

CASE PRACTICE AUDIT REPORT
Gitxsan Child and Family Services Society (IQG)

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed October 1, 2015

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1. PURPOSE

The purpose of the audit is to improve and support guardianship and resource service. Through a review of a sample of cases, the audit is expected to provide a measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the fourth audit for Gitxsan Child and Family Services Society (GCFSS). The last audit of the agency was completed in August 2012 as per the regularly scheduled 3 year audit cycle.

The specific purposes of the audit are:

- to further the development of practice;
- to assess and evaluate practice in relation to existing legislation and the Aboriginal Operational and Practice Standards and Indicators (AOPSI);
- to determine the current level of practice across a sample of cases;
- to identify barriers to providing an adequate level of service;
- to assist in identifying training needs; and
- to provide information for use in updating and/or amending practice standards or policy.

2. METHODOLOGY

There were 2 quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare, Quality Assurance, who conducted the practice audit. The quality assurance analysts conducted the field work from September 28 - October 1, 2015. The delegated staff interviews were completed in person during the fieldwork. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the child service and resource files and generate office summary compliance reports and a compliance report for each file audited.

The population and sample sizes were based on data entered in ICM and confirmed with the agency prior to the audit commencing. At the time of the audit, there were a total of 13 open and closed continuing custody order (CCO) child service files and 12 open and closed resource files. Given the small population of files, all open and closed child service files and resource files were selected for the audit. As all records in the agency that met the criteria (see below) were audited, the numbers in the samples ensure a 100% confidence level and a 0% margin of error.

One child service file was removed from the sample during the audit as it was open for the provision of a Youth Agreement. Two resource files were removed from the sample during the audit for the following reasons: 1 file was closed in February 2012 and 1 file was transferred to an office outside of the agency and could not be located.

The scope of the practice audit was:

1. Child in care files: children in care files that were open on June 30, 2015 and were open for at least 3 months, or closed children in care files that were open for at least 3 months between July 1, 2012 and June 30, 2015.
2. Resource files: foster home files that had children or youth in care for at least 3 months between July 1, 2012 and June 30, 2015. 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.

The analysts were available to answer any questions from staff that arose during the audit process. At the completion of the fieldwork in each office, the analysts held a meeting with the team leader and delegated staff to provide some preliminary findings and discuss the next steps in the audit process.

3. AGENCY OVERVIEW

a) Delegation

Gitxsan Child and Family Services Society was formed in 1999, incorporated as a society and received C3 Voluntary Services delegation in 2002. In 2004, the agency moved to C4 Guardianship delegation and began providing guardianship services in 2006. This level of delegation enables the agency to provide the following services:

- permanent guardianship of children in continuing custody;
- support services to families;
- Voluntary Care Agreements;
- Special Needs Agreements;
- establishment of residential resources.

GCFSS's Delegation Enabling Agreement (DEA) was first signed in 1999 and the Delegation Confirmation Agreement (DCA) was signed in 2004 and has had a series of modification agreements with no changes to the actual agreement wording. The current modification agreement expires March 31, 2016.

b) Demographics

GCFSS is located on Gitxsan territory in the community of Gitanmaax, in Hazelton, often referred to as "Old Hazelton." The agency provides child and family services to Gitxsan citizens residing in 5 of the 6 communities of the Gitxsan Nation: Gitanyow, Gitsegukla, Gitwangak, Glen Vowell and Kispiox. These communities are close in proximity to the agency and all are accessible by road. There are approximately 2008 registered on reserve band members for the 5 communities (source: *Aboriginal Affairs and Northern Development Canada, First Nations Profiles, Registered Populations,*

September 2015). The sixth community, Gitanmaax, receives child and family services from the MCFD Hazelton office.

GCFSS focuses on providing community based services which are culturally appropriate for the Gitksan people. Some of the non-delegated services provided are as follows:

- Family Group Conference;
- Aboriginal Youth Worker; and
- Family Preservation Worker.

Staff who provide delegated services work closely with staff providing non-delegated services. They also work closely with the local Ministry of Children and Family Development (MCFD) offices in Hazelton, New Hazelton and Smithers.

All of the communities, except for Glen Vowell, have schools located in their communities. These schools provide education up to grade 7. For grades 8 –12, the children are bused to Hazelton. The RCMP for the area is located in New Hazelton. Other services in the area include medical and dental services, a hospital, and a fire department. Specialized medical services are available in Smithers and Terrace.

c) Professional Staff Complement

At the time of the audit, the agency's staffing consisted of an executive director; a team leader of practice; and a senior social worker. There is 1 vacant delegated social work position that will be filled by December 2015. The executive director has been with the agency for 2 years; the team leader has been with the agency for 14 months and the senior social worker has been at the agency for 6 months and previously worked at the agency from 2006-2009. There is 1 social work team assistant who provides administrative support to the team. In addition to the delegated staff, there is a manager of finance; a family group conference coordinator and 2 family/youth support workers. All of the staff report to the team leader of practice and the team leader reports to the executive director.

All of the delegated staff have completed the Aboriginal social work delegation training and/or MCFD delegation training and all have C4 delegation. The plan is for the newly hired social worker to attend delegation training in December 2015.

d) Supervision and Consultation

Given the small number of delegated staff at the agency, all supervision is provided on a case by case basis through open door in person, email and phone consultations with the team leader. The team leader and the senior social worker work closely on all cases and the executive director is made aware of high profile or politically sensitive cases. The senior social worker has had previous team leader experience and is the alternate team leader when needed for holiday coverage. When the senior social worker is covering as the team leader, she will consult with the executive director, as she is

delegated. When the team leader needs to consult on a case, she will also consult with the practice analyst from Aboriginal Services Branch, MCFD.

The agency holds monthly staff meeting with all staff. Most of the meeting is focused on administrative matters and if there is a need for a delegated case discussion, it happens after the non-delegated staff leave the meeting.

4. STRENGTHS OF THE AGENCY

The analysts identified several strengths at the agency and of the agency's practice over the course of the audit:

- GCFSS staff are committed to serving their clients and the communities using their knowledge of the culture and traditions of the Gitksan Nations. Significant focus is placed on ensuring that the children and youth in care are involved in their culture. The agency has a CD and other cultural materials for the children and youth in care so they can have information on the cultural traditions and teachings. The agency designed their own Life Books and each of the children and youth in care have one. There have been welcome home feasts and celebrations for the children and youth in care from around the province when they come back to the Gitksan territories. The Elders and traditional Chiefs are involved with the children and youth in care by participating in cultural events and teachings/mentoring. Culture camps have run for the last 2 years with most of the children and youth in care attend. The majority of the agency's foster homes are from the Gitksan Nations and play a critical role in providing a cultural environment for the children and youth in care;
- The Family Preservation program and Aboriginal youth worker were identified as successful and necessary programs by the agency's staff. These workers assist with transportation, supervised visits and provide one to one support to the children and youth in care;
- Staff are knowledgeable of the services available in the communities and they recognize the strengths and challenges facing the communities. They attempt to work with the communities' strengths and support the communities in the challenges they face;
- The senior social worker and team leader are completing cultural plans for 7 children in care who are being adopted by non-first nation caregivers; 4 with Terrace MCFD and 3 with Dease Lake MCFD;
- The agency places great significance on professional staff development and training. All of the staff interviewed reported on the mandatory trainings they had attended. In addition, in 2014, all of the frontline staff attended PTSD training. In 2015, the RCY's advocacy staff met with the staff and youth in care to review their rights, post majority services, general support and the complaints process. The agency's management fully supports all avenues of professional development; and

- Staff reported a very high level of work satisfaction at the agency and there is a collective goal to improve the standard of care for their children and youth in care.

5. CHALLENGES FACING THE AGENCY

The agency has experienced a challenge with staff turnover throughout the past couple of years and has 1 social worker position that has been vacant since early 2015. The agency management has found a suitable applicant and hopes to have the new staff person in place by December 2015.

When the current staff began working at the agency, they identified a lack of care plans and other documentation in the child in care files and have been working together to improve practice changes in this area.

6. DISCUSSION OF THE PROGRAMS AUDITED

a) Child Service

The audit reflects the work done by the staff in the agency's delegated programs over the past 3 years. The 23 standards in the CS Practice Audit are based on the AOPSI Guardianship Practice Standards. The standards are as follows:

| AOPSI Guardianship Practice Standard | Compliance Description |
|---|--|
| St. 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services | The social worker has preserved and promoted the cultural identity of the child in care and provided services sensitive to the child's views, cultural heritage and spiritual beliefs. |
| St. 2: Development of a Comprehensive Plan of Care | When assuming responsibility for a child in care the social worker develops a Comprehensive Plan of Care/Care Plan. The comprehensive plan of care/care plan is completed within the required timeframes. |
| St. 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care/Care Plan | The Comprehensive Plan of Care/Care Plan is monitored to determine progress toward goals, the continued safety of the child, the effectiveness of services, and/or any barrier to services. The comprehensive plan of care/care plan is reviewed every six months or anytime there is a change in circumstances. |
| St 4: Supervisory Approval Required for Guardianship Services | The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Guardianship Services and ensures there is a thorough review of relevant facts and data before decisions are made. There is documentation on file to confirm that the social worker has consulted with the supervisor on the applicable points in the standard. |
| St 5: Rights of Children in | The social worker has reviewed the rights with the child |

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|---|---|
| Care | on a regular basis. The social worker has discussed the advocacy process with the child. Given the age of the child, the rights of the child or advocacy process has not been reviewed with the child but they have been reviewed with the caregiver or a significant adult to the child. |
| St. 6: Deciding Where to Place the Child | Documented efforts have been made to place the child as per the priority of placement. |
| St 7: Meeting the Child's Needs for Stability and Continuity of Relationships | There are documented efforts to support continued and ongoing attachments |
| St 8: Social Worker's Relationship and Contact with a Child in Care | There is documentation that the social worker meets with the child when required as per the frequency of visits listed in the standard. Meetings are held in person and in private, and in a manner that allows the child and the social worker to communicate freely. |
| St 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards | There is documentation that written information on the child has been provided to the caregiver as soon as possible at the time of placement, and the social worker has reviewed appropriate discipline standards with the caregiver and the child. |
| St 10: Providing Initial and Ongoing Medical and Dental Care for a Child in Care | The social worker ensures a child in care receives a medical and, when appropriate, dental examination when coming into care. All urgent and routine medical services, including vision and hearing examinations, are provided for the child in care. |
| St. 11: Planning a Move for a Child in Care | The social worker has provided an explanation for the move to the child and has explained who his/her new caregiver will be. |
| St. 12: Reportable Circumstances | The agency Director and the Provincial Director of Child Welfare have been notified of reportable circumstances and grievous incidents. |
| St 13: When a Child or Youth is Missing, Lost or Runaway | The social worker in cooperation with the parents has undertaken responsible action to locate a missing, lost or runaway child or youth, and to safeguard the child or youth from harm or the threat of harm. |
| St 14: Case Documentation for Guardianship Services | There are accurate and complete recordings on file to reflect the circumstances and admission on the child to care, the activities associated with the Comprehensive Plan of Care/Care Plan, and documentation of the child's legal status. |
| St. 15: Transferring Continuing Care Files | Prior to transferring a Continuing Care file, the social worker has completed all required documentation and followed all existing protocol procedures. |
| St. 16: Closing Continuing Care Files | Prior to closing a Continuing Care file, the social worker has completed all required documentation and follows all existing protocol procedures. |
| St. 17: Rescinding a | When returning a child in care of the Director to the |

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|---|--|
| Continuing Care Order and Returning the Child to the Family Home | parent entitled to custody, the protection social worker and the guardianship social worker develop a plan to ensure the child's safety. The plan is developed prior to placing a Continuing Care ward in the family home and reviewed prior to rescinding the Continuing Care Order. |
| St. 19: Interviewing the Child About the Care Experience | When a child leaves a placement and has the capability to understand and respond, the child is interviewed and his/her views are sought about the quality of care, service and supports received in the placement. There is documentation that the child has been interviewed by the social worker in regards to the criteria in the standard. |
| St. 20: Preparation for Independence | The social worker has assessed the youth's independent living skills and referred to support services and involved relevant family members/caregivers for support. |
| St. 21: Responsibilities of the Public Guardian and Trustee | The social worker has notified the Public Guardian and Trustee as required in the standard. |
| St. 22: Investigation of Alleged Abuse or Neglect in a Family Care Home | The social worker has followed procedures in Protocol Investigation of a Family Care Home. |
| St. 23: Quality of Care Reviews | The social worker has appropriately distinguished between a Quality of Care Review and Protocol Investigation. The social worker has provided a support person to the caregiver. |
| St. 24 Guardianship Agency Protocols | The social worker has followed all applicable protocols. |

Findings from the audit of the child service files include:

- There was thorough documentation of the children or youth in care's involvement in cultural events in the community as well as community visits with their families and persons significant to the children and youth (92% compliance). This is an area of strength in the agency's practice with most of the children and youth in care being placed with extended family thereby ensuring their culture is fully integrated into their lives;
- Most of the files did not contain Care Plans/CPOCS over the 3 year audit scope period (17% compliance). In 4 files, there was a lack of Care Plans for 2012-2013 and in 6 files, current 2014-2015 Care Plans were not found. As previously stated, the team Leader and senior social worker have begun to work on completing current Care Plans for each child and youth in care;
- Excellent documentation of supervisory approvals and consults was found throughout the files (83% compliance);
- Section 70 rights are not being regularly reviewed with children/youth in care or their significant others when young age or capacity are factors. Eight files did not document that the Section 70 rights had been reviewed on an annual basis (33% compliance);

- Rationales for placement selections were documented and family members were involved as options for placements (75% compliance). Ten of the 12 children and youth in care were placed with extended family as caregivers and many with their siblings;
- Significant efforts are being made by the social workers to support and maintain contact between the children/youth in care and their siblings, parents, extended families and community members (100% compliance);
- Documentation of the social workers' private contact with children/youth in care did not meet the standard in all files (0% compliance). While there was evidence of regular social worker contact with the caregivers and others involved with the children and youth in care, it was difficult to find evidence that private visits occur with the social workers and children and youth every 30 days;
- All of the files did not include documentation that information about the children and youth had been provided to the caregivers at the time of placements or that the appropriate discipline standards were reviewed with the caregivers (0% compliance);
- Excellent documentation of annual medicals, dentist and optical appointments, speech therapy, occupational and physical therapy as well as other assessments were found on the files (100% compliance). All of the children and youth in care had Complex Developmental Behavioural Conditions assessments completed in 2014;
- When children and youth in care were moved to new placements, there was a lack of documentation in 3 files of the reasons for these moves and the planning involved (57% compliance);
- Incomplete documentation and follow up of reportable circumstances was found on 6 files (33% compliance). The analysts provided the file names and details of the critical incidents to the team leader for follow up;
- There were no applicable files where children/youth were missing, lost or runaway. It was explained to the analysts that, fortunately, all of the children and youth in care are currently very stable in their lives and placements;
- Overall, case documentation was negatively impacted by the lack of Care Plans and review recordings over the 3 year scope period with only 2 files having the required documentation to meet the standard (17% compliance);
- Internal transferring recordings were well documented in the 3 applicable files (100% compliance);
- The closing documentation was not completed in the 1 applicable file (0% compliance);
- Interviews with children and youth in care about their care experiences when leaving their placements were not documented in the 6 applicable files (0% compliance);
- In the 3 applicable youth in care files, there was thorough documentation of independent living planning, transitioning to adult CLBC services and preparation of the youth for participation in skills/trades training (100% compliance). The agency's goal is to prepare the youth in care for success in their future;
- Detailed documentation of the involvement of the Public Guardian and Trustee was found in 10 files (83% compliance);

- While case notes and emails were found on the files that had protocol investigations, there were no formal reports completed by MCFD on 5 of the 7 applicable files (29% compliance). The analysts provided the names of the files to the team leader for follow up;
- For the 1 file where quality of care concerns were identified, incomplete documentation was found (0% compliance); and
- In all of the files, documentation revealed that social workers are familiar with and follow all protocols related to the delivery of child and family services that the agency has established with local and regional (100% compliance).

Child service files achieved higher (50% or higher) compliance to the following standards:

- St. 1 Preserving the Identity and Providing Culturally Appropriate Services;
- St. 4 Supervisory Approval Required for Guardianship Services;
- St. 6 Deciding Where to Place the Child;
- St. 7 Meeting the Child’s Needs for Stability and Continuity of Relationships;
- St. 10 Providing Initial and Ongoing Medical and Dental Care for a Child in Care;
- St. 11 Planning a Move for a Child in Care;
- St. 15 Transferring Continuing Care files;
- St. 20 Preparation for Independence;
- St. 21 Responsibilities of the PGT; and
- St. 24 Guardian Agency Protocols.

Child service files achieved lower (less than 50%) compliance to the following standards:

- St. 3 Monitoring and Reviewing the Child’s Comprehensive Plan of Care;
- St. 5 Rights of Children in Care;
- St. 8 Social Worker’s Relationship and Contact with a Child in Care;
- St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards;
- St. 12 Reportable Circumstances;
- St. 14 Case Documentation for Guardianship Services;
- St. 16 Closing Continuing Care files;
- St. 19 Interviewing the Child about the Care Experience;
- St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home; and
- St. 23 Quality of Care Review.

b) Resources

The audit reflects the work done by the staff in the agency’s delegated programs over the past 3 years. The 9 standards in the Resource Practice Audit are based on the AOPSI Voluntary Service Practice Standards. The standards are as follows:

| AOPSI Voluntary Service Practice Standards | Compliance Description |
|--|--|
| St. 28: Supervisory Approval Required for Family Care Home Services | The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Family Care Home Services and ensures there is a thorough review of relevant facts and data before decisions are made. |
| St. 29: Family Care Homes – Application and Orientation | People interested in applying to provide family care, restricted care, or specialized care complete an application and orientation process. The social worker provides an orientation for applicants re: the application process and the agency's expectations of caregivers when caring for children. |
| St. 30: Home Study | Family Care Homes are assessed to ensure that caregivers understand and meet the Family Care Home Standards. |
| St 31: Training of Caregivers | Upon completion of the application, orientation and home study processes, the approved applicant(s) will participate in training to ensure the safety of the child and to preserve the child's cultural identity. |
| St 32: Signed Agreement with Caregiver | All caregivers have a written Family Care Home Agreement that describes the caregiver's role, responsibilities, and payment level. |
| St. 33: Monitoring and Reviewing the Family Care Home | The social worker will monitor the family care home regularly and formally review the home annually to ensure the standards of care and the needs of the child(ren) placed in the home continue to be met. |
| St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home | Allegations of abuse and neglect in family care homes are investigated by the Child Protection delegated social worker according to the Protocol Investigation of a Family Care Home. |
| St 35: Quality of Care Review | A Quality of Care Review of a Family Care Home is conducted by a delegated social worker whenever a quality of care concern arises where the safety of the child is not an issue. |
| St 36: Closure of the Family Care Home | When a Family Care Home is closed, the caregivers are notified of the reasons for closure verbally and in writing. |

Findings from the audit of the resource files include:

- Most of the agency's caregivers have been fostering on a long term basis and 9 of the open homes are caregivers from the Gitxsan Nations.
- Many of the caregivers are relatives to the children and youth in care. These caregivers are fostering sibling groups with complex behavioral, emotional and physical needs;

- Thorough documentation of supervisory approvals and consults was found throughout all of the files (100% compliance). These also include supervisory approvals on key documents such as the home studies, exceptions to policy and family care home agreements;
- In 5 of the files, incomplete application and orientation documentation was found (44% compliance). In the older files, updated consolidated criminal record checks need to be completed and the analysts provided this information to the team leader for follow up;
- Completed home studies were found in 5 of the files (71% compliance). The agency is using a traditional narrative model for home studies. The analysts found the studies to be very thorough and well written. Most of the agency's homes are restricted and the agency uses the same study for their restricted caregivers;
- Training offered to, and taken by, the caregivers was not well documented throughout 7 of the files (30% compliance). The agency appears to have infrequent training opportunities for their caregivers and the training that is being offered or taken is not being documented on the files;
- In 9 of the files, completed, signed and consecutive family care home agreements were found (90% compliance);
- Completed annual reviews were found for the entire 3 year audit scope period on half of the files (50% compliance). There was a lack of documentation that social workers are maintaining regular contact with their caregivers through in person home visits and phone/email contact. In 4 of the files, the homes were open for less than a year and the annual reviews were not due however there a lack of documentation that regular monitoring of the homes were occurring. These 4 files were rated as non-compliant;
- While there were only 2 applicable files, there was thorough documentation (100% compliance) of the agency's response and involvement regarding investigations of alleged abuse or neglect in family care homes;
- On the 1 applicable file, complete documentation of the quality of care review was found (100% compliance). Documentation of the social workers' follow up and completion on the actions from this review could be included in the file documentation; and
- In the 4 closed resource files, complete closing documentation in 3 files was found and the reasons for closures were documented in closing recordings (75% compliance). The caregivers were notified in writing of the reasons for file closures. In the 1 closed file rated non-compliant, closing documentation and notification to the caregiver was not found.

Resource files achieved higher (50% or higher) compliance to the following standards:

- St. 28 Supervisory Approval Required for the Family Care Home Services;
- St. 30 Home Study;
- St. 32 Signed Agreements with Caregivers;
- St. 33 Monitoring and Reviewing the Family Care Home;
- St. 34 Investigation of Alleged Abuse or Neglect in a Family Care Home.

- St. 35 Quality of Care Review; and
- St. 36 Closure of the Family Care Home

Resources files achieved lower (less than 50%) compliance to the following standards:

- St. 29 Family Care Homes – Application and Orientation; and
- St. 31 Training of Caregivers

7. COMPLIANCE TO PROGRAMS AUDITED

a) Child Service

There were a total of 12 open & closed child service files audited. The overall compliance rate to the child service standards was **57%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

| Standard | Total Applicable | Total Compliant | Total Not Compliant | % Compliant |
|--|------------------|-----------------|---------------------|-------------|
| Standard 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11) | 12 | 11 | 1 | 92% |
| Standard 2: Development of a Comprehensive Plan of Care (VS 12) * | 0 | 0 | 0 | |
| Standard 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13) | 12 | 5 | 7 | 42% |
| Standard 4: Supervisory Approval Required for Guardianship Services (Guardianship 4) | 12 | 10 | 2 | 83% |
| Standard 5: Rights of Children in Care (VS 14) | 12 | 6 | 6 | 50% |
| Standard 6 Deciding Where to Place the Child (VS 15) * | 12 | 9 | 3 | 75% |
| Standard 7: Meeting the Child's Need for Stability and continuity of Relationships (VS 16) | 12 | 12 | 0 | 100% |
| Standard 8: Social Worker's Relationship & contact with a Child in Care (VS 17) | 12 | 0 | 12 | 0% |
| Standard 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18) * | 12 | 0 | 12 | 0% |

| | | | | |
|--|----|----|----|------|
| Standard 10: Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19) | 12 | 12 | 0 | 100% |
| Standard 11: Planning a Move for a Child in Care (VS 20) * | 7 | 4 | 3 | 57% |
| Standard 12: Reportable Circumstances (VS 21) * | 9 | 3 | 6 | 33% |
| Standard 13: When a Child or Youth is Missing, Lost or Runaway (VS 22) * | 0 | 0 | 0 | |
| Standard 14: Case Documentation (Guardianship 14) | 12 | 2 | 10 | 17% |
| Standard 15: Transferring Continuing Care Files (Guardianship 14) * | 3 | 3 | 0 | 100% |
| Standard 16: Closing Continuing Care Files (Guardianship 16) * | 1 | 0 | 1 | 0% |
| Standard 17: Rescinding a Continuing Care Order and Returning the Child to the Family Home * | 0 | 0 | 0 | |
| Standard 19: Interviewing the Child about the Care Experience (Guardianship 19) * | 6 | 0 | 6 | 0% |
| Standard 20: Preparation for Independence (Guardianship 20) * | 3 | 3 | 0 | 100% |
| Standard 21: Responsibilities of the Public Guardian and Trustee (Guardianship 21) | 12 | 10 | 2 | 83% |
| Standard 22: Investigation of Alleged Abuse or Neglect in a Family Care Home * | 7 | 2 | 5 | 29% |
| Standard 23: Quality of Care Review * | 1 | 0 | 1 | 0% |
| Standard 24 Guardianship Agency Protocols (Guardianship 24) | 12 | 12 | 0 | 100% |

Standard 2: 12 files included initial Care Plans completed prior to July 1, 2012.

Standard 11: 5 files involved children who were placed with their families or were not moved from their care homes.

Standard 12: 3 files did not contain information regarding reportable circumstances.

Standard 13: 12 files did not contain information regarding children missing, lost or run away.

Standard 15: 9 files were not transferred.

Standard 16: 11 continuing care files were not closed.

Standard 17: 12 files did not include rescindment of a continuing custody order.

Standard 19: 6 files involved children or youth who did not change placements or were too young to be interviewed.

Standard 20: 9 files involved children and youth too young to be prepared for independence.

Standard 22: 5 files did not include an investigation of alleged abuse or neglect in a family care home.

Standard 23: 11 files did not include a quality of care review.

b) Resources

There were a total of 10 open and closed resource files audited. The overall compliance rate to the resource standards was **67%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

| Standard | Total Applicable | Total Compliant | Total Not Compliant | % Compliant |
|---|------------------|-----------------|---------------------|-------------|
| Standard 28 Supervisory Approval Required for Family Care Home Services | 10 | 10 | 0 | 100% |
| Standard 29 Family Care Homes – Application and Orientation * | 9 | 4 | 5 | 44% |
| Standard 30 Home Study * | 7 | 5 | 2 | 71% |
| Standard 31 Training of Caregivers | 10 | 3 | 7 | 30% |
| Standard 32 Signed Agreement with Caregivers | 10 | 9 | 1 | 90% |
| Standard 33 Monitoring and Reviewing the Family Care Home | 10 | 5 | 5 | 50% |
| Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home * | 2 | 2 | | 100% |
| Standard 35 Quality of Care Review * | 1 | 1 | 0 | 100% |
| Standard 36 Closure of the Family Care Home * | 4 | 3 | 1 | 75% |

Standard 29: 1 file included application & orientation documentation completed prior to July 1, 2012.

Standard 30: 3 files included home studies completed prior to July 1, 2012.

Standard 34: 8 files did not include an investigation of alleged abuse or neglect in a family care home.

Standard 35: 9 files did not include a quality of care review.

Standard 36: 6 files were not closed.

8. ACTIONS COMPLETED TO DATE

Prior to the development of the Action Plan, the following actions were implemented by the agency:

- On September 15, 2015, Gitxsan CFSS confirmed that updated criminal record checks were completed and placed on all open resource files.
- On September 15, 2015, Gitxsan CFSS confirmed that all reportable circumstance reports, protocol investigation reports and quality of care review reports were printed and placed on all applicable open child service files.
- On February 9, 2016, Gitxsan CFSS provided pre-service orientation to all current caregivers as part of a training plan developed with the Manager of Foster Parent training, Axis Family Resources. This training was documented in the applicable resource files.

9. ACTION PLAN

On January 26, 2016, the following Action Plan was developed in collaboration between Gitxsan CFSS and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

| Actions | Person Responsible | Completion date |
|---|--------------------|-----------------|
| <p><u>Child Service:</u></p> <p>The agency will develop and implement a tracking system for supervisors to monitor the completion of care plans, including the dates when the rights of children in care and discipline standards were reviewed and supervisory approvals at key decision points. This tracking system will be provided to the Office of the Provincial Director of Child Welfare.</p> | Executive Director | April 15, 2016 |
| <p><u>Resources:</u></p> <p>The agency will develop and implement a tracking system for supervisors to monitor the completion of home studies, family care home agreements and family care home annual reviews, including supervisory approvals. This tracking system will be provided to the Office of the Provincial Director of Child Welfare.</p> | Executive Director | April 15, 2016 |



Alex Scheiber
Deputy Director of Child Welfare

March 17, 2016

Date

