

## **CASE PRACTICE AUDIT REPORT**

**Northwest Inter-Nation Family and Community Services Society**

**(IQM, IQT)**

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 December 1, 2017

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## 1. PURPOSE

The purpose of the audit is to improve and support child service and resource practice. Through a review of a sample of records, 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 fourth audit for Northwest Inter-Nation Family and Community Services Society (NIFCSS). The last audit of the agency was completed in August 2014 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 fieldwork was completed from November 27th – December 1st. Upon arrival at the Northwest Inter-Nation Family and Community Services Society Terrace office, the analysts met with the office manager and started auditing records. A brief afternoon phone call was conducted to discuss the audit process with the executive director who was located at the Prince Rupert office. The analysts were available to answer any questions from staff that arose throughout the audit process. Interviews with 3 delegated staff were completed by phone after the fieldwork was finished. The database Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the child service and resource cases and generate agency compliance tables (see below) and a compliance report for each file audited.

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, the population sizes were: 39 open and closed child service cases and 24 open and closed resource cases. The sample sizes were: 25 open and closed child service cases and 18 open and closed resource cases. Sample sizes were based on a confidence level of 90% with a margin of error of +/-10%.

The scope of the practice audit was:

- Open and closed child service cases: legal categories of VCA, SNA, CCO and Out of Province, and managed by the agency for at least 6 months, from October 1, 2014 to September 30, 2017
- Open and closed resource cases: placement categories of regular family care, restricted family care, level 1, level 2, and level 3 care, and First Nations foster home, and managed by the agency for at least 3 months, from October 1, 2014 to September 30, 2017.

### 3. AGENCY OVERVIEW

#### a) Delegation

NIFCSS operated under C4 delegation for 14 years until October 10, 2017 when the agency received C6 delegation. 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
- Youth Agreements
- Child protection

In addition to the delegated programs, NIFCSS provides the following non-delegated programs/services to Aboriginal children and families:

- Cultural programming
- Mental health clinician
- Strengthening families program

NIFCSS was established on February 8, 1999 and received C4 delegation in 2003. The agency currently operates under a 3 year bi-lateral C6 delegation agreement signed October 10, 2017 through to March 31, 2020. However, this audit does not include the child protection practice (C6 delegation) as the agency was recently delegated.

#### b) Demographics

NIFSS has 2 main office locations in the urban settings of Terrace (IQT) and Prince Rupert (IQM) on the traditional territories of the Ts'msyen, Haisla and Tahltan nations. The communities in the Terrace/Kitimat area are Kitimaat, Kitselas and Kitsumkalum. The communities in Prince Rupert are Hartley Bay, Kitkatla, Lax Kw'alaams (Port Simpson), and Metlakatla. NIFCSS services 7 Bands:

- Kitselas
- Kitsumkalum
- Gitga'at (Hartley Bay)
- Lax Kw'alaams (Port Simpson)
- Metlakatla
- Gitxaala (Kitkatla)
- Haisla (Kitimaat Village)

The communities served by the Terrace office are in relatively close proximity. In Prince Rupert, all of the communities are a distance away and some can only be reached by air or sea.

### c) Professional Staff Complement

Current staffing at NIFCSS for the delegated services is comprised of the executive director, 1 practice manager, 1 team leader, 5 guardianship workers, 2 resource workers, 1 executive assistant, 1 administrative professional, 2 casual administrative assistants, and 1 finance manager. The executive director has been working with the agency for 10 years. She was seconded from MCFD to the agency in 2008 as a team leader. In 2010 she became the acting executive director and in 2015 she became the executive director and a permanent employee of the agency. The practice manager is new to this agency and working with NIFCS for 6 months at the time of the audit. Previously, she worked with another DAA as a team leader for 2 years and has 10 years of experience in child welfare. The team leader has been in her position for 5 years in the Prince Rupert office. She has worked in Aboriginal child welfare for 15 years.

Three staff have been employed by the agency for 10 years or more. One staff member began as a practicum student, was hired, and has been with the agency for over 2 years. Staffing is often a challenge. Two staff were on medical leave and there was no backfill for these positions and replacement of staff during short term leaves usually does not occur.

NIFCSS also has the following non-delegated program positions that work closely with the delegated staff to provide holistic, cultural services to Indigenous people on Ts'msyen, Haisla and Tahltan traditional territories:

- 8 family support workers
- Aboriginal child and youth mental health counsellor

### d) Supervision and Consultation

The practice manager and team leader provide supervision to the delegated social workers on their respective teams. The practice manager is located in Terrace and supervises 2 social workers located in Prince Rupert and the 2 social workers from the Terrace office.

The team leader is located in Prince Rupert and supervises 3 social workers and the office manager. Supervision styles are described as “open door” and monthly all-staff teleconferences are held. Daily morning stand up meetings occur in both office locations. Until recently, structured supervision with each staff member, which includes tracking the progress of required tasks associated with each record on a caseload, was not occurring on a schedule basis at either the Terrace or Prince Rupert offices. Recently, scheduled structured supervision was made mandatory for all staff.

The executive director supervises the practice manager and team leader. Consultations occur when needed and may take place by phone, email or in person. The NIFCSS president and board members supervise the executive director.

## **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:

- Permanency planning continues to be a main focus within the agency.
- Cultural programming is strong and meeting the needs of the children and youth in care. For example, transitioning ceremonies with elders, family members and community take place for each youth in care. Yearly culture camps are organized for children and youth in care and the location changes amongst the bands every year. The Grandmothers’ Group is involved in many of the NIFCSS programming and events and provides support to the agency and communities.
- The agency hired a mental health clinician to service the remote communities.
- The agency increased the number of family support workers for the Strengthening Families Program and there is at least 1 in every community to provide direct support to families in more isolated communities.
- Staff have developed close relationships with community partners including the local RCMP, Aboriginal health authority, and the local MCFD offices.
- Staff employed by the agency for longer periods of time demonstrate commitment, resilience, and they provide stability to the agency.
- In late 2017, NIFCSS received C6 delegation, as this has been a main focus for the agency for the past couple of years.

## **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:

- Finding office space in remote communities for social workers to meet with clients is a challenge. The executive director is working towards a solution given the importance of staff working out in isolated communities.
- Staff raised questions about the criminal check and criminal records review program forms and requirements as the process and documents are considered confusing.
- The agency is using the SAFE model for home studies.
- According to the executive director, a second mental health position is needed to service the needs of families, children and youth in the communities. The development of a life skill program for youth in care is needed.

## 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:** There was excellent documentation of children/youth in care involvement in cultural events and culturally appropriate services found in 24 of the 25 records (**96%** compliance).
- **St. 2 Development of a Comprehensive Plan of Care:** There were no applicable records as all initial Care Plans were completed prior to October 1, 2014 or were the responsibility of MCFD prior to transfer.
- **St. 3 Monitoring and Reviewing the Child's Plan of Care:** Very low compliance was found to completing care plans.

Specifically, only 5 of the 23 applicable records contained care plans over the 3 year audit scope period (**22%** compliance). Of the 18 records rated non-compliant; 2 did not contain care plans over the 3 year audit scope period; 3 did not have a care plan for 2014; 3 did not have care plans for 2015; 1 did not have a care plans for 2017; 2 did not have care plans for 2014 and 2015; 1 did not have care plans for 2014 and 2016; 2 did not have care plans for 2014 and 2017; 1 did not have a care plan for 2016 and 2017, 1 did not have a care plan for 2014, 2015 and 2017; 1 did not have a care plan for 2014, 2015 and 2016; and 1 had an incomplete and unsigned care plan for 2015, 2016 and 2017. Of the CS files currently open at the agency, 8 require care plans for 2017.

- **St. 4 Supervisory Approval Required for Guardianship Services:** Documentation of supervisory approvals and consults was found throughout 23 of the 25 records (**92%** 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 significant person to the child or youth if there are capacity concerns or child is of a young age) in only 4 of the 23 applicable records (**17%** compliance).
- **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 25 of the 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 community members in all 25 of the records (**100%** compliance).
- **St 8 Social Worker's Relationship and Contact with the Child:** Documentation of the social workers' private contact with children/youth in care met the standard in 3 of the 25 records (**12%** compliance). While there was evidence in the records of regular social worker contact 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 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 time of placements and that discipline standards were reviewed with the caregivers was not found in any of the 17 applicable records (**0%** compliance).
- **St 10 Providing Initial and Ongoing Medical and Dental Care:** Documentation of annual medical, dental and optical appointments, speech, occupational and physical therapy as well as other assessments was found in 21 of the 25 records (**84%** compliance).
- **St 11 Planning a Move for a Child in Care:** Documentation about planning a move of a child or youth in care, including the reasons for the move, met the standard in 6 of the 7 applicable records (**86%** compliance).

- **St 12 Reportable Circumstances:** Strong documentation on the follow up to reportable circumstances was found in 13 of the 14 applicable records (**93%** compliance).
- **St 13 When a Child or Youth is Missing, Lost or Runaway:** Documentation of the social workers' collaborative responses to locating missing, lost or runaway youth was evident in 2 of the 3 applicable records (**67%** 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 7 of the 25 records having the required documentation to meet the standard (**28%** compliance).
- **St 15 Transferring Continuing Care Files:** Internal transfer recordings were documented in all 19 applicable records (**100%** compliance).
- **St 16 Closing Continuing Care Files:** Closing documentation was completed in 5 of the 6 applicable records (**83%** compliance).
- **St 17 Rescinding a CCO and Returning the Child to the Family Home:** There were no applicable records as no rescindment of a continuing care order and returning the child/youth to their families was found.
- **St 19 Interviewing the Child about the Care Experience:** Documentation that interviews with children and youth in care about their care experiences took place when leaving their placements was not found in any of the 8 applicable records (**0%** compliance).
- **St 20 Preparation for Independence:** 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 in 6 of the 7 applicable records (**86%** compliance).
- **St 21 Responsibilities of the PGT:** Documentation of the involvement of the Public Guardian and Trustee (PGT) was found in 20 of 25 records (**80%** 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:** Documentation of protocol investigations was found in 3 of 4 applicable records (**75%** compliance).
- **St 23 Quality of Care Review:** Complete documentation of a quality of care review was found in the 1 applicable record (**100%** 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 25 records (**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:

- **Types of Family Care Homes:** There are a large number of restricted resources caring for the children/youth in care of the agency. Of the 18 open and closed resource records audited, 12 were restricted caregivers, 1 was a regular care home and 6 were levelled caregivers.
- **St 28 Supervisory Approval Required for Family Care Home Services:** Documentation related to supervisory approvals and consults was found in 17 of the 18 records (94% compliance). These included supervisory approvals on key documents such as the home studies, exceptions to policy and family care home agreements.
- **St 29 Family Care Homes- Application and Orientation:** Complete application and orientation documentation was found in 13 of the 18 records (72% compliance). Of the 5 records rated not achieved; 1 record did not have completed caregiver orientation documented; 2 records did not have updated criminal record checks on 1 caregiver or both caregivers; and 2 records did not have medicals and references documented. Two open caregivers require updated criminal record checks to be completed.
- **St 30 Home Study:** Completed home studies were found in 4 of the 10 applicable records (40% compliance). Of the 6 records rated not achieved; 2 had no home study; and 4 required either a new home study or an addendum to the previous home study due to the resource re-opening or a change in the care home. The 6 open resources require either a full home study or an addendum to be completed.
- **St 31 Training of Caregivers:** Training offered to and taken by the caregivers was documented in 13 of the 18 records (72% compliance).
- **St 32 Signed Agreement with Caregivers:** Signed and consecutive family care home agreements were documented in 16 of 18 records (89% compliance).
- **St 33 Monitoring and Reviewing the Family Care Home:** Completed annual reviews were found in 11 of the 18 records (61% compliance). Of the 7 records rated non-compliant; 2 did not have annual reviews; 1 did not have 2015 and 2016 annual reviews; 1 did not have a 2016 annual review; and 3 did not have foster home monitoring documented. Of the open resource files audited, 4 annual reviews for 2017 need to be completed.
- **St 34 Investigation of Alleged Abuse or Neglect in a Family Care Home:** Documentation of the protocol investigation was found in the 1 applicable record (100% compliance).
- **St 35 Quality of Care Review:** Documentation of the quality of care review of a family care home was found in 1 of 2 applicable records (50% compliance)
- **St 36 Closure of the Family Care Home:** In the 2 closed records, complete closing documentation was not found and the reasons for closures were not documented in closing recordings (0% compliance).

## 7. COMPLIANCE TO PROGRAMS AUDITED

### a) Child Service

In total, 25 open and closed child service records were audited. The overall compliance to the child service standards was **66%**. 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)	25	24	1	96%
Standard 2 Development of a Comprehensive Plan of Care (VS 12)*	NA	NA	NA	NA
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13) *	23	5	18	22%
Standard 4 Supervisory Approval Required for Guardianship Services (Guardianship 4)	25	23	2	92%
Standard 5 Rights of Children in Care (VS 14)*	25	6	19	24%
Standard 6 Deciding Where to Place the Child (VS 15)	25	25	0	100%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	25	25	0	100%
Standard 8 Social Worker's Relationship & contact with a Child in Care (VS 17)	25	3	22	12%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18) *	17	0	17	0%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	25	21	4	84%

Standard 11 Planning a Move for a Child in Care (VS 20) *	7	6	1	86%
Standard 12 Reportable Circumstances (VS 21) *	14	13	1	93%
Standard 13 When a Child or Youth is Missing, Lost or Runaway (VS 22) *	3	2	1	67%
Standard 14 Case Documentation (Guardianship 14)	25	7	18	28%
Standard 15 Transferring Continuing Care Files (Guardianship 14) *	19	19	0	100%
Standard 16 Closing Continuing Care Files (Guardianship 16) *	6	5	1	83%
Standard 17 Rescinding a Continuing Custody Order (Guardianship 17) *	NA	NA	NA	NA
Standard 19 Interviewing the Child about the Care Experience (Guardianship 19) *	8	0	8	0%
Standard 20 Preparation for Independence (Guardianship 20) *	7	6	1	86%
Standard 21 Responsibilities of the Public Guardian and Trustee (Guardianship 21)	25	20	5	80%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home *	4	3	1	75%
Standard 23 Quality of Care Review *	1	1	0	100%
Standard 24 Guardianship Agency Protocols (Guardianship 24)	25	25	0	100%

Standard 2: 25 records included initial Care Plans completed prior to October 1, 2014 or were the responsibility of MCFD.

Standard 3: 2 records did not require the annual Care Plans because they were not due.

Standard 9: 6 records involved a youth who was living independently and 2 records the discipline review was not yet required as files were recently transferred.

Standard 11: 18 records involved children who were not moved from their care home.

Standard 12: 11 records did not contain information regarding reportable circumstances.

Standard 13: 22 records did not contain information regarding children missing, lost or run away.

Standard 15: 6 records were not transferred.

Standard 16: 19 records were not closed continuing care files

Standard 17: 25 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: 18 records did not include planning for independence.

Standard 22: 21 records did not include an investigation of abuse or neglect in a family care home.

Standard 23: 24 records did not include a quality of care reviews.

## b) Resources

In total, 18 open and closed resource records were audited. Overall compliance to the resource standards was **72%**. 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:

<b>Standard</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Not Compliant</b>	<b>Compliance Rate</b>
Standard 28 Supervisory Approval Required for Family Care Home Services	18	17	1	94%
Standard 29 Family Care Homes – Application and Orientation	18	13	5	72%
Standard 30 Home Study *	10	4	6	40%
Standard 31 Training of Caregivers	18	13	5	72%
Standard 32 Signed Agreements with Caregivers	18	16	2	89%
Standard 33 Monitoring and Reviewing the Family Care Home	18	11	7	61%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	1	1	0	100%
Standard 35 Quality of Care Review *	2	1	1	50%
Standard 36 Closure of the Family Care Home*	2	0	2	0%

Standard 30: 8 records included home studies completed prior to October 1, 2014.

Standard 34: 17 records did not include an investigation of alleged abuse or neglect in a family care home.

Standard 35: 16 records did not include a quality of care review.

Standard 36: 16 records were not closed.



## 8. ACTIONS COMPLETED TO DATE

Prior to the development of the Action Plan on April 9<sup>th</sup>, 2018, the following actions were implemented by the agency:

- The following forms are now being filed within the child service files: discipline review, child and youth in care (CYIC) referral document, rights in care, and consent to medical care (pink medical).

## 9. ACTION PLAN

Actions	Person Responsible	Completion date
1. The agency will review all open resource files and complete the outstanding documentation in the following areas: annual reviews, updated criminal record checks, and homes studies/addendums. Confirmation of completion will be provided, via email, to, and verified in ICM by, the manager of Quality Assurance, MCFD.	Executive Director, NIFCSS	March 1, 2019
2. The agency will develop and implement a tracking system to monitor the completion of care plans and care plan reviews. This tracking system will be provided to the manager of Quality Assurance, MCFD	Executive Director, NIFCSS	March 1, 2019
3. 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, NIFCSS	March 1, 2019
4. The agency will review Guardianship Standard 19 (Interviewing the Child About the Care Experience) with all social workers. Confirmation of completion will be provided to the manager of Quality Assurance, MCFD.	Executive Director, NIFCSS	March 1, 2019