



Vancouver Aboriginal Child and Family Services
Society

CASE PRACTICE AUDIT REPORT

Report Completed: December 2021

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 and youth service, 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. Practice is confirmed through documentation in the physical and electronic records and from information gathered in interviews with the delegated staff. This is the fifth audit for Vancouver Aboriginal Child and Family Services (VACFSS). The last audits were completed in March 2015 for child safety/family service and child service/temporary care practice and February 2016 for child service/guardianship and resource practice.

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

Record Types	Population Sizes	Sample Sizes
Open and closed child service cases (temporary care)	199	51
Open and closed child service cases (guardianship)	336	57
Open and closed resource cases	189	51
Open family service cases	189	51
Closed family service cases	26	19
Closed Service requests	136	46
Closed Memos	136	46
Closed Incidents	373	58

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

1. Open and closed child service (temporary care): CS records open in ICM on February 29, 2020 and managed by the agency for at least six months (continuously) with the following legal categories: VCA, SNA, removal, interim order, TCO and CS records closed in ICM between September 1, 2017 and February 29, 2020 and managed by the agency for at least six months(continuously) with the following legal categories: VCA, SNA, removal, interim order and TCO.
2. Open and closed child service (guardianship): CS records open in ICM on February 29, 2020 and managed by the agency for at least six months (continuously) with the legal category CCO, and CS records closed in ICM between September 1, 2017 and February 29, 2020 and managed by the agency for at least six months (continuously) with the legal category CCO.
3. Open and closed resource: RE records relating to foster homes that had children or youth in their care for at least three months between March 1, 2017 and February 29, 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 February 29, 2020 and managed by the agency for at least six months (continuously) with a service basis listed as protection.
5. Closed family service cases: FS records closed in ICM between September 1, 2019 and February 29, 2020 and managed by the agency 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 December 1, 2018 and November 30, 2019 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 December 1, 2018 and November 30, 2019, where the type was screening and with the resolution of "No Further Action". Exclude Memos that were created in error.
8. Closed incidents: Incidents that were created after November 4, 2014, and were closed in ICM between December 1, 2018 and November 30, 2019, where the type was family development response or investigation.

The audit also determined whether Provincial Centralized Screening (PCS); Delegated Aboriginal Agency (DAA); or Service Delivery Area (SDA) completed the requirements at FS 1: Gathering Full and Detailed Information, FS 2: Conducting an Initial Record Review (IRR) and FS 3: Completing the Screening Assessment.

3. AGENCY OVERVIEW

a. Delegation

VACFSS operates under C6 delegation. This level of delegation enables the agency to provide the following services:

- Child Protection
- Out of Care Options
- Alternatives to Care/Transfer of Custody
- Temporary Custody of Children
- Guardianship of Children and Youth in Continuing Custody
- Support Services to Families including respite services to families
- Voluntary Care Agreements
- Special Needs Agreements
- Establishing Residential Resources
- Respite Services
- Extended Family Program
- Independent Living Agreements/Aging into Community Agreements

VACFSS assumed C6 child protection delegation in April 2008. The agency currently operates under a delegation confirmation modification agreement from January 1, 2021 – March 31, 2022.

VACFSS also provides the following programs and events to urban Indigenous children and families. These VACFSS programs incorporate cultural practice through Ceremony, Elder involvement, and Indigenous ways of knowing:

- Youth Advisory Council (YAC)
- Honouring Our Sacred Bundles Ceremony
- Homecoming Ceremonies
- Touching the Lands of Our Relations
- Honouring the Journey of Our Youth
- Caregiver Cultural Camp
- Elder Guidance
- Sage Picking
- Gathering the CIRCLE (Children's Indigenous Rights, Culture, Languages and Education)
- Culturally Relevant Urban Wellness (CRUW)
- UBC Farm Program (CRUW)
- Life Skills and Leadership Program (CRUW)
- Youth Mentor Committee Program (CRUW)
- Cultural Camp for Agency Staff
- Drum Making and Cultural Series Program
- Cultural Support and Training to Caregivers (Citagen and Osiem Program)

b. Demographics

VACFSS provides services to urban Indigenous families of greater Vancouver except for Métis, Musqueam and Nisga'a families. The agency has 3 locations in Vancouver with the intake/child safety, family service teams and collaborative practice teams in one location, the guardianship, and resources programs in a second location, and the chief executive officer, the family preservation and reunification program and additional infrastructure staff located in the head office.

c. Professional Staff Complement and Training

In the 2019/2020 fiscal year, VACFSS had a total of 133 delegated employees including 115 delegated regular employees. The guardianship program consists of a guardianship manager, 15 social workers, three team leaders, guardianship consultant, lifelong connections worker, social work assistant, child, and youth engagement coordinator, two administrative assistants and a half time administrative supervisor. In 2020, the program added a part-time Indigenous wellness counsellor to support youth working through trauma and arising issues of grief. The child protection program consists of a child protection operations manager, 32 social workers, six team leaders, child protection consultant, four social work assistants, three collaborative practice

facilitators, a family support Elder, six administrative assistants, two administrative supervisors, clerk and an accounting clerk. The resource program consists of a resource manager, 12 social workers, three team leaders, cultural coordinator, accountant, two administrative assistants and a half time administrative supervisor. The recruitment team also has casual workers who complete SAFE home study's.

Of team leaders/supervisors, 52% and 50% of managers were of Indigenous ancestry. (2021 VACFSS annual report).

The chief executive officer and the director of programs are delegated at the C1 level. The director of practice development, the child protection/operations manager and the child protection social workers are delegated at the C6 level. The resource and guardianship social workers are delegated at the C3 and C4 levels. All the delegated staff interviewed completed their delegation training through Indigenous Perspectives Society or the Justice Institute of British Columbia.

Training and professional development opportunities are continuously being offered and provided by the agency. Additionally, the agency has an annual budget for each social worker to use towards external professional development.

d. Supervision and Consultation

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

- director of programs
- director of practice development
- director of finance and IT
- director of human resources and communications
- executive assistant
- executive assistant
- managerial consultant position

The following positions report to the director of programs:

- manager of family preservation and reunification services
- guardianship manager
- child protection operations manager
- resources manager
- cultural coordinator

The following positions report to the director of practice development:

- quality assurance advisor
- manager of Family Preservation and Reunification Program
- communications and public relations advisor

The director of practice development (DOPD) is a new position to the agency. Some of this position's responsibilities are: development and implementation of Restorative Aboriginal Child Welfare Practice (RACWP) in all delegated programs; complex case and practice consultation to the Program managers consistent with provincial policy and practice guidelines as well as VACFSS practice policy within a RACWP framework of VACFSS service delivery; and identifies training needs and develops implements and coordinates training for staff where required.

In 2019/2020, VACFSS revised several restorative programs policies such as Keeping our Children Safe and Raising our Children Together, which guides the Child Protection and Collaborative Practice programs. This program policy begins with "Gathering the circle"; it involves inviting those who care about the child to sit down together to talk and assist in developing safety planning and to support children, youth, and families. In addition, VACFSS revised the Guardianship permanency planning policy, Raising our Children Together, and the Restorative Supervision Model. (2020 VACFSS annual report).

Delegated staff report having satisfactory, accessible, and supportive supervision and consultation opportunities. The child protection teams have daily check-in meetings, weekly team meetings, scheduled one to one clinical supervision every four to six weeks as well an open-door policy for consultation as needed. The family service teams currently do not meet jointly to share their practice knowledge and this is an area of interest to the staff interviewed. Program update meetings and program events include all family service teams. The resource teams meet jointly weekly, have separate weekly team meetings, scheduled one to one clinical supervision bi-weekly and an open-door policy for consultation as needed. The guardianship teams meet separately weekly, a monthly joint team meeting and an open-door policy for consultation as needed.

The program team leaders meet with their managers weekly or as needed. Managers also meet monthly, and as needed, with the director of programs 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 and program managers meet every three weeks as part of the Integrating Our Practice (IOP) model. The IOP is a training forum for the VACFSS leadership team and includes all team leaders/supervisors and the program managers. The purpose of these meetings is to enhance the relationships among the program areas to promote a more cohesive and integrated approach. It should also be noted, the program managers are available for consultation to the PCS and After Hours Response Team.

4. STRENGTHS OF THE AGENCY

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

- VACFSS' investment in child and youth engagement began 10 years ago with the implementation of the Youth Advisory Committee (YAC) comprised of youth in and from care, ages 15 to 24. YAC members inform VACFSS practice and policy by sharing their experiences with staff, caregivers, and the Board of Directors. They host events for other youth in care and have expanded their work outside of VACFSS to include associations that focus on children's rights both nationally and internationally.
- The implementation of the Culturally Relevant Urban Wellness (CRUW) Program began eight years ago and recruits youth ages 13 to 15. The program focuses on land stewardship where youth seed, harvest, prepare and learn about medicinal plants; supported by local Elders and Knowledge Keepers. It includes a diverse group of youth to promote reconciliation, anti-racism, and positive identity development while engaged in collaborative learning.
- 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.
- Inclusive Foster Care practice encourages close working relationships between the child's social worker, resource worker, foster caregiver and the child's biological family and community around the goals and needs of each child's plan of care.
- Indigenous foster caregiver recruitment is a priority for VACFSS. The recruitment resource social workers have engaged the Vancouver community including urban Indigenous community at numerous significant events during 2019/2020 including: West Coast Night and Prairie Night – Vancouver Friendship Centre, Hoobiyee, Talking Stick Festival, National Indigenous Peoples Day at Trout Lake, First Nations Language Conference, Wet'suwet'en Wednesdays, Heiltsuk Recruitment event at VACFSS, Squamish Youth and Veterans Day Pow-Wows, Italian Day, Recovery Day New Westminster and the PRIDE Celebration.
- VACFSS has built strong partnerships in the community with a number of community agencies in Vancouver, including Fir Square, Vancouver Coastal Health, Safe Babies and Foundations Program, Developmental Disabilities Association, Community Living Society of BC, Hollyburn and Milieu, Oak Tree Clinic, Luma and Native Housing, Rain City Housing, and Vancouver Aboriginal Transformational Justice Services Society, and community engagement continues to be a focus of the agency, SOS Children's Village. VACFSS

resources program also used various virtual platforms for recruitment initiatives, including Facebook and social media, for recruitment.

- VACFSS Resources Program also used various virtual platforms for recruitment initiatives, including Facebook and social media, for recruitment.
- Family centred, strengths based, culturally restorative child welfare policy and practice.
- Management has been supportive and flexible with staff throughout the COVID pandemic.
- The guardianship program has high staff retention, the staff interviewed reported they work well together and are well supported by each other and management
- Child Protection Program provides least intrusive measures, including respite care, out-of-care options program, agreements, and alternatives to care, and other temporary and/or permanency options, whereby continually decreasing the total number of children in the director's care.

5. CHALLENGES OF THE AGENCY

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

- Residential School and Colonization continue to present a number of challenges including intergenerational impact of trauma for families as well as for staff.
- Barriers regarding delegation training that impacts job readiness for social workers.
- Opioid crisis has resulted in an increase in fatalities with the families the agency is working with has led to increased stress due to significant and cumulative grief and loss for families and agency staff. The DTES reports the highest overdose events in Canada and presents many challenges. This also leads to workload increase in what is already considered as managing complex and high-risk cases, as defined by the Provincial Directive.
- High caseloads, particularly in the resource and child protection programs
- High staff turn-over, particularly in the child protection program
- Lack of mentorship for new child protection social workers as a result of the loss of the CP mentor position
- Elders' positions are recently vacant on the Collaborative Practice team and this has left a significant gap in a much used and needed resource for the child protection program. Therefore, during this time of transition in hiring Elders, the CP Program has reached out to Community Elders for this support

- Staff interviewed reported that at times, it is hard to manage their workload and the training offered

6. FINDINGS AND ANALYSIS

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

a) Child Service

a.1 Child Service: Children/Youth in Continuing Care

The overall compliance rate for the AOPSI Guardianship Practice Standards for open and closed children/youth in Continuing Care 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 57 records in the sample for this audit. However, not all 23 measures in the audit tool were applicable to all 57 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	57	57	0	100%
Standard 2 Development of a Comprehensive Plan of Care	0			
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	56*	20	36	36%
Standard 4 Supervisory Approval Required for Guardianship Services	57	47	10	82%
Standard 5 Rights of Children in Care	57	16	41	28%
Standard 6 Deciding Where to Place the Child	57	56	1	98%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	57	57	0	100%
Standard 8 Social Worker's Relationship & contact with a Child in Care	57	3	54	5%

Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	57	1	56	2%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	57	57	0	100%
Standard 11 Planning a Move for a Child in Care (VS 20)	19*	17	2	89%
Standard 12 Reportable Circumstances	17*	8	9	47%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	3*	3	0	100%
Standard 14 Case Documentation	57	3	54	5%
Standard 15 Transferring Continuing Care Files	24*	9	15	38%
Standard 16 Closing Continuing Care Files	10*	8	2	80%
Standard 17 Rescinding a Continuing Custody Order	1*	1	0	100%
Standard 18 Permanency Planning	N/A*			
Standard 19 Interviewing the Child about the Care Experience	22*	12	10	55%
Standard 20 Preparation for Independence	18*	18	0	100%
Standard 21 Responsibilities of the Public Guardian and Trustee	57	55	2	96%
Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	10*	7	3	70%
Standard 23 Quality of Care Review	1*	1	0	100%
Standard 24 Guardianship Agency Protocols	57	57	0	100%

Standard 3: 1 record did not involve an annual care plan completed within the audit timeframe

Standard 11: 38 records did not involve children/youth moving from their care homes

Standard 12: 40 records did not involve reportable circumstances

Standard 13: 54 records did not involve children missing, lost or run away

Standard 15: 33 records did not involve file transfers

Standard 16: 47 records did not involve file closures

Standard 17: 56 records did not involve rescinding continuing custody orders

Standard 18: interim standard related to legal permanency not audited at this time

Standard 19: 35 records did not involve changing placements

Standard 20: 39 records did not involve youth planning for independence

Standard 22: 47 records did not involve investigations of abuse or neglect in family care homes

Standard 23: 56 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 **100%**. The measure was applied to all 57 records in the samples; all records were rated 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.

St. 2 Development of a Comprehensive Plan of Care: There were no applicable records for this measure. To receive a rating of achieved, the record, if it was opened during the three-year audit timeframe, contained:

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

St. 3 Monitoring and Reviewing the Child or Youth's Comprehensive Plan of Care: The compliance rate for this measure was **36%**. The measure was applied to 56 of the 57 records in the samples; 20 were rated achieved, 36 were rated not achieved and one was not applicable. 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 36 records rated not achieved, two did not contain any care plans throughout the audit timeframe and 34 contained care plans but they were not completed annually throughout the audit timeframe. Of the 36 records rated not achieved, three were open and required annual care plans in 2019.

It should be noted that, of the two records that did not contain any care plans throughout the audit timeframe, one was an inter-provincial placement located in Manitoba.

St. 4 Supervisory Approval Required for Guardianship Services: The compliance rate for this measure was **82%**. The measure was applied to all 57 records in the samples; 47 were rated achieved and 10 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 10 records rated not achieved, all had one or more care plans that were not signed by supervisors.

St. 5 Rights of Children and Youth in Care: The compliance rate for this measure was **28%**. The measure was applied to all 57 records in the samples; 16 were rated achieved and 41 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
- in instances when the child's rights were not respected, the social worker took appropriate steps to resolve the issue.

Of the 41 records rated not achieved, three did not contain documentation confirming that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe and 38 contained documentation confirming 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 41 records, four were open and required the annual reviews of rights in 2019.

It should be noted that, of the three records that did not contain documentation confirming that the rights of children in care, including the advocacy process, throughout the audit timeframe, one was an inter-provincial placement located in Manitoba.

St. 6 Deciding Where to Place the Child or Youth: The compliance rate for this measure was **98%**. The measure was applied to all 57 records in the samples; 56 were rated achieved and one was 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.

Of the one record rated not achieved, the involved child/youth was 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 extended family

members or within their community and there were no documentation confirming that efforts to resolve this issue.

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 57 records in the samples; all 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 **5%**. The measure was applied to all 57 records in the samples; three were rated achieved and 54 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 54 records rated not achieved, 21 documented private visits but not every 30 days throughout the audit timeframe, and 33 documented private visits but not every 30 days and some or all were not conducted in private (often with sibling groups).

For the 54 records rated not achieved because private visits were not documented every 30 days throughout the audit timeframe, the analysts found 46% of the 30-day periods had one or more documented private visits. That is, nearly half of the 30-day periods had one or more documented private visits. Among these 54 records, the lowest visitation rate was 8 % (three 30-day time periods contained documented private visits within 36 months and the highest visitation rate was 86 % (31 30-day time periods contained documented private visits within 36 months).

It should be noted that, of the 54 records rated not achieved, two were inter-provincial placements located in Manitoba with a visitation rate of 19% (seven 30-day time periods contained documented private visits within 36 months) and two were inter-provincial placements located in Alberta with a visitation rate of 1% (three 30-day time periods contained documented private visits within the 36 months).

St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards: The compliance rate for this measure was **2%**. The measure was applied to all 57 records in the samples; one was rated achieved and 56 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 56 records rated not achieved, 48 did not contain documentation confirming that the discipline standards were reviewed with the caregivers at any time throughout the audit timeframe and eight contained documentation confirming that the discipline standards were reviewed with caregivers within the audit timeframe, but these reviews were not documented annually. Of the 56 records rated not achieved, 47 were open and required documentation confirming that the disciplinary standards were reviewed with the caregivers in 2019.

It should be noted that, of the 48 records rated not achieved, two were inter-provincial placements located in Manitoba and two were inter-provincial placements located in Alberta.

St. 10 Providing Initial and Ongoing Medical and Dental Care: The compliance rate for this measure was **100%**. The measure was applied to all 57 records in the samples; all 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 **89%**. The measure was applied to 19 of the 57 records in the samples; 17 were rated achieved and two were rated not achieved. To receive a rating of achieved, the record, if it involved a placement move, confirmed that:

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

Of the two records rated not achieved, one did not contain documentation confirming that orientations and pre-placement visits were arranged prior to the moves and no efforts were documented and one did not contain documentation confirming that an explanation was

provided to the child/youth prior to a move nor that an orientation nor pre-placement visits were arranged prior to the move and no efforts were documented.

It should be noted that, of the two records rated not achieved, one was an inter-provincial placement located in Manitoba and one was an inter-provincial placement located in Alberta.

St. 12 Reportable Circumstances: The compliance rate for this measure was **47%**. The measure was applied to 17 of the 57 records in the samples; eight were rated achieved and nine 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 nine records rated not achieved, three contained documentation describing reportable circumstances but submitted reports were not found in the records, five contained reportable circumstance reports but they were not submitted within 24 hours (the range of time it took to submit was between five and 24 days, with the average being 13 days) and one contained documentation describing a reportable circumstance but a submitted report was not found in the record and it contained a reportable circumstance report but it was not submitted within 24 hours (the time it took was 11 days).

Of the four records that described reportable circumstances but submitted reports were not found in the records, three were open in February 2020. These records were brought to the attention of the agency for possible follow up.

St. 13 When a Child or Youth is Missing, Lost or Runaway: The compliance rate for this measure was **100%**. The measure was applied to three of the 57 records in the samples; all were rated achieved. To receive a rating of achieved, the record, if it involved a missing, lost, or runaway child/youth who may have been at high risk of harm, confirmed that:

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

St. 14 Case Documentation: The compliance rate for this measure was **5%**. The measure was applied to all 57 records in the samples; three were rated achieved and 54 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 54 records rated not achieved, all did not contain review recordings nor care plan reviews.

It should be noted that, of the 54 records rated not achieved, two were inter-provincial placements located in Manitoba and two were inter-provincial placements located in Alberta.

St. 15 Transferring Continuing Care Files: The compliance rate for this measure was **38%**. The measure was applied to 24 of the 57 records in the samples; nine were rated achieved and 15 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 15 records rated not achieved, all did not contain transfer recordings.

St. 16 Closing Continuing Care Files: The compliance rate for this measure was **80%**. The measure was applied to 10 of the 57 records in the samples; eight were rated achieved and two 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 two records rated not achieved, one did not contain a closing and one did not document the social worker's efforts to meet the youth nor the caregiver prior to the closure.

St. 17 Rescinding a CCO and Returning the Child or Youth to the Family Home: The compliance rate for this measure was **100%**. The measure was applied to one of the 57 records in the

samples; one was rated achieved. To receive a rating of achieved, the record, if it involved a rescindment of a continuing custody order, confirmed that:

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

St. 18 Permanency Planning: A permanent plan is considered for a child with a Continuing Care Order when the plan's priorities are in the best interests of the child and the preservation of the child's cultural identity are priorities of the plan.

This is an interim standard for use until Indigenous Child and Family Service Agencies, cultural groups and Indigenous communities have researched and reviewed the ministry permanency planning policy. As this is still an interim standard, it has not yet been audited by Quality Assurance.

St. 19 Interviewing the Child or Youth about the Care Experience: The compliance rate for this measure was **55%**. The measure was applied to 22 of the 57 records in the samples; 12 were rated achieved and 10 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 10 records rated not achieved, all did not contain documentation confirming that interviews were conducted with the children and youth after placement changes.

It should be noted that, of the 10 records rated not achieved, two were inter-provincial placements located in Manitoba and one was an inter-provincial placement located in Alberta.

St. 20 Preparation for Independence: The compliance rate for this measure was **100%**. The measure was applied to 18 of the 57 records in the samples; all 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, confirmed that:

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

St. 21 Responsibilities of the Public Guardian and Trustee (PGT): The compliance rate for this measure was **96%**. The measure was applied to all the 57 records in the samples; 55 were rated achieved and two were rated not achieved. To receive a rating of achieved:

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

Of the two records rated not achieved, all did not contain documentation confirming that the PGT was notified when the continuing custody orders were granted.

St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home: The compliance rate for this measure was **70%**. The measure was applied to 10 of the 57 records in the samples; seven were rated achieved and three 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.

Of the three records rated not achieved, all did not contain the summary reports related to the completed protocol investigations.

It should be noted that, of the three records rated not achieved, two were inter-provincial placements located in Manitoba.

St. 23 Quality of Care Review: The compliance rate for this measure was **100%**. The measure was applied to one of the 57 records in the samples; one was 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 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 57 records in the samples; all 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.

a.2 Child Service: Children/Youth in Temporary Care

The overall compliance rate for the AOPSI Guardianship Practice Standards for open and closed Children/Youth in the temporary care of the agency was **60%**. The audit reflects the work done by the staff in the child safety program over a three-year period (see Methodology section for details). There was a combined total of 51 records in the two samples for this audit. However,

not all 23 measures in the audit tool were applicable to all 51 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	51	51	0	100%
Standard 2 Development of a Comprehensive Plan of Care	39*	6	33	15%
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	35*	19	16	54%
Standard 4 Supervisory Approval Required for Guardianship Services	51	41	10	80%
Standard 5 Rights of Children in Care	51	28	23	55%
Standard 6 Deciding Where to Place the Child	51	45	6	88%
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	51	51	0	100%
Standard 8 Social Worker's Relationship & contact with a Child in Care	51	0	51	0%
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	51	5	46	10%
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	51	41	10	80%
Standard 11 Planning a Move for a Child in Care (VS 20)	17*	11	6	65%
Standard 12 Reportable Circumstances	3*	1	2	33%
Standard 13 When a Child or Youth is Missing, Lost or Runaway	0*	0	0	
Standard 14 Case Documentation	51	21	0	41%
Standard 15 Transferring Continuing Care Files	0*	0	0	
Standard 16 Closing Continuing Care Files	0*	0	0	
Standard 17 Rescinding a Continuing Custody Order	0*	0	0	
Standard 19 Interviewing the Child about the Care Experience	17*	1	16	6%
Standard 20 Preparation for Independence	1*	1	0	100%
Standard 21 Responsibilities of the Public Guardian and Trustee	0*	0	0	

Standard 22 Investigation of alleged Abuse or Neglect in a Family Care Home	1*	0	1	0%
Standard 23 Quality of Care Review	0*	0	0	
Standard 24 Guardianship Agency Protocols	51	51	0	100%

Standard 2: 12 records did not involve initial care plans completed within the audit timeframe
Standard 3: 16 records did not involve an annual care plan completed within the audit timeframe
Standard 11: 34 records did not involve children/youth moving from their care homes
Standard 12: 48 records did not involve reportable circumstances
Standard 13: 51 records did not involve children missing, lost or run away
Standard 15: 51 records did not involve file transfers
Standard 16: 51 records did not involve file closures
Standard 17: 51 records did not involve rescinding continuing custody orders
Standard 19: 34 records did not involve changing placements
Standard 20: 50 records did not involve youth planning for independence
Standard 21: 51 records did not involve notifying the Public Guardian and Trustee
Standard 22: 50 records did not involve investigations of abuse or neglect in family care homes
Standard 23: 51 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 **100%**. The measure was applied to all 51 records in the samples; all records were rated 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.

St. 2 Development of a Comprehensive Plan of Care: The compliance rate for this measure was **15%**. The measure was applied to 39 of the 51 records in the samples; six were rated achieved and 33 were rated not achieved. To receive a rating of achieved, the record, if it was opened during the three-year audit timeframe, contained:

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

Of the 33 records rated not achieved, 21 did not contain initial care plans completed within 30 days of the admissions and 23 did not contain annual care plans within six months of the admissions. The total adds to more than the number of not achieved records because 11 records were rated not achieved for more than one 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 **54%**. The measure was applied to 35 of the 51 records in the samples; 19 were rated achieved and 16 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 16 records rated not achieved, three did not contain any care plans throughout the audit timeframe and 13 contained care plans but they were not completed annually throughout the audit timeframe. Of the 16 records rated not achieved, three were open and required annual care plans in 2019.

St. 4 Supervisory Approval Required for Guardianship Services: The compliance rate for this measure was **80%**. The measure was applied to all 51 records in the samples; 41 were rated achieved and ten 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 ten records rated not achieved, all had one or more care plans that were not signed by supervisors.

St. 5 Rights of Children and Youth in Care: The compliance rate for this measure was **55%**. The measure was applied to all 51 records in the samples; 28 were rated achieved and 23 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
- in instances when the child's rights were not respected, the social worker took appropriate steps to resolve the issue.

Of the 23 records rated not achieved, eight did not contain documentation confirming that the rights of children in care, including the advocacy process, were reviewed within the audit timeframe and 15 contained documentation confirming 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 23 records, eight were open and required the annual reviews of rights in 2019.

St. 6 Deciding Where to Place the Child or Youth: The compliance rate for this measure was **88%**. The measure was applied to all 51 records in the samples; 45 were rated achieved and six 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.

Of the six records rated not achieved, the involved children/youth were 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 was no documentation confirming that efforts were made to resolve this issue.

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 51 records in the samples; all records 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 **0%**. The measure was applied to all 51 records in the samples; all records 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 51 records rated not achieved, two did not document any visits throughout the audit timeframe, 46 documented private visits but not every 30 days throughout the audit timeframe, 32 documented visits that were not conducted in private (often with sibling groups), five did not document private visits at the times of placements and 16 did not document private visits within seven days of placements. The total adds to more than the number of records rated not achieved because 37 records were rated not achieved for more than one of the above noted reasons.

For the 49 records rated not achieved because private visits were not documented every 30 days throughout the audit timeframe, the analysts found that 24% of the 30-day periods had one or more documented private visits. That is, nearly one quarter of the 30-day periods had one or more documented private visits. Among these 49 records, the lowest visitation rate was 0 % (no documented private visits within 36 months) and the highest visitation rate was 75 % (six 30-day time periods contained documented private visits within eight months).

St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards: The compliance rate for this measure was **10%**. The measure was applied to all 51 records in the samples; five were rated achieved and 46 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 46 records rated not achieved, 26 did not contain documentation confirming that the discipline standards were reviewed with the caregivers at any time throughout the audit timeframe, 22 did not contain documentation confirming that the discipline standards were reviewed with the caregivers at the times of placements, one contained documentation confirming that the discipline standards were reviewed with the caregivers, but these reviews were not documented annually throughout the audit timeframe, 13 did not contain documentation confirming that information about the children/youth was provided to the caregivers at the times of placements and one did not contain documentation confirming that information about the child/youth was provided to the caregivers within seven days of the emergency placement. The total adds to more than the number of records rated not achieved because 16 records were rated not achieved for more than one of the above noted reasons.

Of the 46 records rated not achieved, 15 were open and required documentation confirming that the disciplinary standards were reviewed with the caregivers in 2019.

St. 10 Providing Initial and Ongoing Medical and Dental Care: The compliance rate for this measure was **80%**. The measure was applied to all 51 records in the samples; 41 were rated achieved and ten were rated not achieved. To receive a rating of achieved:

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

Of the ten records rated not achieved, all did not contain documentation that medical exams were completed upon admissions to care.

St. 11 Planning a Move for a Child or Youth in Care: The compliance rate for this measure was **65%**. The measure was applied to 17 of the 37 records in the samples; 11 were rated achieved and six were rated not achieved. To receive a rating of achieved, the record, if it involved a placement move, confirmed that:

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

Of the six records rated not achieved, five did not contain documentation confirming that explanations were provided to the children/youth prior to moves nor that orientations nor pre-placement visits were arranged prior to the moves and no efforts were documented and six did not contain documentation confirming that orientations nor pre-placement visits were arranged prior to the moves and no efforts were documented. The total adds to more than the number of not achieved records because five were rated not achieved for more than one of the above noted reasons.

St. 12 Reportable Circumstances: The compliance rate for this measure was **33%**. The measure was applied to three of the 51 records in the samples; one was rated achieved and two 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 two records rated not achieved, both contained reportable circumstance reports, but they were not submitted within 24 hours (the time it took to submit was three days and 38 days).

St. 13 When a Child or Youth is Missing, Lost or Runaway: There were no applicable records for this measure. To receive a rating of achieved, the record, if it involved a missing, lost, or runaway child/youth who may have been at high risk of harm, confirmed that:

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

St. 14 Case Documentation: The compliance rate for this measure was **41%**. The measure was applied to all 51 records in the samples; 21 were rated achieved and 30 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 30 records rated not achieved, 14 did not contain opening recordings, 17 did not contain review recordings or care plan reviews, and four contained review recordings or care plan reviews but they were not completed every six months throughout the audit timeframe. The total adds to more than the number of records rated not achieved because five records were rated not achieved for more than one of the above noted reasons.

St. 15 Transferring Continuing Care Files: There were no applicable records for this measure. 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.

St. 16 Closing Continuing Care Files: There were no applicable records for this measure. 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.

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 **6%**. The measure was applied to 17 of the 51 records in the samples; 1 was rated achieved and 16 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 16 records rated not achieved, all did not contain documentation confirming that interviews were conducted with the children and youth after placement changes.

St. 20 Preparation for Independence: The compliance rate for this measure was **100%**. The measure was applied to one of the 51 records in the samples; it was 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, confirmed that:

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

St. 21 Responsibilities of the Public Guardian and Trustee (PGT): There were no applicable records for this measure. 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 **0%**. The measure was applied to one of the 51 records in the samples; it was

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.

Of the one record rated not achieved, it did not contain the summary report related to the completed protocol investigation.

St. 23 Quality of Care Review: There were no applicable record 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 51 records in the samples; all records 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 **85%**. 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 51 records in the one sample selected for this audit. However, not all nine measures in the audit tool were applicable to all 51 records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
Standard 28 Supervisory Approval Required for Family Care Home Services	51	51	0	100%
Standard 29 Family Care Homes – Application and Orientation	51	45	6	88%
Standard 30 Home Study	11*	11	0	100%
Standard 31 Training of Caregivers	51	51	0	100%
Standard 32 Signed Agreement with Caregivers	51	51	0	100%
Standard 33 Monitoring and Reviewing the Family Care Home	51	18	33	35%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	5*	5	0	100%
Standard 35 Quality of Care Review	2*	2	0	100%
Standard 36 Closure of the Family Care Home	16*	12	4	75%

Standard 30: 40 records did not involve home studies during the audit timeframe

Standard 34: 46 records did not involve investigations of alleged abuse or neglect in family care homes

Standard 35: 49 records did not involve quality of care reviews

Standard 36: 35 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 51 records in the sample; all records 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 **88%**. The measure was applied to all 51 records in the sample; 45 were rated achieved and six 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 six records rated not achieved, two did not document prior contact checks, two did not contain one or both required criminal record checks (both were open), two did not contain documentation confirming that the caregivers were provided with orientations, one did not contain documentation of a completed medical exam form, and two did not document some or all of the required reference checks. 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 two open records without all the required criminal record checks, one was renewed in 2021, post audit timeframe.

St. 30 Home Study: The compliance rate for this measure was **100%**. The measure was applied to 11 of the 51 records in the sample; all records were rated 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.

St. 31 Training of Caregivers: The compliance rate for this measure was **100%**. The measure was applied to all 51 records in the sample; all records were rated 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.

St. 32 Signed Agreement with Caregiver: The compliance rate for this measure was **100%**. The measure was applied to all 51 records in the sample; all records were rated 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.

St. 33 Monitoring and Reviewing the Family Care Home: The compliance rate for this measure was **35%**. The measure was applied to all 51 records in the sample; 18 were rated achieved and 33 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 33 records rated not achieved, 29 documented home visits but they were not completed every 90 days as required, 16 contained annual reviews but they were not completed for each year in the three-year audit timeframe and documented home visits but they were not completed every 90 days as required, one did not contain any annual reviews completed in the three-year audit timeframe, two did not document any home visits, and one annual review was not signed by the caregiver. The total adds to more than the number of records rated not achieved because 15 records had combinations of the above noted reasons. Of the 17 records that did not contain all the required annual reviews, 14 were open. Of these 14 open records, three required current (2019) annual reviews.

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 five of the 51 records in the sample; all

records 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, confirmed that:

- 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 **100%**. The measure was applied to two of the 51 records in the sample; all records were rated achieved. To receive a rating of achieved, the record, if it involved to a concern about the quality of care received by a child/youth in a family care home, confirmed that:

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

St. 36: Closure of the Family Care Home: The compliance rate for this measure was **75%**. The measure was applied to 16 of the 51 records in the sample; 12 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 did not contain written notices to the caregivers.

c) Family Service

The overall compliance rate for the Child Protection Response Model set out in Chapter 3 of the Child Safety and Family Support Policies was **68%**. The audit reflects the work done by the staff in the agency's intake and family service programs over various time periods (see Methodology section for details). There was a total of 150 records in the closed memo, closed service request, and closed incident samples (**70%** compliance) and 70 records in the open and closed FS case samples (**63%** compliance) selected for this audit.

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.

c.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 46 closed service requests, 46 closed memos and 58 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 1: Gathering Full and Detailed Information	150	147	3	98%
FS 2: Conducting an Initial Record Review (IRR)	150	43	107	29%
FS 3: Assessing the Report about a Child or Youth's Need for Protection (Completing the Screening Assessment)	150	110	40	73%
FS 4: Determining Whether the Report Requires a Protection or Non-protection Response	150	150	0	100%

FS 1: Gathering Full and Detailed Information: The compliance rate for this critical measure was **98%**. The measure was applied to all 150 records in the samples; 147 were rated achieved and three were rated not achieved. To receive a rating of achieved, the information gathered from the caller was full, detailed, and sufficient to determine an appropriate pathway.

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

The audit also identified where the report was created: Provincial Centralized Screening (PCS); Delegated Aboriginal Agency (DAA); or Service Delivery Area (SDA). Of the 150 records, 74 were created by PCS, 74 were created by the DAA and 2 were created by an SDA. Of the three records rated not achieved, two were created at the DAA.

FS 2: Conducting an Initial Record Review (IRR): The compliance rate for this critical measure was **29%**. The measure was applied to all 150 records in the samples; 43 were rated achieved and 107 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 107 records rated not achieved, 15 did not have IRRs documented (nine created at the DAA), 21 IRRs were not documented within 24 hours (18 created at the DAA), 13 IRRs contained insufficient information about previous issues or concerns (11 created at the DAA), and 82 IRRs did not indicate that BP was checked (50 created at the DAA). Of the 21 IRRs that were not documented within 24 hours, the range of time it took to complete the IRRs was between three and 245 days, with the average time being 43 days. The total adds to more than the number of

records rated not achieved because 23 records were rated not achieved for more than one of the above noted reasons

The audit also identified where the IRR was created: Provincial Centralized Screening (PCS); Delegated Aboriginal Agency (DAA); or Service Delivery Area (SDA). Of the 43 records rated achieved, 27 were created by PCS and 16 were created by the DAA.

FS 3: Completing the Screening Assessment: The compliance rate for this critical measure was **73%**. The measure was applied to all 150 records in the samples; 110 were rated achieved and 40 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 40 records rated not achieved, all Screening Assessments were not completed within the required 24-hour timeframe (38 created at the DAA). Of the 40 Screening Assessments that were not completed within the 24-hour timeframe, the range of time it took to complete was between two and 504 days, with the average time being 64 days.

The audit also identified where the Screening Assessment was created: Provincial Centralized Screening (PCS); Delegated Aboriginal Agency (DAA); or Service Delivery Area (SDA). Of the 110 records rated achieved, 45 were created by PCS and 65 were created by the DAA.

FS 4: Determining Whether the Report Requires a Protection or Non-Protection Response: The compliance rate for this critical measure was **100%**. The measure was applied to all 150 records in the samples; all were rated 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.

c.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 58 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 5: Assigning an Appropriate Response Priority	58	58	0	100%
FS 6: Conducting a Detailed Record Review (DRR)	58	22	36	22%
FS 7: Assessing the Safety of the Child or Youth	58	52	6	90%

FS 8: Documenting the Safety Assessment	58	18	40	31%
FS 9: Making a Safety Decision Consistent with the Safety Assessment	58	51	7	88%

FS 5: Determining the Response Priority: The compliance rate for this critical measure was **100%**. The measure was applied to all 58 records, all were rated 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 audit also assessed whether the families were contacted within the timeframes of the assigned response priorities. Of the 58 records, 37 documented face-to-face contact with the families within the assigned response priorities and 21 did not. Of the 21 records that did not document face-to-face contact with the families within the assigned response priorities, 19 were assigned the response priority of within five days and two were assigned the response priority of immediate or within 24 hours. Of the 19 records assigned the response priority of within five days, three did not document any contact with the families and the range of time it took to establish face-to-face contact the remaining 16 families was between six and 378 days with the average time being 56 days. Of the two records assigned the response priority of immediate or within 24 hours, the times it took to establish face-to-face contact with the families was two and 29 days.

FS 6: Conducting a Detailed Record Review (DRR): The compliance rate for this critical measure was **22%**. The measure was applied to all 58 records; 22 were rated achieved and 36 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 36 records rated of not achieved, 15 did not have DRRs documented and 21 DRRs did not contain the information missing in the IRRs.

FS 7: Assessing the Safety of the Child or Youth: The compliance rate for this critical measure was **90%**. The measure was applied to all 58 records; 52 were rated achieved and six 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 six records rated not achieved, five did not confirm that safety assessment processes were completed during the first significant contacts with the families and two did not confirm that Safety Plans were developed where safety concerns were identified. The total adds to more than the number of records rated not achieved because one record had combinations of the above noted reasons.

FS 8: Documenting the Safety Assessment: The compliance rate for this critical measure was **31%**. The measure was applied to all 58 records; 18 were rated achieved and 40 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 40 records rated not achieved, seven did not contain Safety Assessment forms and 33 Safety Assessment forms were not completed within 24 hours of completing the safety assessment processes. Of the 33 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 one and 650 days, with the average time being 172 days.

FS 9: Making a Safety Decision Consistent with the Safety Assessment: The compliance rate for this critical measure was **88%**. The measure was applied to all 58 records; 51 were rated achieved and seven were rated not achieved. To receive a rating of achieved, the safety decision was consistent with the information documented in the Safety Assessment form or the supervisor approved ending the protection response before the Safety Assessment form was documented and the rationale was documented and appropriate.

Of the seven records rated not achieved, all did not contain Safety Assessment forms.

c.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 58 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 10: Meeting with or Interviewing the Parents and Other Adults in the Family Home	58	47	11	81%
FS 11: Meeting with Every Child or Youth Who Lives in the Family Home	58	44	14	76%
FS 12: Visiting the Family Home	58	46	12	79%
FS 13: Working with Collateral Contacts	58	10	48	17%

FS 10: Meeting or Interviewing the Parents and Other Adults in the Family Home: The compliance rate for this critical measure was **81%**. The measure was applied to all 58 records; 47 were rated achieved and 11 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 11 records rated not achieved, three did not confirm that the social workers had met with or interviewed the parents, six confirmed that only one of two parents was met with or interviewed, and two did not confirm that the social workers had met with or interviewed the other adults in the homes.

FS 11: Meeting with Every Child or Youth Who Lives in the Family Home: The compliance rate for this critical measure was **76%**. The measure was applied to all 58 records; 44 were rated achieved and 14 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 14 records rated not achieved, six did not confirm that the social workers had conversations of any kind with any children/youth living in the homes, four confirmed that the social workers interviewed some, but not all, of the children living in the homes, two confirmed that the social workers interviewed the children living in the family homes but these interviews

were not private and two confirmed that the social workers interviewed some, but not all, of the children living in the home but these interviews were not private.

FS 12: Visiting the Family Home: The compliance rate for this critical measure was **79%**. The measure was applied to all 58 records; 46 were rated achieved and 12 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 12 records rated not achieved, all did not confirm that the social workers visited the family homes.

FS 13: Working with Collaterals: The compliance rate for this critical measure was **17%**. The measure was applied to all 58 records; 10 were rated achieved and 48 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 48 records that received ratings of not achieved, 13 did not have any collaterals documented, 35 had collaterals documented but failed to complete necessary collaterals with designated representatives of the First Nations, Treaty First Nations or Metis community.

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 58 records, 47 required FDR responses. Of these 47 FDR responses, 19 documented that the social workers contacted the parents prior to contacting collaterals and 28 did not. Furthermore, of these 47 FDR responses, four 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.

c.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 58 closed incidents.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS14: Assessing the Risk of Future Harm	58	46	12	79%
FS 15: Determining the Need for Protection Services	58	57	1	98%
FS 16: Timeframe for Completing the FDR Assessment or Investigation	58	4	54	7%

FS 14: Assessing the Risk of Future Harm: The compliance rate for this critical measure was **79%**. The measure was applied to all 58 records; 46 were rated achieved and 12 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 12 records rated not achieved, three did not contain Vulnerability Assessments, six Vulnerability Assessments were incomplete, and three Vulnerability Assessments were not approved by supervisors.

The audit also assessed the length of time it took to complete the Vulnerability Assessments. Of the 46 records rated achieved, the range of time it took to complete the Vulnerability Assessments was between 13 days and 685 days, with the average time being 201 days.

FS 15: Determining the Need for Protection Services: The compliance rate for this critical measure was **98%**. The measure was applied to all 58 records; 57 were rated achieved and one was 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 one record rated not achieved, the decisions to not provide ongoing protection services were inconsistent with the information obtained during the FDR assessment or investigation.

FS 16: Timeframe for Completing the FDR Assessment or Investigation: The compliance rate for this critical measure was **7%**. The measure was applied to all 58 records; four were rated achieved

and 54 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 54 records rated not achieved, all were not completed within 30 days. Of the 54 FDR assessments or investigations that were not completed within 30 days, the range of time it took to complete was between 34 and 879 days, with the average time being 262 days.

c.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 51 open FS cases and 19 closed FS cases.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 17: Completing a Family and Child Strengths and Needs Assessment	70	52	18	74%
FS 18: Supervisor Approval of the Strengths and Needs Assessment	70	50	20	71%
FS 19: Developing the Family Plan with the Family	70	40	30	57%
FS 20: Timeframe for Completing the Family Plan	70	29	41	41%
FS 21: Supervisor Approval of the Family Plan	70	36	34	51%

FS 17: Completing a Family and Child Strengths and Needs Assessment: The compliance rate for this critical measure was **74%**. The measure was applied to all 70 records in the samples; 52 were rated achieved and 18 were rated not achieved. To receive a rating of achieved, the Family and Child Strength and Needs Assessment was completed in its entirety.

Of the 18 records rated not achieved, 17 did not contain Family and Child Strengths and Needs Assessments and one contained an incomplete Family and Child Strengths and Needs Assessment.

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 52 records rated achieved, 41 Family and Child Strengths and Needs Assessments were completed within the most recent six-month practice cycle and 11 were not (these 11 were completed 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 **71%**. The measure was applied to all 70 records in the samples; 50 were rated achieved and 20 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 20 records rated not achieved, 17 did not contain Family and Child Strengths and Needs Assessments and three Family and Child Strengths and Needs Assessments were not approved by supervisors.

FS 19: Developing the Family Plan with the Family: The compliance rate for this critical measure was **57%**. The measure was applied to all 70 records in the samples; 40 were rated achieved and 30 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 30 records rated not achieved, 29 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 40 records that received ratings of achieved, 24 contained Family Plans or equivalents that were completed after the Family and Child Strengths and Needs Assessments and 16 Family Plans or equivalents were completed without first completing the Family and Child Strengths and Needs Assessments.

The audit also assessed the type of Family Plan that was completed. Of the 41 records with completed Family Plans, 32 contained Family Plan templates and nine contained equivalents.

FS 20: Timeframe for Completing the Family Plan: The compliance rate for this critical measure was **41%**. The measure was applied to all 70 records in the samples; 29 were rated achieved and

41 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 41 records rated not achieved, 29 did not contain Family Plans or equivalents and 12 did not contain Family Plans or equivalents within the most recent six-month practice cycle but they did contain Family Plans or equivalents created within the 12-month timeframe of the audit.

FS 21: Supervisors Approval of the Family Plan: The compliance rate for this critical measure was **51%**. The measure was applied to all 70 records in the samples; 36 were rated achieved and 34 were rated not achieved. To receive a rating of achieved, the Family Plan or its equivalent was approved by the supervisor.

Of the 34 records rated not achieved, 29 did not contain Family Plans or equivalents and five Family Plans or equivalents were not approved by supervisors.

c.6 Reassessment

FS 22 relates to the completion of the Vulnerability Reassessment or Reunification Assessment. The records included the selected samples of 51 open FS cases and nineteen closed FS case.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 22: Completing a Vulnerability Reassessment or a Reunification Assessment	70	50	20	71%

FS 22: Completing a Vulnerability Reassessment OR a Reunification Assessment: The compliance rate for this critical measure was **71%**. The measure was applied to all 70 records in the samples; 50 were rated achieved and 20 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 20 records rated not achieved, 14 did not contain Vulnerability Reassessments, five did not contain Reunification Assessments, two contained Vulnerability Reassessments or Reunification Assessments within the 12-month audit timeframe but they were not revised within the most recent six-month practice cycle, and four did not contain Reunification Assessments completed within three months of the children’s return or court proceedings regarding custody. The total adds to more than the number of records rated not achieved because four records were rated not achieved for more than one of the above noted reasons.

c.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 19 closed FS cases.

Measures	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
FS 23: Making the Decision to End Ongoing Protection Services	19	18	1	95%

FS 23: Making the Decision to End Ongoing Protection Services: The compliance rate for this critical measure was **95%**. The measure was applied to all 19 records in the sample; one was 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 one record rated not achieved, ongoing protection services ended without completing a Vulnerability Re-assessment or a Reunification Assessment within the most recent six-month practice cycle.

7. ACTIONS COMPLETED TO DATE

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

1. The resources program implemented the 90-day visit tracking form to be used by all RW's to reflect increased compliance to the 90-day home visits and documentation of these visits.
2. The guardianship program developed documents to inform children and youth in care of their Sec. 70 rights and to inform caregivers of appropriate discipline standards. An overview was provided to staff about completing Reportable Circumstances reports which included supporting procedural documentation information.

8. ACTION PLAN

On November 23, 2021 the following Action Plan was developed in collaboration between Vancouver Aboriginal Child and Family Services and MCFD Office of the Provincial Director of Child Welfare Quality Assurance & Aboriginal Services.

Actions	Persons Responsible	Date to be Completed
<p>Child Safety</p> <p>Child Service:</p> <p>1. <u>Standard 2 Development of a Comprehensive Plans of Care:</u></p> <ul style="list-style-type: none"> • SW and TL training regarding care plan time frame completion and systems to monitor care plan completion. • Confirmation that SW and TL training regarding care plan completion will be provided, via email, to the manager of Quality Assurance. 	Director of Programs	February 28, 2022
<p>Family Service:</p> <p>2. <u>FS 16: Timeframe for Completing the FDR Assessment or Investigation:</u></p> <ul style="list-style-type: none"> • SW and TL training on FDR Assessment or Investigation timeframe completion requirements. • Confirmation that this training has been completed will be sent, via email, to the manager of Quality Assurance. 	Director of Programs	February 28, 2022
<p>Guardianship/Child Service:</p> <p>3. <u>Standard 8 Social Worker’s Relationship & contact with a Child in Care:</u></p> <ul style="list-style-type: none"> • SWs will document visits with a child or youth in care as private in ICM. • Guardianship manager will ensure that all team leaders will review the requirement of in person private visits with social workers during supervision. They will also review the importance of documenting and noting the visit as private or with others in ICM. • Confirmation that the Guardianship Manager has completed this review with the Team Leaders will be sent, via email, to the manager of Quality Assurance. 	Director of Programs	February 28, 2022

<p>4. <u>Standard 15 Transferring Continuing Care Files:</u></p> <ul style="list-style-type: none"> • SWs will complete transfer recordings when transferring a CS case internally in guardianship. The new social worker to meet with the child or youth in care within 5 days of the transfer. • Training in reference to the Good recording guide will be reviewed in the Guardianship program with all social workers. This will be provided by the Guardianship consultant. • Confirmation that this training has been completed will be sent, via email, to the manager of Quality Assurance 	<p>Director of Programs</p>	<p>February 28, 2022</p>
<p>5. <u>Standard 19 Interviewing the Child about the Care Experience:</u></p> <ul style="list-style-type: none"> • The SWs will document in ICM case notes about a child or youth's placement experience after any move. • The Guardianship Consultant will review with all Guardianship social workers the requirement to interview all children or youth about their care experience. • Confirmation will be sent, via email, to the manager of Quality Assurance 	<p>Director of Programs</p>	<p>February 28, 2022</p>