



NIL/TU,O Child and Family Services Society

CASE PRACTICE AUDIT REPORT

Report Completed: January 2020

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
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1. PURPOSE

The purpose of the audit is to improve and support child service, resource and voluntary family service practice. Through the review of samples of records, the audit provides a measure of the quality of documentation during the audit time periods (see below for dates), confirm good practice, and identify areas where practice requires strengthening. This is the fifth C4 audit for NIL/TU,O Child and Family Services Society (NCFSS). The last audit was completed in November 2015.

The specific purposes of the audit are to:

- further the development of practice
- assess and evaluate practice in relation to existing legislation and the Aboriginal Operational and Practice Standards and Indicators (AOPSI)
- determine the current level of practice across a sample of records
- identify barriers to providing an adequate level of service
- assist in identifying training needs
- provide information for use in updating and/or amending practice standards or policy.

2. METHODOLOGY

There were three quality assurance 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 January 14-18, 2019. The MCFD Share Point site was used to collect the data for the child service, resource and voluntary 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 five 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. For the closed child service and open voluntary family service records, the small population sizes provide a confidence level of 100% and a 0% margin of error because all records in the populations were audited. Lastly, the audit of closed voluntary family service cases was not conducted because there were no records of this type during the audit time period. The following are the sample sizes for the five record types:

Record Types	Population Sizes	Sample Sizes
Open child service cases	36	24
Closed child service cases	2	2
Open and closed resource cases	33	23
Open voluntary family service	2	2
Closed voluntary family service	0	0

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

1. Open child service cases: CS records open in the IVA office on November 30, 2018, with the legal categories of VCA, SNA, CCO and Out of Province, and managed by the agency for at least six months.
2. Closed child service cases: CS records that were closed in the IVA office between June 1, 2016 and November 30, 2018 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 December 1, 2015, and November 30, 2018. Children or youth in care had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level One Care, Level Two Care, Level Three Care, and First Nations Foster Home.
4. Open voluntary family service cases: FS cases that were open in the IVA office on November 30, 2018 and had been open for at least six months.
5. Closed voluntary family service cases: FS cases that were closed between June 1, 2018 and November 30, 2018 and had been open for at least six months.

For open child service, open resource and open voluntary family service cases, 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 (December 1, 2015 to November 30, 2018). For closed child service and closed resource cases, the reviews focused on all electronic information documented in the ICM database and physical information documented in the files from December 1, 2015 until the dates the records were closed.

3. AGENCY OVERVIEW

a) Delegation

NIL/TU,O Child and Family Services Society was formed and incorporated as a society in 1997 and received C3 voluntary services delegation in 2001. In 2007, the agency moved to C4 guardianship delegation and began providing guardianship services. The agency is operating under a Bilateral

Delegation Agreement which expires on March 31, 2020. The current level of delegation enables the agency to provide the following services:

- guardianship and care for children in continuing care
- voluntary support services to families
- voluntary care or special needs agreements
- recruitment, training and support for caregivers
- Youth Agreements
- respite services
- Extended Family Program
- Agreement with Young Adults

NCFSS provides the following services and events to their member Nations' children and families:

- Triple P - parenting support
- Family Fundamentals – parenting
- Cultural Nights – canning, moccasin making, cedar weaving, etc.
- Ready to Rent – financial and legal information about renting
- Youth Life Skills - development group
- Aboriginal HIPPIE – national program to support early literacy for children aged three to five years and to teach parents how to teach their children
- Cultural Camps - spring (two weeks) and summer (five weeks) cultural camps for children/youth in care and some community children/youth
- Day Camps – provided during school professional development days camps for children/youth in care and community children/youth
- Community Kitchen – group lunches or cooking with healthy foods
- The Women's Group
- ASIST Training – applied suicide intervention skills training
- Sweet Dreams - a program providing beds, bedding and education on sleep hygiene and safe sleeping for infants
- FASD Support and Education Program
- Honoring the Babies – annual ceremony and dinner for families in our communities with newborns
- annual BBQ and picnic for caregivers and children in care
- health fairs
- Christmas dinner for caregivers, children in care and their families
- escorts and support for youth participating in the Paddling Together and Tribal Journeys programs.

b) Demographics

NCFSS is located on Tsawout territory in Saanichton, BC. The agency provides child and family services to the following communities: Tsartlip, Tsawout, Pauquachin, Songhees, Beecher Bay, T'Sou-ke, and Tseycum. These communities are close in proximity to the agency and all are accessible by road. There are approximately 3680 registered members in the seven communities (source: *Indigenous and Northern Affairs Canada, First Nations Profiles, Registered Populations, January 2019*). According to the current delegation agreement, the geographic service area for the agency are the reserves of the collective Nations and the municipalities of: North Saanich, Sidney, Central Saanich, Langford, Colwood, View Royal, the Highlands, Sooke, Metchosin, Pedder Bay, Saanich, Victoria, Esquimalt, Oak Bay, and the surrounding unincorporated areas.

c) Professional Staff Complement

Current staffing at NCFSS for the delegated services is comprised of the executive director, two community service managers, two residential resource/recruitment social workers, and three guardianship/family service social workers. One of these guardianship positions was vacant at the time of the audit. In addition to the delegated staff, there are six family support workers with two more vacant positions, two administrative team assistants and an acting administrative manager.

The executive director has been with the agency for nine years, one community service manager has been with the agency for four years and the other community service manager for five years. Both community service managers have lengthy supervisory and managerial experience with MCFD. One residential resource/recruitment social worker, who has been with the agency since 2017, has over 20 years of resource experience with MCFD and the other resource social worker joined the agency at the end of 2018. The guardianship/family service social workers have between two and nine years of experience at the agency.

The executive director, the community service managers, and all the guardianship/family service social workers are delegated at the C4 level. The resource social workers are delegated at the C3 level. All the delegated staff have completed their delegation training through Indigenous Perspectives Society or through the Justice Institute of British Columbia. Additional training/professional development opportunities are supported by the agency and staff reported they have been easily able to access available training.

d) Supervision and Consultation

Currently, the supervision of the delegated staff and family support workers is divided between the two community service managers; one manager provides supervision and consultations to all the delegated staff and the second manager provides supervision and consultations to all non-

delegated staff. There is a team meeting every two weeks where the delegated and non-delegated staff participate. The manager responsible for delegated programs has a morning check in meeting with the social workers to review the planning for the day and then meets with the resource social workers to review work priorities.

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 service practice:

- The staff feel very supported by both community service managers because of their extensive work experience.
- Monthly caregiver support nights provide meals and educational presentations for NIL/TU,O caregivers. These nights are supported by non-delegated staff and organized by the resource workers.
- A life skills program is being planned for 19 to 24-year-old youth and former youth in care.
- There is a high level of work satisfaction amongst the staff. There is a positive work/life balance where self-care is promoted and valued. This work environment combined with the smaller caseloads and encouragement to become involved in community activities has increased staff committed to the agency. Staff spoke with pride about the work they are doing with the children and youth in care and their families and caregivers.
- The agency is in the preliminary stages of planning for C6 delegation and has begun community engagement sessions.

5. CHALLENGES OF THE AGENCY

Through the review of documentation and 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 a need for additional residential resources in the communities, particularly for their children/youth in care with specialized care needs.
- The agency was completing Screening Assessment forms within memos and service requests that resulted in the provision of voluntary family services. This responsibility of assessing child welfare reports and/or requests for services requires C6 delegation. These requests for services must be transferred to a delegated social worker at MCFD's Provincial Centralized Screening (or to a local MCFD district office) for the completion of the Screening Assessment form prior to opening voluntary family service cases. This challenge was brought to the attention of the executive director and MCFD's Aboriginal Service Branch for follow up.

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). 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 **64%**. The audit reflects the work done by the staff in the guardianship program over a three-year period (see Methodology section for details). There was a combined total of 26 records in the two samples for this audit. However, not all 23 measures in the audit tool were applicable to all 27 records. The notes below the table describe the records that were not applicable.

Standard	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	26	22	4	85%
Standard 2 Development of a Comprehensive Plan of Care	1*	0	1	0%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	25*	20	5	80%
Standard 4 Supervisory Approval Required for Guardianship Services	26	14	12	54%
Standard 5 Rights of Children in Care	26	19	7	73%
Standard 6 Deciding Where to Place the Child	26	25	1	96%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	26	26	0	100%
Standard 8 Social Worker's Relationship & contact with a Child in Care	26	1	25	4%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	26	2	24	8%

Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	26	23	3	88%
Standard 11 Planning a Move for a Child in Care (VS 20)	11*	8	3	73%
Standard 12 Reportable Circumstances	5*	0	5	0%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	1*	0	1	0%
Standard 14 Case Documentation	26	7	19	27%
Standard 15 Transferring Continuing Care Files	1*	1	0	100%
Standard 16 Closing Continuing Care Files	2*	0	2	0%
Standard 17 Rescinding a Continuing Custody Order	1*	0	1	0%
Standard 19 Interviewing the Child about the Care Experience	10*	1	9	10%
Standard 20 Preparation for Independence	3*	3	0	100%
Standard 21 Responsibilities of the Public Guardian and Trustee	25*	25	0	100%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	4*	2	2	50%
Standard 23 Quality of Care Review	2*	0	2	0%
Standard 24 Guardianship Agency Protocols	26	26	0	100%

Standard 2: 25 records did not involve initial care plans completed within the audit time period

Standard 3: one record was opened in January 2018 and the annual care plan was not due

Standard 11: 15 records did not involve children/youth moving from their care homes

Standard 12: 21 records did not involve reportable circumstances

Standard 13: 25 records did not involve children missing, lost or run away

Standard 15: 25 records did not involve file transfers

Standard 16: 24 records did not involve file closures

Standard 17: 25 records did not involve rescinding continuing custody orders

Standard 19: 16 records did not involve changing placements

Standard 20: 23 records did not involve youth planning for independence

Standard 21: one record did not involve notifying the Public Guardian and Trustee

Standard 22: 22 records did not involve investigations of abuse or neglect in family care homes

Standard 23: 24 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 **85%**. The measure was applied to all 26 records in the samples; 22 were rated achieved and four were rated not achieved. To receive a rating of achieved, the record contained documentation that confirmed:

- 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 Aboriginal 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 four records rated not achieved, three did not contain cultural plans for children/youth not placed within their extended families or communities and one did not document that the child/youth in care had access to culturally appropriate resources.

St. 2 Development of a Comprehensive Plan of Care: The compliance rate for this standard was **0%**. The measure was applied to one of the 26 records in the samples; one was rated not achieved. To receive a rating of achieved, the record, if it was opened during the three-year audit time period, contained:

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

Of the one record rated not achieved, it did not contain an initial care plan nor an annual care plan completed within six months of admission.

St. 3 Monitoring and Reviewing the Child's Plan of Care: The compliance rate for this measure was **80%**. The measure was applied to 25 of the 26 records in the samples; 20 were rated achieved and five were rated not achieved. To receive a rating of achieved, the record contained documentation that confirmed:

- care plans were completed annually throughout the audit time period
- 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 five records rated not achieved, five contained care plans but they were not completed annually throughout the audit time period (four of these required current care plans) and one did not document efforts to develop a care plan with a youth over the age of 12 nor the family. 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. 4 Supervisory Approval Required for Guardianship Services: The compliance rate for this measure was **54%**. The measure was applied to all 26 records in the samples; 14 were rated achieved and 12 were rated not achieved. To receive a rating of achieved, the following key decisions and documents were approved by a supervisor;

- 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 12 records rated not achieved, all contained care plans that were not signed by supervisors.

St. 5 Rights of Children in Care: The compliance rate for this measure was **73%**. The measure was applied to all 26 records in the samples; 19 were rated achieved and seven were rated not achieved. To receive a rating of achieved, the record contained documentation that confirmed:

- 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 audit time period
- in instances when the child's rights were not respected, the social worker took appropriate steps to resolve the issue.

Of the seven records rated not achieved, all contained confirmations that the rights of children in care, including the advocacy process, were reviewed within the audit time period, but these reviews were not conducted annually. Of these seven records, all contained confirmations that the rights of children in care were reviewed within the most recent 12 months of the audit time period.

St. 6 Deciding Where to Place the Child: The compliance rate for this measure was **96%**. The measure was applied to all 26 records in the samples; 25 were rated achieved and one was rated not achieved. To receive a rating of achieved, the record contained documentation that confirmed 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.

The one record rated not achieved involved a child/youth placed in an out of home living arrangement that was not in accordance with section 71 of the Child, Family and Community Services Act. Specifically, the child/youth was not placed with an extended family member or within their community and there were no documented efforts to resolve the issue.

St. 7 Meeting the Child’s Needs for Stability and Continuity of Relationships: The compliance rate for this measure was **100%**. The measure was applied to all 26 records in the samples; all 26 were rated achieved. To receive a rating of achieved, the record contained documentation that confirmed 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.

St. 8 Social Worker’s Relationship and Contact with the Child: The compliance rate for this measure was **4%**. The measure was applied to all 26 records in the samples; one was rated achieved and 25 were rated not achieved. To receive a rating of achieved, the record contained documentation that confirmed 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 25 records rated not achieved, one did not document any visits, 22 documented private visits but not every 30 days, 12 documented visits that were not conducted in private (often with sibling groups); one did not document a visit at the time of placement, three did not document visits within seven days after placements, and one did not document a visit when there was a change in circumstance. The total adds to more than the number of records rated not achieved because 13 records had combinations of the above noted reasons.

Of the 22 records rated not achieved because private visits were documented but not every 30 days: one was open for 17 months (seven private visits), one was open for 25 months (eight private visits), one was open for 26 months (nine private visits) and 19 were open for the entire three years of the audit time period (private visits ranged from one to 25 visits, with an average of 16 private visits within three years).

St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards: The compliance rate for this measure was **8%**. The measure was applied to all 26 records in the samples; two were rated achieved and 24 were rated not achieved. To receive a rating of achieved, the record contained documentation that confirmed:

- 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 24 records rated not achieved, four did not document that information about the children/youth was provided to the caregivers at times of placements, 14 did not document the reviews of discipline standards with caregivers, nine documented the reviews of discipline standards with caregivers but these reviews were not conducted annually, and two did not document reviews of discipline standards with caregivers at times of placements. The total adds to more than the number of records rated not achieved because four 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 **88%**. The measure was applied to all 26 records in the samples; 23 were rated achieved and three were rated not achieved. To receive a rating of achieved, the record contained documentation that confirmed:

- 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 three records rated not achieved, one did not confirm that a medical exam was conducted upon the child/youth entering care and two did not confirm medical follow up as recommended (immunizations may not be up to date).

St. 11 Planning a Move for a Child in Care: The compliance rate for this measure was **73%**. The measure was applied to 11 of the 26 records in the samples; eight were rated achieved and three were rated not achieved. To receive a rating of achieved, the record, if it involved a placement move, contained documentation that confirmed:

- 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 three records rated not achieved, all did not document that explanations were provided to the children/youth nor were pre-placement visits arranged.

St. 12 Reportable Circumstances: The compliance rate for this measure was **0%**. The measure was applied to five of the 26 records in the samples; five were rated not achieved. To receive a rating of achieved, the record contained documentation that confirmed 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 five records rated not achieved, five contained documentation of reportable circumstances but reports were not submitted to the director and one report about a reportable circumstance was submitted to the director but not within 24 hours (the time it took was six days). 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. 13 When a Child or Youth is Missing, Lost or Runaway: The compliance rate for this measure was **0%**. The measure was applied to one of the 26 records in the samples; one was rated not 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, contained documentation that confirmed:

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

Of the one record rated not achieved, it did not document the social worker's efforts to develop a safety plan after the child/youth was found.

St. 14 Case Documentation: The compliance rate for this measure was **27%**. The measure was applied to all 26 records in the samples; seven were rated achieved and 19 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 time period
- a review recording or care plan review when there was a change in circumstance.

Of the 19 records rated not achieved, one did not contain an opening recording, four did not contain review recordings nor care plan reviews, and 14 contained review recordings or care plan reviews but they were not completed every six months.

St. 15 Transferring Continuing Care Files: The compliance rate for this measure was **100%**. The measure was applied to one of the 26 records in the samples; one was rated achieved. To receive

a rating of achieved, the record, if it involved a case transfer, contained documentation that confirmed:

- a transfer recording
- 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.

St. 16 Closing Continuing Care Files: The compliance rate for this measure was **0%**. The measure was applied to two of the 26 records in the samples; both were rated not achieved. To receive a rating of achieved, the record, if it involved a case closure, contained documentation that confirmed:

- a closing recording
- 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 two records rated not achieved, two did not contain closing recordings and one did not document the social worker's efforts to meet the youth nor the caregiver(s) prior to the closure. 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. 17 Rescinding a CCO and Returning the Child to the Family Home: The compliance rate for this measure was **0%**. The measure was applied to one of the 26 records in the samples; one was rated not achieved. To receive a rating of achieved, the record, if it involved a rescindment of a continuing custody order, contained documentation that confirmed:

- 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.

Of the one record rated not achieved, the risk of return was not assessed by a delegated worker prior to placing the child/youth in the family home.

St. 19 Interviewing the Child about the Care Experience: The compliance rate for this measure was **10%**. The measure was applied to 10 of the 26 records in the samples; one was rated achieved and nine 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 nine records rated not achieved, all had no documentation of interviews after placement changes. Note that one record that involved a move from a placement was deemed not applicable because the child was too young to be interviewed.

St. 20 Preparation for Independence: The compliance rate for this measure was **100%**. The measure was applied to three of the 26 records in the samples; three were rated achieved. To receive a rating of achieved, the record, if it involved a youth about to leave care and enter an independent living situation, contained documentation that confirmed;

- 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 achieved, excellent documentation was found relating to plans for independence, youth transition conferences, referrals for one to one support, transitioning to adult Community Living of BC services, persons with disabilities applications, budget planning, job searches and preparation of youth for participation in skills/trades training.

St. 21 Responsibilities of the Public Guardian and Trustee (PGT): The compliance rate for this measure was **100%**. The measure was applied to 25 of the 26 records in the samples; 25 were rated achieved. To receive a rating of achieved, the record contained documentation that confirmed:

- 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.

St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **50%**. The measure was applied to four of the 26 records in the samples; two were rated achieved and two were rated not 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, contained documentation that confirmed:

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

Of the two records rated not achieved, both did not contain the required summary reports related to the completed protocol investigations (open).

St. 23 Quality of Care Review: The compliance rate for this measure was **0%**. The measure was applied to two of the 26 records in the samples; two were rated not achieved. To receive a rating of achieved, the record, if it involved a concern about the quality of care received by a child/youth in a family care home, contained documentation that confirmed a response was conducted.

Of the two records rated not achieved, both did not contain the required summary reports related to the completed responses (open).

St. 24 Guardianship Agency Protocols: The compliance rate for this measure was **100%**. The measure was applied to all 26 records in the samples; 26 were rated achieved. To receive a rating of achieved, the record contained documentation that confirmed 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 **46%**. 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 was a total of 23 records in the one sample selected for this audit. However, not all nine measures in the audit tool were applicable to all 23 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	23	19	4	83%
Standard 29 Family Care Homes – Application and Orientation	23	5	18	22%
Standard 30 Home Study	16*	13	3	81%
Standard 31 Training of Caregivers	23	15	8	65%
Standard 32 Signed Agreement with Caregivers	23	6	17	26%
Standard 33 Monitoring and Reviewing the Family Care Home	23	3	20	13%

Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	2*	2	0	100%
Standard 35 Quality of Care Review	1*	0	1	0%
Standard 36 Closure of the Family Care Home	6*	2	4	33%

Standard 30: seven records did not involve home studies during the audit time period

Standard 34: 21 records did not involve investigations of alleged abuse or neglect in family care homes

Standard 35: 22 records did not involve quality of care reviews

Standard 36: 17 records were not closed

St. 28 Supervisory Approval for Family Care Home Services: The compliance rate for this measure was **83%**. The measure was applied to all 23 records in the sample; 19 were rated achieved and four were rated not achieved. To receive a rating of achieved, the record contained documentation that confirmed the social worker consulted a supervisor 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.

Of the four records rated not achieved, two contained home studies that were not signed by supervisors (open), and two contained criminal records without documented consultations with supervisors (one open).

St. 29 Family Care Homes – Application and Orientation: The compliance rate for this measure was **22%**. The measure was applied to all 23 records in the sample; five were rated achieved and 18 were rated not achieved. To receive a rating of achieved, the record contained documentation that 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).

In the 18 records rated not achieved, two did not contain application forms, nine did not contain all the required criminal record checks (seven open), four did not contain Consent for Release of Information forms, seven did not confirm that medical exams were completed, six did not contain all the required reference checks, and 12 did not confirm that orientation sessions were provided to the applicants. Of the seven records without all the required criminal record checks, six did not contain updated Criminal Record Review Act (CRRA) checks for one or both caregivers and one required a criminal record check (CRC) for an adult son living in the home. The practice analysts notified the executive director to follow up on these records. The total adds to more than the number of records rated not achieved because 11 records had a combination of the above noted reasons.

St. 30 Home Study: The compliance rate for this measure was **81%**. The measure was applied to 16 of the 23 records in the sample; 13 were rated achieved and three were rated not achieved. To receive a rating of achieved, the record, if it required a home study during the audit timeframe, contained documentation that confirmed:

- 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 three records rated not achieved, one did not contain a home study (open), one contained an incomplete home study (open) and one contained a home study specific to out of care providers (open).

St. 31 Training of Caregivers: The compliance rate for this measure was **65%**. The measure was applied to all 23 records in the sample; 15 were rated achieved and eight were rated not achieved. To receive a rating of achieved, the record contained documentation that confirmed the training needs of the caregiver(s) were identified and that training opportunities were offered to, or taken by, the caregiver(s).

Of the eight records rated not achieved, seven did not document any training offered to, or taken by, the caregivers within the audit time period and two did not document the training needs of the caregivers. The total adds to more than the number of records rated not achieved because six records had a combination of the above noted reasons. The practice analysts learned, through interviews with the delegated staff, that training sessions are provided to their caregivers during the monthly caregiver support nights. The agency does not require their restricted caregivers to take the pre-service training (PRIDE).

St. 32 Signed Agreement with Caregiver: The compliance rate for this measure was **26%**. The measure was applied to all 23 records in the sample; 6 were rated achieved and 17 were rated not achieved. To receive a rating of achieved, the record contained consecutive Family Care Home Agreements throughout the audit time period, and they were signed by all the participants.

Of the 17 records rated not achieved, one did not contain any Family Care Home Agreements and 16 contained Family Care Home Agreements but they were not consecutive throughout the audit time period. Of the 17 open records, all have current signed agreements.

St. 33 Monitoring and Reviewing the Family Care Home: The compliance rate for this measure was **13%**. The measure was applied to all 23 records in the sample; three were rated achieved and 20 were rated not achieved. To receive a rating of achieved, the record contained documentation that confirmed:

- annual reviews of the family care home were completed throughout the audit time period
- 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 time period.

Of the 20 records rated not achieved, five did not contain any annual reviews (three open), 12 contained reviews but they were not completed annually throughout the audit time period, four did not document any home visits (two open), and 15 documented home visits but they were not conducted every 90 days throughout the audit time period. Of the 12 records that contained reviews, but they were not completed annually throughout the audit time period, three did not contain annual reviews for the most recent 12 month period. The total adds to more than the number of records rated not achieved because 16 records had a combination of the above noted reasons.

St. 34: Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **100%**. The measure was applied to two of the 23 records in the sample; two were rated 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:

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

St. 35: Quality of Care Review: The compliance rate for this measure was **0%**. The measure was applied to one of the 23 records in the sample; one was 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, contained documentation that confirmed:

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

Of the one record rated not achieved, it did not contain the required summary report related to the completed response and did not confirm that efforts were made to support the caregiver.

St. 36: Closure of the Family Care Home: The compliance rate for this measure was **33%**. The measure was applied to six of the 23 records in the sample; two were rated achieved and four 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 four records rated as not achieved, all four did not contained written notices to the caregivers.

c) Voluntary Family Service

The overall compliance rate for the AOPSI Voluntary Family Service Practice Standards was **69%**. The audit reflects the work done by the staff in the agency’s family service program over a three-year period (see Methodology section for details). There was a total of two records in the one sample selected for this audit (there were no closed FS cases within the audit time period). However, not all 12 measures in the audit tool were applicable to both records. The notes below the table describe the records that were not applicable.

Standard	Total Applicable	Total Compliant	Total Not Compliant	% Compliant
St 1 Receiving Requests for Services	2	2	0	100%
St 2 Supervisory approval required for Voluntary Cared	2	2	0	100%
St 3 Information and Referral for Voluntary Services	2	2	0	100%
St 4 Involving the Aboriginal community in the Provision of Services	2	1	1	50%
St 5 Family Service Plan for support services	2	0	2	0%
St 6 Support Service Agreements	2	2	0	100%
St 7 Voluntary Care Agreements*	0*			
St 8 Special Needs Agreement*	0*			
St 9 Case Documentation	2	0	2	0%
St 24 Transferring Voluntary Services Files*	0*			

St 26 Closing Voluntary Services Files*	0*			
St 27 Voluntary Services Protocols	2	2	0	100%

Standard 7: two records did not involve Voluntary Needs Agreements

Standard 8: two records did not involve Special Needs Agreements

Standard 24: two records did not involve transfers

Standard 26: two records did not involve closures

St. 1 Receiving Requests for Services: The compliance rate for this measure was **100%**. The measure was applied to both records in the sample; both were rated achieved. To receive a rating of achieved, the record contained documentation that confirmed:

- information was recorded about the family and the family's history
- the service requested was within the delegation of the agency
- a prior contact check was completed.

St. 2 Supervisory Approval Required for Voluntary Services: The compliance rate for this measure was **100%**. The measure was applied to both records in the sample; both were rated achieved. To receive a rating of achieved, the record contained documentation that confirmed the social worker consulted a supervisor at the following key decision points;

- receiving a child protection report
- approving a family plan
- approving a Support Services Agreement
- approving a Voluntary Care Agreement
- approving a Special Needs Agreement
- approving a case transfer
- approving a case closure.

St. 3 Information and Referral for Voluntary Services: The compliance rate for this measure was **100%**. The measure was applied to both records in the sample; both were rated achieved. To receive a rating of achieved, the record contained documentation that confirmed:

- the services provided were appropriate to the needs of the client
- the referrals to services were consistent with the identified needs of the client.

St. 4 Involving the Aboriginal community in the Provision of Services: The compliance rate for this measure was **50%**. The measure was applied to both records in the sample; one was rated achieved and one was rated not achieved. To receive a rating of achieved, the record contained documentation that confirmed:

- efforts were made to identify and involve the Indigenous community
- efforts were made to involve the family in planning

- efforts were made to involve the extended family in planning
- efforts were made to involve the child/youth in planning.

Of the one record rated not achieved, no efforts to involve a member Nation in planning were documented.

St. 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements: The compliance rate for this measure was **0%**. The measure was applied to both records in the sample; both were rated not achieved. To receive a rating of achieved, the record contained a family plan that included:

- the goals for services with timeframes for review
- the roles and responsibilities for all those participating in the plan.

Of the two records rated not achieved, both did not contain family plans.

St. 6 Support Service Agreements: The compliance rate for this measure was **100%**. The measure was applied to both records in the sample; both were rated achieved. To receive a rating of achieved, the record contained Support Services Agreements that were:

- signed by the agency
- signed by the parents
- consecutive and reviewed every six months.

St. 9 Case Documentation: The compliance rate for this measure was **0%**. The measure was applied to both records in the sample; both were rated not achieved. To receive a rating of achieved, the record contained:

- an opening recording signed by social worker and supervisor
- review recordings signed by social worker and supervisor and completed every six months throughout the audit time period.

In the two records rated not achieved, both did not contain opening nor review recordings.

St. 27 Voluntary Services Protocols: The compliance rate for this measure was **100%**. The measure was applied to both records in the sample; both were rated achieved. To receive a rating of achieved, the record contained documentation that confirmed all protocols related to the delivery of family services that the agency has established with local and regional agencies have been followed.

7. ACTIONS COMPLETED TO DATE

On November 14, 2019, a teleconference was held to discuss the audit findings and to develop an action plan. Participating on the call was the management team from NIL/TU,O Child and Family Services and representatives from MCFD’s Quality Assurance and Aboriginal Services Branch. During the teleconference, the agency confirmed that the following actions had already been implemented:

1. In September 2019, the community service managers reviewed with the guardianship social workers the following requirements:
 - conduct and document private visits with the children/youth in care every 30 days
 - review the discipline standards with the caregivers at the times outlined by policy
 - prepare children/youth in care for planned placement moves and document the efforts.

8. ACTION PLAN

On January 8, 2020, the following Action Plan was developed in collaboration between NIL/TU,O Child and Family Services and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Persons Responsible	Outcomes	Completion Date
Child Service: 1. The agency will review all open child service cases and complete all required annual care plans. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.	Executive Director		July 1, 2020
Resources: 2. The agency will review all open resource cases and complete all required criminal record checks, criminal records review act checks, home studies and annual reviews. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.	Executive Director		July 1, 2020

APPENDIX

A. Supplementary Findings for Child Services and Resource Practice

On June 20, 2019, the executive director of NIL/TU,O Child and Family Services met with MCFD's quality assurance manager and practice analyst to discuss the audit findings. The executive director stated that several improvements to clinical supervision had been made in 2017 and 2018. To highlight how these improvements affected practice, the agency requested compliance scores from the most recent 12-month period for the child service and resource records. This request was granted, and the following methodology was developed:

- audit the child service and resource records from the original samples that were currently open
- assess the documentation within the most recent 12-month period from August 1, 2018 to July 31, 2019
- collect the data in the Share Point site and generate program compliance tables for the 12-month time period (see below) and a compliance report for each record audited.

Three quality assurance practice analysts conducted data collection from August 19 -22, 2019. The audit included the following records from the original samples

Types	Population Sizes	Sample Sizes
Open child service cases	36	21
Open resource cases	17	17

a.1 Child Service

The overall compliance rate for the AOPSI Child Service Standards was **69%**. The audit reflects the work done by the staff in the agency's guardianship program over the past 12 months. The original sample of 23 open child service records was augmented by the removal of two records that were closed within the 12-month audit time period and one record that was not available for audit during the data collection period. Not all 23 measures in the audit tool were applicable to all the remaining 21 records. The notes below the table describe the records that were not applicable.

Standard	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	21	15	6	71%
Standard 2 Development of a Comprehensive Plan of Care	0*			
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	21	13	8	62%
Standard 4 Supervisory Approval Required for Guardianship Services	21	19	2	90%
Standard 5 Rights of Children in Care	21	19	2	90%
Standard 6 Deciding Where to Place the Child	21	17	4	81%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	21	20	1	95%
Standard 8 Social Worker's Relationship & contact with a Child in Care	21	1	20	5%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	21	6	15	29%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	21	19	2	90%
Standard 11 Planning a Move for a Child in Care (VS 20)	6*	2	4	33%
Standard 12 Reportable Circumstances	0*			
Standard 13 When a Child or Youth is Missing, Lost or Runaway	0*			
Standard 14 Case Documentation	21	8	13	38%
Standard 15 Transferring Continuing Care Files	6*	2	4	33%
Standard 16 Closing Continuing Care Files	0*			
Standard 17 Rescinding a Continuing Custody Order	0*			

Standard 19 Interviewing the Child about the Care Experience	6*	4	2	67%
Standard 20 Preparation for Independence	2*	2	0	100%
Standard 21 Responsibilities of the Public Guardian and Trustee	21	21	0	100%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	0*			
Standard 23 Quality of Care Review	0*			
Standard 24 Guardianship Agency Protocols	21	21	0	100%

Standard 2: 21 records did not involve initial care plans completed within the time period
Standard 11: 15 records did not involve children who were moved from their care homes
Standard 12: 21 records did not contain information regarding reportable circumstances
Standard 13: 21 records did not contain information regarding children missing, lost or run away
Standard 15: 15 records did not involve case transfers
Standard 16: 21 records were not closed continuing care cases
Standard 17: 21 records did not include rescindments of continuing custody orders
Standard 19: 15 records did not involve changes in placements
Standard 20: 19 records did not involve youth requiring planning for independence
Standard 22: 21 records did not involve investigations of abuse or neglect in family care homes
Standard 23: 21 records did not involve quality of care reviews

St. 1: Preserving the identity of the Child in Care: Of the six records rated not achieved, four did not contain cultural plans for children/youth not placed within their extended families or communities and three did not document that the child/youth in care had access to culturally appropriate resources. 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. 3 Monitoring and Reviewing the Child’s Plan of Care: Of the eight records rated not achieved, two did not contain care plans within the 12-month audit time period and six care plans did not document efforts to develop the care plans in collaboration.

St. 4 Supervisory Approval Required for Guardianship Services: Of the two records rated not achieved, both did not document supervisory approval for placement changes.

St. 5 Rights of Children in Care: Of the two records rated not achieved, both did not contain confirmations that the rights of children in care, including the advocacy process, were reviewed within the audit time period.

St. 6 Deciding Where to Place the Child: Of the four records rated not achieved, all involved children/youth placed in out of home living arrangements that were not in accordance with section 71 of the Child, Family and Community Services Act. Specifically, the children/youth were

not placed with extended family members or within their communities and there were no efforts documented to resolve the issue.

St. 7 Meeting the Child's Needs for Stability and Continuity of Relationships: In the one record rated not achieved, there was no documented plan to support the continuity of relationships following a placement change.

St. 8 Social Worker's Relationship and Contact with the Child: Of the 20 records rated not achieved, two did not document any visits in the 12-month audit time period, nine documented private visits but not every 30 days, and ten documented visits that were not conducted in private (often with sibling groups). The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

Of the nine records rated not achieved because private visits were documented but not every 30 days: the number of private visits ranged from one to eight visits, with an average of four private visits documented within the 12-month audit time period.

St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards: Of the 15 records rated not achieved, four did not document that information about the children/youth was provided to the caregivers at times of placements, 15 did not document the reviews of discipline standards with caregivers within the 12-month audit time frame, and four did not document reviews of discipline standards with caregivers at times of placements. The total adds to more than the number of records rated not achieved because five records had combinations of the above noted reasons.

St. 10 Providing Initial and Ongoing Medical and Dental Care: Of the two records rated not achieved, both did not confirm medical follow up as recommended (immunizations may not be up to date).

St. 11 Planning a Move for a Child in Care: Of the four records rated not achieved, all did not document that orientations nor pre-placement visits were provided to the children/youth prior to the moves and two did not document that explanations were provided to the children/youth prior to the moves.

St. 14 Case Documentation: Of the 13 records rated not achieved, 11 did not contain review recordings nor care plan reviews (three of these also required review recordings or care plan reviews after changes to circumstances), and two contained review recordings or care plan reviews but they were not completed within six months after completing the annual care plans.

St. 15 Transferring Continuing Care Files: Of the four records rated not achieved, two did not contain transfer recordings, two did not document efforts to meet with the children/youth prior

to the transfers, one did not document efforts to meet with the child/youth within five days of the transfer, two did not document efforts to meet with the caregivers prior to the transfers and two did not document efforts to meet with the involved service providers prior to the transfers. The total adds to more than the number of records rated not achieved because all four records had combinations of the above noted reasons.

St. 19 Interviewing the Child about the Care Experience: Of the two records rated not achieved, both did not document interviews after moves from placements.

a.2 Resources

The overall compliance rate for the AOPSI Resource Service Standards was **69%**. The audit reflects the work done by the staff in the agency’s guardianship program over a 12-month period. There was a total of 17 open records. However, not all nine measures in the audit tool were applicable to all 17 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	17	17	0	100%
Standard 29 Family Care Homes – Application and Orientation	17	6	11	35%
Standard 30 Home Study	3*	1	2	33%
Standard 31 Training of Caregivers	17	12	5	71%
Standard 32 Signed Agreement with Caregivers	17	16	1	94%
Standard 33 Monitoring and Reviewing the Family Care Home	17	9	8	53%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	0*			
Standard 35 Quality of Care Review	0*			
Standard 36 Closure of the Family Care Home	0*			

Standard 30: 14 records did not involve home studies during the audit time period

Standard 34: 17 records did not involve investigations of alleged abuse or neglect in family care homes

Standard 35: 17 records did not involve quality of care reviews

Standard 36: 17 records were not closed

St. 29 Family Care Homes – Application and Orientation: Of the 11 records rated not achieved, one did not contain an application form, four did not contain all the required criminal record checks, one did not contain a Consent for Release of Information form, five did not confirm that

medical exams were completed, three did not contain all the required reference checks, and eight did not confirm that orientation sessions were provided to the applicants. The total adds to more than the number of records rated not achieved because six records had a combination of the above noted reasons.

St. 30 Home Study: Of the two records rated not achieved, one did not contain a home study and one contained an incomplete home study.

St. 31 Training of Caregivers: Of the five records rated not achieved, all did not document any training offered to, or taken by, the caregivers within the 12-month audit time period.

St. 32 Signed Agreement with Caregiver: In the one record rated not achieved, the signed Family Care Home Agreements were not consecutive throughout the 12-month audit time period.

St. 33 Monitoring and Reviewing the Family Care Home: Of the eight records rated not achieved, three did not contain annual reviews within the 12-month audit time period, two did not document any home visits, and five documented home visits but not every 90 days. The total adds to more than the number of records rated not achieved because two records had a combination of the above noted reasons.