

**CASE PRACTICE AUDIT REPORT**  
**NLHA'7KAPMX CHILD AND FAMILY SERVICES SOCIETY (IEB)**

Fieldwork completed September 7, 2012  
Audit and Report completed by Quality Assurance Analyst, Aboriginal Programs and Service Support,  
Ministry of Children and Family Development

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## **CASE PRACTICE AUDIT REPORT**

### **NLHA'7KAPMX CHILD AND FAMILY SERVICES SOCIETY (IEB)**

#### **1. PURPOSE**

The purpose of the audit is to improve and support child service, guardianship, family service and investigative practice. 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 fourth audit for the agency. The previous audit was conducted in April 2009.

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 (APSS) conducted the audit using the Aboriginal Case Practice Audit Tool (ACPAT). Audits of delegated agencies providing child protection, guardianship, family services and resources for children in care conducted according to a three-year cycle.

#### **2. METHODOLOGY**

This was a practice audit as well as an operational review involving the APSS Division of the Ministry of Children and Family Development (MCFD). There was one quality assurance analyst conducting both the audit and review of the agency.

The analyst conducted field work from September 2, 2012 to September 7, 2012. The computerized (ACPAT) was used to collect the data and generate office summary compliance reports and a compliance report for each file audited. The sample size selected was: 7 resource files (40%), 4 family service files (50%), 5 child service files (35%), and 5 closed intakes (100%). These files were selected

to ensure that a cross representation of files from each team member was reviewed.

Upon arrival at the agency, the analyst met with the supervisor and the rest of the team to review the audit purpose and process. The analyst was available to answer any questions from staff that arose during the audit process.

### **3. AGENCY OVERVIEW**

#### **a) Delegation**

Nlha'7kapmx Child and Family Services Society (NCFSS) is currently delegated at C6 Child Protection delegation. This level of delegation enables the delegated agency to provide the following services:

- Child protection;
- Temporary custody of children;
- Permanent guardianship of children in continuing custody;
- Support services to families;
- Voluntary Care Agreements;
- Special Needs Agreements;
- Establishing Residential Resources

NCFSS was established in 1994 and immediately received C6 delegation. The agency currently operates under a bi-lateral delegation confirmation agreement that has been extended to March 2013. The agency provides services only to those band members residing on reserve. The exception to this is caregivers for children in care, who may live off reserve. The agency recruits caregivers both on and off reserve. The vision of NCFSS is to provide holistic services with Nlhakapmx cultural beliefs, values and traditions.

#### **b) Demographics**

Nlha'7kapmx Child and Family Services provides services to 6 bands in the Lytton area. These 6 bands are: Cook's Ferry, Kanaka Bar, Lytton, Nicomen, Siska, and Skuppah. The NCFSS office is located on Skuppah Band land, which is 4 kilometers west of Lytton on Highway 1. The band furthest away is only ½ hour drive from the office unless the Fraser River ferry is not operating. In that case the drive time can be as much as three hours each way. The registered on reserve population for these 6 bands is approximately 1,316. (*AANDC>About AANDC>Research and Statistics>Statistics>Registered Indian Population by Sex and Residence 2008>*)

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

At the time of the audit in September, 2012, the agency had two workers carrying out delegated services: a supervisor who carries cases as needed, as well as one protection social worker and 1 non-delegated resource worker. The agency had recently lost two other protection workers, and is in the process of recruiting to one of these positions.

NCFSS also has the following positions that work closely with the delegated program to provide holistic, cultural services to Nhlá,7kapmx people and are also supervised by the delegated supervisor:

- family enhancement worker;
- youth worker ;and
- data entry/case aid.

Additionally the agency consists of the following staff supervised by the non-delegated executive director:

- finance administrative clerk;
- executive assistant;
- receptionist; and
- cultural worker.

## **4. STRENGTHS OF THE AGENCY**

One of the biggest strengths of the agency as identified by staff, is the fact that they have “lots of eyes and ears” in the community and have close relationships with the local RCMP and businesses. These relationships assist workers in maintaining contact with some high needs youth in care. Workers also state that the whole team works very well together and are supportive of one another. Additionally, many of the children/youth in care are in placements with family or within their own community. The agency has done a very good job in maintaining the connection between those children in care and the important contacts with their family, extended family and community. Workers make great efforts to locate family members who could be possible resources for children in care. The auditor witnessed the entire team responding to an emergency placement situation by coming together for a brainstorming session to come up with a suitable placement.

A further strength of NCFSS is the focus that is placed on staff participation in community events. Staff are known in the communities and great effort is made in the development of positive relationships with community members/bands. Staff also note the importance that having a strong Board plays in the development and consistency of these relationships.

## **5. CHALLENGES FACING THE AGENCY**

One of the challenges noted in staff interviews is the difficulty in recruiting skilled caregivers. The majority of the resources that the agency maintains are restricted homes that are specific to a particular youth or child. While this can also be seen as a strength, it becomes difficult when placing a high needs youth or child. The agency has found it necessary to place some youth in experienced higher level homes away from the community. Currently the agency has no access to training for their caregivers.

Another significant challenge is the community's somewhat remote location and small size as this has led to a lack of some services such as: supports for parents, counselling, as well as drug and alcohol treatment/counselling. This creates a need for staff to spend a lot of time travelling.

A challenge noted by the auditor is the lack of a protocol or arrangement regarding supervisory coverage that occurs when the team leader is away from the office. At times, delegated supervision has been provided by the APSS practice analyst, other team leaders in the interior region, and the non delegated executive director.

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

As previously stated, the audit reflects the work done by the staff in the agency's delegated programs over the past three years.

### **a) Resource files**

As noted earlier, 7 out of 18 open resource files were audited. The results of the audit of the resources program were only slightly better than in the 2009 audit.

Some of the areas missing documentation were:

- Application and orientation;
- Home study;
- Training of caregivers; and
- Monitoring and reviewing the family care home.

Positive aspects were:

- Signed agreements with caregivers; and
- Supervisory approval.

At the time of the audit, delegated resource work was being carried out by a non delegated worker. This same worker was responsible for the work on the

resource files at the time of the 2009 audit. Since the conclusion of the fieldwork, the agency has worked with APSS to develop a plan to address this situation.

### **b) Family Service Files**

As previously stated, 4 out of 7 open family service files were audited. The files chosen were in excellent condition and seven out of the twelve standards were in 100% compliance to the AOPSI Family Service Practice Standards. This is a marked improvement over the 2009 result of 48% compliance.

- Receiving Requests for Service;
- Information and Referral for Voluntary Services;
- Involving the Aboriginal Community;
- Voluntary Support Service Agreements;
- Voluntary Care Agreements;
- Special needs Agreements; and
- Voluntary Services Protocols.

Missing from most files were regular recordings.

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

As already stated, 5 out of 15 open child service files were audited. The agency showed a slight improvement from the 2009 compliance results. Nine out of 23 standards were 100% compliant to the AOPSI Child Service Practice Standards:

- Preserving the identity of the child in care;
- Development of a comprehensive plan of care;
- Supervisory approval;
- When a child or youth is missing;
- Planning a move for a child in care;
- Responsibilities of the public guardian and trustee; and
- Guardianship agency protocols.

Some files were missing documentation such as:

- Rights of children in care;
- Monitoring and reviewing the child's comprehensive plan of care;
- Social worker's relationship and contact ...; and
- Providing the caregiver with information and reviewing appropriate discipline standards.

#### **d) Investigation files**

As previously stated, 5 closed intakes were audited. Compliance was slightly improved from the 2009 compliance of 33%.

There were many pieces of documentation missing from the intakes including: conducting a prior contact check, assessing the initial report, deciding whether to investigate, determining the response time, supervisory approval, initial plan of investigation, seeing and interviewing the child, and case documentation.

\*\*Intakes were documented within the ICM system with very minimal information entered. There were no paper copies to review.

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

One auditor audited the resource, family service, child service and investigation files at NCFSS. The 'not applicable' scores were not included in the total.

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

Seven (7) open resource files were audited. Overall compliance to the resource standards was 42%. The files were audited for compliance to the AOPSI C6 Child Protection 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
- Monitoring and reviewing homes.

The following provides a breakdown of the compliance ratings:

<b>AOPSI – Voluntary Services Standards</b>	<b>IEB</b>
Standard 28 Supervisory Approval Required for Family Care Home Services	4 files compliant 3 Files non-compliant
Standard 29 Family Care Homes – Application and Orientation	2 files compliant 5 files non-compliant

Standard 30 Home Study	2 files compliant 5 files non-compliant
Standard 31 Training of Caregivers	3 files compliant 4 files non-compliant
Standard 32 Signed Agreement with Caregivers	7 files (100%) compliant
Standard 33 Monitoring and Reviewing the Family Care Home	7 files(100%) non-compliant
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	No files applicable
Standard 35 Quality of Care Review	1 file non-compliant 6 files not applicable
Standard 36 Closure of the Family Care Home	1 file compliant 1 file non-compliant 5 files not 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
- The level of file documentation.

Four (5) open child service files were audited. The overall compliance was **72%**.

The following provides a breakdown of the compliance ratings:

<b>AOPSI – Standard Guardianship and Voluntary Services (VS)</b>	<b>IEB</b>
Standard 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11)	5 files (100%) compliant
Standard 2: Development of a Comprehensive Plan of Care (VS 12)	2 files (100%) compliant 3 files (100%)not applicable
Standard 3: Monitoring and Reviewing the Child’s Comprehensive Plan of Care (VS 13)	2 files compliant 2 files non compliant 1 file not applicable
Standard 4: Supervisory Approval Required for Guardianship Services (Guardianship 4)	5 files 100% compliant
Standard 5: Rights of Children in Care (VS 14)	2 files compliant 3 files non compliant
Standard 6 Deciding Where to Place the Child (VS 15)	5 files 100% compliant
Standard 7: Meeting the Child’s Need for Stability and continuity of Relationships (VS 16)	5 files 100% compliant
Standard 8: Social Worker’s Relationship & contact with a Child in Care (VS 17)	1 file compliant 2 files non-compliant with factors 2 files non compliant
Standard 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18)	3 files(100%) non-compliant 2 files not applicable
Standard 10: Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	4 files compliant 1 file non-compliant
Standard 11: Planning a Move for a Child in Care (VS 20)	3 files (100%) compliant 2 files not applicable
Standard 12: Reportable Circumstances (VS 21)	1 file (100%) non-compliant 4 files not applicable
Standard 13: When a Child or Youth is Missing, Lost or Runaway (VS 22)	1 file (100%) compliant 4 files not applicable

Standard 14: Case Documentation (Guardianship 14)	3 files compliant 2 files non-compliant
Standard 15: Transferring Continuing Care Files (Guardianship 14)	1 file non-compliant with factors 4 files not applicable
Standard 16: Closing Continuing Care Files (Guardianship 16)	No files applicable
Standard 17: Rescinding a Continuing Care Order and Returning the Child to the Family Home	No files applicable
Standard 19: Interviewing the Child about the Care Experience (Guardianship 19)	1 file compliant 1 file non-compliant 3 files not applicable
Standard 20: Preparation for Independence (Guardianship 20)	1 file compliant 1 file non-compliant 3 files not applicable
Standard 21: Responsibilities of the Public Guardian and Trustee (Guardianship 21)	3 files (100%) compliant 2 files not applicable
Standard 22: Investigation of Alleged Abuse or Neglect in a Family Care Home	No files applicable.
Standard 23: Quality of Care Review	No files applicable
Standard 24 Guardianship Agency Protocols (Guardianship 24)	5 files 100% compliant

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

Four (4) open family service files were audited. The overall compliance was **79%**. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C6 Child Protection 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
- File Documentation.

The following provides a breakdown of the compliance ratings:

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

#### **d) Compliance to Child Protection Practice**

Five (5) closed child protection investigations were audited. Overall compliance to the child protection standards was **40%**. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C6 Child Protection including, but not limited to:

- Supervisory consultation regarding child protection;
- Prior contact check and registration;
- Assessment and emergency response;
- Deciding whether to investigate and determining the response time;
- Initial plan and steps in investigation;
- Recording and reporting the investigation results;
- Time limits for investigations to be completed;
- Developing risk and assessment and risk reduction plans;

The following provides a breakdown of the compliance ratings:

<b>Standard – AOPSI Child Protection</b>	<b>IEB</b>
Standard 1 Receiving Reports of Suspected Child Abuse and Neglect	4 files compliant 1 file non compliant
Standard 2 Prior Contact Check and Registration	1 file compliant 4 files non-compliant
Standard 3 Immediate Risk and Emergency Response	1 file non-compliant 4 files not applicable
Standard 4 Assessing the Child Protection Report	1 file compliant 2 files non-compliant 2 files not applicable
Standard 5 Kinship Care	No files applicable
Standard 6 Family Support Services	No files applicable
Standard 7 Voluntary Care and Special Care Agreements	No files applicable
Standard 8 Cooperative Planning and Dispute Resolution	No files applicable
Standard 9 Less Disruptive Measures	No files applicable
Standard 10 Deciding Whether to Investigate	1 file compliant 4 files non-compliant
Standard 11 Determining the Investigation Response Time	1 file (100%) non compliant 4 files not applicable
Standard 12 Supervisory Approval Required for Child Protection Services	2 files compliant 3 files non-compliant

Standard 13 Initial Plan of Investigation	1 file (100%) non-compliant 4 files not applicable
Standard 14 Informing the Police	1 file (100%) compliant 4 files not applicable
Standard 15 Steps in the Investigation	1 file non-compliant 4 files not applicable
Standard 16 Developing and Implementing a Child Safety Plan	No files applicable
Standard 17 Child Protection Agency Protocols	4 files compliant 1 file non-compliant
Standard 18 Seeing and Interviewing the Child	1 file (100%) non-compliant 4 files not applicable
Standard 19 Arranging a Medical Examination of a Child	No files applicable
Standard 20 Seeing and Interviewing the Parent	2 files compliant 1 non-compliant 2 files not applicable
Standard 21 Deciding Whether or Not the Child Needs Protection	1 file (100%) non-compliant 4 files not applicable
Standard 22 action taken when the parent or child cannot be located	No files applicable
Standard 23 Reporting the Investigation Results	No files applicable
Standard 24 Time Limit for Investigations	1 file (100%) compliant 4 files not applicable
Standard 25 Deciding Where to Place a Child	No files applicable
Standard 26 Take Charge	No files applicable
Standard 27: Supervision Orders	No files applicable
Standard 28: Where a Child or Family is Missing	No files applicable
Standard 29: Reportable Circumstances	No files applicable
Standard 30: Case Documentation	4 files (100%) non-compliant 1 file not applicable
Standard 31: Transferring Protective Family	No files applicable

Service files	
Standard 32 Transferring Children in Care Files	No files applicable
Standard 33 Closing Protective Family Service Files	No files applicable
Standard 34: Investigating Allegations of Abuse or Neglect in Family Care Homes	No files applicable
Standard 35 Quality of Care Review	No files applicable

## 8. ACTION PLAN

The following action plan was developed in collaboration between Niha'7kapmx Child & Family Services Society and MCFD Office of the Provincial Director of Child Welfare & Aboriginal Services.

<b>Actions</b>	<b>Person Responsible</b>	<b>Completion date</b>	<b>Actions taken to date</b>
<b><u>General</u></b> Supervisory coverage during absences: Protocol to be developed with MCFD office in the SDA.	Agency Executive Director and Team Leader	April 1, 2014	
Assigning a delegated worker to resources: Agency will assign a C6 delegated worker to the Resource position	Agency Team Leader	June 1, 2013	<b>Completed – June 1, 2013</b>
Reconfiguration of physical files: A temporary file clerk has been hired to assist with the changes	Agency Team Leader	November 1, 2013	
<b><u>Resources</u></b> St 28 Supervisory Approval Required for family Care Home Services: Clinical Supervisor will provide and sign off on a Resource task check list.	Agency Team Leader	December 1, 2013	
St 29 Family Care Homes- Application and Orientation: Clinical Supervisor will provide and sign off on a		December 1, 2013	

Resource task check list.			
St 30 Home Study: A calendar will be developed to capture all relevant due dates for annual reviews. Clinical Supervisor will provide and sign off on a Resource task check list	Agency Team Leader	October 1, 2013	<b>Completed – October 1, 2013</b>
St 31 Training of caregivers: Clinical Supervisor will liaise with sister Delegated Aboriginal Agencies to seek seats in upcoming trainings.	Agency Executive Director and Team Leader	January 30, 2014	
<b><u>Child Service</u></b> St 3 Monitoring & Reviewing the Child's Comprehensive Plan of Care: Clinical Supervisor will develop and implement a calendar to track CPOC due dates	Agency Team Leader	November 1, 2013	
St 5 Rights of Children in Care: Clinical Supervisor has directed staff to sign paper Section 70 annually with children in care.	Agency Team Leader	September 3, 2013	<b>Completed – September 3, 2013</b>
St 8 Social Workers' Relationship & contact with the child in care: Tracking system to be implemented to record and detail all contact with Children in Care	Agency Team Leader	September 3, 2013	<b>Completed – September 3, 2013</b>
St 14 Case Documentation: <ul style="list-style-type: none"> <li>• Clinical Supervisor will implement a calendar system to track CPOC due dates, Court dates and Legal renewals</li> <li>• Clinical Supervisor will implement file recording format</li> </ul>	Agency Team Leader	November 1, 2013	

<p>changes</p> <ul style="list-style-type: none"> <li>• Case reviews will be conducted every 3 months</li> <li>• Clinical Supervisor will review and sign file documentation</li> </ul>			
<p><b><u>Family Service</u></b></p> <p>St 9 Case Documentation:</p> <ul style="list-style-type: none"> <li>• Clinical Supervisor will implement a calendar system to track Court dates and Legal renewals</li> <li>• Clinical Supervisor will implement file recording format changes</li> <li>• Case reviews will be conducted every 3 months</li> <li>• Clinical Supervisor will review and sign file documentation</li> </ul>	Agency Team Leader	November 1, 2013	<b>Completed – October 1, 2013</b>
<p><b><u>Child Safety</u></b></p> <p>CPRM 2 Prior Contact Check &amp; Registration:</p> <ul style="list-style-type: none"> <li>• Clinical Supervisor will review all Incidents and Requests for Service</li> <li>• Clinical Supervisor will implement and sign off an Incident check list</li> </ul>	Agency Team Leader	September 3, 2013	<b>Completed – September 3, 2013</b>
<p>CPRM 4 Assessing the Child Protection Report:</p> <ul style="list-style-type: none"> <li>• Clinical Supervisor will review all Incidents and requests for Service</li> <li>• Clinical Supervisor will implement and sign off an Incident check list</li> </ul>	Agency Team Leader	September 3, 2013	<b>Completed – September 3, 2013</b>

Appendix A  
**Rights of Children in Care**

**Purpose:** to ensure that all Children and caregivers are aware of the Rights of Children in Care as per Section 70 of the CFCS Act.

**Procedure:** social workers are to review the rights of Children in Care under the CFCS Act with all children in care and their caregivers. After the social worker has reviewed the document with the child/youth and all 3 parties are to sign and date this form acknowledging that these rights have been formally reviewed. In the event that the child/youth does not have capacity due to age, special needs etc, the social worker is to review this document with a relative or person who knows the child and has the capacity to act in the child's best interests (not including the caregiver of the child).

**Note:** even very young children, non verbal children/youth and children/youth with special needs must have these rights reviewed with them using child friendly, uncomplicated language.

**70 (1) Children in care have the following rights:**

- (a) to be fed, clothed and nurtured according to community standards and to be given the same quality of care as other children in the placement;
- (b) to be informed about their plans of care;
- (c) to be consulted and to express their views, according to their abilities, about significant decisions affecting them;
- (d) to reasonable privacy and possession of their personal belongings;
- (e) to be free of corporal punishment;
- (f) to be informed of the standard of behaviour expected by their caregivers and of the consequences of not meeting their caregivers' expectations;
- (g) to receive medical and dental care when required;
- (h) to participate in social and recreational activities if available and appropriate and according to their abilities and interests;
- (i) to receive the religious instruction and to participate in religious activities of their choice;
- (j) to receive guidance and encouragement to maintain their cultural heritage;
- (k) to be provided with an interpreter if language or a disability is a barrier to consulting with them on decision affecting their custody or care;
- (l) to privacy during discussions with members of their families, subject to subsection (2);
- (m) to privacy during discussions with a lawyer, the representative or a person employed or retained by the representative under the *Representative for Children and Youth Act*, the Ombudsman, a member of the Legislative Assembly or a member of Parliament;
- (n) to be informed about and to be assisted in contacting the representative under the *Representative for Children and Youth Act* or the Ombudsman;
- (o) to be informed of their rights, and the procedures available for enforcing their rights under
  - (i) this Act, or
  - (ii) the *Freedom of Information and Privacy Act*.

(2) A child who is removed under Part 3 is entitled to exercise the right in subsection (1) (l), subject to any court order made after the court has had the opportunity to consider the question of access to the child.

(3) This section, except with respect to the Representative for Children and Youth as set out in subsection (1) (m)(n), does not apply to a child who is in a place of confinement.

\_\_\_\_\_  
Child in Care Signature

Date:

\_\_\_\_\_  
Caregiver Signature

Date:

\_\_\_\_\_  
Significant Adult Signature

Date:

\_\_\_\_\_  
Social Worker

Date:

**PROVIDE A SIGNED COPY TO ALL PARTICIPANTS**

**PRACTICE AUDIT SIGNATURE PAGE: NLHA'7KAPMX CHILD & FAMILY SERVICES SOCIETY**

The following actions have been added by the Deputy Director of Child Welfare:

No actions added.



Alex Scheiber  
Deputy Director of Child Welfare, MCFD

Date: October 25, 2013