



Fraser Valley Aboriginal Child and Family Services
Society (FVACFSS)

CASE PRACTICE AUDIT REPORT

Report Completed: January 2020

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed May 7th, 2019

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1. PURPOSE

The purpose of the audit is to improve and support child service, resource and family service practice. Through the review of samples of records, the audit provides a measure of the quality of documentation during the audit timeframes (see below for dates), confirm good practice, and identify areas where practice requires strengthening. This is the seventh audit for Fraser Valley Aboriginal Child and Family Services Society (FVACFSS). The last audit of the agency was completed in June 2016 and included only child service (guardianship only) and resource practice.

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 four quality assurance practice analysts from MCFD's Office of the Provincial Director of Child Welfare, who conducted the practice audit. The practice analysts conducted the data collection from March 4, 2019 to May 7, 2019. The MCFD Share Point site was used to collect the data for the child service, resource and family service records and generate program compliance tables (see Findings and Analysis section below) and a compliance report for each record audited.

The population and sample sizes for the eight record types used in the audit were extracted from the Integrated Case Management (ICM) database. The sample sizes provide a confidence level of 90% with a +/- 10% margin of error. However, some of the standards used for the audit are only applicable to a reduced number of the records that were selected and so the results obtained for these standards have a decreased confidence level and an increased margin of error. The following are the sample sizes for the eight record types:

Record Types	Population Sizes	Sample Sizes
Open Child Service Cases	410	59
Closed Child Service Cases	154	48
Open and Closed Resource Cases	196	51
Service Requests	340	57
Memos	250	54
Incidents	1,030	64
Open Family Service Cases	223	55
Closed Family Service Cases	38	25

The above samples were randomly drawn from populations with the following parameters:

1. Open child service cases: CS records open in ICM on January 31, 2019, with the legal categories of VCA, SNA, removal interim order, TCO and CCO, and managed by the agency for at least six months.
2. Closed child service cases: CS records that were closed in ICM between August 1, 2016 and January 31, 2019 and had been open at the agency for at least six months.
3. Open and closed resource cases: RE records relating to foster homes that had children or youth in care for at least three months between February 1, 2016 and January 31, 2019. 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.
4. Closed incidents: incidents closed in ICM between February 1, 2018 and January 31, 2019, where the type was family development response or investigation.
5. Closed service requests: SR records closed in ICM between February 1, 2018 and January 31, 2019, where the type was request service (CFS), request service (CAPP), request family support or youth services.
6. Closed memos: memos closed in ICM between February 1, 2018 and January 31, 2019, where the type was screening and with the resolution of "No Further Action".
7. Open family service cases: FS cases that were open in ICM on January 31, 2019 and had been open for at least six months (continuously) with a service basis listed as protection.
8. Closed family service cases: FS cases that were closed in ICM between August 1, 2018 and January 31, 2019 and managed by the agency for at least six months (continuously) with a service basis listed as protection.

For open child service and open resource case records, the reviews focused on all electronic information documented in the ICM database and physical information documented in the files during a specific three-year period (February 1, 2016 to January 31, 2019). For open family service case records, the reviews focused on all electronic information documented in the ICM database and physical information documented in the files during a specific 12-month period (February 1, 2018 to January 31, 2019). For closed child service and closed resource case records, the reviews focused on all electronic information documented in the ICM database and physical information documented in the files from February 1, 2016 until the dates the records were closed. For closed family service case records, the reviews focused on all electronic information documented in the ICM database and physical information documented in the files during the 12-month period prior to the dates the records were closed.

3. AGENCY OVERVIEW

a) Delegation

FVACFSS, also known as Xyolhemeylh Child and Family Services Society, operates under a C6 Bilateral Delegation Agreement that expires on March 31, 2020. This level of delegation enables the agency to provide the following services:

- child protection
- temporary custody of children
- guardianship for children in continuing custody
- support services to families
- Voluntary Care and Special Needs Agreements
- Youth Agreements
- respite services
- Extended Family Program
- Agreement with Young Adults
- establishing and managing residential resources.

FVACFSS provides the following services and events to their member Nations' children and to urban Indigenous children and families:

- traditional family planning, mentors and counsellors
- collaborative process facilitators
- cultural youth camps and family camps
- Indigenous leadership youth group
- Roots program
- Shxw:wha:y Family Home
- Tool Time (life skills and cultural learning)
- Sexual Abuse Intervention program
- referrals to medical, dental, family, parenting, youth, rehabilitation and counselling services.

All the social work staff have, or are working towards, C6 delegation. The executive director and all the managers have C6 delegation.

b) Demographics

FVACFSS provides services to the member First Nations of Aitchelitz, Chawathil, Cheam, Kwantlen, Leq'a:mel, Matsqui, Popkum, Shx:wha:y, Shxw'ow'hamel, Skawahlook, Skowkale, Skwah, Soowahlie, Squiala, Sumas, Tzeachten, Yakweakwioose and Yale. The population of the

member First Nations totals approximately 5,625. (Source: Aboriginal Peoples & Communities, First nation Profiles, Aboriginal Affairs and Northern Development Canada, April 2019).

c) Professional Staff Complement

FVACFSS provides service in three regions (Chilliwack, Abbotsford/Langley, Agassiz/Mission) and operates with a central office located in Chilliwack and regional offices in Mission, Abbotsford, Agassiz and Langley. There are seven multidisciplinary (FS, CS, RE) teams (IFA IFB, IFC, IFG, IFH, IFI, and IFK), two out of care options teams (IFD and IFJ), and one permanency planning team (IFF).

Current FVACFSS staff includes:

- one acting executive director (ED)
- one director of administration (DOA)
- one director of practice (DOP)
- one human resources manager
- one resource manager
- four practice managers
- 16 team leaders
- one quality assurance analyst (QAA)
- one client complaint resolution analyst
- one social worker float and training coordinator
- 19 guardianship social workers
- four screening social workers
- four on-reserve social workers
- 15 family service social workers
- two specialized/staffed resource social workers
- six resource social workers
- 16 float social workers
- two home study social workers
- one recruitment worker
- one on-reserve resource social worker
- one out of care child/family service social worker
- one out of care resource social worker
- five traditional family planning workers
- six permanency planning workers
- three family cultural connection workers
- three youth transition coordinators

- two traditional mentors
- seven family enhancement workers
- seven family preservation counsellors
- four community engagement workers
- four outreach counsellors
- 26 administrative professionals

In April 2019, with the approval and support from the Board of Directors, FVACFSS began a child and family service restructuring. Key goals of the restructuring were to:

- Create a team specifically for on-reserve support to families and children. Involvement will be initiated from the intake phase and continue throughout the life of the file, with the goal of promoting collaboration with the First Nation communities they serve.
- Reconfigure existing Family Service and Child Service teams to serve specific age cohorts of 0-12 children and 13-18 youth rather than a mix of ages under each caseload.
- Reconfigure existing resource teams to serve specific types of resources (i.e. leveled, Out of Care, restricted) rather than a mix of different home types under each caseload.
- Create a specialized family strengthening team that will provide rapid response, family support, community engagement, and youth and family workers, and other services to families already engaged with the agency. These positions are yet to be filled.
- Create a screening team managed by one team leader (implemented on June 24, 2019) The screeners reside in two offices (Abbotsford or Chilliwack) with their own office codes and centralized screening number.

d) Supervision and Consultation

The director of practice and the director of administration report to the executive director. All managers and the quality assurance analyst report to the director of practice. The team leaders report to their respective managers. All social workers and non-delegated and administrative staff report to their respective team leaders.

With respect to the supervision model used for delegated social workers, team leaders provide case consultations, structured supervision, and case tracking. When team leaders are out of their offices, social workers communicate and consult through emails, texts and phone calls. Scheduled supervision was reported to be inconsistent across the teams and most staff interviewed stated a desire for more frequent scheduled supervision, without cancellations, and assistance with tracking case work. Staff described a range of satisfaction levels in the quality of their supervision. Staff also expressed the need to have alternate team leaders available for consultations when their team leaders are unavailable.

The teams in each of the three regions hold regional meetings twice a year. In addition, each team within each region holds team meetings twice a month which may include their respective managers and the executive director of the agency. The frequency of these meetings was reported to be inconsistent. When these meetings do occur, they provide opportunities for group discussions on organizational and program updates. Specific cases are generally not discussed at team meetings.

4. STRENGTHS OF THE AGENCY

Through staff interviews, the practice analysts identified the following strengths at the agency and of the agency's guardianship, resource and family practice:

- Many of the staff self-identify as Indigenous. Social workers are encouraged to practice in culturally knowledgeable and creative ways.
- Social workers described administrative staff as helpful, supportive and enhancing agency functioning.
- Staff are cohesive and share a spirit of cooperation and teamwork.
- Staff appreciate the collaborative approaches they are encouraged to use with children, youth and families.
- Programs and services are accessible to, and are fully utilized by, children, youth and families.
- The recently ratified union agreement aligns agency compensation and benefits with MCFD.
- The agency has improved social workers' access to training.
- The agency has taken steps to show staff appreciation and recognition.
- The agency has increased programs for youth including the Visions and Voices, annual youth in care conferences, and 'aging-out' ceremonies.
- The agency has implemented a "buddy system" for when social workers are in the field to enhance safety.

5. CHALLENGES OF THE AGENCY

Through staff interviews, the practice analysts identified the following challenges at the agency and of the agency's guardianship, resource and family service practice:

- There is high staff turnover and staff vacancies that are left unfilled for long periods of time.
- The large geographical area that the agency covers presents a challenge for workers to maintain regularly scheduled face to face contact with families and children in care.
- Social workers indicated a need for more frequent and consistent scheduled supervision.

- There is a need for more Indigenous foster parents.
- There is a shortage of office space and limited access to agency vehicles.
- There has been frequent changes within the executive’s leadership.
- There is a need for records management training for the administrative staff and consistency filing procedures between offices.

6. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all the measures in the audit tools. The tables present findings for measures that correspond with specific components of the policies within the Aboriginal Operational and Practice Standards and Indicators (AOPSI) and the Child Safety and Family Support Policies, Chapter 3. Each table is followed by an analysis of the findings for each of the measures presented in the table. Please note that some records received ratings of not achieved for more than one reason.

a) Child Service

The overall compliance rate for the AOPSI Guardianship Practice Standards was **55%**. The audit reflects the work done by the staff in the guardianship and family service programs over a three-year period (see Methodology section for details). There was a combined total of 107 records in the open and closed child service samples for this audit. However, not all 23 measures in the audit tool were applicable to all 107 records. The notes below the table describe the records that were not applicable.

Standard	Applicable	Compliant	Not Compliant	Compliance Rate
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	107	73	34	68%
Standard 2 Development of a Comprehensive Plan of Care	44*	5	39	11%
Standard 3 Monitoring and Reviewing the Child’s Comprehensive Plan of Care	89*	31	58	35%
Standard 4 Team leader Approval Required for Guardianship Services	107	82	25	77%
Standard 5 Rights of Children in Care	107	39	68	36%
Standard 6 Deciding Where to Place the Child	107	88	19	82%
Standard 7 Meeting the Child’s Need for Stability and continuity of Relationships	107	104	3	97%

Standard 8 Social Worker’s Relationship & contact with a Child in Care	107	3	104	3%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	107	10	97	9%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	107	86	21	80%
Standard 11 Planning a Move for a Child in Care (VS 20)	49*	40	9	82%
Standard 12 Reportable Circumstances	29*	15	14	52%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	5*	5	0	100%
Standard 14 Case Documentation	107	12	95	11%
Standard 15 Transferring Continuing Care Files	50*	24	26	48%
Standard 16 Closing Continuing Care Files	36*	29	7	81%
Standard 17 Rescinding a Continuing Custody Order	1*	1	0	100%
Standard 19 Interviewing the Child about the Care Experience	57*	7	50	12%
Standard 20 Preparation for Independence	33*	30	3	91%
Standard 21 Responsibilities of the Public Guardian and Trustee	53*	47	6	89%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	6*	6	0	100%
Standard 23 Quality of Care Review	0*	-	-	-
Standard 24 Guardianship Agency Protocols	107	107	0	100%

Standard 2: 63 records did not involve initial care plans completed within the audit timeframe
Standard 3: 18 records involved children or youth who entered care outside of the audit scope
Standard 11: 58 records did not involve children or youth moving from their care homes
Standard 12: 78 records did not involve reportable circumstances
Standard 13: 102 records did not involve children missing, lost or run away
Standard 15: 57 records did not involve file transfers
Standard 16: 71 records did not involve file closures
Standard 17: 106 records did not involve rescinding continuing custody orders
Standard 19: 50 records did not involve changing placements
Standard 20: 74 records did not involve youth planning independence
Standard 21: 54 records did not involve notifying the Public Guardian & Trustee
Standard 22: 101 records did not involve investigations of abuse or neglect in family care homes
Standard 23: 107 records did not involve quality of care reviews

St. 1: Preserving the identity of the Child in Care: The compliance rate for this measure was **68%**. The measure was applied to all 107 records in the samples; 73 were rated achieved and 34 were rated not achieved. To receive a rating of achieved:

- efforts were made to identify and involve the child/youth's Indigenous community
- efforts were made to register the child when entitled to a Band or Indigenous community or with Nisga'a Lisims Government
- a cultural plan was completed if the child/youth was not placed within their extended family or community
- the child/youth was involved in culturally appropriate resources
- if the child/youth was harmed by racism, the social worker developed a response
- if the child/youth was a victim of a racial crime, the police were notified.

Of the 34 records rated not achieved, 5 did not have the Indigenous communities identified and no efforts to determine the Indigenous communities were documented, 16 did not have documentation indicating that the children were registered with membership status with their communities, when entitled, and no efforts to register were documented, 21 did not have documentation that the children and youth had access to culturally appropriate resources, and 18 were placed outside of their extended families or communities and did not have cultural plans documented. The total adds to more than the number of records rated not achieved because 14 records had combinations of the above noted reasons.

St. 2 Development of a Comprehensive Plan of Care: The compliance rate for this standard was **11%**. The measure was applied to 44 applicable records in the samples; five were rated achieved and 39 were rated not achieved. To receive a rating of achieved, the record, if it was opened during the three-year audit timeframe, contained:

- an initial care plan completed within 30 days of admission
- an annual care plan completed within six months of admission.

Of the 39 records rated not achieved, 19 did not contain the initial and annual care plans, 19 did not contain the initial care plans, and one did not contain the annual care plan.

St. 3 Monitoring and Reviewing the Child's Plan of Care: The compliance rate for this measure was **35%**. The measure was applied to 89 of the 107 records in the samples; 31 were rated achieved and 58 were rated not achieved. To receive a rating of achieved:

- care plans were completed annually throughout the three-year audit timeframe
- efforts were made to develop the care plan(s) with youth over the age of 12
- efforts were made to develop the care plan(s) with the family
- efforts were made to develop the care plan(s) with the service providers
- efforts were made to develop the care plan(s) with the caregiver(s)

- efforts were made to develop the care plan(s) with the Indigenous community.

Of the 58 records rated not achieved, 10 did not contain care plans throughout the three-year audit timeframe, 47 contained care plans but the care plans were not completed annually, and five records contained care plans but there was no evidence of collaboration with the caregivers, families, or the communities. Of the 58 records rated not achieved, 29 were open of which seven require annual care plans for the current year. The total adds to more than the number of records rated not achieved because four records had combinations of the above noted reasons.

St. 4 Supervisory Approval Required for Guardianship Services: The compliance rate for this measure was **77%**. The measure was applied to all 107 records in the samples; 82 were rated achieved and 25 were rated not achieved. To receive a rating of achieved, the following key decisions and documents were approved by a team leader;

- care plan
- placement change
- placement in a non-Indigenous home
- restricted access to significant others
- return to the parent(s) prior to CCO rescindment
- transfer of guardianship
- plan for independence
- case transfer
- case closure.

Of the 25 records rated not achieved, 15 contained care plans that were not signed, four were transferred without documented approvals, three children and youth were moved from their placements without documented approvals, four children were placed in non-Indigenous placements without documented approvals, and three records had no documentation of supervisory consultations or approvals within the audit timeframe. The total adds to more than the number of records rated not achieved because four records had combinations of the above noted reasons.

St. 5 Rights of Children in Care: The compliance rate for this measure was **36%**. The measure was applied to all 107 records in the samples; 39 were rated achieved and 68 were rated not achieved. To receive a rating of achieved:

- the rights of children in care, including the advocacy process, was reviewed annually with the child/youth or with a significant person if there were capacity concerns or the child was of a young age throughout the three-year audit timeframe
- in instances when the child's rights were not respected, the social worker took appropriate steps to resolve the issue.

Of the 68 records rated not achieved, 18 did not confirm that the section 70 rights were reviewed at any time during the three-year audit timeframe, and 50 confirmed that the section 70 rights were reviewed but these reviews were not completed annually. Of the 68 records rated not achieved, 39 were open of which 11 require the annual review of section 70 rights for the current year.

St. 6 Deciding Where to Place the Child: The compliance rate for this measure was **82%**. The measure was applied to all 107 records in the samples; 88 were rated achieved and 19 were rated not achieved. To receive a rating of achieved, efforts were made to place the child in an out of home living arrangement that was in accordance with section 71 of the Child, Family and Community Services Act. The practice analysts noted that most of the children/youth in care were placed with their siblings in the homes of extended family members.

Of the 19 records rated not achieved, all contained documentation indicating that the children and youth were not placed as per the priority of placements and there was no documentation that priority placements were actively pursued.

St. 7 Meeting the Child's Needs for Stability and Continuity of Relationships: The compliance rate for this measure was **97%**. The measure was applied to all 107 records in the samples; 104 records were rated achieved and three records were rated not achieved. To receive a rating of achieved, a plan was in place to support and maintain contacts between the child/youth in care and their siblings, parents, extended families and significant others.

Of the three records rated not achieved, all did not document plans to support the continuity of significant relationships.

St. 8 Social Worker's Relationship and Contact with the Child: The compliance rate for this measure was **3%**. The measure was applied to all 107 records in the samples; three were rated achieved and 104 were rated not achieved. To receive a rating of achieved, the social worker conducted a private visit with the child/youth:

- every 30 days
- at time of placement
- within seven days after placement
- when there was a change in circumstance
- when there was a change in social worker.

Of the 104 records rated not achieved, 10 did not document visits of any kind between the children/youth and their social workers throughout the three-year audit timeframe, 62 confirmed that the children and youth had private visits with their social workers, but these visits were not conducted every 30 days as required, 46 confirmed that the children and youth had

visits with their social workers but some or all of the visits were not private, two did not document private visits at times of placements, two did not document private visits within seven days after placements, five did not document private visits when there were changes in social workers, and one did not document a private visit when there was a change in circumstance. The total adds to more than the number of records rated not achieved because 19 of the records had combinations of the above noted reasons.

Of the 10 records that did not document visits of any kind between the children/youth and their social workers throughout the three-year audit timeframe, four were open. Of the 72 records that did not document visits of any kind or documented private visits, but these visits were not conducted every 30 days, 667 private visits were documented during the audit timeframe, with an average of three visits per child/youth per year.

St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards: The compliance rate for this measure was **9%**. The measure was applied to all 107 records in the samples; 10 were rated achieved and 97 were rated not achieved. To receive a rating of achieved:

- information about the child/youth was provided to the caregiver(s) at time of placement
- information about the child/youth was provided to the caregiver(s) as it became available
- information about the child/youth was provided to the caregiver(s) within seven days of an emergency placement
- discipline standards were reviewed with the caregiver(s) at the time of placement
- discipline standards were reviewed annually with the caregiver(s).

Of the 97 records rated not achieved, 30 did not confirm that information about the children and youth were provided to the caregivers at the times of placements, four did not confirm that information about the children and youth were provided to the caregivers within seven days of emergency placements, 62 did not confirm that discipline standards were reviewed with the caregivers at any time throughout the three-year audit timeframe, 16 did not confirm that discipline standards were reviewed at the times of placements, and 25 confirmed that discipline standards had been reviewed with the caregivers but these reviews were not conducted annually. Of the 97 records rated not achieved, 56 were open and require annual reviews of disciplinary standards with the caregivers for the current year. The total adds to more than the number of records rated not achieved because 32 records had combinations of the above noted reasons.

St. 10 Providing Initial and Ongoing Medical and Dental Care: The compliance rate for this measure was **80%**. The measure was applied to all 107 records in the samples; 86 were rated achieved and 21 were rated not achieved. To receive a rating of achieved:

- a medical exam was conducted upon entering care
- dental, vision and hearing exams were conducted as recommended
- medical follow up was conducted as recommended
- in instances when the youth had chosen not to attend recommended appointments, the social worker made efforts to resolve the issue.

Of the 21 records rated not achieved, all did not confirm that admission medical exams were completed.

St. 11 Planning a Move for a Child in Care: The compliance rate for this measure was **82%**. The measure was applied to 49 of the 107 records in the samples; 40 were rated achieved and nine were rated not achieved. To receive a rating of achieved, the record, if it involved a placement move, confirmed that:

- the child/youth was provided with an explanation prior to the move
- the social worker arranged at least one pre-placement visit
- if the child/youth requested the move, the social worker reviewed the request with the caregiver, resource worker and the child to resolve the issue.

Of the nine records rated not achieved, all nine did not confirm that the children and youth were provided with reasons for their planned moves and five did not have pre-placement visits or orientations documented. The total adds to more than the number of records rated not achieved because five records had combinations of the above noted reasons.

St. 12 Reportable Circumstances: The compliance rate for this measure was **52%**. The measure was applied to 29 of the 107 records in the samples; 15 were rated achieved and 14 were rated not achieved. To receive a rating of achieved, a report about a reportable circumstance was submitted to the director within 24 hours from the time the information about the incident became known to the social worker.

Of the 14 records rated not achieved, 10 contained reportable circumstance reports that were not submitted with the 24-hour requirement and six contained documentation describing reportable circumstances, but submitted reports were not found in the records. Of the six records that did not contain the required reportable circumstance reports, four were open. The total adds to more than the number of records rated not achieved because two records had combinations of the above noted reasons.

St. 13 When a Child or Youth is Missing, Lost or Runaway: The compliance rate for this measure was **100%**. The measure was applied to five of the 107 records in the samples; all five were rated achieved. To receive a rating of achieved, the record, if it involved a missing, lost or runaway child/youth who may have been at high risk of harm, confirmed that:

- the police were notified
- the family was notified
- once found, the social worker made efforts to develop a safety plan to resolve the issue.

St. 14 Case Documentation: The compliance rate for this measure was **11%**. The measure was applied to all 107 records in the samples; 12 were rated achieved and 95 were rated not achieved. To receive a rating of achieved, the record contained:

- an opening recording
- review recordings or care plan reviews every six months throughout the audit timeframe
- a review recording or care plan review when there was a change in circumstance.

Of the 95 records rated not achieved, 26 did not contain opening recordings, 67 did not contain review recordings or care plan reviews, 22 contained review recordings or care plan reviews but they were not completed every six months, and nine did not contain review recordings or care plan reviews when there were changes in circumstances. The total adds to more than the number of records rated not achieved because 24 records had combinations of the above noted reasons.

St. 15 Transferring Continuing Care Files: The compliance rate for this measure was **48%**. The measure was applied to 50 of the 107 records in the samples; 24 were rated achieved and 26 were rated not achieved. To receive a rating of achieved, the record, if it involved a case transfer, confirmed that:

- a transfer recording was completed
- the social worker met with the child/youth prior to the transfer or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the caregiver(s) prior to the transfer
- efforts were made to meet with the service providers prior to the transfer
- the social worker met with the child/youth within five days after the transfer or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the child/youth's family within five days after the transfer.

Of the 26 records rated not achieved, 11 did not contain transfer recordings, 16 did not confirm that the social workers met with the caregivers prior to the transfers, 18 did not confirm that the social workers met with the children and youth prior to the transfers, and 18 did not confirm that the social workers met with the children youth or families within five days of the transfers. The total adds to more than the number of records rated not achieved because 24 records had combinations of the above noted reasons.

St. 16 Closing Continuing Care Files: The compliance rate for this measure was **81%**. The measure was applied to 36 of the 107 records in the samples; 29 were rated achieved and seven were rated not achieved. To receive a rating of achieved, the record, if it involved a case closure, confirmed that:

- a closing recording was completed
- the social worker met with the child/youth prior to the closure or, in instances when the youth had chosen not to meet, the social worker made efforts to resolve the issue
- efforts were made to meet with the caregiver(s) prior to the closure
- service providers were notified of the closure
- the Indigenous community members were notified, if appropriate
- support services for the child/youth were put in place, if applicable.

Of the seven records rated not achieved, three did not contain closing recordings, two did not confirm that the service providers were notified prior to the closings, and three did not confirm that the children and youth and the caregivers were met with prior to the closings. The total adds to more than the number of records rated not achieved because three records had combinations of the above noted reasons.

St. 17 Rescinding a CCO and Returning the Child to the Family Home: The compliance rate for this measure was **100%**. The measure was applied to one of the 107 records in the samples; it was rated achieved. To receive a rating of achieved, the record, if it involved a rescindment of a continuing custody order, confirmed that:

- the risk of return was assessed by delegated worker
- a safety plan, if applicable, was put in place prior to placing the child/youth in the family home
- the safety plan, if applicable, was developed with required parties
- the safety plan, if applicable, addressed the identified risks
- the safety plan, if applicable, was reviewed every six months until the rescindment.

St. 19 Interviewing the Child about the Care Experience: The compliance rate for this measure was **12%**. The measure was applied to 57 of the 107 records in the samples; seven were rated achieved and 50 were rated not achieved. To receive a rating of achieved, the record, if it involved a move from a placement, confirmed the child/youth was interviewed about their care experience.

Of the 50 records rated not achieved, all did not confirm that interviews were conducted with the children and youth after placement changes.

St. 20 Preparation for Independence: The compliance rate for this measure was **91%**. The measure was applied to 33 of the 107 records in the samples; 30 were rated achieved, and three were rated not achieved. To receive a rating of achieved, the record, if it involved a youth about to leave care and enter an independent living situation, confirmed that;

- efforts were made to assess the youth's independent living skills
- efforts were made to develop a plan for independence.

Of the three records rated not achieved, two did not contain Independent Living Plans, and two did not contain assessments of the youths' independent living skills. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

St. 21 Responsibilities of the Public Guardian and Trustee (PGT): The compliance rate for this measure was **89%**. The measure was applied to 53 of the 107 records in the samples; 47 were rated achieved and six records were rated not achieved. To receive a rating of achieved:

- the PGT was provided a copy of the continuing custody order
- the PGT was notified of events affecting the child/youth's financial or legal interests.

Of the six records rated not achieved, four did not confirm that the PGT was notified after CCOs were granted, and two did not confirm that the PGT was notified after events that may have impacted the children's/youths financial or legal interests. Of the six records rated not achieved, five were open.

St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **100%**. The measure was applied to six of the 107 records in the samples; all six were rated achieved. To receive a rating of achieved, the record, if it involved a report of abuse and/or neglect of a child/youth in a family care home, confirmed that:

- a protocol investigation response was conducted
- efforts were made to support the child/youth.

St. 23 Quality of Care Review: There was no quality of care reviews during the three-year audit timeframe.

St. 24 Guardianship Agency Protocols: The compliance rate for this measure was **100%**. The measure was applied to all 107 records in the samples; all 107 were rated achieved. To receive a rating of achieved, the record confirmed that all protocols related to the delivery of child services that the agency has established with local and regional agencies have been followed.

b) Resources

The overall compliance rate for the AOPSI Resource Practice Standards was **59%**. The audit reflects the work done by the staff in the agency’s resource program over a three-year period (see Methodology section for details). There were a total of 51 open and closed records in the samples selected for this audit. However, not all nine measures in the audit tool were applicable to all 51 records. The notes below the table describe the records that were not applicable.

Standard	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 28 Supervisory Approval Required for Family Care Home Services	51	50	1	98%
Standard 29 Family Care Homes – Application and Orientation	51	30	21	59%
Standard 30 Home Study	24*	10	14	42%
Standard 31 Training of Caregivers	51	27	24	53%
Standard 32 Signed Agreements with Caregivers	51	40	11	78%
Standard 33 Monitoring and Reviewing the Family Care Home	51	5	46	10%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	9*	7	2	78%
Standard 35 Quality of Care Review	5*	3	2	60%
Standard 36 Closure of the Family Care Home	15*	10	5	67%

Standard 30: 27 records did not involve home studies during the audit timeframe

Standard 34: 42 records did not involve investigations of alleged abuse or neglect in family care homes

Standard 35: 46 records did not involve quality of care reviews

Standard 36: 36 records were not closed

St. 28 Supervisory Approval for Family Care Home Services: The compliance rate for this measure was **98%**. The measure was applied to all 51 records in the sample; 50 were rated achieved and one was rated not achieved. To receive a rating of achieved, the record confirmed that the social worker consulted a team leader at the following key decision points:

- a criminal record was identified for a family home applicant or any adult person residing in the home
- approving a family home application and home study
- signing a Family Home Care Agreement
- approving an annual review
- determining the level of a family care home
- placing a child/youth in a family care home prior to completing a home study

- receiving a report about abuse or neglect of a child/youth in a family care home
- receiving a concern about the quality of care received by a child/youth living in a family care home.

In the one record rated not achieved, team leader approval was not documented for placing a child in a resource prior to completing the home study.

St. 29 Family Care Homes – Application and Orientation: The compliance rate for this measure was **59%**. The measure was applied to all 51 records in the sample; 30 were rated achieved and 21 were rated not achieved. To receive a rating of achieved, the record confirmed the completion of the following;

- application form
- prior contact check(s) on the family home applicant(s) and any adult person residing in the home
- criminal record check(s)
- Consent for Release of Information form(s)
- medical exam(s)
- three reference checks
- an orientation to the applicant(s).

Of the 21 records rated not achieved, 13 did not contain one or both required criminal record checks (six open), seven did not contain completed medical exam forms (four open), two did not confirm that the caregivers were provided with orientations, and three did not contain signed consent forms. The total adds to more than the number of records rated not achieved because seven records had combinations of the above noted reasons.

St. 30 Home Study: The compliance rate for this measure was **42%**. The measure was applied to 24 of the 51 records in the sample; 10 were rated achieved and 14 were rated not achieved. To receive a rating of achieved:

- the social worker met the applicant in the family care home
- a physical check of the home was conducted to ensure the home meets the safety requirements
- a home study, including an assessment of safety, was completed in its entirety.

Of the 14 records rated not achieved, all did not contain home studies. Of these 14 records rated not achieved, 12 were open.

St. 31 Training of Caregivers: The compliance rate for this measure was **53%**. The measure was applied to all 51 records in the sample; 27 were rated achieved and 24 were rated not achieved.

To receive a rating of achieved, the training needs of the caregiver(s) were identified and that training opportunities were offered to, or taken by, the caregiver(s).

Of the 24 records rated not achieved, 21 did not confirm that the training needs of the caregivers were assessed or identified and 20 did not confirm that offers of training were provided to the caregivers. The total adds to more than the number of records rated not achieved because 17 records had combinations of the above noted reasons.

St. 32 Signed Agreement with Caregiver: The compliance rate for this measure was **78%**. The measure was applied to all 51 records in the sample; 40 were rated achieved and 11 were rated not achieved. To receive a rating of achieved, there were consecutive Family Care Home Agreements throughout the audit timeframe and they were signed by all the participants.

Of the 11 records rated not achieved, one did not contain Family Care Home Agreements throughout the three-year audit timeframe and 10 contained Family Care Home Agreements but they were not consecutive throughout the three-year audit timeframe. Of these 11 records five were open at the time of the audit and required current signed agreements.

St. 33 Monitoring and Reviewing the Family Care Home: The compliance rate for this measure was **10%**. The measure was applied to all 51 records in the sample; five were rated achieved and 46 were rated not achieved. To receive a rating of achieved:

- annual reviews of the family care home were completed throughout the audit timeframe
- the annual review reports were signed by the caregiver(s)
- the social worker visited the family care home at least every 90 days throughout the audit timeframe.

Of the 46 records rated not achieved, eight did not contain annual reviews throughout the three-year audit timeframe, 24 contained annual reviews but they were not completed for each year in the three-year audit timeframe, six did not document home visits throughout the three-year audit timeframe, and 34 documented home visits but they were not completed every 90 days as required. The total adds to more than the number of records rated not achieved because 40 records had combinations of the above noted reasons. Of the 32 records that did not contain all required annual reviews, 18 were open. Of these 18 open records, 13 require annual reviews for the current year.

St. 34: Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **78%**. The measure was applied to nine of the 51 records in the sample; seven records were rated achieved and two were rated not achieved. To receive a rating of achieved, the record, if it involved to a report of abuse and/or neglect of a child/youth in a family care home, contained documentation that confirmed that:

- a protocol investigation response was conducted
- efforts were made to support the caregiver.

Of the two records rated not achieved, there were indications that protocol investigations were completed but protocol summary reports were not contained in the records.

St. 35: Quality of Care Review: The compliance rate for this measure was **60%**. The measure was applied to five of the 51 records in the sample; three were rated achieved and two were rated not achieved. To receive a rating of achieved, the record, if it involved to a concern about the quality of care received by a child/youth in a family care home, confirmed that:

- a response was conducted
- efforts were made to support the caregiver.

Of the two records rated not achieved, there were indications that quality of care reviews were completed but protocol summary reports were not contained in the records.

St. 36: Closure of the Family Care Home: The compliance rate for this measure was **67%**. The measure was applied to 15 of the 51 records in the sample; 10 were rated achieved and five were rated not achieved. To receive a rating of achieved, the record, if it involved a case closure, contained a written notice to the caregiver indicating the intent of the agency to close the family care home.

Of the five records rated as not achieved, all five did not contain written notices to the caregivers.

c) Family Service

The overall compliance rate for the Child Protection Response Model set out in Chapter 3 of the Child Safety and Family Support Policies was **63%**. The audit reflects the work done by the staff in the agency’s family service program over various 12-month periods (see Methodology section for details). There was a total of 175 records in the closed memos, closed service requests, and closed incidents samples, and 80 records in the open and closed family service case samples. Not all 23 measures in the audit tool were applicable to all the records. The notes below the table describe the records that were not applicable.

Records Identified for Action

Quality assurance policy and procedures require practice analysts to identify for action any record that suggests a child may need protection under section 13 of the Child, Family and Community Service Act. During this audit, no records were identified for action.

Report and Screening Assessment

FS 1 to FS 4 relate to obtaining and assessing a child protection report. The records included the selected samples of 57 closed service requests, 54 closed memos and 64 closed incidents.

Measure	Total Applicable	Total Compliant	Total Not Compliant	% Compliant
FS 1: Gathering Full and Detailed Information	175	171	4	98%
FS 2: Conducting an Initial Record Review (IRR)	175	65	110	37%
FS 3: Assessing the Report about a Child or Youth's Need for Protection (Completing the Screening Assessment)	175	132	43	75%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	175	172	3	98%

FS 1: Gathering Full and Detailed Information: The compliance rate for this critical measure was **98%**. The measure was applied to all 175 records in the samples; 171 were rated achieved and four were rated not achieved. To receive a rating of achieved, the information gathered from the caller was full, detailed and sufficient to determine an appropriate pathway.

Of the four records rated not achieved, all lacked detailed and sufficient information from the callers to determine appropriate pathways.

FS 2: Conducting an Initial Record Review (IRR): The compliance rate for this critical measure was **37%**. The measure was applied to all 175 records in the samples: 65 were rated achieved and 110 were rated not achieved. To receive a rating of achieved:

- an IRR was conducted from electronic databases within 24 hours of receiving the report
- the IRR identified previous issues or concerns and the number of past service requests, incidents or reports
- if the family had recently moved to BC, or there was reason to believe there may have been prior child protection involvement in one or more jurisdictions, the appropriate child protection authorities were contacted, and information was requested and recorded.

Of the 110 records rated not achieved, 13 did not have IRRs documented, 18 IRRs were not completed within 24 hours, 15 IRRs contained insufficient information, and 84 IRRs did not contain the results from Best Practice checks. Of the 18 records that did not document the IRRs within 24 hours, the range of time it took to complete the IRRs was between two and 101 days, with the average time being 19 days. The total adds to more than the number of records rated not achieved because 22 records had combinations of the above noted reasons.

FS 3: Completing the Screening Assessment: The compliance rate for this critical measure was **75%**. The measure was applied to all 175 records in the samples: 132 were rated achieved and 43 were rated not achieved. To receive a rating of achieved, a Screening Assessment was completed immediately if the child/youth appeared to be in a life-threatening or dangerous situation or within 24 hours in all other situations.

Of the 43 records rated not achieved, one did not contain a Screening Assessment, three contained incomplete Screening Assessments, and 39 Screening Assessments were not completed within the required 24-hour timeframe. Of the 39 Screening Assessments that were not completed within the 24-hour timeframe, the range of time it took to complete the Screening Assessments was between two and 224 days, with the average time being 35 days.

FS 4: Determining Whether the Report Requires a Protection or Non-Protection Response: The compliance rate for this critical measure was **98%**. The measure was applied to all 175 records in the samples: 172 were rated achieved and three were rated not achieved. To receive a rating of achieved, the decision to provide a protection or non-protection response was appropriate and consistent with the information gathered.

Of the three records rated not achieved, one was an incident but the nature of the reported concern did not warrant a child protection response and two were memos but the nature of the reported concerns warranted child protection responses. The one incident was removed from the incident sample from FS5 to FS16 because the protection response was not required. Conversely, the two memos were added to the Incident sample from FS5 to FS16 and received ratings of not achieved for these measures because the required protection responses were not provided. Within these two memos, further information was collected by the social workers and/or supports were subsequently provided to the families which adequately addressed the risk factors presented in the initial reports and documented family histories.

Response Priority, Detailed Records Review and Safety Assessment

FS 5 to FS 9 relate to assigning a response priority, conducting a detailed record review (DRR) and completing the safety assessment process and form. The records included the selected sample of 64 incidents augmented with the records described in the note below the table.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 5: Assigning an Appropriate Response Priority	65*	61	4	94%
FS 6: Conducting a Detailed Record Review (DRR)	65*	30	35	46%
FS 7: Assessing the Safety of the Child or Youth	65*	56	9	86%

FS 8: Documenting the Safety Assessment	65*	15	50	23%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	65*	58	7	89%

*Total Applicable includes the sample of 64 incidents augmented with the addition of two memos with inappropriate non-protection responses and the removal of one incident with an inappropriate protection response.

FS 5: Determining the Response Priority: The compliance rate for this critical measure was **94%**. The measure was applied to all 65 records in the augmented sample: 61 were rated achieved and four were rated not achieved. To receive a rating of achieved, the response priority was appropriate and if there was an override it was approved by the team leader.

Of the four records rated not achieved, two documented response priorities of within five days but the nature of the reported concerns required responses within 24 hours and two memos had inappropriate non-protection responses.

The audit also assessed whether the families were contacted, in person, within the timeframes of the assigned response priorities. Of the 63 records in the original incident sample that were correctly deemed to require protection responses, 25 confirmed that the families were contacted within the assigned response priorities and 38 did not. Of these 38, all were given the response priority of within five days. Of these records, one did not document the date the family was contacted and the range of time it took to contact the remaining 37 families was between six days and 875 days, with the average time being 154 days.

FS 6: Conducting a Detailed Record Review (DRR): The compliance rate for this critical measure was **46%**. The measure was applied to all 65 records in the augmented sample: 30 were rated achieved and 35 were rated not achieved. To receive a rating of achieved, a DDR:

- was conducted in electronic databases and physical files
- contained any information that was missing in the IRR
- described how previous issues or concerns had been addressed, the responsiveness of the family in addressing the issues and concerns and the effectiveness of the last intervention
- was not required because there were no previous MCFD/DAA histories
- was not required because the team leader approved ending the protection response before the DRR was conducted and the rationale was documented and appropriate.

Of the 35 records rated of not achieved, 15 did not have DRRs documented, 16 DRRs did not contain the information missing in the IRRs, one DRR did not indicate the family's responsiveness to previous issues, one DRR did not indicate how the previous issues/concerns were addressed, and two were memos with inappropriate non-protection responses.

FS 7: Assessing the Safety of the Child or Youth: The compliance rate for this critical measure was **86%**. The measure was applied to all 65 records in the augmented sample; 56 were rated achieved and nine were rated not achieved. To receive a rating of achieved:

- a safety assessment process was completed during the first significant contact with the child/youth's family
- if concerns about the child/youth's immediate safety were identified and the child/youth was not removed under the CFCSA, a Safety Plan was developed, and the Safety Plan was signed by the parents and approved by the team leader
- the team leader approved ending the protection response before the safety assessment process was completed and the rationale was documented and appropriate.

Of the nine records rated not achieved, seven did not confirm that the safety assessment processes were completed during the first significant contacts with the families and two were memos with inappropriate non-protection responses.

FS 8: Documenting the Safety Assessment: The compliance rate for this critical measure was **23%**. The measure was applied to all 65 records in the augmented sample: 15 were rated achieved and 50 were rated not achieved. To receive a rating of achieved, a Safety Assessment form was documented within 24 hours after the completion of the safety assessment process, or the team leader approved ending the protection response before the Safety Assessment was documented and the rationale was documented and appropriate.

Of the 50 records rated not achieved, five did not contain Safety Assessment forms, 43 Safety Assessment forms were not completed within 24 hours of completing the safety assessment processes and two were memos with inappropriate non-protection responses. Of the 43 records Safety Assessment forms that were not completed within 24 hours of the safety assessment processes, the range of time it took to complete the forms was between two days and 695 days, with the average time being 95 days.

FS 9: Making a Safety Decision Consistent with the Safety Assessment: The compliance rate for this critical measure was **89%**. The measure was applied to all 65 records in the augmented sample: 58 were rated achieved and seven were rated not achieved. To receive a rating of achieved, the safety decision was consistent with the information documented in the Safety Assessment form, or the team leader approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.

Of the seven records rated not achieved, five did not contain Safety Assessment forms and two were memos with inappropriate non-protection responses.

Steps in the FDR Assessment or Investigation

FS 10 to FS 13 relate to meeting with or interviewing the parents and other adults in the family home, meeting with every child or youth who lives in the family home, visiting the family home and working with collateral contacts. The records included the selected sample of 64 closed incidents augmented with the records described in the note below the table.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	65*	44	21	68%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	65*	45	20	69%
FS 12: Visiting the Family Home	65*	50	15	77%
FS 13: Working with Collateral Contacts	65*	20	45	31%

*Total Applicable includes the sample of 64 incidents augmented with the addition of two memos with inappropriate non-protection responses and the removal of one incident with an inappropriate protection response.

FS 10: Meeting or Interviewing the Parents and Other Adults in the Family Home: The compliance rate for this critical measure was **68%**. The measure was applied to all 65 records in the augmented sample: 44 were rated achieved and 21 were rated not achieved. To receive a rating of achieved, the social worker met with or interviewed the parent(s) and other adults in the home (if applicable) and gathered sufficient information about the family to assess the safety and vulnerability of all children/youth living or being cared for in the family home, or the team leader approved ending the protection response before the social worker met with or interviewed the parents and other adults in the home and the rationale was documented and appropriate.

Of the 21 records rated not achieved, four did not confirm that the social workers had met with or interviewed the parents, seven confirmed that the social workers had met with or interviewed one parent but not the other, nine did not confirm that the social workers had met with or interviewed the other adults in the homes, and two were memos with inappropriate non-protection responses. The total adds to more than the number of records rated not achieved because one record had combinations of the above noted reasons.

FS 11: Meeting with Every Child or Youth Who Lives in the Family Home: The compliance rate for this critical measure was **69%**. The measure was applied to all 65 records in the augmented sample: 45 were rated achieved and 20 were rated not achieved. To receive a rating of achieved, the social worker had a private, face-to-face conversation with every child/youth living in the family home according to their developmental level, or the team leader granted an exception

and the rationale was documented, or the team leader approved ending the protection response before the social worker had a private, face-to-face conversation with every child/youth living in the family home and the rationale was documented and appropriate.

Of the 20 records rated not achieved, 13 did not confirm that the social workers had private face-to-face conversations with any children/youth living in the homes, four confirmed that the social workers interviewed some of the children living in the homes but not all siblings, one documented that the interviews with the children were not completed in private, and two were memos with inappropriate non-protection responses.

FS 12: Visiting the Family Home: The compliance rate for this critical measure was **77%**. The measure was applied to all 65 records in the augmented sample: 50 were rated achieved and 15 were rated not achieved. To receive a rating of achieved, the social worker visited the family home before completing the FDR assessment or the investigation, or the team leader granted an exception and the rationale was documented, or the team leader approved ending the protection response before the social worker visited the family home and the rationale was documented and appropriate.

Of the 15 records rated not achieved, 13 did not confirm that the social workers visited the family homes and two were memos with inappropriate non-protection responses.

FS 13: Working with Collaterals: The compliance rate for this critical measure was **31%**. The measure was applied to all 65 records in the augmented sample: 20 were rated achieved and 45 were rated not achieved. To receive a rating of achieved, the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth before completing the FDR assessment or the investigation, or the team leader approved ending the protection response before the social worker obtained information from individuals who may have relevant knowledge of the family and/or the child/youth and the rationale was documented and appropriate.

Of the 45 records that received ratings of not achieved, nine had no documentation of collaterals being completed, 34 documented collaterals but failed to complete necessary collaterals with designated representatives of the First Nations, Treaty First Nations or Metis community, one did not complete a collateral with CYMH, one did not complete a collateral with CYSN, two did not complete collaterals with the most recent child protection social workers, one did not complete a collateral with the police, three did not complete medical exams and two were memos with inappropriate non-protection responses. The total adds to more than the number of records rated not achieved because eight records had combinations of the above noted reasons.

The audit also assessed whether the social workers, if the records were incidents with FDR protection responses, contacted the parents prior to initiating the FDR responses and whether

the social workers had discussions about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals. Of the 63 records in the original incident sample that were correctly deemed to require protection responses all were designated as FDR protection responses. Of these 63 FDR protection responses, 42 confirmed that the social workers contacted the parents prior to contacting collaterals. Furthermore, of these 63 FDR protection responses, 37 confirmed that discussions with the parents took place about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals.

Assessing the Risk of Future Harm and Determining the Need for Protection Services

FS 14 to FS 16 relate to assessing the risk of future harm, determining the need for protection services and the timeframe for completing the FDR assessment or investigation. The records included the selected sample of 64 closed incidents augmented with the records described in the note below the table.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS14: Assessing the Risk of Future Harm	65*	59	6	91%
FS 15: Determining the Need for Protection Services	65*	63	2	97%
FS 16: Timeframe for Completing the FDR Assessment or Investigation	65*	5	60	8%

*Total Applicable includes the sample of 64 incidents augmented with the addition of two memos with inappropriate non-protection responses and the removal of one incident with an inappropriate protection response.

FS 14: Assessing the Risk of Future Harm: The compliance rate for this critical measure was **91%**. The measure was applied to all 65 records in the augmented sample: 59 were rated achieved and six were rated not achieved. To receive a rating of achieved, a Vulnerability Assessment was completed in its entirety and approved by the team leader, or the team leader approved ending the protection response before the Vulnerability Assessment was completed in its entirety and the rationale was documented and appropriate.

Of the six records rated not achieved, four did not contain Vulnerability Assessments and two were memos with inappropriate non-protection responses.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. Of the 59 records rated achieved, the range of time it took to complete the Vulnerability Assessments was between 14 days and 1027 days, with the average time being 224 days.

FS 15: Determining the Need for Protection Services: The compliance rate for this critical measure was 97%. The measure was applied to all 65 records in the augmented sample: 63 were rated achieved and two were rated as not achieved. To receive a rating of achieved, the decision regarding the need for FDR protection services or ongoing protection services was consistent with the information obtained during the FDR assessment or the investigation, or the team leader approved ending the protection response before the decision was made regarding the need for FDR protection services or ongoing protection services and the rationale was documented and appropriate.

Of the two records rated not achieved, both were memos with inappropriate non-protection responses.

FS 16: Timeframe for Completing the FDR Assessment or Investigation: The compliance rate for this critical measure was 8%. The measure was applied to all 65 records in the augmented sample: five were rated achieved and 60 were rated not achieved. To receive a rating of achieved, the FDR assessment or investigation was completed within 30 days of receiving the report or the FDR assessment or investigation was completed in accordance with the extended timeframe that had been approved by the team leader.

Of the 60 records rated not achieved, 58 FDR assessments or investigations were not completed within 30 days, and two were memos with inappropriate non-protection responses. Of the 58 FDR assessments or investigations that were not completed within 30 days, the range of time it took was between 36 and 1027, with the average time being 264 days.

Strength and Needs Assessment and Family Plan

FS 17 to FS 21 relate to completing the Family and Child Strengths and Needs Assessment and the Family Plan. The records included the selected sample of 55 open FS cases and 25 closed FS cases.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 17: Completing a Family and Child Strengths and Needs Assessment	80	49	31	61%
FS 18: Team leader Approval of the Strengths and Needs Assessment	80	40	40	50%
FS 19: Developing the Family Plan with the Family	80	25	55	31%
FS 20: Timeframe for Completing the Family Plan	80	15	65	19%
FS 21: Team leader Approval of the Family Plan	80	17	63	21%

FS 17: Completing a Family and Child Strengths and Needs Assessment: The compliance rate for this critical measure was **61%**. The measure was applied to all 80 records in the samples: 49 were rated achieved and 31 were rated not achieved. To receive a rating of achieved, a Family and Child Strength and Needs Assessment completed in its entirety.

Of the 31 records rated not achieved, 24 did not contain Family Strengths and Needs Assessments and seven contained incomplete Family Strengths and Needs Assessments.

Of the 49 records rated achieved, 37 contained Family and Child Strengths and Needs Assessments that were completed within the most recent six-month practice cycle and 12 did not, but they were completed within the 12-month timeframe of the audit.

FS 18: Team Leader Approval of the Strengths and Needs Assessment: The compliance rate for this critical measure was **50%**. The measure was applied to all 80 records in the samples: 40 were rated achieved and 40 were rated not achieved. To receive a rating of achieved, the Family and Child Strength and Needs Assessment that was approved by the team leader.

Of the 40 records rated not achieved, 24 did not contain Family Strengths and Needs Assessments, seven contained incomplete Strengths and Needs Assessments that were not approved by the team leaders, and nine completed Family Strengths and Needs Assessments were not approved by the team leaders.

FS 19: Developing the Family Plan with the Family: The compliance rate for this critical measure was **31%**. The measure was applied to all 80 records in the samples: 25 were rated achieved and 55 were rated not achieved. To receive a rating of achieved, a Family Plan form or its equivalent and was developed in collaboration with the family. An equivalent to the Family Plan form can be the plan developed during a facilitated meeting, such as at a Family Case Planning Conference, Traditional Family Planning Meeting, or Family Group Conference. The plan developed may be in lieu of a Family Plan if the plan has the key components of:

- the priority needs to be addressed
- the goals described in clear and simple terms regarding what the family would like to change in their lives in relation to the identified need
- indicators that described in clear and simple terms what will appear different when the need is met (from the viewpoint of the family or from the viewpoint of others)
- strategies to reach goals, where the person responsible for implementing the strategy is also noted
- a review date, when progress towards the goal will be reviewed and a determination made on whether the goal has been met.

Of the 55 records rated not achieved, 51 did not contain Family Plans or equivalents and four Family Plans or equivalent were not developed in collaboration with the families.

The audit also assessed whether the Family Plans or equivalents were completed after the Family and Child Strengths and Needs Assessments. Of the 25 records that received ratings of achieved, 10 Family Plans or equivalents were completed after the completion of the Family and Child Strengths and Needs Assessments and 15 Family Plans or equivalents were completed without first completing the Family and Child Strengths and Needs Assessments.

FS 20: Timeframe for Completing the Family Plan: The compliance rate for this critical measure was **19%**. The measure was applied to all 80 records in the samples: 15 were rated achieved and 65 records were rated not achieved. To receive a rating of achieved, a Family Plan or its equivalent was created within 30 days of initiating ongoing protection services and a Family Plan or its equivalent was revised within the most recent six-month practice cycle.

Of the 65 records rated not achieved, 51 did not contain Family Plans or equivalents, one Family Plan or equivalent was not completed within 30 days of initiating ongoing protection services, and 13 Family Plans or equivalent were not revised within the most recent six-month practice cycle.

FS 21: Team Leader Approval of the Family Plan: The compliance rate for this critical measure was **21%**. The measure was applied to all 80 records in the samples: 17 were rated achieved and 63 records were rated not achieved. To receive a rating of achieved, the Family Plan or its equivalent was approved by the team leader.

Of the 63 records rated not achieved, 51 did not contain Family Plans or equivalents and 12 Family Plans or equivalents were not approved by the team leaders.

Reassessment

FS 22 relates to the completion of a Vulnerability Reassessment or Reunification Assessment. The records included the selected sample of 55 open FS cases and 25 closed FS cases.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 22: Completing a Vulnerability Reassessment or a Reunification Assessment	80	42	38	53%

FS 22: Completing a Vulnerability Reassessment OR a Reunification Assessment: The compliance rate for this critical measure was **53%**. The measure was applied to all 80 records in the samples; 42 were rated achieved and 38 were rated not achieved. To receive a rating of achieved, a Vulnerability Reassessment or Reunification Assessment was completed within the

most recent six-month practice cycle and a Reunification Assessment was completed within three months of the child’s return or a court proceeding regarding custody and the assessment(s) was approved by the team leader.

Of the 38 records rated not achieved, 15 did not contain the required Reunification Assessments, nine did not contain the required Vulnerability Reassessments, three contained incomplete Reunification Assessments, six contained incomplete Vulnerability Reassessments, 11 Reunification Assessments or Vulnerability Reassessments were not completed within the most recent six-month practice cycle, and one did not contain a Reunification Assessments completed within three months of the child’s return or court proceedings regarding custody. The total adds to more than the number of records rated not achieved because seven records had a combination of the above noted reasons.

Decision to End Protection Services

FS 23 relates to making the decision to end ongoing protection services. The records included the selected sample of 25 closed FS cases.

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 23: Making the Decision to End Ongoing Protection Services	25	22	3	88%

FS 23: Making the Decision to End Ongoing Protection Services: The compliance rate for this critical measure was **88%**. The measure was applied to all 25 records in the sample; 22 were rated achieved and three were rated not achieved. To receive a rating of achieved:

- the decision to conclude ongoing protection services was made in consultation with a team leader
- there were no unaddressed reports of abuse or neglect
- there were no indications of current or imminent safety concerns
- the family demonstrated improvements as identified in the Family Plan
- a recent Vulnerability Reassessment or Reunification Assessment confirmed that factors identified as contributing to high vulnerability no longer existed or have been sufficiently addressed
- the family demonstrated the ability to access and use formal and informal resources and the family had the ability to parent without MCFD support.

Of the three records rated not achieved, two ended protection services without first completing Vulnerability Re-assessments or Reunifications Assessments within the most recent six-month practice cycle, and one was closed after the Vulnerability Reassessment determined a high-risk

rating. With respect to this closed record, the record was subsequently re-opened and support services were offered to the family to adequately address the risk factors.

7. ACTIONS COMPLETED TO DATE

Prior to the development of the action plan, the following actions were implemented by the agency:

1. In 2019, each guardianship and family services team was assigned a collaborative practice consultant to ensure that care plan and family plan meetings are scheduled and implemented. The collaborative practice consultants focus on developing these plans in partnership with the children/youth in care, the care team/circle members, families, community stakeholders and significant others. The consultants also work with the respective team leaders to support staff to anticipate due dates for collaborative plans and track completion rates.
2. In September 2019, the team leaders from all program areas and members of the management team participated in a one-day workshop that focused on how to provide strength-based supervision, how to engage in constructive clinical conversations and how to build healthy team environments.

8. ACTION PLAN

On October 28, 2019, the following action plan was developed in collaboration between Fraser Valley Aboriginal Child and Family Services Society and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

ACTIONS	PERSONS RESPONSIBLE	DATES TO BE COMPLETED
1. The policies associated with the SDM tools for child protection responses and ongoing family service cases will be reviewed with all child protection teams. This review will also include the documentation requirements for supervisory approvals of extensions to timeframes. Confirmation that this review has been completed will be sent, via email, to the manager of Quality Assurance.	Director of Practice	April 30, 2020
2. The policies and procedures associated with obtaining and assessing child protection reports will be reviewed with all social workers responsible for receiving and screening new reports about children/youths' need for protection. This review will focus on how to gather full	Director of Practice	April 30, 2020

and detailed information, how to conduct an Initial Record Review (IRR), how to assess a report about a child/youth's need for protection (completing the Screening Assessment), and how to determine whether a report requires a protection or non-protection response. Confirmation that this review has been completed will be sent, via email, to the manager of Quality Assurance.		
3. All open resource records will be reviewed and the outstanding documentation in the following areas will be completed: criminal record checks and Criminal Record Review Act checks; annual reviews of foster homes; and signed contracts with caregivers. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.	Director of Practice	April 30, 2020
4. All open resource records will be reviewed and all outstanding home studies will be completed. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD	Director of Practice	November 30, 2020
5. All open child service records will be reviewed and all outstanding care plans will be completed. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.	Director of Practice	April 30, 2020