

**CASE PRACTICE AUDIT REPORT**

**Nezul Be Hunuyeh Child and Family Services Society  
(IQE & IQH)**

Office of the Provincial Director of Child Welfare and Aboriginal Services  
Quality Assurance Branch  
Field Work Completed January 26, 2018

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## **1. PURPOSE**

The purpose of the audit is to improve and support Family Service, Resource and Child Service practice. Through a review of a sample of records, the audit provides a measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the third C4 audit for Nezul Be Hunuyeh Child & Family Services Society (NBHCFSS). The last audit at the agency was completed in August 2013.

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 records;
- 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, who conducted the practice audit. The analysts conducted the data collection from January 15 – 26, 2018. The Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the Child Service, Resource and Family Service records and generate office summary compliance reports and a compliance report for each record audited.

The population and sample sizes were based on data entered in Integrated Case Management (ICM) for office codes IQE and IQH and confirmed with the agency prior to the audit commencing. At the time of the audit, there were a total of 63 open and closed Child Service records, 32 open and closed Resource records, 18 open Family Service records and 13 closed Family Service records. The sample sizes were: 33 open and closed Child Service records, 22 open and closed Resource records, 14 open Family Service records and 11 closed Family Service records. Sample sizes were based on a confidence level of 90% with a margin of error of +/-10%. 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 analysts were available to answer any questions from staff that arose during the audit process. Phone interviews were conducted following the completion of the data collection with the executive director, managers and the social workers.

The scope of the practice audit was:

1. Child Service: open and closed Child Service records with the legal categories of VCA, SNA, CCO and Out of Province, and managed by the agency for at least 6 months, from December 1, 2014 to November 30, 2017.
2. Resources: open and closed Resource records relating to foster homes that had children or youth in care for at least 3 months between December 1, 2014, and November 30, 2017. Children or youth in care had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level 1 Care, Level 2 Care, Level 3 Care, and First Nations Foster Home.
3. Open Family Service: Family Service (Non-protection, voluntary) records that were open on November 30, 2017, and had been open for at least 3 months.
4. Closed Family Service: Family Service (Non-protection, voluntary) records that were closed between December 1, 2014, and November 30, 2017, and had been open for at least 3 months.

### **3. AGENCY OVERVIEW**

#### **a) Delegation**

Nezul Be Hunuyeh Child & Family Services Society is currently delegated at C4 Guardianship and has been providing C4 services since 2010. This level of delegation enables the agency to provide the following services:

- Guardianship services to children in continuing custody;
- Support services to families;
- Voluntary Care Agreements;
- Special Needs Agreements;
- Youth Agreements;
- Establishment of residential resources.

The agency is operating under a Bilateral Delegation Agreement which expires March 31, 2018.

#### **b) Demographics**

NBHCFSS serves children and families of the Nak'azdli First Nation and Tl'azt'en First Nation. The agency offices are located in the town of Fort St. James, adjacent to the community of Nak'azdli and in the city of Prince George. Tl'azt'en First Nation is comprised of three communities – Binche, Tache and Middle River which are approximately 30 to 90 minutes from Fort St. James. All communities have good road access and are well maintained throughout the year. The populations of these communities' totals approximately 3778 people (Source: Indigenous and Northern Affairs Canada Aboriginal Peoples & Communities, First Nations Profiles Registered Population February 2018).

Services available in Fort St. James include the RCMP, a small hospital and medical health clinic, School District #91 with K-12 programs, Nechako Valley Community Services Society which offers a number of community services, Northern Interior Health Unit and Fireweed Women's Shelter. The city of Prince George is well serviced by the RCMP, hospital and medical clinics, schools as well as many other support services for children and families.

NBHCFS provides the following non-delegated program/services:

- Parenting Program – Fort St. James and Prince George;
- Eagle's Nest – Tl'azt'en Nation;
- Cultural Program – Tl'azt'en Nation;
- Young Warriors – male and female – Prince George;
- Cultural Family Group – Prince George;
- Men's Group – Prince George;
- Annual Culture Camp;
- Annual Tea Picking;
- Annual Family Picnic;
- Annual Book Drive;
- Annual Christmas Party;
- Annual Apple Day;
- Annual Clothing Drive; and
- Baby Box University.

### **c) Professional Staff Complement**

Current staffing at NBHCFS for the delegated services is comprised of the executive director, 2 managers, 3 guardianship social workers, 2 Family Service social workers, 1 Resource social worker and 1 delegated social worker assistant. One of the Family Service worker positions, based in Fort St. James, was vacant at the time of the audit. The executive director has been with the agency for 14 years. The Prince George manager has been with the agency for 9 years and moved into the delegated manager position in early 2017. The Fort St. James manager has been with the agency for 6 years and moved in the delegated manager position in late 2016. Two of the guardianship social workers have been with the agency for 3 years and the third has been with the agency for less than a year. The Family Service social worker has been with the agency for 4 years, the Resource social worker has been with the agency for 2 years and the social work assistant has been with the agency for 5 years. Following the completion of the data collection, the agency reported that another Resource social worker was hired and will be based out of the Prince George office.

The executive director, the delegated managers, the social work assistant and 2 of the 3 guardianship social workers are delegated to a C4 level. The Resource social worker, a guardianship social worker and the Family Service social worker are delegated to a C3 level. All of the delegated staff have completed their delegation training through Indigenous Perspectives Society or through the Justice Institute of British Columbia.

The delegated staff is supported by the following non-delegated program staff:

Fort St. James:

- Collaborative practice coordinator – vacant at time of audit;
- Parent caregiver support worker;
- 2 family preservation workers;
- Youth care worker;
- Cultural/Youth worker; and
- Family connection worker – vacant at time of audit.

Prince George:

- Cultural worker – vacant at time of audit; and
- 2 family connection workers, on call.

There are administrative/team assistants in each office who support the staff of the delegated and non-delegated teams as well as a finance manager and a finance assistant.

#### **d) Supervision and Consultation**

The managers provide supervision to the delegated social workers on their respective teams. The manager in Prince George supervises 2 guardianship social workers and 1 Family Service social worker. The manager schedules case tracking meetings 3 times a week for the staff to meet and review their cases. She also has an “open door” policy for case consultations and approvals. There are team meetings biweekly which include the delegated and non-delegated staff and interagency team meetings every month which alternate between the 2 office locations. In 2017, the Prince George office experienced a vacancy in one of the guardianship positions from May to October and the manager covered that position along with her manager duties. As a result, the manager reports she was not as available to cover the supervision needs of the staff during this time.

The manager in Fort St. James supervises the Resource social worker, the social work assistant, a guardianship social worker and a Family Service social worker, which was vacant at the time of the audit. From October 2016 to August 2017, the guardianship social worker position was vacant and the manager was covering this caseload. The manager has an “open door” policy so that staff can consult as needed and schedules weekly tracking meetings. It was reported that the weekly tracking meetings have been impacted by staffing shortages and other demands on the manager’s time, so they do not occur as regularly as expected.

The delegated staff in both offices can consult with the other manager or the executive director when needed and the Aboriginal Services practice analyst is available for individual or group consults.

The managers meet monthly with the executive director and meet monthly with the administration manager and the finance manager.

#### **4. STRENGTHS OF THE AGENCY**

Through data collection and staff interviews, the analysts identified the following strengths at the agency and of the agency's guardianship, Resource and Family Service practice over the course of the audit:

- The agency places a significant focus on permanency planning through the use of Family Group Conferences and Family Case Planning Conferences. Through the use of these, the agency's goal is to provide children and youth in care with relational, legal, physical and cultural permanence.
- The delegated staff is very involved in various community events/programs and provides a great deal of additional time outside of work hours.
- The agency focuses on hiring First Nation staff that live locally in order to strengthen the retention of the staff.
- The agency brings the children/youth in care to the communities 4 times a year for cultural events. These include the May picnic, summer week long culture camp, spring tea picking and the Christmas party.
- The agency is in the preliminary stages of planning for full delegation and has begun community engagement sessions.

#### **5. CHALLENGES OF THE AGENCY**

Through data collection and staff interviews, the analysts identified the following challenges at the agency and of the agency's guardianship, Resource and Family Service practice over the course of the audit:

- In November 2017, the agency lost their long term manager, colleague and friend. His passing has left a huge void at the agency and many of the staff is still dealing with this loss.
- Despite the efforts to hire local staff to improve retention, the remote location of the Fort St. James office creates ongoing challenges in the recruitment and retention of delegated staff. This has impacted caseload coverage and has created additional stress and work for the current manager and social workers.
- There is a shortage of foster homes in the Prince George and Fort St. James areas.
- Until 2017, unless training was available locally or was reimbursable, there was no funding for training for the delegated staff. Following some funding increases from Indigenous and Northern Affairs Canada, the executive director and the staff developed a work plan which includes money set aside for professional development.
- The Fort St. James community has limited resources and support services for children, youth and families.

## 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:

- **St. 1 Preserving the identity of the Child in Care:** Documentation of children/youth in care being involved in Nak'azdli First Nation and Tl'azt'en First Nation cultural events, ceremonies and culturally appropriate services was found in all 33 records (**100%** compliance). The agency places significant importance on cultural involvement for the children and youth in care and this is a priority in all areas of their care planning.
- **St. 2 Development of a Comprehensive Plan of Care:** There were no applicable records for this standard because no children were admitted to care by the agency during the audit timeframe that required an initial Care Plan within 30 days and a Care Plan within 6 months of coming into care.
- **St. 3 Monitoring and Reviewing the Child's Plan of Care:** Low compliance was found to completing annual care plans. Specifically, only 13 of the 33 records contained annual care plans over the 3 year audit scope period (**39%** compliance). Of the 20 records rated non-compliant: 1 did not have completed care plans over the 3 year audit scope period; 9 did not have completed care plans for 2015; 6 did not have completed care plans for 2016; 1 did not have completed care plans for 2014 and 2015; 1 did not have completed care plans for 2014, 2015 and 2016; 1 did not have completed care plans for 2015 and 2017 and 1 did not have a completed care plan for 2017. Of the 20 records rated non-compliant, 2 open records did not have current 2017 care plans completed.
- **St. 4 Supervisory Approval Required for Guardianship Services:** Excellent documentation of supervisory approvals and consults was found throughout the records in 32 of the 33 records (**97%** compliance).
- **St 5 Rights of Children in Care:** The review of rights of children in care were completed annually with the child/youth in care, or with a significant person to the child or youth if there are capacity concerns or child is of a young age, in 19 of the 33 records (**58%** compliance). In the 14 records rated as non-compliant: 7 did not have the rights reviewed in 2015; 3 did not have the rights reviewed in 2016; 1 did not have the rights reviewed from 2014-2016; 1 did not have the rights reviewed from 2015-2017; 1 did not have the rights reviewed in 2014 and 2015; and 1 did not have the rights reviewed in 2016 and 2017. Of the 14 records rated as non-compliant, 1 open record did not have the rights reviewed in 2017.

- **St 6 Deciding Where to Place the Child:** Rationales for placement selections were well documented and efforts were made to involve family members as options for placements in all 33 records (**100%** compliance).
- **St 7 Meeting the Child's Needs for Stability and Continuity of Relationships:** 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 significant others in all 33 records (**100%** compliance).
- **St 8 Social Worker's Relationship and Contact with the Child:** Documentation of the social workers' private contacts with children/youth in care met the standard in 4 of the 29 applicable records (**12%** compliance). While there was evidence in the records of social workers' contact with the children and youth in care and others involved, including caregivers, it was difficult to determine the frequency of contacts (required every 30 days) and whether the contacts were being made in private.
- **St 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards:** Documentation that information about the children and youth had been provided to the caregivers at the times of placements, or that the appropriate discipline standards were reviewed annually with the caregivers, met the standard in 17 of the 32 applicable records (**53%** compliance).
- **St 10 Providing Initial and Ongoing Medical and Dental Care:** Excellent documentation of annual medical, dental and optical appointments, speech, occupational and physical therapies and other assessments was found in all the 33 records (**100%** compliance).
- **St 11 Planning a Move for a Child in Care:** Excellent documentation was found regarding planning a move of children or youth in care, including the reasons for the moves in all 12 applicable records (**100%** compliance).
- **St 12 Reportable Circumstances:** Required Reportable Circumstances reports were submitted and necessary follow up to these reports were found in all 15 applicable records (**100%** compliance).
- **St 13 When a Child or Youth is Missing, Lost or Runaway:** There was thorough documentation of the social worker's collaborative response to locating the child/youth in care when he/she was missing, lost or runaway in the 1 applicable record (**100%** compliance).
- **St 14 Case Documentation:** Overall, case documentation was negatively impacted by the lack of care plans and review recordings over the 3 year scope period with only 14 of the 33 records having the required documentation to meet the standard (**42%** compliance).
- **St 15 Transferring Continuing Care Files:** Complete internal transfer recordings were documented in all 16 applicable records (**100%** compliance).
- **St 16 Closing Continuing Care Files:** Complete closing documentation was found in all 5 applicable records (**100%** compliance).
- **St 17 Rescinding a CCO and Returning the Child to the Family Home:** There were no applicable records for this standard.
- **St 19 Interviewing the Child about the Care Experience:** Interviews with children and youth in care about their care experiences when leaving their placements or when leaving care was documented in 2 of the 9 applicable records (**22%** compliance). Of the 7 records rated as non-compliant: 2 were closed in November 2016 with no evidence that the youth were interviewed prior to transitioning out of care at age 19; 1 was closed in May 2017 with no evidence that the youth was interviewed at the time of a placement change in 2016 and when transitioning out of care at age 19; 1 was closed in November 2017 with no evidence that the youth was interviewed when transitioning out of care at

age 19; 1 was closed in September 2017 with no evidence that the youth was interviewed at the time of placement change in February 2017 and when transitioning out of care at age 19; 1 was open with no evidence the youth was interviewed at the time of placement changes in May 2015 and July 2017; and 1 was open with no evidence that the youth was interviewed about the placement change in 2016.

- **St 20 Preparation for Independence:** Excellent documentation of Independent Living Plans, Youth Transition Conferences, 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 in all 13 applicable records (**100%** compliance)
- **St 21 Responsibilities of the PGT:** Detailed documentation of the involvement of the Public Guardian and Trustee (PGT) was found in all 33 records (**100%** compliance). There was also evidence of involvement of the PGT for financial planning assistance for youth turning 19.
- **St 22 Investigation of Alleged Abuse or Neglect in a Family Care Home:** The completed April 2015 protocol investigation report was missing in the 1 applicable open record (**0%** compliance).
- **St 23 Quality of Care Review:** The completed June 2017 quality of care review report was missing in the 1 applicable open record (**0%** compliance).
- **St 24 Guardianship Agency Protocols:** 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 in all 33 records (**100%** compliance).

**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 records include:

- **St. 28 Supervisory Approval for Family Care Home Services:** Excellent documentation of supervisory approvals and consults was found throughout all of the 22 records (**100%** compliance). These also include supervisory approvals on key documents such as the home studies.
- **St. 29 Family Care Homes – Application and Orientation:** Complete application and orientation documentation was found on 15 of the 21 applicable records (**71%** compliance). In the 6 records that were rated non-compliant: 4 required updated consolidated criminal record checks and 2 did not have 3 completed references. Only 2 of the 6 records non-compliant were open and both required updated consolidated criminal record checks. The agency is not using the Caregiver Centralized Screening Hub for its caregiver application screening.
- **St. 30 Home Study:** Completed SAFE home studies were found on 4 of the 5 applicable records (**80%** compliance). The studies were well written and contained a thorough assessment of the caregivers’ histories and appropriateness for fostering. In the 1 open record rated as non-compliant, the analysts found the original 2002 home study however the 2016 update to the home study referred to in the documentation was not located.
- **St. 31 Training of Caregivers:** Training offered to, and taken by, the caregivers was documented thoroughly in 16 of the 22 records (**73%** compliance). The agency has limited access to training for its caregivers in the Fort St. James area and has more training available for its caregivers in the larger urban center of Prince George.
- **St. 32 Signed Agreement with Caregiver:** Completed, signed and consecutive Family Care Home Agreements were found on 20 of the 22 records (**91%** compliance). Of the 2 closed records rated as non-compliant, 1 was missing agreements for the 2015 and 2016 timeframes and 1 was missing the 2016 and 2017 timeframes because the caregiver was unwilling to sign the agreements.
- **St. 33 Monitoring and Reviewing the Family Care Home:** Completed annual reviews for the entire 3 year audit scope period were found on 19 of the 22 records (**86%** compliance). Of the 3 closed records rated as non-compliant, 1 did not have a 2014 annual review and 2 did not have 2015 annual reviews. There was thorough documentation of the Resource workers’ ongoing contacts with the caregivers as well as completion of the 90 day home visits.
- **St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home:** There was complete and thorough documentation of the protocol investigations of alleged abuse or neglect in the family care homes in all 3 applicable records (**100%** compliance).

- **St 35: Quality of Care Review:** Documentation on quality of care reviews met the standard on 2 of the 3 applicable records (**67%** compliance). In the 1 closed record rated as non-compliant, the analysts found that a quality of care review was initiated in March 2015 however it was incomplete and unresolved at the time of the file closure in November 2016.
- **St 36: Closure of the Family Care Home:** Complete closing documentation, including closing recordings with the reasons for closures and closing notification letters to the caregivers, was found in 11 of the 12 applicable records (**92%** compliance). In the 1 record rated as non-compliant, it did not have documentation of verbal or written notification of closure to the caregivers.

**c) Family Service**

The 12 standards in the Family Service Practice Audit are based on the AOPSI Voluntary Service Practice Standards. The standards are as follows:

AOPSI Voluntary Care Practice Standard	Compliance Description
St 1 Receiving Requests for Services	A Voluntary Services social worker accepts requests for service, determines the nature of the service request and the caller's eligibility for service. The Voluntary Services social worker ensures that the service offered is within the delegated authority of the agency. When the Voluntary Services social worker has reason to believe that a child may be in need of protection while receiving a request for services, the social worker makes a report to a delegated child protection worker. When the Voluntary Services social worker receives a child protection report rather than a request for services, the social worker directs the reporter to a delegated child protection social worker and ensures the report is made.
St.2 Supervisory approval Required for Voluntary Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of voluntary services and ensures there is a thorough review of relevant facts and data before decisions are made.
St 3 Information and Referral for Voluntary Services	People requesting voluntary services are directed to the service that best meet their needs.
St 4 Involving the Aboriginal community in the Provision of Services	When providing services to children and families, the social worker involves the child, family, extended family and, when appropriate, the designated representative of the family's Band/cultural group or Aboriginal community in the planning and delivery of services
St 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements	The social worker develops a family service plan that defines the service needs of the child and family, the service required to address the needs, and the measurable goals of the service.

St 6 Support Service Agreements	When providing support services, the social worker enters into a signed Support Services Agreement with the family.
St 7 Voluntary Care Agreements	When a child comes into care through a voluntary agreement, the social worker enters into a signed Voluntary Care Agreement with the family.
St 8 Special Needs Agreement	When a child with special needs requires specialized services outside the family home, the social worker enters into a signed Special Needs Agreement with the family.
St 9 Case Documentation	There are accurate and complete recordings on file to reflect the Voluntary Family Services provided to the family.
St 24 Transferring Voluntary Services Files	Prior to transferring Voluntary Services files, the social worker will complete all required documentation and follow existing protocol procedures.
St 26 Closing Voluntary Services Files	Prior to closing a Voluntary Services and/or Voluntary Child in Care file, the social worker will ensure that the circumstances that necessitated the provision of services no longer exist.
St 27 Voluntary Services Protocols	The social worker is familiar with and follows all protocols related to the delivery of child and family services that the agency has established with local and regional agencies.

Findings from the audit of the voluntary Family Service records include:

- **St 1 Receiving Requests for Services:** Requests and assessments for services were thoroughly documented in all 25 records (**100%** compliance). The agency is registering its Family Service cases in ICM by creating a Memo, assessing the report, completing the Screening Assessment, converting the Memo to a Service Request and then opening a Family Service case. As the completion of Screening Assessments requires C6 delegation, the analysts discussed this with the executive director and managers and forwarded this for follow up to MCFD's Aboriginal Service Branch.
- **St.2 Supervisory Approval Required for Voluntary Services:** Supervisory approvals and consultations were found throughout the course of service provision in 24 of the 25 records (**96%** compliance). In the 1 closed record rated as non-compliant, there was a lack of supervisory consultation and approvals documented over the 2014-2015 timeframe.
- **St 3 Information and Referral for Voluntary Services:** There was excellent documentation of providing information to callers and completing referrals to voluntary services in 24 of the 25 records (**96%** compliance). In the 1 open record rated as non-compliant, there were missing referrals to the services outlined in the Support Services Agreement.
- **St 4 Involving the Aboriginal community in the Provision of Services:** Involvement of the Tl'azt'en and Nak'azdli Nations was evident in all 25 records (**100%** compliance). The social workers work well with extended families and community members in supporting the children and parents.
- **St 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements:** Family Service plans were documented in 1 of the 25 records (**4%** compliance). In the 24 records (10 open and 15 closed) rated non-compliant, there was a lack of Initial Family Service plans and subsequent Family Plans.
- **St 6 Support Service Agreements:** Complete and consecutive Support Service Agreements (SSAs) were found in 2 of the 25 records (**8%** compliance). Of the 23 records rated as non-compliant:

all were missing the required signed Consent Disclosure of Information forms for 2014 - 2017; 5 did not have SSAs for 2016-2017; 1 did not have SSAs for 2014 and 2017; 1 did not have a SSA for 2016; 5 did not have SSAs for 2017; 2 did not have SSAs for 2015; 1 did not have a SSA for 2014; and 8 had SSAs for 2014 – 2017 however they did not have the required signed Consent Disclosure of Information forms. Of the 10 open records, 8 require a completed Consent for Disclosure of Information form.

- **St 7 Voluntary Care Agreements:** There were no applicable records involving Voluntary Care Agreements.
- **St 8 Special Needs Agreement:** There were no applicable records involving Special Needs Agreements.
- **St 9 Case Documentation:** Case documentation and review recordings to capture the overall periods of service and goals achieved or not achieved were found in 24 of the 25 records (**96%** compliance). In the 1 record rated non-compliant, there were no review recordings or updates on the status of the Family Plans.
- **St 24 Transferring Voluntary Services Files:** Completed internal case transfer recordings were found in all 6 applicable records (**100%** compliance).
- **St 26 Closing Voluntary Services Files:** Complete closing documentation and notification to the parent of the file closure was located in all 17 applicable records (**100%** compliance).
- **St 27 Voluntary Services Protocols:** In all of the 25 records, 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 partners (**100%** compliance).



## 7. COMPLIANCE TO PROGRAMS AUDITED

### a) Child Service

There were a total of 33 open and closed Child Service records audited. The overall compliance rate to the Child Service standards was **77%**. 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	33	33	0	100%
Standard 2 Development of a Comprehensive Plan of Care	0	0	0	
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	33	13	20	39%
Standard 4 Supervisory Approval Required for Guardianship Services	33	32	1	97%
Standard 5 Rights of Children in Care	33	19	14	58%
Standard 6 Deciding Where to Place the Child	33	33	0	100%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	33	33	0	100%
Standard 8 Social Worker's Relationship & contact with a Child in Care	33	4	29	12%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards *	32	17	15	53%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	33	33	0	100%
Standard 11 Planning a Move for a Child in Care (VS 20) *	12	12	0	100%

Standard 12 Reportable Circumstances *	15	15	0	100%
Standard 13 When a Child or Youth is Missing, Lost or Runaway*	1	1	0	100%
Standard 14 Case Documentation	33	14	19	42%
Standard 15 Transferring Continuing Care Files *	16	16	0	100%
Standard 16 Closing Continuing Care Files *	5	5	0	100%
Standard 17 Rescinding a Continuing Custody Order *	0	0	0	
Standard 19 Interviewing the Child about the Care Experience *	9	2	7	22%
Standard 20 Preparation for Independence *	13	13	0	100%
Standard 21 Responsibilities of the Public Guardian and Trustee	33	33	0	100%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home *	1	0	1	0%
Standard 23 Quality of Care Review *	1	0	1	0%
Standard 24 Guardianship Agency Protocols	33	33	0	100%

Standard 2: 33 records included initial care plans completed prior to December 1, 2014.

Standard 9: 1 record involved a youth who was living independently.

Standard 11: 21 records involved children who were not moved from their care home.

Standard 12: 18 records did not contain information regarding reportable circumstances.

Standard 13: 32 records did not contain information regarding children missing, lost or run away.

Standard 15: 17 records were not transferred.

Standard 16: 28 records were not closed continuing care files

Standard 17: 33 records did not include rescindment of a continuing custody order.

Standard 19: 24 records did not involve a change in placement.

Standard 20: 20 records did not involve youth requiring planning for independence.

Standard 22: 32 records did not include an investigation of abuse or neglect in a family care home.

Standard 23: 32 records did not include a quality of care review.

## b) Resources

There were a total of 22 open and closed Resource records audited. The overall compliance rate to the Resource standards was **85%**. 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	22	22	0	100%
Standard 29 Family Care Homes – Application and Orientation *	21	15	6	71%
Standard 30 Home Study *	5	4	1	80%
Standard 31 Training of Caregivers	22	16	6	73%
Standard 32 Signed Agreement with Caregivers	22	20	2	91%
Standard 33 Monitoring and Reviewing the Family Care Home	22	19	3	86%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	3	3	0	100%
Standard 35 Quality of Care Review *	3	2	1	67%
Standard 36 Closure of the Family Care Home *	12	11	1	92%

Standard 29: 1 record had the application and orientation documentation completed prior to December 1, 2014. Standard 30: 17 records had home studies completed prior to December 1, 2014.

Standard 34: 19 records did not include an investigation of alleged abuse or neglect in a family care home.

Standard 35: 19 records did not include a quality of care review.

Standard 36: 10 records were not closed.

### c) Family Service

There were a total of 25 open and closed Family Service records audited. The overall compliance rate to the Family Service standards was **78%**. 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
St 1 Receiving Requests for Services	25	25	0	100%
St 2 Supervisory approval required for Voluntary Cared	25	24	1	96%
St 3 Information and Referral for Voluntary Services	25	24	1	96%
St 4 Involving the Aboriginal community in the Provision of Services	25	25	0	100%
St 5 Family Service Plan for support services	25	1	24	4%
St 6 Support Service Agreements	25	2	23	8%
St 7 Voluntary Care Agreements*	0			
St 8 Special Needs Agreement*	0			
St 9 Case Documentation	25	24	1	96%
St 24 Transferring Voluntary Services Files*	6	6	0	100%
St 26 Closing Voluntary Services Files*	17	17	0	100%
St 27 Voluntary Services Protocols	25	25	0	100%

Standard 7: 25 records did not involve VCAs

Standard 8: 25 records did not involve SNAs

Standard 24: 19 records did not involve a transfer

Standard.26: 8 records were not closed

## 8. ACTIONS COMPLETED TO DATE

Prior to the development of the Action Plan on June 27<sup>th</sup>, 2018, the following actions were implemented by the agency:

- Following the 2013 audit, the agency created and implemented a tracking system for child service, resource and family service.

## 9. ACTION PLAN

On June 27<sup>th</sup>, 2018, the following Action Plan was developed in collaboration between Nezul Be Hunuyeh Child and Family Services Society and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Person Responsible	Completion date
1. The agency will review all open child service files and complete all outstanding care plans. Confirmation of completion will be provided, via email, to, and verified in ICM by, the manager of Quality Assurance, MCFD.	Executive Director, NBHCFSS	October 31, 2018
2. The agency will create a form to document the interviewing of children/youth in care about their care experiences. This form will be provided to the manager of Quality Assurance, MCFD.	Executive Director, NBHCFSS	October 31, 2018
3. The agency will review all open resource files and complete all outstanding criminal record checks. Confirmation of completion will be provided, via email, to the manager of Quality Assurance, MCFD.	Executive Director, NBHCFSS	October 31, 2018
4. The agency will review all open family service files and complete all outstanding Support Service Agreements, Consent to Disclosure Information forms and Family Plans. Confirmation of completion will be provided, via email, to the manager of Quality Assurance, MCFD.	Executive Director, NBHCFSS	October 31, 2018