. Staff expressed varying satisfaction with supervision, though many noted that team leaders are readily available for consultation through multiple communication channels. One-on-one supervision occurs every one to two weeks to review and prioritize workloads, while team meetings are held at the same frequency. Agency-wide meetings are scheduled as needed. The leadership team recognized the need for additional clinical supervision and the Executive Director is working to post a practice manager position to address this.

Usma Organization Chart



3. Staff Perspectives: What We Heard

Sixty-two percent of the staff participated in interviews, sharing their insights on strengths and growth opportunities within Usma, themed as follows:

Strengths:

- **Professional Development:** Usma supports professional development through internal and external training. Courses offered include: Stepwise Interviewing, Signs of Safety, Somatic Experience and Trauma-Informed Practice, SAJE and Vicarious Trauma Training.
- **Self-Care:** The Agency emphasizes self-care. It offers frequent brushings, promotes Indigenous cultural practices and provides coaching for staff on difficult cases and personal matters.
- **Flexible Work Schedule:** Staff appreciate the flexibility offered, which helps balance significant travel demands and allows remote work and adaptable office hours.

- **Family Connections Program:** This program provides essential support to children in continuing care on the guardianship team. The connections workers assist in family finding, contact with family members and the coordination of Nation gatherings, visits and family meetings, transportation for children’s appointments, connections camps, family tree sessions and empowerment of identity workshops.

Growth Opportunities:

- **Supervisory Training:** The leadership team seeks more supervisory training to enhance their skills, especially for those new to their roles or teams.
- **Improvement in Communication:** Staff highlighted the need for better communication between teams to improve collaboration.
- **Recruitment and Retention of Staff:** Staff identified recruitment and retention as an ongoing challenge, with vacancies affecting morale, workload management and service delivery.

4. Methodology

Three quality assurance practice analysts from the MCFD conducted the practice audit. Collected data, compliance tables and a compliance report for each record audited was stored on a SharePoint site. Discussions with staff occurred by telephone or at a virtual meeting after the data collection was completed.

The population and sample sizes for all the record types used in the practice audit were collected from the Integrated Case Management (ICM) database. The sample sizes provide a confidence level of 90% and a +/- 10% margin of error. However, as some of the standards used for the practice audit are only applicable to a reduced number of the records, this margin of error varies on these records. The following are the sample sizes for the three record types:

Record Types	Population Sizes	Sample Sizes
Incidents	183	50
Service requests	93	40
Memos	58	32
Open CS records	116	43
Closed CS records	36	24
Open and closed RE records	61	33
Open FS records	30	21
Closed FS records	26	19

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

1. **Incidents:** closed in ICM between March 1, 2023 and February 29, 2024, where the type was family development response and investigation.
2. **Service Requests:** closed in ICM between March 1, 2023 and February 29, 2024, where the type was request service (CFS), request service (CAPP), request family support or youth services.
3. **Memos:** closed in ICM between March 1, 2023 and February 29, 2024, where the type was screening and with the resolution of “No Further Action.”
4. **Open CS:** records open in ICM on February 29, 2024, and managed by offices IKG and IKH for at least six months (continuously) with legal categories Voluntary Care Agreement, Support Needs Agreement, Continuing Custody Order, Removal, Interim Order and Temporary Custody Order.
5. **Closed CS:** records that were closed in ICM between September 1, 2021 and February 29, 2024, and managed by offices IKG and IKH for at least six months (continuously) with legal categories Voluntary Care Agreement, Special Needs Agreement, Continuing Custody Order, Removal, Interim Order and Temporary Custody Order.
6. **Open and Closed RE:** records in ICM that were managed by office IKH that had children or youth in their care for at least three months (continuously) between June 1, 2021 and February 29, 2024. Children or youth in care had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level 1 Care, Level 2 Care, Level 3 Care and First Nations Foster Home.
7. **Open FS:** records open in ICM on February 29, 2024, and managed by office IKG for at least six months (continuously) with a service basis listed as protection.
8. **Closed Voluntary FS:** records closed in ICM between March 1, 2023 and February 29, 2024 and managed by office IKG for at least six months (continuously) with a service basis listed as protection.

Appendix B

Audit Tools

Guardianship Services Audit Tool

AOPSI Standards related to Guardianship Services		
Standard (St) #	Standard Name	Achievement Criteria
St. 1	Preserving the identity of the Child or Youth in Care	<ul style="list-style-type: none"> • 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 guardianship worker developed a response. • If the child or youth was a victim of a racial crime, the police were notified.
St. 2	Development of a Comprehensive Plan of Care	<ul style="list-style-type: none"> • An initial plan of care completed within 30 days of admission, and • A plan of care completed within six months of admission.
St. 3	Monitoring and Reviewing the Child or Youth's Plan of Care	<ul style="list-style-type: none"> • Care Plans were completed annually throughout the audit timeframe. • Efforts were made to develop the plan of care with youth over the age of 12. • Efforts were made to develop the plan of care with the family. • Efforts were made to develop the plan of care with the service providers. • Efforts were made to develop the plan of care with the caregiver(s). • Efforts were made to develop the plan of care with the Indigenous Community.
St. 4	Supervisory Approval Required for Guardianship Services	<p>The following key decisions and documents were approved by a supervisor:</p> <ul style="list-style-type: none"> • Care Plan. • Placement change. • Placement in a non-Indigenous home. • Restricted access to significant others. • Return to the parent(s) prior to CCO rescindment. • Transfer of guardianship. • Plan for independence. • Record transfer. • Record closure.
St. 5	Rights of Children and Youth in Care	<ul style="list-style-type: none"> • The rights of children in care, including the advocacy process, was reviewed annually with the child or youth or with a significant person

		<p>if there were capacity concerns or the child was of a young age throughout the audit timeframe, and</p> <ul style="list-style-type: none"> • In instances when the child's rights were not respected, the guardianship worker took appropriate steps to resolve the issue.
St. 6	Deciding Where to Place the Child or Youth	<ul style="list-style-type: none"> • Efforts were made to place the child in an out of home living arrangement that was in accordance with section 71 of the Child, Family and Community Service Act (CFCSA).
St. 7	Meeting the Child or Youth's Needs for Stability and Continuity of Relationships	<ul style="list-style-type: none"> • A plan was in place to support and maintain contacts between the child or youth in care and their siblings, parents, extended families and significant others.
St. 8	Guardianship Worker's Relationship and Contact with the Child or Youth	<p>The standard requires the guardianship worker to conduct a private visit with the child or youth:</p> <ul style="list-style-type: none"> • 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 guardianship worker.
St. 9	Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards	<ul style="list-style-type: none"> • Information about the child or youth was provided to the caregiver(s) at time of placement. • Information about the child or youth was provided to the caregiver(s) as it became available. • Information about the child or youth was provided to the caregiver(s) within seven days of an emergency placement. • Discipline standards were reviewed with the caregiver(s) at the time of placement. • Discipline standards were reviewed annually with the caregiver(s).
St. 10	Providing Initial and Ongoing Medical and Dental Care	<ul style="list-style-type: none"> • A medical exam was conducted upon entering care. • Dental, vision and hearing exams were conducted as recommended. • Medical follow-up was conducted as recommended. • In instances when the youth had chosen not to attend recommended appointments, the guardianship worker made efforts to resolve the issue.
St. 11	Planning a Move for a Child or Youth in Care	<p>The record, if it involved a placement move, confirmed that:</p> <ul style="list-style-type: none"> • The child or youth was provided with an explanation prior to the move. • The guardianship worker arranged at least one pre-placement visit. • If the child or youth requested the move, the guardianship worker reviewed the request with the caregiver, resource worker and the child to resolve the issue.
St. 12	Reportable Circumstances	<ul style="list-style-type: none"> • A report about a reportable circumstance was submitted to the director within 24 hours from the time the information about the incident became known to the guardianship worker.
St. 13	When a Child or Youth is Missing, Lost or Runaway	<p>The record, if it involved a child or youth who was missing, lost, or runaway, who may have been at high risk of harm, confirmed that</p> <ul style="list-style-type: none"> • The police were notified. • The family was notified.

		<ul style="list-style-type: none"> Once found, the guardianship worker made efforts to develop a safety plan to resolve the issue.
St. 14	Case Documentation	<p>The record contained:</p> <ul style="list-style-type: none"> An opening recording. Review recordings or care plan reviews every six months throughout the audit timeframe. A review recording or care plan review when there was a change in circumstance.
St. 15	Transferring Continuing Care Files	<p>The record, if it involved a transfer of responsibility from one worker to another, confirmed that:</p> <ul style="list-style-type: none"> A transfer recording was completed. The guardianship worker met with the child or youth prior to the transfer or, in instances when the youth had chosen not to meet, the guardianship worker made efforts to resolve the issue. 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 guardianship worker met with the child or youth within five days after the transfer or, in instances when the youth had chosen not to meet, the guardianship worker made efforts to resolve the issue. Efforts were made to meet with the child or youth's family within five days after the transfer.
St. 16	Closing Continuing Care Files	<p>The record, if it involved closing the record when services ended, confirmed that:</p> <ul style="list-style-type: none"> A closing recording was completed. The guardianship worker met with the child or youth prior to ending services and closing the record, in instances when the youth had chosen not to meet, the guardianship worker made efforts to resolve the issue. Efforts were made to meet with the caregiver(s) prior to the closure. Service providers were notified of the closure. The Indigenous Community was notified, if applicable. Support services for the child or youth were put in place, if applicable.
St. 17	Rescinding a CCO and Returning the Child or Youth to the Family Home	<p>The record, if it involved a rescindment of a CCO, confirmed that:</p> <ul style="list-style-type: none"> The risk of returning a child or youth to their family home was assessed by delegated worker. A safety plan, if applicable, was put in place prior to returning the child or youth to their family home. The safety plan, if applicable, was developed with required parties. The safety plan, if applicable, addressed the identified risks. The safety plan, if applicable, was reviewed every six months until the rescindment.
St. 18	Permanency Planning	<ul style="list-style-type: none"> A permanent plan is considered for a child with a CCO when the plan's priorities are in the best interests of the child and the preservation of the child's cultural identity are priorities of the plan. This is an interim standard for use until Indigenous Child and Family Service Agencies (ICFSA), cultural groups and Indigenous Communities

		have researched and reviewed the ministry permanency planning policy. As this is still an interim standard, it has not yet been audited by Quality Assurance.
St. 19	Interviewing the Child or Youth about the Care Experience	<ul style="list-style-type: none"> The record, if it involved a move from a placement, confirmed the child or youth was interviewed about their care experience.
St. 20	Preparation for Independence	<p>The record, if it involved a youth about to transition from care to an independent living situation, confirmed that:</p> <ul style="list-style-type: none"> Efforts were made to assess the youth's independent living skills, and Efforts were made to develop a plan for independence.
St. 21	Responsibilities of the Public Guardian and Trustee (PGT)	<ul style="list-style-type: none"> The PGT was provided a copy of the CCO, and The PGT was notified of events affecting the child or youth's financial or legal interests.
St. 22	Investigation of Alleged Abuse or Neglect in a Family Care Home	<p>If it involved a report of abuse and/or neglect of a child or youth in a family care home, confirmed that:</p> <ul style="list-style-type: none"> A Family Care Home Investigation was conducted with the summary report on file, and Efforts were made to support the child or youth.
St. 23	Quality of Care Review	<ul style="list-style-type: none"> The record, if it involved a concern about the quality of care received by a child or youth in a family care home, confirmed that a Quality of Care Review was conducted.
St. 24	Guardianship Agency Protocols	<ul style="list-style-type: none"> All protocols related to the delivery of child services that the Agency has established with local and regional agencies have been followed.

Resources Services Audit Tool

AOPSI Standards related to Resource Services		
Standard (St) #	Standard Name	Achievement Criteria
St. 28	Supervisory Approval for Family Care Home Services	<p>The record confirmed that the resource worker consulted a supervisor at the following key decision points:</p> <ul style="list-style-type: none"> A criminal record was identified for a family home applicant or any adult person residing in the home. Approving a family home application and home study. Signing a Family Home Care Agreement. Approving an annual review. Determining the level of a family care home. Placing a child or youth in a family care home prior to completing a home study. Receiving a report about abuse or neglect of a child or youth in a family care home.

		<ul style="list-style-type: none"> Receiving a concern about the quality of care received by a child or youth living in a family care home.
St. 29	Family Care Homes – Application and Orientation	<p>The record confirmed the completion of the following:</p> <ul style="list-style-type: none"> Application form. Prior contact check(s) on the family home applicant(s) and any adult person residing in the home. Criminal record check(s). Consent for release of information form(s). Medical exam(s). Three reference checks. An orientation to the applicant(s).
St. 30	Home Study	<ul style="list-style-type: none"> The resource worker met the applicant in the family care home. A physical check of the home was conducted to ensure the home meets the safety requirements. A home study, including an assessment of safety, was completed in its entirety.
St. 31	Training of Caregivers	<ul style="list-style-type: none"> The training needs of the caregiver were assessed or identified, and training opportunities were offered to, or taken by, the caregiver.
St. 31	Signed Agreement with Caregiver	<ul style="list-style-type: none"> There were consecutive Family Care Home Agreements throughout the audit timeframe, and they were signed by all the participants.
St. 33	Monitoring and Reviewing the Family Care Home	<ul style="list-style-type: none"> Annual reviews of the family care home were completed throughout the audit timeframe, when required. The annual review reports were signed by the caregiver(s). The resource worker visited the family care home at least every 90 days throughout the audit timeframe, when required.
St. 34	Investigation of Alleged Abuse or Neglect in a Family Care Home	<p>The record, if it involved a report of abuse and/or neglect of a child or youth in a family care home, confirmed that:</p> <ul style="list-style-type: none"> A Family Care Home Investigation was conducted with a summary report on file. Efforts were made to support the caregiver.
St. 35	Quality of Care Review	<p>The record, if it involved a concern about the quality of care received by a child or youth in a family care home, confirmed that:</p> <ul style="list-style-type: none"> A Quality of Care Review was conducted. Efforts were made to support the caregiver.
St. 36	Closure of the Family Care Home	<ul style="list-style-type: none"> The record, if it involved closure of a family care home, contained a written notice to the caregiver indicating the intent of the Agency to close the family care home.

Family Services Audit Tool

Measure #	Measure Name	Achievement Criteria
FS 1	Screening Measures	<p>The record needed to contain documentation of all the following components:</p> <ul style="list-style-type: none"> • Full and detailed report. • Initial record review (IRR) that was completed within 24 hours, documented checking the best practices database for additional information and contained sufficient information about previous contact with the ministry. • Screening Assessment that was completed immediately if necessary or within 24 hours otherwise. • A clear and appropriate determination that the report requires either a protection or non-protection response. • An appropriate determination of the response priority.
FS 2	Conducting a Detailed Record Review (DRR)	<ul style="list-style-type: none"> • DRR was conducted in electronic databases and physical files. • Contained any information that was missing in the IRR. • Described how previous issues or concerns had been addressed, the responsiveness of the family in addressing the issues and concerns and the effectiveness of the last intervention. • Was not required because there were no previous MCFD or ICFA involvement. • Was not required because the supervisor approved ending the protection response before the DRR was conducted and the rationale was documented and appropriate.
FS 3	Assessing and Documenting the Safety of the Child or Youth	<ul style="list-style-type: none"> • The Safety Assessment process was completed during the first significant contact with the family. • The Safety Assessment was on the electronic record. • The Safety Assessment tool was completed within 24 hours after completion of the safety assessment process. • Or, the response ended early with supervisory approval and the rationale was appropriate and documented.
FS 4	Making a Safety Decision Consistent with the Safety Assessment	<ul style="list-style-type: none"> • The safety decision was consistent with the information documented in the Safety Assessment form. • Or, the supervisor approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.
FS 5	Developing a Safety Plan	<ul style="list-style-type: none"> • If safety factors are identified in the SA tool and the child(ren) were not removed, an attached Safety Plan is required. • The Safety Plan MUST be either signed by the parent(s) responsible for ensuring the conditions OR there is documentation indicating they understood and agreed to the safety plan. • The Safety Plan MUST be approved by a supervisor (indicated in the checkbox on the safety plan document or there is documentation indicating they understood and agreed to the safety plan). • If the child is Indigenous and the child's Indigenous Community is a part of an Indigenous Governing Body, the child safety worker made reasonable efforts to involve the community in developing the Safety Plan.
FS 6	Meeting or Interviewing the	<ul style="list-style-type: none"> • The child safety worker met with or interviewed the parents and other adults in the home (if applicable).

	Parents and Other Adults in the Family Home	<ul style="list-style-type: none"> • 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, if the supervisor approved ending the protection response before the child safety worker met with or interviewed the parent(s) and other adults in the home, the rationale was documented and appropriate.
FS 7	Meeting with Every Child or Youth Who Lives in the Family Home	<ul style="list-style-type: none"> • The child safety worker had a private, face-to-face conversation with every child or youth living in the family home according to their developmental level. • Or, the supervisor granted an exception, and the rationale was documented. • Or, the supervisor approved ending the protection response before the child safety worker had a private, face-to-face conversation with every child or youth living in the family home and the rationale was documented and appropriate.
FS 8	Visiting the Family Home	<ul style="list-style-type: none"> • The child safety worker visited the family home before completing the FDR assessment or the investigation or the supervisor granted an exception and the rationale was documented. • Or, the supervisor approved ending the protection response before the child safety worker visited the family home and the rationale was documented and appropriate.
FS 9	Working with Collaterals	<ul style="list-style-type: none"> • The child safety worker obtained information from individuals who may have relevant knowledge of the family and/or the child or youth before completing the FDR assessment or the investigation. • Or, the supervisor approved ending the protection response before the child safety worker obtained information from individuals who may have relevant knowledge of the family and/or the child or youth and the rationale was documented and appropriate.
FS 10	Involving Indigenous Communities under the CFCSA	<ul style="list-style-type: none"> • The child safety worker confirmed whether the child or youth was Indigenous. • The child safety worker contacted the Indigenous Community. • The child safety worker involved the Indigenous Community in the planning and delivery of services: <ul style="list-style-type: none"> ○ either via Section 79, section 92.1, or with consent. ○ the child safety worker documented that they offered to involve the community, and the family did not give consent. ○ there was documentation indicating that reasonable efforts were made to establish the child's Indigenous Community. • The child safety worker confirmed the child/youth or family is Indigenous AND the parent did not consent to community involvement AND no significant measure was taken.
FS 11	Consultation in Assessing the Risk of Future Harm and Need for Ongoing Protection Services	<ul style="list-style-type: none"> • A clinical consultation note which included the: <ul style="list-style-type: none"> ○ Summary of current circumstances. ○ Summary of the history of the family's child protection involvement. ○ Outcome of this current involvement with MCFD. • Or, the response ended early with supervisory approval and the rationale was appropriate and documented
FS 12	Assessing the Family's Strengths and	<ul style="list-style-type: none"> • An assessment of the family's strengths and needs was on record through a consultation note with a supervisor or a discontinued Strengths and Needs Assessment Tool

	Needs & Creating and Implementing the Family Plan	<ul style="list-style-type: none"> • Family Plan or its equivalent was on the record. • Family Plan or equivalent that was developed in collaboration with the family. • Family Plan or equivalent was reflective of the family's strengths and needs. • Family Plan or equivalent was approved by the supervisor.
FS 13	The Reassessment of Risk of Future Harm	<p>The reassessment of vulnerability must have been completed within the most recent six month ongoing protection service cycle and the documentation in ICM had to include all of the following:</p> <ul style="list-style-type: none"> • Summary of current circumstances. • History of child protection involvement. • Outcome of whether ongoing protection services were still needed. <p>These components may have been found separately on the record but had to be within a clinical consultation.</p>
FS 14	Completion of the Reunification Assessment	<p>The record must contain the Reunification Assessment completed by the family service worker and approved by the team leader during the audit timeframe at the following points in time:</p> <ul style="list-style-type: none"> • The most recent six month ongoing protection service cycle. • When the child or youth's return is being considered (if applicable). • When a custody court proceeding is approaching, and the previous assessment is older than three months or no longer relevant (if applicable).
FS 15	Making the Decision to End Ongoing Protection Services	<p>All of the relevant criteria were met before the decision to end ongoing protection services was made and approved by the supervisor. The following are the criteria to close:</p> <ul style="list-style-type: none"> • There have been no unaddressed reports of abuse or neglect. • there are no indications of current or imminent safety concerns • The family has demonstrated specific and sufficient behavioural improvements in the areas identified in the Family Plan and there is documented evidence of these improvements. • Recent reassessment of vulnerability or Reunification Assessment confirms that factors which were identified as contributing to high vulnerability no longer exist or have been addressed sufficiently that they no longer pose direct risks to the child or youth's safety and wellbeing. • The family has demonstrated the ability to access and use formal and informal resources to assist them in problem solving. • Family members state that they are ready and able to resume parenting without Ministry or ICFSA support.
FS 16	Collaborative Planning and Decision Making (CPDM)	<p>Documentation in ICM must show that a CPDM process was offered when any of the following circumstances applied:</p> <ul style="list-style-type: none"> • Removal was likely to occur (excludes urgent removals). • After the removal occurs but before it is contested at the presentation hearing. • When a protection hearing is contested. • Before applying for CCO or 54.01 when a parent is not in agreement. • Or it was offered for two or more siblings in the above-mentioned circumstances if removals occurred at separate times or it was inappropriate to engage in a CPDM process and the rationale was documented .