

**CASE PRACTICE AUDIT REPORT**  
**Nisga'a Child and Family Services**  
**(INA, INB, INC)**

Fieldwork completed October 4, 2012  
Audit completed by Aboriginal Programs & Service Support, Ministry of Children and Family Development

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# **CASE PRACTICE AUDIT REPORT**

## **Nisga'a Child and Family Services**

### **1. PURPOSE**

The purpose of the audit is to improve and support child service, guardianship and family service. Through a review of a sample of cases, the audit is expected to provide a baseline measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the third audit for Nisga'a Child & Family Services. The first audit of the program was conducted in January 2006.

The specific purposes of the audit are:

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

Aboriginal Programs and Service Support is conducting the audit using the Aboriginal Case Practice Audit Tool. Audits of delegated agencies providing child protection, guardianship, family services and resources for children in care are conducted according to a three-year cycle.

### **2. METHODOLOGY**

This was a practice audit and an operational review of the program. There was one quality assurance analyst from MCFD Aboriginal Programs and Service Support who conducted the practice audit and the operational review.

The quality assurance analyst conducted field work from September 24 – October 4, 2012. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data and generate office summary compliance reports and a compliance report for each file audited. At the time of the audit, there were a total of 19 open resource files, 6 open family service files and 25 open child service files, for all three offices. A sample size of 10 resource files, 6 family service files and 10 child service files were audited or approximately 50% of the open child service and resource files and 100% of the open family service files. These files were randomly selected to ensure that a cross representation of

files from each team member was reviewed. The scope of the practice audit of was three years, from September 2009 to September 2012.

Upon arrival at the Terrace office of Nisga'a Child & Family Services, the quality assurance analyst met with the Executive Director, team leaders and all available delegated staff from all three offices to review the audit purpose and process. At the completion of the audit, the analyst met with the Executive Director and both team leaders to discuss the preliminary findings of the audit. The majority of the interviews with the delegated social workers and team leaders occurred by phone after the fieldwork was completed.

### **3. AGENCY OVERVIEW**

#### **a) Delegation**

Nisga'a Child & Family Services is currently delegated at C4 Guardianship. This level of delegation enables the program to provide the following services:

- Permanent guardianship of children in continuing custody;
- Support services to families;
- Voluntary Care Agreements;
- Special Needs Agreements;
- Youth Agreements;
- Establishment of Residential Resources.

Nisga'a Nation's current Delegated Services Agreement is in effect from March 4, 2010 to March 31, 2015.

#### **b) Demographics**

Nisga'a Child & Family Services serves Gingolx (Kincolith), Laxgalts'ap (Greenville), Gitwinksihlkw (Canyon City) and Gitlakdamx (New Aiyansh) on Nisga'a Land as well as Nisga'a citizens in Terrace and Prince Rupert and other locations throughout British Columbia. There are three separate offices in the communities of Terrace, Prince Rupert and New Aiyansh. There is a travel distance of approximately 250 km from the New Aiyansh agency office to the Prince Rupert agency office and approximately 150 km from the Terrace agency office to the Prince Rupert agency office. The three Nisga'a communities are within approximately 70 km of New Aiyansh.

The population of the Nisga'a citizens and ordinary residents residing on Nisga'a land totals approximately 2400, with a total population on and off Nisga'a land of approximately 7000 citizens (Source: Nisga'a Child & Family Services).

Through regional contracts with MCFD, Nisga'a Child & Family Services provides the following non-delegated services:

- Infant Development;
- Supported Child Care, and
- Family Group Conferencing.

Nisga'a Child & Family Services also provides resources for the following programs:

- Family Support Services;
- Youth Worker;
- Community workshops;
- Speech Therapy;
- Drug Awareness Resistance Education;
- Psychologist services, and a
- Recreation program.

Additionally, public health and some mental health services are provided in the communities. Program staff work in conjunction with the social development workers from each of communities. The local and urban communities are serviced by local hospitals/health units, community and public schools and RCMP detachments.

### **c) Professional Staff Complement**

The delegated staff of the program consists of a Director, two team leaders, eight social workers and three team assistants. The team leader for the off Nisga'a land offices, Terrace and Prince Rupert, supervises four social workers, has day to day supervision of two team assistants and shares the supervision of a practicum student with MCFD. The team leader for the on Nisga'a land office, New Aiyansh, supervises four social workers and has day to day supervision of the team assistant. The Director, team leaders and all of the social workers have C4 delegation. The majority of the staff are from the Nisga'a Nation with the remaining staff coming from other First Nations.

The team assistants provide administrative support, records management and various payment and maintenance processes to the delegated staff.

Through regional MCFD contracts, Nisga'a Child & Family Services manages a Supported Child Development Program, Infant Development Program and a Family Group Conference Coordinator in the New Aiyansh office.

All of the delegated staff have completed their Aboriginal Social Work delegation training and related professional development opportunities are supported as employees of Nisga'a Lisims Government. Further, staff have access to the MCFD mandatory trainings offered throughout the region.

#### **d) Supervision and Consultation**

The Director of the program is based in the New Aiyansh office and directly supervises the two team leaders, the three team assistants and the staff of the non-delegated programs.

The team leader for the Terrace and Prince Rupert offices is based in the Terrace office. The team leader maintains an open door policy for the staff in the Terrace office and attempts to attend at the Prince Rupert office on a weekly basis to meet with the staff. The team leader is very familiar with all of the files managed by both offices and has developed work plans for each worker which is reviewed together on a monthly basis. In addition, the team leader is available by phone when out of the office. The two team leaders will provide coverage for each other when one is away although at times, it was reported, that both have been away at the same time and coverage plans have not been made. When this has occurred, the staff reported that they do have the Director to consult with or they feel very comfortable contacting the MCFD TLs for consultation. There are no regular staff/team meetings occurring in the two offices and this is something that staff identified they would like to have in place.

The Terrace/Prince Rupert team leader's supervision style is quite structured, with the documented decisions identifying the standards/legislation that have been met through the consultation process and final decision. Further, the team leader has the staff in both offices sign a supervision agreement and a conflict resolution agreement to ensure that there is a clear understanding of the team leader supervision to be provided and the conflict resolution process to resolve any differences.

The team leader for the New Aiyansh office maintains an informal, open door policy as the primary source for supervision and consultation. The team leader is also available by phone when out of the office. Staff reported that, given the small size of the office and that all of the staff are located in the one office, this approach generally works for them. The team leader has a thorough knowledge of all of the cases the workers are involved with. Like the other two offices, there are no regular team meetings occurring in the office and this is something that staff reported they would like to have in place.

Staff interviewed identified that overall there is a lack of team meetings for all of social workers across the three offices. These meetings were noted as being important to have in place so that practice strengths and challenges could be shared and for the workers to feel supported by their team leaders and each other. There is also a lack of general program meetings which would provide general updates to all staff as well as status reports on the C6 planning that is in progress.

#### **4. STRENGTHS OF THE PROGRAM**

Most of the staff of the program are from the Nisga'a Nation and this provides opportunities for the social workers to connect with the children and youth in care on a cultural level. The social workers know who to contact within the family and *Wilp* and many speak and understand the language. There were many examples found within the file documentation of the social workers participating in the traditional teachings with the child and youth. For the Nisga'a staff and the other First Nation staff, there is a great sense of pride and accomplishment in sharing their cultural knowledge with the children and youth in care.

Nisga'a Child & Family Services has committed to reducing the number of children and youth in care through rescinding a CCO, adoption and section 54.1 plans. The social workers are dedicated to this goal and work very hard to achieve this. In the last three years, 12 children have left care through these processes.

The delegated staff of the program work very closely with their MCFD colleagues to support Nisga'a families who are involved with the Ministry in the region as well as throughout British Columbia. The social workers in the Terrace and Prince Rupert offices are involved in a support and advocacy capacity with many Nisga'a families who are involved with MCFD as well as those who request temporary assistance from the program directly. The nature of this work ranges from the provision of funding for medical travel and transportation for family visits, attending MCFD mediation with parents, advocating for social/income assistance and advocacy for the elders and families regarding finding for medical services. The social workers in the New Aiyansh office attend, with the MCFD social workers, investigations and other home visits in the communities. All of this work is in addition to delegated work with their own children in care, caregivers and family members. Some of the staff reported that this work can at times, occupy more than 50% of their available time in any given day.

The analyst identified other strengths of the program and of the program's practice over the course of the audit:

- Referrals for service – program social workers are determined to find the appropriate services for the children and families they serve. This was evident throughout the file documentation.
- Organization of physical files – the physical files were in good order with the documents being grouped into sections, in chronological order. Also, filing was up to date.

#### **5. CHALLENGES FACING THE PROGRAM**

One of the challenges identified through the audit is that there is inconsistency within the case practice between the New Aiyansh, Terrace and Prince Rupert

offices. While there may be local differences related to urban vs. rural needs of the children and families being served, there does not appear to be a cohesive approach to the work across the entire program. The two team leaders supervise quite differently and at times, it is unclear if the expectations of the staff are the same from a supervision perspective. Combined with the lack of regular program updates, staff reported that they see each office working differently and at times, separately from each other. As the program works towards C6 delegation, it is important that practice is unified across the offices so that Nisga'a children and families can expect and receive same or similar services from any of the offices they come in contact with.

Office space in the Terrace and Prince Rupert locations continues to be of concern in regards to suitability for staff and clients. Both offices are very small with no room for meetings or visits and privacy is questionable given the close proximity of everyone in the office. Access to the Prince Rupert office is challenging for the disabled and for parents with strollers and small children and the location, at times, poses a safety risk to staff and clients. The program management is aware of these concerns as staff have raised them as well; this concern was identified in the 2009 operational review.

Finally, staff interviewed identified that the current financial policies and procedures of NLG do not meet the emergency payment/cheque needs for the children and families served by the program. Staff reported that frequently payment or cheque requests are denied or further information is requested by the finance department after the request has been approved by the TL or ED. Often this delay results in the request missing the weekly cut off for processing. Staff reported having to use their personal credit card to pay for emergency accommodation and other purchases because there is no ability to produce an emergency cheque in the office. While program management is aware of this concern, most of the staff interviewed identified this as a significant barrier in their day to day work.

## **6. DISCUSSION OF THE THREE PROGRAMS AUDITED**

The audit reflects the work done by the staff in the agency's delegated programs over the past three years.

### **a) Resource files**

As previously stated, 10 out of 19 open resource files were audited. This program area showed a decline from the previous audit. As well, there is a decrease in the number of open files from three years ago which is likely related to the lower number of child service files at the agency. Positive aspects found in the resource files included: documenting supervisory approval, complete applications and orientations and home studies

Documentation missing from some of the resource files included: monitoring and reviewing the family care home, training offered to and taken by caregivers, and signed agreements with caregivers.

## **b) Family Service Files**

As previously stated, 6 of 6 open family service files were audited. This program area showed good work being done. There were more family service files open in the New Aiyansh office for this audit which is an improvement from 2009.

Positive aspects found in the family service files included: documenting supervisory approval, appropriate referrals for services related to the initial reason for service, involving the community and documenting the family service plan.

Documentation missing from some of the family service files included: the initial request for service on MIS/ICM, completed support service agreements and overall case documentation.

The New Aiyansh office (INA) is the only office providing voluntary family services. Most of the ongoing voluntary family service referrals come from MCFD however the agency has recently received a couple of voluntary service requests from community members directly, which is encouraging to staff.

It was reported that the social workers were experiencing difficulty entering a service request in ICM due to the fact that as a C4 agency, their profile would not allow them to enter the information. The QA analyst did follow up on this concern with the APSS ICM contact who worked with the ICM Business Lead to redo the ICM profiles for the delegated staff of NCFS. It was reported that this should no longer be a barrier for the delegated staff. An update provided by the NCFS Director is that all of the required file information has been updated. This concern does not appear to be a factor in the compliance for this audit as 5/6 of the family service files were opened before the ICM date of April 2012 therefore a voluntary services intake needed to be registered on MIS.

It is important to note that the social workers maintain many non-registered family services files per caseload on Nisga'a citizens who are involved with MCFD or another Delegated Aboriginal Agency from around the province. These files contain court documents as well as other correspondence related to the ongoing planning for the child and family. These files are not counted in the caseload numbers of each social worker as the caseload management reports only reflect open files on MIS/ICM. This practice is found in some but not all C4 delegated agencies. Nisga'a Child & Family Services social workers are working under a mandate from the Nisga'a Lisims Government to follow any child welfare

involvement of their children from their locations throughout British Columbia as well as other jurisdictions.

### **c) Child Service files**

As already stated, 10 out of 25 open child service files were audited. The audit revealed improvement from 2009 in the overall compliance to many of the guardianship standards. A number of positive aspects found included: documented efforts to preserve the Aboriginal identity and providing culturally appropriate services, documenting supervisory approval for guardianship services, discussing the rights of children in care with the child and caregiver, involving family and community when deciding where to place a child, meeting the child's needs for stability by ensuring there is continuity in their relationships, planning a move for a child in care, providing initial and ongoing medical and dental care, preparation for independence and documentation of the social worker's knowledge of the existing interagency protocols in the communities.

Documentation missing from the files included: monitoring and reviewing the child's comprehensive plan of care, social worker's relationship and contact with a child in care, providing the caregiver with information on the child and reviewing appropriate discipline standards.

As NCFS services Nisga'a families around BC, the program currently has one youth in care that is living in Prince George which is outside of their geographic service area/local service area. NCFS agrees that this file would need to be managed through the current case transfer protocol however the plan for this youth is independent living.

## **7. COMPLIANCE TO PROGRAMS AUDITED**

One auditor audited the resource, family service and child service files at Nisga'a Child & Family Services. The 'not applicable' scores were not included in the total.

### **a) Compliance to Resource File Practice**

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship resources including:

- Application and orientation of caregiver;
- Home study of caregiver;
- Training of caregiver;
- Signed Agreements with caregiver;
- Providing caregiver with written information regarding child; and,
- Monitoring and reviewing homes.

**INA** – Three (3) open resource files were audited. Overall compliance to the resource standards was **87%**.

**INB** – Two (2) open resource files were audited. Overall compliance to the resource standards was **63%**.

**INC** - Five (5) open resource files were audited. Overall compliance to the resource standards was **73%**.

The overall Agency compliance to the resource standards was **74%**.

The following provides a breakdown of the compliance ratings:

| <b>AOPSI – Voluntary Services Standards</b>                             | <b>INA</b>  | <b>INB</b>                                   | <b>INC</b>  |
|---|---|--|---|
| Standard 28 Supervisory Approval Required for Family Care Home Services | 3 files (100%) compliant  | 2 files (100%) compliant                     | 5 files (100%) compliant  |
| Standard 29 Family Care Homes – Application and Orientation             | 2 files (100%) compliant<br><br>1 file not applicable                     | No files applicable                          | 2 files (100%) compliant<br><br>3 files not applicable                      |
| Standard 30 Home Study  | 2 files (100%) compliant<br><br>1 file not applicable                     | No files applicable                          | 2 files (100%) compliant<br><br>3 files not applicable                      |
| Standard 31 Training of Caregivers                                      | 3 file (100%) compliant   | 1 file compliant<br><br>1 file non-compliant | 2 files compliant<br><br>2 files non-compliant<br><br>1 file not applicable |
| Standard 32 Signed Agreement with Caregivers                            | 2 files compliant<br><br>1 file non-compliant                             | 1 file compliant<br><br>1 file non-compliant | 2 files compliant 3 files non-compliant                                     |
| Standard 33 Monitoring and Reviewing the Family Care Home               | 1 file compliant<br><br>1 file non-compliant<br><br>1 file not applicable | 1 file compliant<br><br>1 file non-compliant | 3 files compliant 1 file non-compliant<br><br>1 file not applicable         |

|   |                     |                     |                     |
|---|---------------------|---------------------|---------------------|
| Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home | No files applicable | No files applicable | No files applicable |
| Standard 35 Quality of Care Review  | No files applicable |                     |                     |
| Standard 36 Closure of the Family Care Home                                 | No files applicable |                     |                     |

**b) Compliance to Child Service Practice**

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship child service including:

- The quality and adequacy of the plan of care;
- The frequency and adequacy of the care plan review;
- The level of contact with the child;
- Placement stability and deciding when and where to move a child;
- The degree of stability and continuity provided to the child while in care;
- Informing the child and caregiver of the rights of children in care;
- Informing the child and caregiver of appropriate discipline policy; and,
- The level of file documentation.

**INA** - Four (4) open child service files were audited. The overall compliance to the child service standards was **78%**.

**INB** – Two (2) open child service were audited. The overall compliance to the child service standards was **77%**.

**INC** – Four (4) open child service files were audited. The overall compliance to the child service standards was **80%**.

The overall Agency compliance to the child service standards was **78%**.

The following provides a breakdown of the compliance ratings:

| <b>AOPSI – Guardianship and Voluntary Services (VS) Standards</b>   | <b>INA</b>               | <b>INB</b>               | <b>INC</b>               |
|---|--------------------------|--------------------------|--------------------------|
| Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11) | 4 files (100%) compliant | 2 files (100%) compliant | 4 files (100%) compliant |
| Standard 2 Development of a Comprehensive Plan of Care (VS 12)  | No files applicable      | No files applicable      | No files applicable      |

|  |  |  |   |
|--|--|--|---|
| Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13)                         | 1 file compliant<br><br>1 file non-compliant with factors<br><br>2 files non-compliant | 1 file compliant<br>1 file non-compliant     | 1 file compliant<br>3 files non-compliant                 |
| Standard 4 Supervisory Approval Required for Guardianship Services (Guardianship 4)                        | 4 files (100%) compliant   | 2 files (100%) compliant                     | 4 files (100%) compliant                                  |
| Standard 5 Rights of Children in Care (VS 14)  | 3 files compliant<br><br>1 file non-compliant  | 1 file compliant<br><br>1 file non-compliant | 3 files compliant<br><br>1 file non-compliant             |
| Standard 6 Deciding Where to Place the Child (VS 15)   | 4 files (100%) compliant   | 2 files (100%) compliant                     | 4 files (100%) compliant                                  |
| Standard 7 Meeting the Child's Need for Stability and continuity of Relationships (VS 16)                  | 4 files (100%) compliant   | 2 files (100%) compliant                     | 4 files (100%) compliant                                  |
| Standard 8 Social Worker's Relationship & contact with a Child in Care (VS 17)                             | 1 file compliant<br><br>1 file non-compliant with factors<br><br>2 files non-compliant | 1 file compliant<br>1 file non-compliant     | 2 files compliant<br>2 files non-compliant                |
| Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18) | 2 files compliant<br><br>2 files non-compliant   | 1 file compliant<br>1 file non-compliant     | 4 files (100%) compliant                                  |
| Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)              | 4 files (100%) compliant   | 2 files (100%) compliant                     | 4 files (100%) compliant                                  |
| Standard 11 Planning a Move for a Child in Care (VS 20)  | 3 files (100%) compliant   | No files applicable                          | 1 file (100%) compliant<br>3 files not applicable         |
| Standard 12 Reportable Circumstances (VS 21)   | 2 files compliant  | No files applicable                          | 1 file (100%) non-compliant<br><br>3 files not applicable |
| Standard 13 When a Child or Youth is Missing, Lost or Runaway (VS 22)                                      | No files applicable  | No files applicable                          | No files applicable                                       |

|   |  |  |   |
|---|--|--|---|
| Standard 14 Case Documentation (Guardianship 14)                                  | 1 file compliant<br><br>1 file non-compliant with factors<br><br>2 files non-compliant | 1 file compliant<br>1 file non-compliant | 1 file compliant<br><br>3 files non-compliant         |
| Standard 15 Transferring Continuing Care Files (Guardianship 15)                  | 2 files (100%) compliant   | No files applicable                      | 1 file (100%) compliant<br><br>3 files not applicable |
| Standard 16 Closing Continuing Care Files (Guardianship 16)                       | No files applicable  |  |   |
| Standard 17 Rescinding a Continuing Custody Order (Guardianship 17)               | No files applicable  |  |   |
| Standard 19 Interviewing the Child about the Care Experience (Guardianship 19)    | 3 files (100%) compliant   | No files applicable                      | No files applicable                                   |
| Standard 20 Preparation for Independence (Guardianship 20)                        | 2 files (100%) compliant   | No files applicable                      | 1 file (100%) compliant<br>3 files not applicable     |
| Standard 21 Responsibilities of the Public Guardian and Trustee (Guardianship 21) | 2 files (100%) compliant<br><br>2 files not applicable                                 | No files applicable                      | 1 file (100%) compliant<br>3 files not applicable     |
| Standard 24 Guardianship Agency Protocols (Guardianship 24)                       | 4 files (100%) compliant   | 2 files (100%) compliant                 | 4 files (100%) compliant                              |

### **c) Compliance to Family Service Practice**

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship family service including:

- Information and referral for service;
- Supervisors approval regarding voluntary service;
- Family Service Plan and components for support;
- Review of Family Service Plan;
- Support Service Agreements with families;
- Voluntary and Special Needs Agreements; and,
- File Documentation.

**INA** – Six (6) open family service files were audited. The overall compliance to the family service standards was **71%**.

The New Aiyansh office (INA) is the only office providing voluntary family service.

The following provides a breakdown of the compliance ratings:

| <b>AOPSI – Voluntary Services Standards</b>   | <b>INA</b>  |
|---|---|
| Standard 1 Receiving Requests for Services  | 1 file compliant<br>5 files non-compliant         |
| Standard 2 Supervisory Approval Required for Voluntary Services   | 6 files (100%) compliant                          |
| Standard 3 Information and Referral for Voluntary Services  | 6 files (100%) compliant                          |
| Standard 4 Involving the Aboriginal community in the Provision of Services                                    | 6 files (100%) compliant                          |
| Standard 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements | 6 files (100%) compliant                          |
| Standard 6 Support Service Agreements   | 2 files compliant<br>4 files non-compliant        |
| Standard 7 Voluntary Care Agreements  | No files applicable                               |
| Standard 8 Special Needs Agreement  | No files applicable                               |
| Standard 9 Case Documentation   | 1 files compliant<br>5 files non-compliant        |
| Standard 24 Transferring Voluntary Services Files   | 1 file (100%) compliant<br>5 files not applicable |
| Standard 26 Closing Voluntary Services Files  | No files applicable                               |
| Standard 27 Voluntary Services Protocols  | 6 files (100%) compliant                          |

## 8. ACTION PLAN:

On March 25 & April 8, 2013, the following action plan was developed in collaboration between Nisga'a Child & Family Services Society and MCFD Office of the Provincial Director of Child Welfare & Aboriginal Services:

| Actions   | Person Responsible                | Date to be completed   |
|---|-----------------------------------|--|
| <b>CHILD SERVICE:</b>   |                                   |  |
| <p><b>St. 3 Monitoring &amp; Reviewing the Child's Comprehensive Plan of Care:</b></p> <ul style="list-style-type: none"> <li>• Review all CS files to determine if plans of care are in place.</li> <li>• Initiate planning meetings for CIC's with no plans of care.</li> <li>• Develop plan of care documents for each CS file.</li> </ul>                                       | Team Leaders                      | <p>May 23, 2013</p> <p>June 23, 2013</p> <p>June 26, 2013</p>  |
| <p><b>St. 14 Case Documentation:</b></p> <ul style="list-style-type: none"> <li>• Guardianship staff will meet with all CIC's to review S. 70 rights (Appendix A).</li> <li>• Implement tracking system to ensure guardianship staff are documenting their contact with CIC's, monitoring and developing plans of care (Appendix B).</li> </ul>                                     | Team Leaders                      | <p>April 26, 2013</p> <p>May 1, 2013</p>                       |
| <b>FAMILY SERVICE:</b>  |                                   |  |
| <p><b>St. 6 Support Service Agreements:</b></p> <ul style="list-style-type: none"> <li>• Review all family service cases to determine if signed support service agreements are in place.</li> <li>• Sign support service agreements with all families accessing C3 services.</li> <li>• Implement process of documenting opening recordings on all family service cases.</li> </ul> | Team Leaders & Executive Director | <p>April 26, 2013</p> <p>May 30, 2013</p> <p>July 26, 2013</p> |