

CASE PRACTICE AUDIT REPORT

Niha'7kapmx Child & Family Services Society

Audit completed by the Quality Assurance Branch of the Office of the Provincial Director of Child Welfare and Aboriginal Services, Ministry of Children and Family Development. Field Work Completed August 31, 2016

TABLE OF CONTENTS

	PAGE
1. PURPOSE.....	1
2. METHODOLOGY.....	1
3. AGENCY OVERVIEW.....	2
a) Delegation.....	2
b) Demographics.....	3
c) Professional Staff Compliment.....	3
d) Supervision & Consultation.....	4
4. STRENGTHS OF AGENCY.....	4
5. CHALLENGES FACING THE AGENCY.....	5
6. DISCUSSION OF THE PROGRAMS AUDITED.....	6
a) Child Service.....	6
b) Resources.....	10
c) Family Service.....	12
7. COMPLIANCE TO THE PROGRAMS AUDITED.....	18
a) Child Service.....	18
b) Resources.....	20
c) Family Service.....	21
8. ACTIONS COMPLETED TO DATE.....	23
9. ACTION PLAN.....	24

1. PURPOSE

The purpose of the audit is to improve and support child service, guardianship and family service. Through a review of a sample of cases, the audit is expected to provide a measure of the level of practice during the scope periods (see below for dates), confirm good practice, and identify areas where practice requires strengthening. This is the fifth audit for Niha'7kapmx Child & Family Services Society (NCFSS). The last audit of the agency was completed in September 2012 as per the regularly scheduled 3 year audit cycle.

The specific purposes of the audit are:

- further the development of practice
- to assess and evaluate practice in relation to existing legislation, the Aboriginal Operational and Practice Standards and Indicators (AOPSI) and the Child Protection Response Policies
- 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
- 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 fieldwork from August 15-31, 2016. The analysts were available to answer any questions from staff that arose during the audit process. Interviews with the delegated staff were completed by phone after the fieldwork was finished. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the child service and resource cases and generate office summary compliance reports and a compliance report for each file audited. The MCFD Sharepoint site was used to collect the data for the family service cases, incidents, service requests and memos.

The population and sample sizes were based on data entered into ICM and confirmed with the agency prior to the audit commencing. At the time of the audit, there were a total population of 22 open and closed child service cases; 14 open and closed resource cases; 8 open family service cases; 3 closed family service cases; 1 closed service request; 34 closed memos and 10 closed incidents. Given the small population of files, a census audit was conducted (all records 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. However, it is important to note that some of the standards used for the audit are only applicable to a subset (or reduced number) of the records that have been selected and so the results obtained for these standards will have an increased margin of error.

The following records were removed from the above samples: 2 of the 14 resource files were removed because they were PLEA homes; 3 of the 11 family service cases were removed because 2 were opened in error and 1 was open for the provision of voluntary support services; 3 of the 34 memos were removed because 2 were open in error and 1 was a duplicate within the incident sample.

One incident was identified for action as there were concerns that a child may need protection, under the *CFCSA*. The record was brought to the attention of the team leader and executive director for follow up.

The scope of the practice audit was:

- Open and closed child service cases: legal categories of VCA, SNA, removal, interim order, TCO and CCO, and managed by the agency for at least 3 months, from July 1, 2013 to June 30, 2016
- Open and closed resource cases: managed by the agency for at least 3 months, from July 1, 2013 to June 30, 2016
- Open family service cases: open on June 30, 2016 and had been managed by the agency for at least 6 months
- Closed family service cases: closed between January 1, 2016 and June 30, 2016 and had been managed by the agency for at least 6 months
- Closed incidents: created after November 14, 2014, and closed between January 1, 2016 and June 30, 2016, where the type was family development response or investigation
- Closed Service Requests: closed between January 2, 2016 and June 30, 2016 where the type was request service (CFS), request service (CAPP), request family support or youth services
- Closed Memos: closed between January 1, 2016 and June 30, 2016 where the type was screening

3. AGENCY OVERVIEW

a) Delegation

Niha'7kapmx Child and Family Services Society operates under C6 delegation. This level of delegation enables the agency to provide the following services:

- Child protection
- Temporary custody of children
- Permanent guardianship of children in continuing custody
- Support services to families
- Voluntary Care Agreements
- Special Needs Agreements
- Establishing residential resources

NCFSS was established in 1994 and immediately received C6 delegation. The agency currently operates under a bi-lateral delegation modification agreement from April 1, 2016 to March 31, 2017. The agency provides services only to those band members residing on reserve. The exception to this is caregivers for children in care, who may live off reserve. The agency recruits caregivers both on and off reserve. The vision of NCFSS is to provide holistic services with Nihakapmx cultural beliefs, values and traditions.

b) Demographics

Niha'7kapmx Child and Family Services provides services to 6 bands in the Lytton area. These 6 bands are: Cook's Ferry, Kanaka Bar, Lytton, Nicomen, Siska, and Skuppah. The NCFSS office is located on Skuppah Band land, which is 4 kilometers west of Lytton on Highway 1. The band furthest away is only ½ hour drive from the office unless the Fraser River ferry is not operating. In that case the drive time can be as much as 3 hours each way. The registered on-reserve population for these 6 bands is approximately 1,108. (Source: *Aboriginal Peoples & Communities, First Nation Profiles, Aboriginal Affairs and Northern Development Canada, October 2016*).

In addition to the delegated programs, NCFSS provides the following non-delegated programs/services to their member Nation children and families:

- Family Enhancement
- Youth/Adult Support

c) Professional Staff Complement

Current staffing at NCFSS is comprised of the executive director, the team leader, 2 case managers with 1 additional position vacant and an alternative care coordinator. The executive director has been with the agency since it began over 20 years ago and is a tremendous source of cultural and community knowledge. She is seen as a leader and knowledge keeper amongst the other delegated Aboriginal agencies (DAA). The team leader has been on contract with the agency since March 2014 and works 3 days a week in the office and is available by phone at all other times. He is an experienced retired MCFD social worker who was the regional Aboriginal practice consultant prior to working at the agency. The alternative care coordinator has been at the agency for 10 years; 1 case manager has been at the agency for 8 years and the second case manager has been at the agency for 1.5 years.

NCFSS also has the following positions that work closely with the delegated staff to provide holistic, cultural services to Nihla'7kapmx people and are also supervised by the delegated supervisor:

- family enhancement worker
- youth worker
- data entry/case aide

Additionally the agency consists of the following staff supervised by the non-delegated executive director:

- finance administrator/office manager
- executive assistant
- receptionist

The non-delegated family enhancement worker and the youth worker work very closely with the delegated staff as the agency has a limited budget to provide other services to the communities.

All of the delegated staff completed the Aboriginal social work delegation training. Of those delegated staff with conduct and/or supervision of files at the time of the audit, all have C6 delegation. The executive director is not delegated.

d) Supervision and Consultation

The team leader provides supervision to the 3 delegated social workers, the family enhancement worker and the youth worker. His supervision style is very open and he tries to involve all of the staff in decision making. He has an open door policy and the staff reported they are very comfortable stopping into his office or calling him when he is out of the office for consultations. The team leader and delegated social workers have a weekly team meeting and monthly case review meetings that also include the family enhancement worker and youth worker to discuss cases and updates.

The team leader and the executive director consult on complex cases however they are both clear on the boundaries in terms of the delegated responsibilities of the team leader.

The team leader is also on contract with a nearby DAA to provide consultation on complex cases and supervision for their CYMH clinician and provides coverage for their team leader when needed. There has not been a need to provide coverage for the team leader since he has been at NCFSS as he always makes himself available by phone when he is away from the office. At this time, the agency is not actively recruiting a permanent team leader.

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:

- Staff developed close relationships with the communities, the local RCMP, schools and businesses. These relationships assist workers in maintaining contact with some high needs children and youth in care. Additionally, most of the children/youth in care are in placements with their families or within their own communities. The agency has done a very good job in maintaining the

connection between those children/youth in care and the important contacts within their families, extended families and communities.

- All of the staff are expected to, and do, participate in community cultural events as well as agency fundraising for their own events. Staff described this as an important aspect to their position at the agency because being visible and part of the community is necessary to build the trust needed with their children/youth in care and families.
- The agency has pursued exceptions to their geographic service area with MCFD Aboriginal Services to maintain responsibility for the children in care they have had to place in Kamloops in order to meet their extraordinary medical and support needs. The social workers visit the children and their caregivers monthly
- Staff reported that the whole team works very well together and are supportive of one another. Staff wellness is supported by the board and the staff are given 1 day a month to focus on self-care.

5. CHALLENGES FACING THE AGENCY

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

- Lytton is a small and somewhat isolated community and as such there is a significant lack of services and resources which directly impact the social workers' ability to plan for their children/youth in care, caregivers and families. Specifically, there are no local physicians, no mental health services, no family court and the closest counselling/play therapists are in Chilliwack. The general hospital is in Kamloops and only a few of the bands in the area have alcohol and drug services. This has created a need for staff to spend a lot of time travelling as well as additional expense for the agency when the services are brought into the communities.
- The agency experiences internet connectivity issues on a regular basis. The internet is provided through a local internet company and there are frequent periods of sporadic or no connectivity. This impacts the social workers ability to access ICM. The analysts conducting the audit experienced the same connectivity issues while at the agency.
- Recruitment and retention of staff is a concern due to the agency's location, their limited budget for salary parity and limited housing vacancies in the communities. Additionally, it can take almost a year for a social worker to acquire C6 delegation which impacts the workload in this small agency.
- Due to the small size of the agency, its isolated location and its small operational budget, training for staff and caregivers is very limited. Staff reported that attending any local training is supported however training that involves travel is not generally available. Staff identified the need for further training on ICM. There currently is no caregiver training being offered in the Lytton area and it can be very costly to bring training into the area for their caregivers.

6. DISCUSSION OF THE PROGRAMS AUDITED

a) Child Service

The audit reflects the work done by the staff in the agency's guardianship program 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 Care	The social worker has reviewed the rights with the child 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 Continuing Care Order and Returning the Child to the Family Home	When returning a child in care of the Director to the 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 records include:

- There was good documentation of children/youth in care involvement in Niha'7kapmx community cultural events and culturally appropriate services (77% compliance);
- Very low compliance to the standard related to initial Care Plans was found in the 11 applicable records (0% compliance);
- Low compliance was found to the standard related to monitoring and reviewing Care Plans. Specifically, 13 records did not contain Care Plans over the 3 year audit scope period (24% compliance); 5 records did not have Care Plans documented for the 2014 timeframe; 4 records did not have Care Plans documented for the 2014 and 2015 timeframes; 2 records did not have care Plans documented for the 2015 and 2016 timeframes; 1 record did not have Care Plans documented for the 2013 - 2015 timeframes; and 1 record did not have Care Plans documented for the 2013 and 2015 timeframes;
- Good documentation of supervisory approvals and consults was found throughout the files (91% compliance);
- In 16 records, the review of rights of children in care were not completed regularly with the child/youth in care or significant person to the child or youth if there are capacity concerns or child is of a young age (27% compliance);
- Rationales for placement selections were well documented and efforts were made to involve family members as options for placements in 19 records (90% compliance);
- 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). There was a lot of documentation of the family and community contact with the children/youth in care;
- Documentation of the social workers' private contact with children/youth in care met the standard on 1 record (5% compliance). While there was evidence in the records of regular social worker contact with the caregivers and others involved

with the children and youth in care, it was difficult to determine the frequency of contacts (required every 30 days) and whether the contacts were being made in private.

- 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 met the standard on 1 record (5% compliance).
- Good documentation of annual medical, dental and optical appointments, speech, occupational and physical therapy as well as other assessments was found on 15 records (68% compliance);
- Documentation about planning a move of a child or youth in care, including the reasons for the move, met the standard on 7 records (78% compliance);
- Complete documentation on the follow up to reportable circumstances was found on 2 records (100% compliance);
- There was 1 applicable record where a child/youth in care was missing, lost or runaway and excellent documentation of the social worker's collaborative response to locating the youth was evident (100% compliance);
- Overall, case documentation was negatively impacted by the lack of Care Plans and review recordings over the 3 year scope period with only 3 records having the required documentation to meet the standard (14% compliance);
- Internal transfer recordings were documented the 3 applicable records (100% compliance);
- Closing documentation was completed on 3 records (60% compliance). Two records were missing closing recordings and other closing documentation;
- There was a lack of documentation of the rationale, assessments and approvals regarding the rescindment of a continuing care order and returning the child/youth to their family in the 1 applicable record (0% compliance);
- Interviews with children and youth in care about their care experiences when leaving their placements were not documented in the 5 applicable records (0% compliance).
- Documentation of Independent Living Plans, referrals for 1:1 support, transitioning to adult CLBC services, Persons with Disabilities applications, budget planning, job searches and preparation of youth for participation in skills/trades training met the standard on 5 records (83% compliance);
- Detailed documentation of the involvement of the Public Guardian and Trustee (PGT) was found on 9 of 10 applicable records (90% compliance). There was also evidence of involvement of the PGT for financial planning assistance for youth turning 19; and
- 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 agencies (100% compliance).

b) Resources

The audit reflects the work done by the staff in the agency's resources program 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	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 records include:

- There are a large number of Niha'7kapmx resources caring for the children/youth in care of the agency. Of the 12 open and closed resources audited, 7 were restricted caregivers, 2 were regular caregivers and 3 were levelled specialized caregivers;
- Moderate levels of documentation were found related to supervisory approvals and consults (67% 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 records, complete application and orientation documentation was found (42% compliance). In 3 older records, updated consolidated criminal record checks had not been completed and in 6 of the records, completed PCCs and references were not documented or completed caregiver orientation was not documented. Given the lack of caregiver training in the Lytton area, it is understandable that the compliance may be impacted on this standard;
- Completed home studies were found on only 2 of the 10 applicable records (20% compliance). In 5 records, no home study was documented and 3 records had home studies that were incomplete/unsigned/undated. Of the 5 records without a home study documented, 2 were open and 3 were closed. Of the 3 records with home studies that were incomplete/unsigned/undated, 1 was open and 2 were closed;
- The agency currently is not using the SAFE model for home studies and is using a narrative style with an assessment section. The executive director is participating in a SAFE review with other DAAs and is considering the use of it at NCFSS. The alternative care coordinator and the team leader attended SAFE training in October 2016 in advance of this decision;
- Training offered to and taken by the caregivers was documented in 2 records (17% compliance). It was reported that there is no caregiver training being offered in the Lytton area and when the alternative care coordinator learns of any training, she advises the caregivers of it. This is a very challenging standard for the agency to achieve;
- All of the records had complete, signed and consecutive family care home agreements (100% compliance);
- Completed annual reviews were found for the entire 3 year audit scope period in only 2 of the records (17% compliance). Specifically, 3 records did not have annuals reviews due however there was a lack of monitoring occurring; 1 record did not have a 2013 annual review completed; 1 record did not have a 2014 annual review completed; 1 record did not have 2013, 2014 and 2015 annual reviews completed; 2 records did not have a 2015 annual review completed and 2 records did not have annual reviews completed for 2015 and 2016. Overall there was limited documentation that the social workers are maintaining regular contact with their caregivers through in person home visits and phone/email contact;
- In the 1 applicable record, there was a lack of documentation of the response to an investigation of alleged abuse or neglect in a family care home (0%

compliance). Specifically, the protocol report and related documents were not found in the record; and

- In 3 of the closed resource files, complete closing documentation was found and the reasons for closures were documented in closing recordings (60% compliance).

c) Family Service

The 22 critical measures in the FS Practice Audit are based on Child Protection Response Policies; Chapter 3. The critical measures are as follows:

Critical Measure	Compliance Description
1. Gathering Full and Detailed Information	For every new report, the information gathered was full, detailed and sufficient to assess and respond to the report.
2. Conducting and Initial Record Review (IRR)	An IRR was conducted from electronic databases within 24 hours of receiving the call/report and the IRR identified previous issues or concerns and the number of past SRs, incidents or reports.
3. Completing the Screening Assessment	A Screening Assessment was completed immediately or within 24 hours.
4. Determining Whether the Report Requires a Protection or Non-Protection Response	The protection or non-protection response decision was appropriate.
5. Assigning an Appropriate Response Priority	The response priority was appropriate and if there was an override it was approved supervisor.
6. Conducting a Detailed Record Review (DRR)	A DRR was conducted in electronic and physical files and contained any information that was missing in the IRR and all of the following information: how previous issues or concerns have been addressed; the responsiveness of the family in addressing the issues and concerns and effectiveness of the last intervention or a DRR was not required because there was no previous MCFD/DAA history.
7. Assessing the Safety of the Child or Youth	The Safety Assessment process was completed during the first significant contact with the child/youth's family and if concerns about the child/youth's immediate safety were identified and the child/youth was not removed under the CFCSA, a Safety Plan was developed and the Safety Plan was signed by the parents and approved by the supervisor.
8. Documenting the Safety Assessment	The Safety Assessment was documented within 24 hours after completion of the Safety Assessment process.
9. Making a Safety decision Consistent with the Safety Assessment	The Safety Decision was consistent with the information documented in the Safety Assessment.
10. Meeting with or Interviewing the Parents and Other Adults in the Family	The SW met with or interviewed the parents and other adults in the home and gathered sufficient information about the family to assess the safety and vulnerability of all

Home	children/youth living or being cared for in the family home.
11. Meeting with every Child or Youth Who Lives in the Family Home	The SW has private, face-to-face conversation with every child/youth living in the family home, according to their developmental level or the supervisor granted an exception and the rationale was documented.
12. Visiting the Family Home	The SW visited the family home before completing the FDR assessment or the Investigation or the supervisor granted an exception and the rationale was documented.
13. Assessing the Risk of Future Harm	The Vulnerability Assessment was completed in its entirety and approved by the supervisor or the supervisor approved ending the protection response early and the rationale was documented.
14. Determining the Need for Protection Services	The decision regarding the need for FDR Protection Services or Ongoing Protection Services was consistent with the information obtained during the FDR Assessment or Investigation.
15. Timeframe for Completing FDR Assessment or Investigation	The FDR Assessment or Investigation was completed within 30 days of receiving the report or the FDR Assessment or Investigation was completed in accordance with the extended timeframe and plan approved by the supervisor.
16. Completing a Family and Child Strengths and Needs Assessment	The Strengths and Needs Assessment was completed in its entirety.
17. Supervisory Approval of the Strengths and Needs Assessment	The Family and Child Strengths and Needs Assessment was approved by the supervisor.
18. Developing the Family Plan with the Family	The Family Plan or its equivalent was developed in collaboration with the family.
19. Timeframe for Completing the Family Plan	The Family Plan or its equivalent was created within 30 days of initiating Ongoing Protection Services or the Family Plan was revised within the most recent 6 month Ongoing Protection Services cycle.
20. Supervisory Approval of the Family Plan	The Family Plan or its equivalent was approved the supervisor.
21. Completing a Vulnerability Reassessment OR a Reunification Assessment	A Vulnerability Reassessment or Reunification Assessment was completed within the most recent 6 month ongoing protection cycle or a Reunification Assessment was completed within the 3 months of the child's return or a court proceeding regarding custody.
22. Making the Decision to End Ongoing Protection Services	All of the relevant criteria were met before the decision to end ongoing protection services was made and approved by the supervisor.

Applicability of Audit Critical Measures by Record Type:

Type of Family Service Record	Applicable Critical Measures
<ul style="list-style-type: none"> • Memos • Service Requests • Incidents 	FS1 – FS4
<ul style="list-style-type: none"> • Incidents • Memos or Service Requests with an inappropriate non-protection response 	FS5 – FS15
<ul style="list-style-type: none"> • Open and Closed Cases 	FS16 – FS21
<ul style="list-style-type: none"> • Closed cases 	FS22

Findings from the audit of the closed memos, closed service requests, closed incidents, open family service cases and closed family service cases include the following:

FS 1: Gathering Full and Detailed Information: 37 records had full, detailed and sufficient information to assess and respond to the report (88% compliance). Of the 5 records that were rated non-compliant, all lacked detailed and sufficient information from the callers.

FS 2: Conducting an Initial Record Review (IRR): 20 records had an IRR that was conducted from the ICM, MIS and Best Practices databases within 24 hours of receiving the call/report and identified the previous child safety concerns (48% compliance). Of the 22 records that were rated non-compliant: 8 did not have an IRR documented; 3 had the IRR completed more than 24 hours after receiving the call/report; 6 did not have documentation that the Best Practices database was searched; 4 did not have sufficient information of the child safety history, including no documentation that the Best Practices database was searched; and 1 had no documentation that the Best Practices database was searched and the IRR was completed more than 24 hours after receiving the call/report.

FS 3: Completing the Screening Assessment: 26 records had a Screening Assessment that was completed immediately or within 24 hours (62% compliance). Of the 16 records that were rated non-compliant: 1 did not have a Screening Assessment; 1 had an incomplete Screening Assessment; and 14 had Screening Assessments that were completed past the immediate or 24 hour timeframe. The time to complete the Screening Assessments ranged from 2 to 188 days.

FS 4: Determining Whether the Report Requires a Protection or Non-Protection Response: 37 records had an appropriate response decision documented (88% compliance). Of the 37 records rated compliant, 10 were incidents, 26 were memos and 1 was a service request. Of the 5 records that were rated non-compliant, 4 had

inappropriate non-protection response decisions documented in the Screening Assessments when the reports included child protection allegations and 1 had an inappropriate protection response decision documented in the Screening Assessment when the report did not include child protection allegations.

It was noted by the analysts that 10 of the 31 memos audited were incorrectly used to document the steps taken during a FDR/INV response. The purpose of a memo is to screen the report to determine if an incident or service request is to be opened. When a memo is used to document an FDR/INV response, a Safety Assessment and a Vulnerability Assessment are not generated nor completed. This practice negatively impacted compliance to those critical measures (FS8, FS13) in the 4 non-complaint records listed above. The remaining 6 (out of 10) records that incorrectly used memos to document steps taken during a FDR/INV response were not negatively impacted at FS8 and FS13 for the following reasons: 1 record had a memo with an inappropriate protection response decision documented in the Screening Assessment and was not rated from FS5 to FS15 and 5 records had a memo with an appropriate protection response decision documented in the Screening Assessment but were not rated from FS5 to FS15 because such memos are not used to augment the incident sample.

FS 5: Determining the Response Priority: 10 records had an appropriate response decision documented (71% compliance). Of the 4 records that were rated non-compliant, all did not have a response priority assigned because the Screening Assessments inappropriately assigned non-protection responses when the reports included child protection allegations. Although not tied to the compliance criteria for this measure, the analysts collected information about whether families were contacted within the assigned timeframe and, if not, how long it took; 7 families were contacted within the assigned timeframe; 5 families were contacted between 7 and 48 days after the reports were received and 2 families had no contact from the social workers. There were no records where the supervisor approved ending the protection response early. In regards to the records rated as non-compliant, the analysts verified and confirmed that the children had not been left at risk of harm.

FS 6: Conducting a Detailed Record Review (DRR): There was no documentation on the 14 records that a DRR was conducted (0% compliance).

FS 7: Assessing the Safety of the Child or Youth: 6 records documented the completion of a Safety Assessment process during the first significant contact with the child/youth's family (43% compliance). Of the 8 records that were rated non-compliant, all lacked documentation of a completed Safety Assessment process during the first significant contact with the family.

FS 8: Documenting the Safety Assessment: 2 records had Safety Assessments documented within 24 hours after completing the Safety Assessment process (14% compliance). Of the 12 records rated non-compliant, 5 did not have a Safety Assessment and 7 had Safety Assessments that were completed between 7 and

130 days following the first significant contact with the family. In regards to the records rated as non-compliant, the analysts verified and confirmed that the children had not been left at risk of harm.

FS 9: Making a Safety Decision Consistent with the Safety Assessment: The Safety Decision was consistent with the Safety Assessment in 6 records (43% compliance). Of the 8 records rated as non-compliant, 5 did not have a Safety Assessment and 3 had a Safety Decision that was inconsistent with the Safety Assessment. In regards to the records rated as non-compliant, the analysts verified and confirmed that the children had not been left at risk of harm.

FS 10: Meeting or Interviewing the Parents and Other Adults in the Family Home: 1 record contained information that the social worker met with the parents and other adults in the home and gathered sufficient information about the family to assess the safety and vulnerability of all children/youth living in the family home (7% compliance). Of the 13 records rated as non-compliant, 10 had no or insufficient information documented about whether the social worker met with, or interviewed, the parents, 1 had gathered insufficient information to assess the safety/vulnerability of all children/youth living in the family home and 2 had no information documented about whether the social worker met with, or interviewed other adults living in the family home.

FS 11: Meeting with Every Child or Youth Who Lives in the Family Home: 1 record contained information that the social had a private, face-to-face conversation with every child/youth living in the family home (7% compliance). Of the 13 records that were rated as non-compliant, all had no or insufficient documentation about whether every child/youth living in the family home was seen by the social worker.

FS 12: Visiting the Family Home: 4 records contained information that the social worker visited the family home before completing the FDR Assessment or the Investigation (29% compliance). Of the 10 records that were rated as non-compliant, all had no or insufficient documentation about whether the social worker visited the family home before completing the FDR Assessment or the Investigation.

FS 13: Assessing the Risk of Future Harm: 7 records contained a Vulnerability Assessment that was completed in its entirety and approved by the supervisor (50% compliance). Of the 7 records rated as not achieved, 5 had no Vulnerability Assessment, 1 had an incomplete Vulnerability Assessment and 1 Vulnerability Assessment was not approved by the supervisor.

FS 14: Determining the Need for Protection Services: 6 records had decisions regarding the need for FDR Protection Services or Ongoing Protection Services that were consistent with the information obtained during the FDR Assessment or Investigation (43% compliance). Of the 8 records rated as non-compliant, all had safety factors existing but 1 suggested that safety factors still existed after the completion of the child protection response and a decision was made not to provide

FDR Protection Services or Ongoing Protection Services (this record brought to the attention of the team leader and executive director for action as the documentation indicated that a child may still have been at risk of harm at the time of the audit).

FS 15: Timeframe for Completing the FDR Assessment or Investigation: 14 records had a FDR Assessment or Investigation that was not completed within 30 days of receiving the report (0% compliance). The timeframe for completion ranged from 52 to 365 days. There was no documentation of a supervisor approved plan to close the incident within an extended timeframe.

FS 16: Completing a Family and Child Strengths and Needs Assessment: 4 records had a Strengths and Needs Assessment completed in its entirety within the previous 12 month period (50% compliance). The auditors noted that 3 of the 4 records rate compliant had a Strengths and Needs Assessment completed or revised within the last 6 month protection cycle. Of the 4 records rated non-compliant, all did not have a Strengths and Needs Assessment within the previous 12 month period.

FS 17: Supervisory Approval of the Strengths and Needs Assessment: 4 records had a Strengths and Needs Assessment that was approved by the supervisor (50% compliance). Of the 4 records rated non-compliant, all did not have a Strengths and Needs Assessment.

FS 18: Developing the Family Plan with the Family: 3 records had a Family Plan (or its equivalent) that was developed in collaboration with the family (38% compliance). Of the 5 records rated as non-compliant, 4 did not have a Family Plan (or its equivalent) and 1 had a Family Plan but no documentation was found to suggest that it was completed in collaboration with the family.

FS 19: Timeframe for Completing the Family Plan: 2 records had a Family Plan created within 30 days of initiating Ongoing Protection Services or a Family Plan that was revised within the most recent 6 month protection cycle (25% compliance). Of the 6 records rated non-complaint, 4 did not have a Family Plan and 2 did not have a Family Plan revised within the last 6 month protection cycle.

FS 20: Supervisory Approval of the Family Plan: 1 record had a Family Plan (or its equivalent) that was approved by the supervisor (13% compliance). Of the 7 records rated non-compliant, 3 had Family Plans that were not approved by the supervisor and 4 did not have a Family Plan (or its equivalent).

FS 21: Completing a Vulnerability Reassessment OR a Reunification Assessment: 3 records had a Vulnerability Assessment or Reunification Assessment completed within the most recent 6 month ongoing protection cycle (38% compliance). Of the 5 records rated non-complaint, 3 did not have a Vulnerability Reassessment completed and 2 had Vulnerability Reassessments that were not completed within the last 6 month protection cycle.

FS 22: Making the Decision to End Ongoing Protection Services: 1 record had information that there were no unaddressed reports of abuse or neglect; there were no current safety concerns; the family had demonstrated significant and sufficient behavioral improvements in the areas identified in the Family Plan; and a recent Vulnerability Reassessment confirmed that the factors contributing to high vulnerability no longer existed or have been addressed sufficiently (50% compliance). In the other closed FS case, a Vulnerability Reassessment was not completed prior to closure.

7. COMPLIANCE TO PROGRAMS AUDITED

a) Child Service

In total, 22 open and closed child service records were audited. The overall compliance to the child service standards was **56%**. The following table provides a breakdown of the compliance ratings. For those files that were not applicable to specific standards, explanations are provided in the footnotes:

Standard	Applicable	Compliant	Not Compliant	Compliance Rate
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11)	22	17	5	77%
Standard 2 Development of a Comprehensive Plan of Care (VS 12) *	11		11	0%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13) *	17	4	13	24%
Standard 4 Supervisory Approval Required for Guardianship Services (Guardianship 4)	22	20	2	91%
Standard 5 Rights of Children in Care (VS 14)	22	6	16	27%
Standard 6 Deciding Where to Place the Child (VS 15) *	21	19	2	90%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	22	22	0	100%

Standard 8 Social Worker's Relationship & contact with a Child in Care (VS 17)	22	1	21	5%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18) *	21	1	20	5%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	22	15	7	68%
Standard 11 Planning a Move for a Child in Care (VS 20) *	9	7	2	78%
Standard 12 Reportable Circumstances (VS 21) *	2	2	0	100%
Standard 13 When a Child or Youth is Missing, Lost or Runaway (VS 22) *	1	1	0	100%
Standard 14 Case Documentation (Guardianship 14)	22	3	19	14%
Standard 15 Transferring Continuing Care Files (Guardianship 14) *	3	3	0	100%
Standard 16 Closing Continuing Care Files (Guardianship 16) *	5	3	2	60%
Standard 17 Rescinding a Continuing Custody Order (Guardianship 17) *	1	0	1	0%
Standard 19 Interviewing the Child about the Care Experience (Guardianship 19) *	5	0	5	0%
Standard 20 Preparation for Independence (Guardianship 20) *	6	5	1	83%
Standard 21 Responsibilities of the Public Guardian and Trustee (Guardianship 21) *	10	9	1	90%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home *	0	0	0	

Standard 23 Quality of Care Review *	0	0	0	
Standard 24 Guardianship Agency Protocols (Guardianship 24)	22	22	0	100%

Standard 2: 11 records included initial Care Plans completed prior to July 1, 2013.
Standard 3: 5 records included children or youth who were discharged from care prior to the first annual due date of the Care Plans.
Standard 6: 1 record involved a youth who was living independently.
Standard 9: 1 record involved a youth who was living in a PLEA home.
Standard 11: 13 records involved children who were not moved from their care home.
Standard 12: 20 records did not contain information regarding reportable circumstances.
Standard 13: 21 records did not contain information regarding children missing, lost or run away.
Standard 15: 19 records were not transferred.
Standard 16: 17 records were not closed continuing care files
Standard 17: 21 records did not include rescindment of a continuing custody order.
Standard 19: 17 records did not include an interview with the child or youth regarding a change in placement.
Standard 20: 16 records did not include planning for independence.
Standard 21: 12 records did not include the involvement of the Public Guardian & Trustee.
Standard 22: 22 records did not include an investigation of alleged abuse or neglect in a family care home.
Standard 23: 22 records did not include a quality of care review.

b) Resources

In total, 12 open and closed resource records were audited. Overall compliance to the resource standards was **44%**. The following provides a breakdown of the compliance ratings. For those files that were not applicable to specific standards, explanations are provided in the footnotes:

Standard	Applicable	Compliant	Not Compliant	Compliance Rate
Standard 28 Supervisory Approval Required for Family Care Home Services	12	8	4	67%
Standard 29 Family Care Homes – Application and Orientation	12	5	7	42%
Standard 30 Home Study *	10	2	8	20%
Standard 31 Training of Caregivers	12	2	10	17%
Standard 32 Signed Agreements with Caregivers	12	12	0	100%
Standard 33 Monitoring and Reviewing the Family Care Home	12	2	10	17%

Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	1	0	1	0%
Standard 35 Quality of Care Review *	0	0	0	
Standard 36 Closure of the Family Care Home *	5	3	2	60%

Standard 30: 2 records included home studies completed prior to July 1, 2013.

Standard 34: 11 records did not include an investigation of alleged abuse or neglect in a family care home.

Standard 35: 12 records did not include a quality of care review.

Standard 36: 7 records were not closed.

c) Family Service

The agency's overall compliance rate for the Family Service files was **49%**. The following provides a breakdown of the compliance ratings.

Screening (includes memos, service requests and incidents)

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 1: Gathering Full and Detailed Information	42	37	5	88%
FS 2: Conducting an Initial Record Review (IRR)	42	20	22	48%
FS 3: Assessing the Report about a Child or Youth's Need for Protection (Completing the Screening Assessment)	42	26	16	62%
FS 4: determining Whether the Report Requires a Protection or Non-protection Response	42	37	5	88%

Incidents (augmented with memos and services requests with non-compliance at FS 4)

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 5: Assigning an Appropriate Response Priority	14	10	4	71%
FS 6: Conducting a Detailed Record Review (DRR)	14	0	14	0%
FS 7: Assessing the Safety of the Child or Youth	14	6	8	43%
FS 8: Documenting the Safety Assessment	14	2	12	14%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	14	6	8	43%
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	14	1	13	7%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	14	1	13	7%
FS 12: Visiting the Family Home	14	4	10	29%
FS 13: Assessing the Risk of Future Harm	14	7	7	50%
FS 14: Determining the Need for Protection Services	14	6	8	43%
FS 15: Timeframe for Completing the FDR Assessment or Investigation	14	0	14	0%

Open and Closed Cases

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 16: Completing a Family and Child Strengths and Needs Assessment	8	4	4	50%
FS 17: Supervisory Approval of the Strengths and Needs Assessment	8	4	4	50%
FS 18: Developing the Family Plan with the Family	8	3	5	38%
FS 19: Timeframe for Completing the Family Plan	8	2	6	25%
FS 20: Supervisory Approval of the Family Plan	8	1	7	13%
FS 21: Completing a Vulnerability Reassessment or a Reunification Assessment	8	3	5	38%

Closed Cases

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 22: Making the Decision to End Ongoing Protection Services	2	1	1	50%

8. ACTIONS COMPLETED TO DATE

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

- As of January 2017, the agency began using the SAFE home study.
- As of January 2017, the agency has partnered with Interior Community Services (ICS) of Kamloops to provide training to the agency's caregivers.

9. ACTION PLAN

On February 22, 2017, the following Action Plan was developed in collaboration between Niha'7kapmx Child & Family Services and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Person Responsible	Completion date
<p>1. A practice re-audit will be conducted on open and closed CS, RE and FS cases, closed service requests, closed memos and closed incidents. The re-audit will examine practice from the previous 12 months and new audit samples will be selected.</p>	<p>Manager, Quality Assurance, MCFD</p>	<p>August 31, 2018</p>
<p>2. The agency will provide training to the delegated staff on SDM tools and Care Plans. Confirmation of the completed training will be sent, via email, to the Office of the Provincial Director of Child Welfare.</p>	<p>Executive Director, NCFS</p>	<p>June 30, 2017</p>
<p>3. The agency will provide ICM training to the delegated staff. Confirmation of the completed training will be sent, via email, to the Office of the Provincial Director of Child Welfare.</p>	<p>Executive Director, NCFS</p>	<p>June 30, 2017</p>



March 14, 2017

Alex Scheiber

Date

Deputy Director of Child Welfare, MCFD

