



Métis Family Services (IGA, IGB, IGC, IGD, IGF,
IGE)

CASE PRACTICE AUDIT REPORT

Report Completed: November 2021

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed February 2019

TABLE OF CONTENT

	PAGE
1. PURPOSE.....	3
2. METHODOLOGY	3
3. AGENCY OVERVIEW	5
a) Delegation	5
b) Demographics	6
c) Professional Staff Complement and Training	6
d) Supervision and Consultation	7
4. STRENGTHS OF THE AGENCY	7
5. CHALLENGES OF THE AGENCY	8
6. FINDINGS AND ANALYSIS.....	8
a) Child Service	9
b) Resources	17
c) Adoption.....	21
d) Family Service.....	28
d.1 Report and Screening Assessment	28
d.2 Response Priority, Detailed Records Review and Safety Assessment	29
d.3 Steps of the FDR Assessment or Investigation	32
d.4 Assessing the Risk of Future Harm and Determining the Need for Protection Services...34	
d.5 Strength and Needs Assessment and Family Plan	35
d.6 Reassessment	38
d.7 Decision to End Protection Services.....	38
7. ACTION PLAN.....	39

1. PURPOSE

The purpose of the audit is to improve and support child and youth service, adoption, resource, and child safety/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), confirms good practice, and identifies areas where practice requires strengthening. This is the fifth C6 audit for Métis Family Services (MFS). The last audit was completed in October 2016.

The specific purposes of the audit are to:

- further the development of practice
- assess achievement of key components of the Child Protection Response Model set out in Chapter 3 of the Child Safety and Family Support Policies, Adoption Policies (2001), Adoption Policies and Procedures (2019), and the Aboriginal Operational and Practice Standards and Indicators (AOPSI) as it relates to resource and guardianship
- 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 MCFD Share Point site was used to collect the data for the child and youth service, resource, adoption, and child safety/family service practice, to generate program compliance tables (see Findings and Analysis section) and a compliance report for each record audited. Interviews with the delegated staff were conducted by phone after the data collection was completed.

The population and sample sizes for all the record types (except for the adoption records) used in the audit were extracted from the Integrated Case Management (ICM) database. The adoption records were drawn from the Adoption Management System (AMS) and was a census audit. 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 nine record types:

Record Types	Population Sizes	Sample Sizes
Open child service cases	74	36
Closed child service cases	54	31
Open and closed resource cases	41	26
Open family service cases	36	24
Closed family service cases	19	16
Closed Service requests	79	37
Closed Memos	15	13
Closed Incidents	183	50
Open and closed Adoption cases	14	14

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

1. Open child service: CS records open in ICM on September 30, 2020, and managed by offices IGA, IGC, IGE for at least six months (continuously) with the following legal categories: VCA, SNA, removal, interim order, TCO and CCO.
2. Closed child service: CS records closed in ICM between March 31, 2018 and September 30, 2020, and managed by offices IGA, IGC, IGE for at least six months (continuously) with the following legal categories: VCA, SNA, removal, interim order, TCO and CCO.
3. Open and closed resource: RE records in ICM that were managed by office IGB that had children or youth in their care for at least three months (continuously) between October 1, 2017 and September 30, 2020. Children or youth in care had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level 1 Care, Level 2 Care, Level 3 Care, and First Nations Foster Home.
4. Open family service cases: FS records open in ICM on September 30, 2020 and managed by office IGE for at least six months (continuously) with a service basis listed as protection.
5. Closed family service cases: FS records closed in ICM between October 1, 2019 and September 30, 2020 and managed by office IGE for at least six months (continuously) with a service basis listed as protection.
6. Closed service requests: Service requests that were closed in ICM between February 1, 2019 and January 31, 2020, where the type was request service – CFS, request service – CAPP, request for family support, or youth services.
7. Closed memos: Memos that were closed in ICM between February 1, 2019 and January 31, 2020, where the type was screening and with the resolution of "No Further Action".

8. Closed incidents: Incidents that were created after November 4, 2014, and were closed in ICM between February 1, 2019 and January 31, 2020, where the type was family development response or investigation.
9. Open and closed adoption cases: AH records in AMS that were managed by office IGA that involved adoption placements after October 1, 2017.

3. AGENCY OVERVIEW

a) Delegation

MFS operates under C6 and adoption delegations. This level of delegation enables the agency to provide the following services:

- Child Protection
- Out of Care Options
- Temporary Custody of Children
- Guardianship of Children and Youth in Continuing Custody
- Support Services to Families
- Voluntary Care Agreements
- Special Needs Agreements
- Establishing Residential Resources
- Youth Agreements
- Respite Services
- Extended Family Program
- Agreements with Young Adults
- Adoption

MFS was established in 1998 under C4 delegation and received C6 delegation on October 15, 2013. The agency currently operates under a delegated service agreement from April 1, 2020 – March 31, 2022. The agency provides services to Métis families in an urban setting.

MFS also provides the following non-delegated services, programs and events to Métis children and families:

- Rapid Response program
- Parenting program
- Community Outreach
- Resolutions program
- Youth Worker program
- Child and Family Group Therapy
- Cultural Activities program

- Drop-in support services for families
- Indigenous/Métis Infant Development Program & Early Years Support
- Elder program
- Outreach Parenting program
- Adoption Supports
- Resolutions and Reconnect program
- Supervised Access services

b) Demographics

MFS is located in Surrey, BC, and provides services within the municipalities of Surrey, White Rock, Delta, Ladner. As well, MFS provides guardianship, adoptions and resource services within the Greater Vancouver Area.

Services in the communities of the Coast Fraser Region are also used to support Métis children and families depending on the placement locations of the children and youth in care. MFS is also able to utilize Child and Youth Mental Health services offered in the various communities. MFS and MCFD share services when needed such as Aboriginal Youth Mental Health, S.O.S Children's Village, and counseling services.

There are approximately 64,525 people in British Columbia who self-identify as Métis (*source: Crown-Indigenous Relations and Northern Affairs Canada, First Nations Profiles, Registered Populations, March 2021*).

c) Professional Staff Complement and Training

Current staffing at MFS is comprised of the executive director, a program manager, six team leaders, four resource workers, two adoption workers, one reconnect worker, three guardianship workers, one youth worker, one cultural worker, five child protection workers, one child service worker, one resolutions facilitator, three intake workers, two supervised access workers, five rapid response workers, one infant development worker, one early childhood worker, three outreach parenting workers, and elders. Their administrative team consists of four team assistants, a manager of finance and manager of human resources, a finance assistant, and a receptionist.

The executive director, program manager, team leaders, child safety/intake workers, and ongoing family service workers are delegated at the C6 level. The guardianship and resource social workers are delegated at C4 level. All the delegated staff interviewed completed their delegation training through Indigenous Perspectives Society or through the Justice Institute of British Columbia. Additional training/professional development opportunities are supported, whenever possible, by the agency.

d) Supervision and Consultation

The executive director reports to the Board of Directors and following positions report to the executive director:

- program manager
- human resource manager
- finance manager

The following positions report to the program manager:

- resource/adoption team leader
- guardianship team leader
- family services team leader
- intake team leader
- family strengthening team leader
- child and family development team leader

Delegated staff report having satisfactory, accessible and supportive supervision and consultation opportunities. Individual teams typically have meetings bi-weekly and MFS has all-agency meetings monthly. Caseload tracking typically occurs monthly during structured one to one supervision between team leaders and their workers. Managers also meet monthly, and as needed, with the executive director for one-to-one supervision. All social workers, support services workers and non-delegated and administrative staff report to their team leaders. The Team Leaders meet for with the program manger every two weeks as a group for practice discussions and on a monthly one to one for clinical and administrative supervision; or more often as needed.

During the COVID pandemic, supervision and consultations have been undertaken through a combination of face to face, emails, texts, phone calls, and video conferencing.

4. STRENGTHS OF THE AGENCY

Through the review of documentation and staff interviews, the practice analysts identified the following strengths at the agency:

- Promoting, encouraging and teaching the Métis culture to the children/youth in care is of primary importance. Prevention workers provide one to one support to many of the children/youth in care as a means of increasing access to, and participation in, their culture.

- Emphasis is placed on maintaining contacts between the children/youth in care and their family members. Family visits, placements with relatives and in community homes are the methods used to support and preserve these relationships.
- Focus on cultural training and support for staff.
- Cultural Safety Agreements for all children and youth in care.
- Permanency planning for all children and youth in care to avoid youth aging out of foster care.
- Training and encouraging staff the use of 'Signs of Safety' as a complementary practice framework when working with families.
- Manageable caseloads
- Dedicated staff
- Strong culturally aware practice
- Training staff in Trauma Informed Practice.
- Excellent professional relationships between delegated and non-delegated staff and management.
- Emphasis on teamwork including training in team building.
- A strong and collaborative connection with the Métis community.
- Management has been supportive and flexible with staff throughout the COVID pandemic.
- Initiated specialized supervisor training through BCIT for team leaders and managers.

5. CHALLENGES OF THE AGENCY

Through the review of documentation and staff interviews, the MCFD practice analysts identified the following challenges at the agency:

- High staff turn-over
- Increased support for new staff
- Training delays for staff
- The executive director identified that underfunding from the Federal Government presents challenges for service delivery as an urban agency.

6. FINDINGS AND ANALYSIS

The findings are presented in tables that contain counts and percentages of ratings of 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), the Child Safety and Family Support Policies, Chapter 3, and the Adoption

Practice Standards and Guidelines (2001, 2019). 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 **71%**. 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 total of 67 records in the open and closed samples for this audit. However, not all 23 measures in the audit tool were applicable to all 67 records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	67	66	1	99%
Standard 2 Development of a Comprehensive Plan of Care	22*	8	14	36%
Standard 3 Monitoring and Reviewing the Child’s Comprehensive Plan of Care	60*	31	29	52%
Standard 4 Supervisory Approval Required for Guardianship Services	67	61	6	91%
Standard 5 Rights of Children in Care	67	40	27	60%
Standard 6 Deciding Where to Place the Child	67	63	4	94%
Standard 7 Meeting the Child’s Need for Stability and continuity of Relationships	67	67	0	100%
Standard 8 Social Worker’s Relationship & contact with a Child in Care	67	11	56	16%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	67	19	48	28%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	67	67	0	100%
Standard 11 Planning a Move for a Child in Care (VS 20)	28*	28	0	100%
Standard 12 Reportable Circumstances	35*	16	19	46%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	7*	5	2	71%
Standard 14 Case Documentation	67	12	55	18%

Standard 15 Transferring Continuing Care Files	36*	31	5	86%
Standard 16 Closing Continuing Care Files	31*	26	5	84%
Standard 17 Rescinding a Continuing Custody Order	0*	0	0	N/A
Standard 19 Interviewing the Child about the Care Experience	32*	15	17	47%
Standard 20 Preparation for Independence	20*	19	1	95%
Standard 21 Responsibilities of the Public Guardian and Trustee	39*	39	0	100%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	19*	14	5	74%
Standard 23 Quality of Care Review	0*	0	0	N/A
Standard 24 Guardianship Agency Protocols	67	67	0	100%

Standard 2: 45 records did not involve initial care plans completed within the audit timeframe

Standard 3: 7 records did not have annual care plans due

Standard 11: 39 records did not involve children/youth moving from their care homes

Standard 12: 32 records did not involve reportable circumstances

Standard 13: 60 records did not involve children missing, lost, or run away

Standard 15: 31 records did not involve file transfers

Standard 16: 36 records did not involve file closures

Standard 17: 67 records did not involve rescinding continuing custody orders

Standard 19: 35 records did not involve changing placements

Standard 20: 47 records did not involve youth planning for independence

Standard 21: 28 record did not involve notifying the Public Guardian and Trustee

Standard 22: 48 records did not involve investigations of abuse or neglect in family care homes

Standard 23: 67 records did not involve quality of care reviews

St. 1: Preserving the identity of the Child or Youth in Care: The compliance rate for this measure was **99%**. The measure was applied to all 67 records in the samples; 66 were rated achieved and one was 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 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 one record rated not achieved no cultural plan was found for the child/youth not placed within their extended family or community.

St. 2 Development of a Comprehensive Plan of Care: The compliance rate for this standard was **36%**. The measure was applied to 22 of the 67 records in the samples; eight were rated achieved and 14 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, and
- an annual care plan completed within six months of admission.

Of the 14 records rated not achieved, 10 did not contain initial care plans completed within 30 days of the admissions and eight did not contain annual care plans within six months of the admissions. The total adds to more than the number of records rated not achieved because four records had combinations of the above noted reasons.

St. 3 Monitoring and Reviewing the Child or Youth’s Plan of Care: The compliance rate for this measure was **52%**. The measure was applied to 60 of the 67 records in the samples; 31 were rated achieved and 29 were rated not achieved. To receive a rating of achieved:

- care plans were completed annually throughout the 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 29 records rated not achieved, one did not contain any care plans throughout the audit timeframe and 28 contained care plans but they were not completed annually throughout the audit timeframe. Of the 29 records rated not achieved, eight were open and missing the current annual care plans.

St. 4 Supervisory Approval Required for Guardianship Services: The compliance rate for this measure was **91%**. The measure was applied to all 67 records in the samples; 61 were rated achieved and six 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 six records rated not achieved, all had at least one care plan that was not signed by a supervisor.

St. 5 Rights of Children and Youth in Care: The compliance rate for this measure was **60%**. The measure was applied to all 67 records in the samples; 40 were rated achieved and 27 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 audit timeframe, and
- in instances when the child's rights were not respected, the social worker took appropriate steps to resolve the issue.

Of the 27 records rated not achieved, four did not confirm that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe and 23 confirmed that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe, but these reviews were not conducted annually. Of these 27 records, nine were open and required the current annual reviews of rights.

St. 6 Deciding Where to Place the Child or Youth: The compliance rate for this measure was **94%**. The measure was applied to all 67 records in the samples; 63 were rated achieved and four 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 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 documented efforts to resolve the issues.

St. 7 Meeting the Child or Youth's Needs for Stability and Continuity of Relationships: The compliance rate for this measure was **100%**. The measure was applied to all 67 records in the samples; all 67 were rated 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.

St. 8 Social Worker’s Relationship and Contact with the Child or Youth: The compliance rate for this measure was **16%**. The measure was applied to all 67 records in the samples; 11 were rated achieved and 56 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 56 records rated not achieved, 54 documented private visits but not every 30 days throughout the audit timeframe, 42 documented visits but some or all were not conducted in private (often with sibling groups), one did not document a private visit at the time of placement, one did not document a private visit within seven days after a placement, and two did not document private visits when there were changes in social workers. The total adds to more than the number of records rated not achieved because 42 records had combinations of the above noted reasons. Of the 54 records that documented private visits but not every 30 days, the number of 30 day periods in the three year audit time frame was 1321 and the number of 30 day periods with one or more documented private visits was 681 (52%).

St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards: The compliance rate for this measure was **28%**. The measure was applied to all 67 records in the samples; 19 were rated achieved and 48 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 48 records rated not achieved, five did not confirm that information about the children/youth was provided to the caregivers at times of placements, 23 did not confirm that the discipline standards were reviewed with the caregivers at any time throughout the audit timeframe, 24 confirmed that the discipline standards were reviewed with caregivers but these reviews were not conducted annually, and one did not confirm that the discipline standards were reviewed 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.

Of the 48 records rated not achieved, 25 were open and required the annual review of the disciplinary standards with the care givers.

St. 10 Providing Initial and Ongoing Medical and Dental Care: The compliance rate for this measure was **100%**. The measure was applied to all 67 records in the samples; all 67 were rated 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.

St. 11 Planning a Move for a Child or Youth in Care: The compliance rate for this measure was **100%**. The measure was applied to 28 of the 67 records in the samples; all 28 were rated 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.

St. 12 Reportable Circumstances: The compliance rate for this measure was **46%**. The measure was applied to 35 of the 67 records in the samples; 16 were rated achieved and 19 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 19 records rated not achieved, three closed records contained documentation describing reportable circumstances but submitted reports were not found in the records, and 16 contained reportable circumstance reports but they were not submitted within 24 hours. The range of time it took was between three and 76 days, with the average time being 15 days.

St. 13 When a Child or Youth is Missing, Lost or Runaway: The compliance rate for this measure was **71%**. The measure was applied to seven of the 67 records in the samples; five were rated achieved and two were 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, 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.

Of the two records rated not achieved, both did not document that the social workers made efforts to develop safety plans to resolve the issues.

St. 14 Case Documentation: The compliance rate for this measure was **18%**. The measure was applied to all 67 records in the sample; 12 were rated achieved and 55 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 55 records rated not achieved, two did not contain opening recordings, 52 did not contain review recordings nor care plan reviews, and three contained review recordings or care plan reviews but they were not completed every six months. The total adds to more than the number of records rated not achieved because two records had combinations of the above noted reasons.

St. 15 Transferring Continuing Care Files: The compliance rate for this measure was **86%**. The measure was applied to 36 of the 67 records in the samples; 31 were rated achieved and five 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 five records rated not achieved, four did not contain transfer recordings, one did not confirm that the social workers met with the caregivers prior to the transfers, one did not confirm that the social workers met with the children and youth prior to the transfers and no efforts were documented, one did not confirm that the social workers met with the service providers prior to the transfers and no efforts were documented, and one did not confirm that the social workers met with the families within five days of the transfers and no efforts were documented. The total

adds to more than the number of records rated not achieved because two records had combinations of the above noted reasons.

St. 16 Closing Continuing Care Files: The compliance rate for this measure was **84%**. The measure was applied to 31 of the 67 records in the samples; 26 were rated achieved and five 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 five records rated not achieved, three did not document the social workers' efforts to meet the youth nor the caregivers prior to the closures and five did not document the social workers' meetings with the children/youth prior to closures. 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 or Youth to the Family Home: There were no applicable records for this measure. 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 or Youth about the Care Experience: The compliance rate for this measure was **47%**. The measure was applied to 32 of the 67 records in the samples; 15 were rated achieved and 17 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 17 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 **95%**. The measure was applied to 20 of the 67 records in the samples; 19 were rated achieved and one was 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 one record rated not achieved, an assessment of the youth's skills nor a plan for independence was found in the record.

St. 21 Responsibilities of the Public Guardian and Trustee (PGT): The compliance rate for this measure was **100%**. The measure was applied to 39 of the 67 records in the samples; all 39 were rated 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.

St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **74%**. The measure was applied to 19 of the 67 records in the samples; 14 were rated achieved and five 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, confirmed that:

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

All five records rated not achieved did not contain the summary reports related to the completed protocol investigations.

St. 23 Quality of Care Review: There were no applicable records for this measure. 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, confirmed that a quality of care response was conducted.

St. 24 Guardianship Agency Protocols: The compliance rate for this measure was **100%**. The measure was applied to all 67 records in the samples; all 67 were rated achieved. To receive a rating of achieved, 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 **84%**. 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 26 records in the one sample selected for this audit. However, not all nine measures in the audit tool were applicable to all 26 records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 28 Supervisory Approval Required for Family Care Home Services	26	26	0	100%
Standard 29 Family Care Homes – Application and Orientation	26	19	7	73%
Standard 30 Home Study	12*	10	2	83%
Standard 31 Training of Caregivers	26	25	1	96%
Standard 32 Signed Agreement with Caregivers	26	26	0	100%
Standard 33 Monitoring and Reviewing the Family Care Home	26	19	7	73%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	6*	5	1	83%
Standard 35 Quality of Care Review	3*	3	0	100%
Standard 36 Closure of the Family Care Home	11*	3	8	27%

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

Standard 34: 20 records did not involve investigations of alleged abuse or neglect in family care homes

Standard 35: 23 records did not involve quality of care reviews

Standard 36: 15 records were not closed

St. 28 Supervisory Approval for Family Care Home Services: The compliance rate for this measure was **100%**. The measure was applied to all 26 records in the sample; all 26 were rated achieved. To receive a rating of achieved, the record confirmed that 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.

St. 29 Family Care Homes – Application and Orientation: The compliance rate for this measure was **73%**. The measure was applied to all 26 records in the sample; 19 were rated achieved and seven 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 seven records rated not achieved, two did not contain completed application forms, three did not contain one or both required criminal record checks (one open), three did not contain completed medical exam forms, two did not document some or all of the required reference checks and four did not confirm that the caregivers were provided with orientations. The total adds to more than the number of records rated not achieved because three records had combinations of the above noted reasons. Of the one open record without all the required criminal record checks, the practice analysts notified the executive director for follow up.

St. 30 Home Study: The compliance rate for this measure was **83%**. The measure was applied to 12 of the 26 records in the sample; ten were rated achieved and two 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 two records rated not achieved, both did not contain home studies (one open). Of the one open record without a home study, the practice analysts notified the executive director for follow up.

St. 31 Training of Caregivers: The compliance rate for this measure was **96%**. The measure was applied to all 26 records in the sample; 25 were rated achieved and one was rated not achieved. To receive a rating of achieved, the training needs of the caregiver was assessed or identified, and training opportunities were offered to, or taken by, the caregiver.

The one record rated not achieved did not confirm that offers of training were provided to the caregiver.

St. 32 Signed Agreement with Caregiver: The compliance rate for this measure was **92%**. The measure was applied to all 26 records in the sample; 24 were rated achieved and two 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 two records rated not achieved, both contained Family Care Home Agreements, but they were not consecutive throughout the audit timeframe (two open). Of the two open records that were rated not achieved because the Family Home Agreements were not consecutive, one did not have a current Family Care Home Agreement.

St. 33 Monitoring and Reviewing the Family Care Home: The compliance rate for this measure was **73%**. The measure was applied to all 26 records in the sample; 19 were rated achieved and seven 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 seven records rated not achieved, two did not contain annual reviews throughout the three-year audit timeframe, two contained annual reviews but they were not completed for each year in the three-year audit timeframe, one did not document home visits throughout the three-year audit timeframe, and three 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 two records had combinations of the above noted reasons. Of the four records that did not contain all required annual reviews, three were open. Of these three open records, one requires a current annual review.

St. 34: Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **83%**. The measure was applied to six of the 26 records in the sample; five were rated achieved and one was 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, confirmed that:

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

The one record rated not achieved did not contain the summary report related to a completed protocol investigation.

St. 35: Quality of Care Review: The compliance rate for this measure was **100%**. The measure was applied to three of the 26 records in the sample; all three were rated 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, confirmed that:

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

St. 36: Closure of the Family Care Home: The compliance rate for this measure was **27%**. The measure was applied to 11 of the 26 records in the sample; three were rated achieved and eight 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 eight records rated as not achieved, all eight did not contain written notices to the caregivers and one contained a written notice to the caregiver but not within 14 days of closure.

c) Adoption

The overall compliance rate for the adoption practice was **71%**. The audit reflects the work done by the staff in the guardianship program over a three-year period (see Methodology section for details). All electronic and physical file documentation associated with the adoption records was reviewed. For records opened prior to May 1, 2019, all documentation up to that date was assessed using the Adoption Practice Standards and Guidelines (2001) and all documentation after that date was assessed using the Adoption Policies and Procedures, which replaced the Adoption Practice Standards and Guidelines on May 1, 2019. There was a total of 14 records in the sample for this audit. However, not all measures in the audit tool were applicable to all 14 records. The notes below the table describe the records that were not applicable.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Planning with Prospective Adoptive Parents				
ACM 1: Providing Adoption Information	14	9	5	64%
ACM 2: Accepting the Application to Adopt	14	4	10	29%
ACM 3: Completing the Adoption Education Program (AEP) Component of the Home Study Process	14	14	0	100%
ACM 4: Completing the Structured Family Assessment Component of the Home Study Process	14	11	3	79%
ACM 5: Keeping the Written Family Assessment Current	1*	0	1	0%
Adoption Planning for the Child and with Birth Parents				
ACM 6: Selecting Prospective Parent(s) for a Child in Continuing Custody	14	9	5	64%
ACM 7: Proposing the Adoption Placement of a Child to Prospective Adoptive Parent(s)	14	12	2	86%
ACM 8: The Adoption Proposal and Preparing for Placement	14	14	0	100%
ACM 9: The Timing of the Adoption Placement	14	13	1	93%
ACM 10: Transferring Care and Custody with a Birth Parent Pre-Placement Agreement (Voluntary Relinquishments only)	0*			
Consents, Post-Placement Services and Adoption Completion				
ACM 11: Obtaining Required Consents	9*	9	0	100%
ACM 12: Post-Placement Responsibilities of the Adoption Worker	14	0	14	0%
ACM 13: Preparing the Report on a Younger Child's Views	2*	2	0	100%
ACM 14: Preparing the Summary Recording	14	11	3	79%

ACM 5: 13 records involved placements that occurred within one year of the initial home studies

ACM 10: 14 records did not involve transferring care and custody with birth parents

ACM 11: Five records did not involve youth at, or over, the age of consent

ACM 13: 12 records involved children too young to interview

ACM 1: Providing Adoption Information: The compliance rate for this critical measure was **64%**. The measure was applied to all 14 records in the sample; nine were rated achieved and five were rated not achieved. To receive a rating of achieved, the adoption worker responded to the prospective adoptive parent(s) (PAP) within seven working days and provided the PAP(s) with all the information listed in Standard 43 (applies before May 2019) or Procedure 76 (applies after May 2019). Note: all documentation assessed for this critical measure was dated before May 2019.

Of the five records rated not achieved, two confirmed that all the information listed in Standard 43 was provided to the PAPs but the dates of the initial contacts were not documented and the analyst could not determine whether the information was provided within seven working days, two confirmed that all the information listed in Standard 43 was provided to the PAPs but not within seven working days of the initial contacts and one did not document that all the information in Standard 43 was provided. Of the two records that did document the dates of the initial contacts, the required information was provided to the PAPs in 15 working days.

It is important to note that most of the adoption records in the sample involved “foster to adopt” arrangements where the children/youth in care had resided in foster homes at the times of the applications. Therefore, information sharing may have occurred prior to the opening of the records. Documenting when the initial conversations and information sharing occurred would increase compliance in this area.

ACM 2: Accepting the Application to Adopt: The compliance rate for this critical measure was 29%. The measure was applied to all 14 records in the sample; four were rated achieved and ten were rated not achieved. To receive a rating of achieved:

- the forms/information required for SAFE were provided to the PAP(s) within ten working days of receiving the application (applies before May 2019)
- the PAP(s) were interviewed in person to determine eligibility and other relevant factors (applies before May 2019)
- if a paper application, the PAP(s) identities were verified in person (applies after May 2019)
- the PAP(s) were contacted within seven days of receiving the application (applies after May 2019)
- the AH file was opened within seven days of receiving the application (applies after May 2019)
- a Summary Document was completed within seven days of receiving the application (applies after May 2019).

Note: all documentation assessed for this critical measure was dated before May 2019.

Of the ten records rated not achieved, four did not confirm that the PAPs were provided the required forms and information for the SAFE within ten working days of receiving the applications and nine did not document in-person interviews with the PAPs. Of the four records that did not provide the PAPs with the required forms and information for the SFA within ten working days, all did not record the dates the required forms were provided. The total adds to more than the number of records rated not achieved because three records had combinations of the above noted reasons.

ACM 3: Completing the Adoption Education Program (AEP) Component of the Home Study Process:

The compliance rate for this critical measure was **100%**. The measure was applied to all 14 records in the sample and all were rated achieved. To receive a rating of achieved:

- the PAP(s) completed the AEP prior to completion of the SAFE or, in the case of a second adoption, the previous AEP was reviewed, and any deficiencies were upgraded (applies before May 2019)
- supervisory approval to invite PAP(s) to the AEP was obtained before the commencement of AEP (applies after May 2019)
- the AEP was completed, or the PAP(s) were exempt from completing the AEP and the exemption was appropriate (applies after May 2019).

Note: all documentation assessed for this critical measure was dated before May 2019.

ACM 4: Completing the Structured Family Assessment Component of the Home Study Process:

The compliance rate for this critical measure was **79%**. The measure was applied to all 14 records in the sample; 11 were rated achieved and three were rated not achieved. To receive a rating of achieved, the SFA contained all the required components and it was completed within four months or supervisory approval for an extension to the timeframe and the reasons for the extension are documented (applies before and after May 2019).

Of the three records rated not achieved, all contained SAFEs, but they were not completed within four months and did not document supervisory approvals to extend the timeframe. Of these three records, the time it took to complete ranged from nine to 18 months, with an average of 13 months.

ACM 5: Keeping the Written Family Assessment Current: The compliance rate for this critical measure was **0%**. The measure was applied to one of the 14 records in the sample and it was rated not achieved. To receive a rating of achieved, the following activities were completed:

- SAFE updated annually, as required
- SAFE updated when circumstances arose that made an update necessary
- all updates were approved by supervisors (applies before May 2019)
- a new SAFE was completed when circumstances arose that made a new SAFE necessary
- the new SAFE was approved by a supervisor.

The one record rated not achieved did not contain annual updates to the SAFE.

ACM 6: Selecting Prospective Parent(s) for a Child in Continuing Custody: The compliance rate for this critical measure was **64%**. The measure was applied to all 14 records in the sample; nine were rated achieved and five were rated not achieved. To receive a rating of achieved, the child's

social worker reviewed the SFA and conducted a selection process involving at least the social worker's supervisor and one other person involved in the child's life (including but not limited to the foster parent, the guardianship worker, the adoption worker or a supervisor) (applies before and after May 2019).

Of the five records rated not achieved, all did not have confirmations that the children's social workers reviewed the SFAs.

ACM 7: Proposing the Adoption Placement of a Child to Prospective Adoptive Parent(s): The compliance rate for this critical measure was 86%. The measure was applied to all 14 records in the sample; 12 were rated achieved and two were rated not achieved. To receive a rating of achieved, the child's social worker completed all the requirements outlined in Standard 27 (applies before May 2019) or Procedure 6 (applies after May 1, 2019) prior to the child being proposed to the prospective adoptive parent(s).

Of the two records rated not achieved, both did not have confirmations that all the requirements were completed prior to the children being proposed to prospective adoptive parents.

ACM 8: The Adoption Proposal and Preparing for Placement: The compliance rate for this critical measure was **100%**. The measure was applied to all 14 records in the sample and all were rated achieved. To receive a rating of achieved, the following activities were completed:

- Supervisory approval to proceed was obtained prior to placement
- the proposal package was shared with the PAP(s)
- the Letter of Acknowledgement (LOA) was signed by the PAP(s)
- the required contact and criminal checks were completed within 30 days of placement
- a medical exam of child was completed within 30 days of placement
- the results of the child's medical exam were documented
- a Cultural Safety Plan was completed, if required
- a written plan for transition was completed
- consult(s) were obtained to determine if the child was prepared for placement (applies after May 2019)
- a consult with the adoption worker was obtained to determine if the PAP(s) were prepared for the placement (applies after May 2019).

ACM 9: The Timing of the Adoption Placement: The compliance rate for this critical measure was **93%**. The measure was applied to all 14 records in the sample; 13 were rated achieved and one was rated not achieved. To receive a rating of achieved:

- the child was placed within six months of signing the LOA or a supervisor approved an extension and the reason for the extension was documented (applies before to May 2019)
- the child was placed on the specified date in the Adoption Placement Agreement (APA) (applies after May 2019)
- the transition plan was successfully completed prior to placement (applies after May 2019)
- the child's social worker was present when the child was received by the PAP(s), if applicable (applies after May 2019).

The record rated not achieved was related to an adoption placement that occurred beyond six months of signing the letter of acknowledgement and no supervisory approval of the extension was documented.

ACM 10: Transferring Care and Custody with a Birth Parent Pre-Placement Agreement: There were no applicable records for this measure. This critical measure is specific to situations where the birth parent(s) voluntarily relinquished the child for adoption under the Adoption Act (applies before and after May 2019).

ACM 11: Obtaining Required Consents: The compliance rate for this critical measure was **100%**. The measure was applied to nine of the 14 records in the sample; all nine were rated achieved. To receive a rating of achieved, the consent of a youth 12 years or older and under a CCO was obtained prior to placement or the required consent was dispensed (applies before and after May 2019) or the youth did not agree to the placement and supervisory approval was obtained to place the youth after their best interests were considered (applies after May 1, 2019).

ACM 12: Post-Placement Responsibilities of the Adoption Worker: The compliance rate for this critical measure was **0%**. The measure was applied to all 14 records in the sample and all were rated not achieved. To receive a rating of achieved, the:

- PAP(s) were contacted within one working day after placement (applies before May 2019)
- PAP(s) and child were video called or visited in the family home within one working day after placement (applies after May 1, 2019)
- PAP(s) and child were visited in the family home within seven working days after placement
- PAP(s) and child were visited in the family home every 30 days thereafter or in accordance with a visitation schedule approved by a supervisor and no longer than every 90 days

- PAP(s) and child were visited in the family home if a reportable circumstance occurred (applies after May 1, 2019)
- PAP(s) and child were visited in the family home to meet the needs of the child's age and needs (applies after May 1, 2019).

Of the 14 records rated not achieved, nine were assessed using the Adoption Standards (2001). Of these nine records, all did not have confirmations that the adoption workers contacted the PAPs within one working day after the placements, eight did not have confirmations that the adoption workers visited the PAPs and children in the family homes within seven days after the placements and four did not have confirmations that the PAPs and children were visited in the family homes every 30 days thereafter or in accordance with visit schedules approved by supervisors. The total adds to more than the number of records rated not achieved using the Adoption Standards (2001) because seven records had combinations of the above noted reasons.

Of the 14 records rated not achieved, five were assessed using the Adoption Standards and Policies (2019). Of these five records, all did not have confirmations that the PAPs and children were video called or visited in the family homes within one working day after the adoption placements, four did not have confirmations that the PAPs and children were visited in the family homes within seven working days after the placements, two did not have confirmations that the PAPs and children were visited every 30 days thereafter or in accordance with visitation schedules approved by supervisors and one did not have a confirmation that the PAPs and child were visited in the family home after a reportable circumstance occurred. The total adds to more than the number of records that were rated not achieved using the Adoption Standards and Policies (2019) because four records had a combination of the above noted reasons.

It is important to note that although there were two records where the placement period remained active (and beyond the six-month requirement) at the time of the audit, there was enough information to determine compliance with this measure.

ACM 13: Preparing the Report on a Younger Child's Views: The compliance rate for this critical measure was **100%**. The measure was applied to two of the 14 records in the sample and both were rated achieved. To receive a rating of achieved, the adoption worker met with the child in private and gathered the required information, completed a full report, and the report was approved by the supervisor (applies before and after May 2019).

ACM 14: Preparing the Summary Recording: The compliance rate for this critical measure was **79%**. The measure was applied to all 14 records in the sample; 11 were rated achieved and three were rated not achieved. To receive a rating of achieved, a prior contact check (PCC) was conducted and a Summary Recording was completed and signed by a supervisor after the six-month placement period expired (applies before and after May 2019).

The three records rated not achieved did not contain Summary Recordings although the agency was able to later demonstrate the documents were completed and misfiled.

d) 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 **85%**. The audit reflects the work done by the staff in the agency’s family service program over various time periods (see Methodology section for details). All electronic documentation associated with service requests, memos and incidents was reviewed. All electronic and physical documentation associated with family service cases was reviewed. There was a total of 100 records in the closed memo, closed service request, and closed incident samples and a total of 40 records in the open FS case and closed FS case samples selected for this audit. 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.

d.1 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 37 closed service requests, 13 closed memos and 50 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	100	100	0	100%
FS 2: Conducting an Initial Record Review (IRR)	100	70	30	70%
FS 3: Assessing the Report about a Child or Youth’s Need for Protection (Completing the Screening Assessment)	100	95	5	95%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	100	99	1	99%

FS 1: Gathering Full and Detailed Information: The compliance rate for this critical measure was **100%**. The measure was applied to all 100 records in the samples; all 100 were rated achieved. To receive a rating of achieved, the information gathered from the caller was full, detailed and sufficient to determine an appropriate pathway.

FS 2: Conducting an Initial Record Review (IRR): The compliance rate for this critical measure was **70%**. The measure was applied to all 100 records in the samples; 70 were rated achieved and 30 were rated not achieved. To receive a rating of achieved:

- the 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 30 records rated not achieved, four did not have IRRs documented, three IRRs were not documented within 24 hours, five IRRs contained insufficient information about previous issues or concerns, and 21 IRRs did not indicate that BP was checked, and one did not indicate that appropriate child protection authorities were contacted and information requested or recorded.

Of the three IRRs that were not documented within 24 hours, the range of time it took to complete the IRRs was between three and four days, with the average time being three days. The total adds to more than the number of records rated not achieved because five records had a combination of the above noted reasons.

FS 3: Completing the Screening Assessment: The compliance rate for this critical measure was **95%**. The measure was applied to all 100 records in the samples; 95 were rated achieved and five 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 five records rated not achieved, all five Screening Assessments were not completed within the required 24-hour timeframe. Of the five Screening Assessments that were not completed within the 24-hour timeframe, three were screened at MFS, and two were screened at PCS. The range of time it took to complete was between three and ten days, with the average time being five days.

FS 4: Determining Whether the Report Requires a Protection or Non-Protection Response: The compliance rate for this critical measure was **99%**. The measure was applied to all 100 records in the samples; 99 were rated achieved and one was 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.

The one record rated not achieved was a memo with an inappropriate non-protection response.

d.2 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 Safety Assessment form. The records included

the selected sample of 50 closed incidents augmented with the records described in the note below the table.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 5: Assigning an Appropriate Response Priority	51*	50	1	98%
FS 6: Conducting a Detailed Record Review (DRR)	51*	39	12	76%
FS 7: Assessing the Safety of the Child or Youth	51*	48	3	94%
FS 8: Documenting the Safety Assessment	51*	16	35	31%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	51*	48	3	94%

*Total Applicable includes the sample of 50 incidents augmented with the addition of one memo with an inappropriate non-protection response.

FS 5: Determining the Response Priority: The compliance rate for this critical measure was **98%**. The measure was applied to all 51 records in the augmented sample; 50 were rated achieved and one was 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 supervisor.

The record rated not achieved was a memo with an inappropriate non-protection response.

The audit also assessed whether the families were contacted within the timeframes of the assigned response priorities. Of the 50 records related to incidents with appropriate protection responses, 22 documented face-to-face contact with the families within the assigned response priorities and 28 did not. Of the 28 records that did not document face-to-face contact with the families within the assigned response priorities, all 28 were assigned the response priority of within five days. Of these 28, two were appropriately closed and one was inappropriately closed prior to the social workers making face-to-face contacts with the families and the range of time it took to have face-to-face contacts with the remaining 25 families was between six and 27 days with the average time being 12 days.

FS 6: Conducting a Detailed Record Review (DRR): The compliance rate for this critical measure was **76%**. The measure was applied to all 51 records in the augmented sample; 39 were rated achieved and 12 were rated not achieved. To receive a rating of achieved, the DRR:

- 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 supervisor approved ending the protection response before the DRR was conducted and the rationale was documented and appropriate.

Of the 12 records rated of not achieved, six did not have DRRs documented, four DRRs did not contain the information missing in the IRRs, one rationale for ending early was not appropriate, and one memo had an inappropriate non-protection response.

FS 7: Assessing the Safety of the Child or Youth: The compliance rate for this critical measure was **94%**. The measure was applied to all 51 records in the augmented sample; 48 were rated achieved and three were rated not achieved. To receive a rating of achieved:

- the 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 supervisor
- the supervisor approved ending the protection response before the safety assessment process was completed and the rationale was documented and appropriate.

Of the three records rated not achieved, one did not confirm that a safety assessment process was completed with the family, one rationale for ending early was not appropriate, and one memo had a non-protection response that was not appropriate.

FS 8: Documenting the Safety Assessment: The compliance rate for this critical measure was **31%**. The measure was applied to all 51 records in the augmented sample; 16 were rated achieved and 35 were rated not achieved. To receive a rating of achieved, the Safety Assessment form was documented within 24 hours after the completion of the safety assessment process or the supervisor approved ending the protection response before the Safety Assessment was documented and the rationale was documented and appropriate.

Of the 35 records rated not achieved, one did not contain a Safety Assessment form, 32 Safety Assessment forms were not completed within 24 hours of completing the safety assessment processes, one rationale for ending early was not appropriate and one memo had a non-protection response that was not appropriate. Of the 32 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 and 321 days, with the average time being 49 days.

FS 9: Making a Safety Decision Consistent with the Safety Assessment: The compliance rate for this critical measure was **94%**. The measure was applied to all 51 records in the augmented sample; 48 were rated achieved and three 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 supervisor approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.

Of the three records rated not achieved, one did not contain a Safety Assessment form, one rationale for ending early was not appropriate and one memo had a non-protection response that was not appropriate.

d.3 Steps of 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 50 closed incidents augmented with the records described in the note below the table.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	51*	46	5	90%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	51*	47	4	92%
FS 12: Visiting the Family Home	51*	46	5	90%
FS 13: Working with Collateral Contacts	51*	46	5	90%

*Total Applicable includes the sample of 50 incidents augmented with the addition of one memo with an inappropriate non-protection response.

FS 10: Meeting or Interviewing the Parents and Other Adults in the Family Home: The compliance rate for this critical measure was **90%**. The measure was applied to all 51 records in the augmented sample; 46 were rated achieved and five 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 supervisor 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 five records rated not achieved, two documented that only one of two parents was met with or interviewed, one did not confirm that the social worker had met with or interviewed the other adults in the home, one rationale for ending early was not appropriate, and one memo had a non-protection response that was not appropriate.

FS 11: Meeting with Every Child or Youth Who Lives in the Family Home: The compliance rate for this critical measure was **92%**. The measure was applied to all 51 records in the augmented sample; 47 were rated achieved and four 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 supervisor granted an exception and the rationale was documented or the supervisor 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 four records rated not achieved, one did not confirm that the social worker had conversations of any kind with any children/youth living in the home, one confirmed that the social worker interviewed some, but not all, of the children living in the home, one rationale for ending early was not appropriate, and one memo had a non-protection response that was not appropriate.

FS 12: Visiting the Family Home: The compliance rate for this critical measure was **90%**. The measure was applied to all 51 records in the augmented sample; 46 were rated achieved and five 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 supervisor granted an exception and the rationale was documented, or the supervisor approved ending the protection response before the social worker visited the family home and the rationale was documented and appropriate.

Of the five records rated not achieved, three did not confirm that the social workers visited the family homes, one rationale for ending early was not appropriate, and one memo had a non-protection response that was not appropriate.

FS 13: Working with Collaterals: The compliance rate for this critical measure was **90%**. The measure was applied to all 51 records in the augmented sample; 46 were rated achieved and five 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 supervisor 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 five records rated not achieved, three did not have any collaterals documented, one rationale for ending early was not appropriate, and one memo had a non-protection response that was not appropriate.

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 51 records in the augmented sample, 44 required FDR responses. Of these 44 FDR responses, 41 documented that the social workers contacted the parents prior to contacting collaterals and three did not. Furthermore, of these 44 FDR responses, 29 documented discussions with the parents about which collateral contacts could provide the necessary information and reached agreements about the plans to gather information from specific collaterals.

d.4 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 50 closed incidents augmented with the records described in the note below the table.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS14: Assessing the Risk of Future Harm	51*	44	7	86%
FS 15: Determining the Need for Protection Services	51*	49	2	96%
FS 16: Timeframe for Completing the FDR Assessment or Investigation	51*	19	32	37%

*Total Applicable includes the sample of 50 incidents augmented with the addition of one memo with an inappropriate non-protection response.

FS 14: Assessing the Risk of Future Harm: The compliance rate for this critical measure was **86%**. The measure was applied to all 51 records in the augmented sample; 44 were rated achieved and seven were rated not achieved. To receive a rating of achieved, the Vulnerability Assessment was completed in its entirety and approved by the supervisor or the supervisor approved ending the protection response before the Vulnerability Assessment was completed in its entirety and the rationale was documented and appropriate.

Of the seven records rated not achieved, two did not contain Vulnerability Assessments, two Vulnerability Assessments were incomplete, two Vulnerability Assessments were not approved

by supervisors, one rationale for ending early was not appropriate, and one memo had a non-protection response that was not appropriate. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. Of the 44 records rated achieved, four did not have Vulnerability Assessments because the protection responses were ended early and the rationales were appropriate and the range of time it took to complete the remaining 40 Vulnerability Assessments was between 16 days and 529 days, with the average time being 153 days.

FS 15: Determining the Need for Protection Services: The compliance rate for this critical measure was **96%**. The measure was applied to all 51 records in the augmented sample; 49 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 supervisor 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, one rationale for ending early was not appropriate and one memo had a non-protection response that was not appropriate.

FS 16: Timeframe for Completing the FDR Assessment or Investigation: The compliance rate for this critical measure was **37%**. The measure was applied to all 51 records in the augmented sample; 19 were rated achieved and 32 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 supervisor.

Of the 32 records rated not achieved, 30 FDR assessments or investigations were not completed within 30 days, one rationale for ending early was not appropriate, and one memo had a non-protection response that was not appropriate. Of the 30 FDR assessments or investigations that were not completed within 30 days, the range of time it took to complete was between 34 and 708 days, with the average time being 147 days.

d.5 Strength and Needs Assessment and Family Plan

FS 17 to FS 21 relate to the completion of the Family and Child Strengths and Needs Assessment and the Family Plan. The records included the selected samples of 24 open FS cases and 16 closed FS cases.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	40	19	21	48%
FS 18: Supervisor Approval of the Strengths and Needs Assessment	40	18	22	45%
FS 19: Developing the Family Plan with the Family	40	16	24	40%
FS 20: Timeframe for Completing the Family Plan	40	7	33	18%
FS 21: Supervisor Approval of the Family Plan	40	13	27	33%

FS 17: Completing a Family and Child Strengths and Needs Assessment: The compliance rate for this critical measure was **48%**. The measure was applied to all 40 records in the samples; 19 were rated achieved and 21 were rated not achieved. To receive a rating of achieved, the Family and Child Strength and Needs Assessment completed in its entirety.

Of the 21 records rated not achieved, all 21 did not contain Family and Child Strengths and Needs Assessments.

The audit also assessed whether the Child and Family Strengths and Needs Assessment was completed within the most recent six-month practice cycle. Of the 19 records rated achieved, 13 Family and Child Strengths and Needs Assessments were completed within the most recent six-month practice cycle and six did not (these six were completed within the first six-month practice cycle within the 12-month timeframe of the audit).

FS 18: Supervisor Approval of the Strengths and Needs Assessment: The compliance rate for this critical measure was **45%**. The measure was applied to all 40 records in the samples; 18 were rated achieved and 22 were rated not achieved. To receive a rating of achieved, the Family and Child Strength and Needs Assessment was approved by the supervisor.

Of the 22 records rated not achieved, 21 did not contain Family and Child Strengths and Needs Assessments and one Family and Child Strengths and Needs Assessments was not approved by a supervisor.

FS 19: Developing the Family Plan with the Family: The compliance rate for this critical measure was **40%**. The measure was applied to all 40 records in the samples; 16 were rated achieved and 24 were rated not achieved. To receive a rating of achieved, the Family Plan form or its equivalent 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 equivalent plan must have the following key components:

- 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 24 records rated not achieved, 23 did not contain Family Plans or equivalents and one Family Plan or equivalent was not developed in collaboration with the family.

The audit also assessed whether the Family Plans or equivalents were completed after the Family and Child Strengths and Needs Assessments. Of the 16 records rated achieved, five contained Family Plans or equivalents that were completed after the Family and Child Strengths and Needs Assessments and 11 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 **18%**. The measure was applied to all 40 records in the samples; seven were rated achieved and 33 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 revised within the most recent six-month practice cycle.

Of the 33 records rated not achieved, 23 did not contain Family Plans or equivalents, 10 contained Family Plans or equivalents within the 12-month timeframe of the audit but they were not revised within the most recent six-month practice cycle.

FS 21: Supervisors Approval of the Family Plan: The compliance rate for this critical measure was **33%**. The measure was applied to all 40 records in the samples; 13 were rated achieved and 27 were rated not achieved. To receive a rating of achieved, the Family Plan or its equivalent was approved by the supervisor.

Of the 27 records rated not achieved, 23 did not contain Family Plans or equivalents and four Family Plans or equivalents were not approved by supervisors.

d.6 Reassessment

FS 22 relates to the completion of the Vulnerability Reassessment or Reunification Assessment. The records included the selected samples of 24 open FS cases and 16 closed FS cases.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or a Reunification Assessment	40	24	16	60%

FS 22: Completing a Vulnerability Reassessment OR a Reunification Assessment: The compliance rate for this critical measure was **60%**. The measure was applied to all 40 records in the samples; 24 were rated achieved and 16 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 completed within three months of the child’s return or a court proceeding regarding custody and the assessment(s) was approved by the supervisor.

Of the 16 records rated not achieved, eight did not contain Vulnerability Reassessments, three did not contain Reunification Assessments, one contained an incomplete Reunification Assessment, eight contained Vulnerability Reassessments within the 12-month audit timeframe but they were not revised within the most recent six-month practice cycle. The total adds to more than the number of records rated not achieved because four records had combinations of the above noted reasons.

d.7 Decision to End Protection Services

FS 23 relates to making the decision to end ongoing protection services. The records included the selected sample of 16 closed FS cases.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 23: Making the Decision to End Ongoing Protection Services	16	13	3	81%

FS 23: Making the Decision to End Ongoing Protection Services: The compliance rate for this critical measure was **81%**. The measure was applied to all 16 records in the sample; 13 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 supervisor

- 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, all three did not have Vulnerability Reassessments or Reunification Assessments completed within most recent six-month practice cycle.

ACTIONS COMPLETED TO DATE

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

1. The resource team was provided with further guidance and direction how to close a family care home according to policy. They have developed a templated written notification letter that can be provided to the resource.
2. The guardianship team was provided with further guidance and direction with submitting and filing protocol summary reports, and a review has taken place ensuring protocol summaries have now been added to the CS files. Guidance and direction for completing a six month care plan review has been provided.
3. The adoption team was provided with further guidance and direction of policy and procedure of adoption practice. A checklist and timeline document was developed, as well as an adoption inquiry form.

7. ACTION PLAN

On August 18, 2021 the following Action Plan was developed in collaboration between Métis Child and Family Services and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services).

Actions	Persons Responsible	Expected Completion Date
1. The policies, standards, timelines, and consultation points related to incidents and ongoing family service cases will be reviewed with all child protection teams. Confirmation that this review has been completed will be sent, via email, to the manager of Quality Assurance.	Executive Director	January 30, 2022
2. Create a document/spreadsheet of due dates for SDM tools/IPOCs/CPOCS that is easily accessible for staff. Implement a monthly email notification system to remind staff of upcoming due items.	Executive Director	January 30, 2022
3. All open child service records will be reviewed, and all outstanding Care Plans needing signatures will be completed. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.	Executive Director	January 30, 2022
4. All open child service records will be reviewed, and all outstanding reviews of the Rights of Children in Care and reviews of Appropriate Discipline standards will be completed. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.	Executive Director	January 30, 2022
5. The policies and procedures associated with documenting and submitting Reportable Circumstances will be reviewed with all social workers responsible for documenting and submitting reportable circumstances.	Executive Director	January 30, 2022