

**CASE PRACTICE AUDIT REPORT**

**Carrier Sekani Family Services  
(IQB, IQC, IQF & IQI)**

Office of the Provincial Director of Child Welfare and Aboriginal Services  
Quality Assurance Branch  
Field Work Completed May 25, 2018

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## **1. PURPOSE**

The purpose of the audit is to improve and support 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 fourth C4 audit for Carrier Sekani Family Services (CSFS). The last audit at the agency was completed in May 2015.

The specific purposes of the audit are to:

- Further the development of practice
- Assess and evaluate practice in relation to existing legislation and the Aboriginal Operational and Practice Standards and Indicators (AOPSI)
- Determine the current level of practice across a sample of records
- Identify barriers to providing an adequate level of service
- Assist in identifying training needs
- Provide information for use in updating and/or amending practice standards or policy

## **2. METHODOLOGY**

There were three quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare, who conducted the practice audit. The analysts conducted the data collection from May 14-25, 2018. The Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the Child Service and Resource 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 IQB, IQC, IQF and IQI and confirmed with the agency prior to the audit commencing. At the time of the audit, there were a total of 104 open and closed child service records and 67 open and closed resource records. The sample sizes were: 38 open child service records, 16 closed child service records and 34 open and closed resource records. Sample sizes were based on a confidence level of 90% with a margin of error of +/-10%. However, 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 a decreased confidence level and 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 Quality Service & Development managers, the team leaders 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 six months, from October 1, 2015 to March 31, 2018.
2. Resources: open and closed resource records relating to foster homes that had children or youth in care for at least three months between April 1, 2015, and March 31, 2018.

Children or youth in care had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level One Care, Level Two Care, Level Three Care, and First Nations Foster Home.

### **3. AGENCY OVERVIEW**

#### **a) Delegation**

Carrier Sekani Family Services is a branch society of the Carrier Sekani Tribal Council incorporated as a non-profit society in 1990 and received C4 guardianship services delegation in 2003. This level of delegation enables the agency to provide the following services:

- Permanent guardianship of children in continuing custody
- Support services to families
- Voluntary Care Agreements
- Special Needs Agreements
- Establishment of residential resources

CSFS has provided a number of services over the years and continues to provide a multitude of services to their Nation members including, but not limited to:

- Addictions
- Early years
- Bridging employment
- Pre-natal nutrition
- Services to youth
- Health and wellness counselling
- Community linkages
- Mediation and family justice
- Home care
- Family support
- Family preservation
- Nursing

The Child and Family Services Program of CSFS is responsible for providing delegated services under the *Child, Family and Community Services Act*. CSFS focuses on providing community-based services which are culturally appropriate for Carrier Sekani people.

#### **b) Demographics**

Carrier Sekani Family Services, with its own board of directors, constitution, and by-laws, provides health, child and family and legal services to the 11 member Carrier and Sekani Nations residing in urban and rural areas of North-Central British Columbia.

The member nations are Burns Lake, Cheslatta, Lake Babine, Nadleh Whut'en, Nee Tahi Bhun, Skin Tyee, Stella'ten, Saik'uz, Takla Lake, Wet'suwet'en and Yekooche.

These communities represent approximately 6,786 registered members (*Indigenous and Northern Affairs Canada, Registered Population June 2018*). The traditional territory covers a large geographic area from Anaheim Lake in the south to Takla Lake in the north, and the Rocky Mountains in the east to Hagwilget in the west. Travel time from Prince George to Vanderhoof is approximately an hour and a half and the travel time from Prince George to Burns Lake is approximately two and a half hours. There is also bus service and train service between the three communities.

Staff who provide delegated services work closely with the other program areas provided by CSFS. They also work closely with the local Ministry of Children and Family Development (MCFD) offices in Prince George, Vanderhoof and Burns Lake. Although the agency's main responsibility is to provide services to members on reserve, they also provide services to members who live off reserve, when possible. The agency is in preliminary discussions regarding providing guardianship for children and youth in temporary care within their service delivery area. Currently the agency provides limited family service to their Nation members.

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

CSFS has a total of five offices: the main office, the guardianship and resource offices located in Prince George and the guardianship, resource and voluntary service (integrated services) offices in Vanderhoof and Burns Lake. The offices in Vanderhoof and Burns Lake provide integrated services as they are smaller offices and the social workers may be called upon to provide both guardianship and resource responses.

Current staffing at CSFS for the delegated services is comprised of the executive director, the quality services and development manager, two integrated services team leaders, one resource team leader, one guardianship team leader, six resource social workers, and four guardianship social workers. There were three guardianship social workers on maternity leave and one guardianship position vacant at the time of the audit. There are three non-delegated student guardianship social workers and three administrative team assistants. One administrative assistant position was vacant at the time of the audit. The quality services and development manager was on secondment from MCFD during the time of the audit, covering a one year maternity leave. At the conclusion of the data collection phase of the audit, the quality services and development manager returned from maternity leave.

The quality service and development manager, the integrated services and guardianship team leaders and all of the guardianship and resource social workers are delegated to a C4 level. The resource team leader is delegated to a C3 level and the executive director is not delegated. All of the delegated staff have completed their delegation training through Indigenous Perspectives Society or through the Justice Institute of British Columbia.

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

Supervision and consultation were identified by the delegated staff, supervisors and management as an area of strength for the agency.

The executive director provides supervision to the quality services and development manager on all non-delegated matters.

The quality services and development manager provides supervision to the team leaders, the family preservation team leader and the mental health clinician (for administrative duties only), via in-person, phone or email consultations and conducts biweekly teleconferences with all team leaders.

The teleconference agenda includes consultations on complex guardianship cases, resource requests, professional development, overcapacity exceptions and care plan approvals when care plans are completed by team leaders. The team leaders provide supervision to the delegated social workers on their respective teams.

The quality services and development manager can sometimes be involved in the frontline response, when needed. In addition, the quality services and development manager will provide coverage for team leaders, including the family support program team leader, when needed.

The resource team leader in Prince George supervises four resource social workers. The team leader has an “open door” policy for case consultations and approvals and schedules bimonthly caseload tracking meetings with each social worker and weekly team meetings. The team leader participates in monthly calls with the SAFE (Structured Analysis Family Evaluation) Consortium and monthly provincial resource calls with MCFD and DAAs participating. Additionally, there are quarterly team meetings with the Prince George guardianship team and with the family preservation team to facilitate discussions on shared cases and relationship building between the teams.

The guardianship team leader in Prince George supervises four guardianship social workers and has an “open door” policy for case consultations and approvals and schedules biweekly caseload tracking meetings with each social worker and biweekly team meetings. This Prince George guardianship team includes the student social workers who have been paired with the delegated social workers on the team.

The integrated services team leader in Burns Lake supervises two guardianship social workers and has an “open door” policy for case consultations and approvals and schedules biweekly caseload tracking meetings with each social worker and biweekly team meetings. Staff reported that the meetings have not been occurring regularly over the past year but there is effort being made to get them back on schedule.

The integrated services team leader in Vanderhoof supervises one guardianship social worker and two resource social workers and has an “open door” policy for case consultations and approvals and schedules caseload tracking meetings with each social worker and team meetings as needed.

All team leaders provide supervision to their respective administrative team assistants. However, the administrative assistant position in the Burns Lake office was vacant at the time of the audit. The Vanderhoof administrative team assistant was providing coverage to Burns Lake, when needed.

#### **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 and resource practice over the course of the audit:

- CARF accreditation: In 2012 CSFS chose the Commission on Accreditation of Rehabilitation Facilities (CARF) to accredit the agency. In 2015, CSFS achieved their first three year accreditation.
- CSFS culture training "Nowh Guna' Tseh" has been delivered to agency staff and is being offered to community partners. The training covers the basic skills, attitudes and knowledge to enhance cultural competency for professional practice.
- Staff reported they receive extensive professional development opportunities.
- The Board of Directors supports a caseload cap of 15 so they are able to deliver the level of service that is expected by the agency.
- Staff reported a very high level of work satisfaction. They commented that there is a positive work/life balance where self-care is promoted and valued. This work environment combined with the smaller caseloads and support for community involvement has the staff feeling very committed to the agency and proud of the work they are doing with their children and youth in care and their caregivers.
- 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 and resource practice over the course of the audit:

- Office space in Prince George has reached its maximum capacity.
- Staff reported it's not ideal having separate offices for the resource, guardianship and family support programs in Prince George.

#### **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 three 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 Care Plan	When assuming responsibility for a child in care the social worker develops a care plan. The care plan is completed within the required timeframes.
St. 3: Monitoring and Reviewing the Child's Care Plan	The 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 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 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 cultural events, ceremonies and culturally appropriate services was found in 53 of the 54 records (**98%** compliance). In the 1 open record rated not achieved, documentation indicated that the caregiver was not supportive of the child in care's involvement in community and cultural events and the child in care was not participating in any. 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 this standard relates to initial plans of care and all children and youth entered care prior to the three year scope period.
- St. 3 Monitoring and Reviewing the Child's Plan of Care:** High compliance was found to completing annual care plans. Specifically, 42 of the 53 applicable records contained annual care plans over the three year audit scope period (**79%** compliance). Of the 11 records rated not achieved: 7 did not have completed care plans for 2015; 2 did not have completed care plans for 2016; 1 did not have completed care plans for 2015 and 2016; and 1 did not have completed care plans for 2016 and 2017. Of the 11 records rated non-compliant, 1 open record did not have a 2017 care plan completed.
- St. 4 Supervisory Approval Required for Guardianship Services:** Excellent documentation of supervisory approvals and consults was found throughout all 54 records (**100%** compliance).
- St 5 Rights of Children in Care:** The review of rights of children in care were completed annually with the children/youth in care, or with significant persons to the children/ youth if there were capacity concerns or the children were of a young age, in 45 of the 54 records (**83%** compliance). In the 9 records rated as not achieved: 4 did not have the rights reviewed in 2015; 3 did not have the rights reviewed in 2015 and 2016; 1 did not have the rights reviewed in 2016 and 2017; and 1 did not have the rights reviewed in 2015 and 2017. Of the 9 records rated as not achieved, 2 open records 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 54 records (**100%** compliance).

- **St 7 Meeting the Child's Needs for Stability and Continuity of Relationships:** Significant efforts were made by the social workers to support and maintain contacts between the children/youth in care and their siblings, parents, extended families and significant others in 53 of 54 records (**98%** 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 15 of the 54 records (**28%** 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. There were a number of records where visits occurred with sibling groups and there was no information if each child/youth in care was seen privately during the group visits.
- **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 48 applicable records (**35%** 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 53 of the 54 records (**98%** compliance).
- **St 11 Planning a Move for a Child in Care:** Excellent documentation was found regarding planning moves of children or youth in care, including the reasons for the moves in all 16 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 32 applicable records (**100%** compliance).
- **St 13 When a Child or Youth is Missing, Lost or Runaway:** There was thorough documentation of the social workers' collaborative responses to locating the child/youth in care when they were missing, lost or runaway in the 4 applicable records (**100%** compliance).
- **St 14 Case Documentation:** The overall case documentation met the standard because of the completion of annual and review care plans and review recordings over the 3 year scope period in 43 of the 54 records (**80%** compliance).
- **St 15 Transferring Continuing Care Files:** Complete internal transfer recordings were documented in all 26 applicable records (**100%** compliance).
- **St 16 Closing Continuing Care Files:** Complete closing documentation was found in all 16 applicable records (**100%** compliance).
- **St 17 Rescinding a CCO and Returning the Child to the Family Home:** Complete case planning documentation, including the required child protection assessments for reunifications, was found in the 2 applicable records (**100%** compliance).
- **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 3 of the 23 applicable records (**13%** compliance).

Of the 20 records rated as not achieved: 4 were closed in 2016 with no evidence that the youth were interviewed prior to, or after, transitioning out of care at age 19; 8 were closed in 2017 with no evidence that the youth were interviewed prior to, or after, transitioning out of care at age 19; 1 was closed in 2018 with no evidence that the youth was interviewed prior to, or after, transitioning out of care at age 19; 1 was open with no evidence the youth was interviewed prior to, or after, the placement changes in 2016 and 2017; 4 were open with no evidence that the children/youth were interviewed prior to, or after, the placement changes in 2016 and 2017; and 1 was open with no evidence that the child was interviewed prior to, or after, the placement change in 2017.

- **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 27 of the 28 applicable records (**96%** compliance)
- **St 21 Responsibilities of the PGT:** Detailed documentation of the involvement of the Public Guardian and Trustee (PGT) was found in all 54 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:** Complete documentation of protocol investigations were found in 5 of the 10 applicable records (**50%** compliance). Of the 5 open records rated as not achieved: 1 did not have the April 2015 protocol investigation report; 2 did not have the May 2017 protocol investigation reports; and 2 did not have the August 2017 protocol investigation reports. This standard is challenging for a C4 DAA to meet because they are not responsible for the protocol investigation and have to wait to receive a copy of the protocol investigation for the file from the investigating office.
- **St 23 Quality of Care Review:** Complete documentation of quality of care reviews were found in 4 of the 5 applicable records (**80%** compliance). In the 1 open record rated as not achieved, the completed June 2015 quality of care review report was not located.
- **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 54 records (**100%** compliance).

## **b) Resources**

The audit reflects the work done by the staff in the agency's delegated programs over the past three years. The nine 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 34 records (100% compliance). These also include supervisory approvals on key documents such as the home studies, exceptions to policy and annual reviews.

- **St. 29 Family Care Homes – Application and Orientation:** Complete application and orientation documentation was found on 31 of the 32 applicable records (97% compliance). In the 1 open record rated not achieved, 1 reference was not completed. The agency is not using the Provincial Centralized Screening Hub for its caregiver application screening.
- **St. 30 Home Study:** Completed SAFE home studies were found on all of the 15 applicable records (100% compliance). The studies were very well written and contained a thorough assessment of the caregivers' histories and appropriateness for fostering.
- **St. 31 Training of Caregivers:** Training offered to, and taken by, the caregivers was documented thoroughly in 33 of the 34 records (97% compliance). In the 1 open record rated not achieved, there was no documentation of training offered to, or completed by, the caregiver within the audit timeframe.
- **St. 32 Signed Agreement with Caregiver:** Completed, signed and consecutive Family Care Home Agreements were found in all 34 records (100% compliance).
- **St. 33 Monitoring and Reviewing the Family Care Home:** Completed annual reviews for the entire three year audit scope period were found on 28 of the 34 records (82% compliance). Of the 4 open records rated as not achieved, 3 did not have 2015 annual reviews and 1 did not have a 2017 annual review. Of the 2 closed records rated as not achieved, 1 did not have a 2017 annual review and 1 did not have 2015 - 2017 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. The annual reviews were very well written and provided a thorough assessment of all aspects of the caregivers' fostering experiences and training needs.
- **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 of the 4 applicable records (75% compliance). In the 1 open record rated as not achieved, the February 2018 protocol investigation summary report was not located on the file.
- **St 35: Quality of Care Review:** Documentation on quality of care reviews met the standard on 1 applicable record (100% compliance).
- **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 8 of the 9 applicable records (89% compliance). In the 1 record rated as not achieved, it did not have documentation of written notification of closure to the caregivers.

## 7. COMPLIANCE TO PROGRAMS AUDITED

### a) Child Service

There were a total of 54 open and closed Child Service records audited. The overall compliance rate to the Child Service standards was **84%**. 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 Achieved	Total Not Achieved	% Achieved
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	54	53	1	98%
Standard 2 Development of a Comprehensive Plan of Care*	0	0	0	
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care *	53	42	11	79%
Standard 4 Supervisory Approval Required for Guardianship Services	54	54	0	100%
Standard 5 Rights of Children in Care	54	45	9	83%
Standard 6 Deciding Where to Place the Child	54	54	0	100%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	54	53	1	98%
Standard 8 Social Worker's Relationship & contact with a Child in Care	54	15	39	28%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards *	48	17	31	35%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	54	53	1	98%
Standard 11 Planning a Move for a Child in Care (VS 20) *	16	16	0	100%
Standard 12 Reportable Circumstances *	32	32	0	100%
Standard 13 When a Child or Youth is Missing, Lost or Runaway*	4	4	0	100%

Standard 14 Case Documentation	54	43	11	80%
Standard 15 Transferring Continuing Care Files *	26	26	0	100%
Standard 16 Closing Continuing Care Files *	16	16	0	100%
Standard 17 Rescinding a Continuing Custody Order *	2	2	0	100%
Standard 19 Interviewing the Child about the Care Experience *	23	3	20	13%
Standard 20 Preparation for Independence *	28	27	1	96%
Standard 21 Responsibilities of the Public Guardian and Trustee	54	54	0	100%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home *	10	5	5	50%
Standard 23 Quality of Care Review *	5	4	1	80%
Standard 24 Guardianship Agency Protocols	54	54	0	100%

Standard 2: 54 records included initial care plans completed prior to April 1, 2015.  
Standard 3: 1 record was transferred to the agency in October 2017 and the annual care plan was not due.  
Standard 9: 6 records involved youth who were living independently.  
Standard 11: 38 records involved children who were not moved from their care homes.  
Standard 12: 22 records did not contain information regarding reportable circumstances.  
Standard 13: 50 records did not contain information regarding children missing, lost or run away.  
Standard 15: 28 records were not transferred.  
Standard 16: 38 records were not closed continuing care files.  
Standard 17: 52 records did not include rescindments of a continuing custody order.  
Standard 19: 31 records did not involve changes in placements.  
Standard 20: 26 records did not involve youth requiring planning for independence.  
Standard 22: 44 records did not involve investigations of abuse or neglect in family care homes.  
Standard 23: 49 records did not involve quality of care reviews.

## b) Resources

There were a total of 34 open and closed Resource records audited. The overall compliance rate to the Resource standards was **95%**. 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 Achieved	Total Not Achieved	% Achieved
Standard 28 Supervisory Approval Required for Family Care Home Services	34	34	0	100%
Standard 29 Family Care Homes – Application and Orientation *	32	31	1	97%
Standard 30 Home Study *	15	15	0	100%
Standard 31 Training of Caregivers	34	33	1	97%
Standard 32 Signed Agreement with Caregivers	34	34	0	100%
Standard 33 Monitoring and Reviewing the Family Care Home	34	28	6	82%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	4	3	1	75%
Standard 35 Quality of Care Review *	1	1	0	100%
Standard 36 Closure of the Family Care Home *	9	8	1	89%

Standard 29: 2 records had the applications and orientation documentation completed prior to April 1, 2015.

Standard 30: 19 records had home studies completed prior to April 1, 2015.

Standard 34: 30 records did not involve investigations of alleged abuse or neglect in family care homes.

Standard 35: 33 records did not involve quality of care reviews.

Standard 36: 25 records were not closed.

## **8. ACTIONS COMPLETED TO DATE**

Prior to the development of the Action Plan on November 26, 2018, the Quality Service & Development Manager and the team leaders from Prince George, Vanderhoof and Burns Lake met to develop an action plan in response to the MCFD practice audit report. The following actions were implemented by the agency:

### **Child Service:**

1. St. 3: Monitoring and Reviewing the Child's Care Plan: As of October 2018, a care plan tracking system is utilized every two weeks between team leaders and social workers to anticipate due dates for annual care plans and six month reviews. In addition, team assistants are checking the CS files every two months to confirm completed care plans. If a care plan is not in the file, the team assistant notifies the team leader with conduct of the file and the Quality Service & Development Manager. The supervisor then creates a work plan with the social worker to ensure the care plan is completed within 30 days.
2. St 5: Rights of Children in Care: As of November 2018, team leaders will only approve care plans that have the review of Section 70 rights component completed by the social workers.
3. St 8: Social Worker's Relationship and Contact with a Child in Care: In October 2018, the team leaders reviewed Standard 8 with social workers. Social workers now record the 30 day private visits within a separate note in ICM. Team assistants now print out case notes at the end of each month and notify the social worker and team leader if these monthly notes are missing. The care plan tracking system is then updated for the next bi-monthly tracking session.
4. St 9: Providing the Caregiver with Information & Reviewing Appropriate Discipline Standards: As of October 2018, when a child is placed in a home, the social worker prints two copies of the referral document from ICM and ensures it is reviewed and signed by the caregiver. A copy remains with the caregiver and the signed copy is placed in the CS file. The social worker also ensures the discipline standards form is reviewed and signed with the caregiver and is completed in conjunction with the annual care plan.
5. Standard 19 Interviewing the Child about the Care Experience: In October 2018, the agency developed and implemented an interview process for children and youth in care moving from a placement or transitioning/leaving care.
6. St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home: On October 25, 2018, the quality assurance manager reviewed Standard 34 with team leaders, including the expectation to place completed investigation reports into the resource files.

## 9. ACTION PLAN

On November 26, 2018, the following Action Plan was developed in collaboration between Carrier Sekani Family Services and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Person Responsible	Completion date
Child Service:  St 5: Rights of Children in Care: The agency will add the reviews of Section 70 Rights to the care plan tracking system. This updated tracking system will be sent to the manager of Quality Assurance, MCFD.	Executive Director, CSFS	January 31, 2019