

CASE PRACTICE AUDIT REPORT
NIL TU,O Child and Family Services Society (IVA)

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed November 26, 2015

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1. PURPOSE

The purpose of the audit is to improve and support guardianship, resource and family service practice. Through a review of a sample of cases, the audit is expected to provide a measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the fourth audit for NIL TU,O Child and Family Services Society (NCFSS). The last audit of the agency was completed in December 2012 as per the regularly scheduled 3 year audit cycle.

The specific purposes of the audit are:

- to 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; and
- to provide information for use in updating and/or amending practice standards or policy.

2. METHODOLOGY

There were 2 quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare, Quality Assurance, who conducted the practice audit. The quality assurance analysts conducted the field work from November 16 - 26, 2015. The delegated staff interviews were completed in person during the fieldwork. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the child service, resource and family service files and generate office summary compliance reports and a compliance report for each file audited.

The population and sample sizes were based on data entered in ICM and confirmed with the agency prior to the audit commencing. At the time of the audit, there were a total of 35 open and closed continuing custody order (CCO) child service files, 19 open and closed resource files and 63 open and closed voluntary family service files. Samples of 23 open and closed child service files, 15 open and closed resource files and 63 open and closed family service files were randomly selected for the audit. The family service sample was corrected to 18 for reasons listed below; resulting in a census audit. A census means every file in the population is audited.

As noted in the 2012 audit, the agency opens family service files for the provision of delegated and non-delegated services when MCFD is involved with the agency's families. The timeframe for the 2015 audit captured the remainder of these files in the FS sample therefore the analysts reviewed all of the 63 open and closed files in the population and removed 45 files for the following reasons:

10 files were closed pre-audit timeframe; 12 files were open for families already in receipt of child protection services from MCFD 12 files were open for the provision of non-delegated services; 2 files were open for less than 3 months; 2 files were open for the provision of a YAG; 2 files were duplicates; 1 file had no service provided; 2 files were open for the provision of EFP; and 2 files were unable to be located.

Three resource files were re-selected during the audit for the following reasons: 1 file was a duplicate; 1 file was open for less than 3 months; and 1 file was unable to be located.

For the child service and resource audit, the numbers of child welfare records in the samples ensure (at the 90% confidence level) that the results are within plus or minus 10% (the margin of sampling error) from the results that would be obtained if every child welfare record was audited within the agency. More specifically, the 90% confidence level and 10% margin of error means that if the ministry conducted 100 audits of the same DAA using the same sampling procedure it currently uses, then in 90 of the 100 audits, the results would be within 10 % of the results that would be obtained if the ministry had audited every child welfare file within the DAA. With respect to the census audit of the family service files, as all records in the agency that met the criteria were audited, the numbers in the samples ensure a 100% confidence level and a 0% margin of error. However, it is important to note that some of the standards used for the audit are only applicable to a subset (or reduced number) of the records that have been selected and so the results obtained for these standards may have different margins of error than those stated above.

The scope of the practice audit was:

1. Child in care files: open on September 30, 2015 and open for at least 3 months, or closed files that were open for at least 3 months between October 1, 2012 and September 30, 2015.
2. Resource files: foster homes that had children or youth in care for at least 3 months between October 1, 2012 and September 30, 2015. 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.
3. Family service files: open between October 1, 2012 and September 30, 2015 and open for at least 3 months.

The analysts were available to answer any questions from staff that arose during the audit process. At the completion of the fieldwork, the analysts held a meeting with the executive director and managers to provide some preliminary findings and discuss the next steps in the audit process.

3. AGENCY OVERVIEW

a) Delegation

NIL TU,O Child and Family Services Society was formed in 1997, incorporated as a society and received C3 Voluntary Services delegation in 2001. In 2007, the agency moved to C4 Guardianship delegation and began providing guardianship services. This level of delegation enables the agency to provide the following services:

- permanent guardianship of children in continuing custody;
- support services to families;
- Voluntary Care Agreements;
- Special Needs Agreements;
- establishment of residential resources.

NCFSS's Delegation Enabling Agreement (DEA) was first signed in 1999 and the Delegation Confirmation Agreement (DCA) was signed in 2004 and has had a series of modification agreements with no changes to the actual agreement wording. The current modification agreement expires March 31, 2016.

b) Demographics

NCFSS is located on Tsawout territory in Saanichton, BC. The agency provides child and family services to the following communities: Tsartlip, Tsawout, Pauquachin, Songhees, Beecher Bay, T'Sou-ke, and Tseycum. Tseycum First Nation began receiving services from the agency in 2012. These communities are close in proximity to the agency and all are accessible by road. There are approximately 3522 registered band members for the 7 communities (source: Aboriginal Affairs and Northern Development Canada, First Nations Profiles, Registered Populations, November, 2015). According to the current Delegation Modification Agreement, the geographic service area for the agency is the Reserves of the Collective Nations and the municipalities of North Saanich, Sidney, Central Saanich, Langford, Colwood, View Royal, the Highlands, Sooke, Metchosin, Pedder Bay, Saanich, Victoria, Esquimalt, Oak Bay, and the surrounding unincorporated areas.

NCFSS focuses on providing community based services which are culturally appropriate. Some of the non-delegated prevention programs provided are as follows:

- FASD Key Worker;
- Building Blocks;
- Healthy Relationships;
- Cultural programs for high risk children in care and youth;
- Cultural Connection events;
- Domestic Violence services;
- Supported visitation; and
- Triple P parenting, Traditional Parenting, Nurturing Relationships, and Family Fundamentals Children's program and Aboriginal Developmental Assets.

Additionally, over the past year, the agency's staff have provided and/or participated in several community events and workshops: financial literacy; traditional foods: feeding infants and toddlers; ceremonies to welcome children in care into the community; Honouring the Babies; family BBQ; ASIST training; and "Walking with Our Children: The Journey to Permanency."

Staff who provide delegated services work closely with the staff providing non-delegated services. They also work closely with the local Ministry of Children and Family Development (MCFD) offices in the local service area. The communities have access to locally based services as well as hospitals, and RCMP/ City Police based within the larger communities of North Saanich, Sidney, Central Saanich, Langford, Colwood, View Royal, the Highlands, Sooke, Metchosin, Pedder Bay, Saanich, Victoria, Esquimalt and Oak Bay.

c) Professional Staff Complement

At the time of the audit, the agency's staffing consisted of: an executive director; 2 managers; and 5 social workers. The executive director has been with the agency for 6 years, 1 manager has been on secondment from MCFD for 2 years, and 1 manager has been contracted for 1 year. Both managers have extensive front line team leader and managerial experience with MCFD. Three of the social workers have been with the agency for 4 years and 2 of the social workers have been with the agency for less than 1 year. There are 2 team assistants, one was hired in the past year and the second is an internal transfer from another position within the agency. The administration manager position is currently vacant. In addition to the delegated staff, there are 5 family support workers providing non-delegated services.

All of the C4 delegated staff have completed the Aboriginal social work delegation training and/or MCFD delegation training.

d) Supervision and Consultation

The staff are divided into 2 teams with 1 manager providing case supervision and consultation to 3 social workers and 2 family support workers and the second manager providing case supervision and consultation to 2 social workers and 3 family support workers. Currently both team assistants are reporting to the managers until the administration manager is hired. Given the small number of delegated staff at the agency, supervision is provided on a case by case basis through in person, email and phone consultations with each manager. The managers also schedule weekly or bi-weekly tracking meetings with each social worker where individual cases are reviewed. The delegated staff meet bi-weekly and all agency staff meet monthly. The 2 managers provide coverage for each other during vacations and other leave periods and the social workers feel comfortable consulting with either manager. The 2 managers have brought a wealth of experience to their teams and the staff reported high satisfaction with the supervision they are receiving.

The 2 managers confer with each other on complex cases as the executive director is not delegated, however she has completed and passed both the C3 and C4 delegation

training. When needed, the managers involve the practice analyst from Aboriginal Services Branch, MCFD.

4. STRENGTHS OF THE AGENCY

Following the 2012 audit (and other external reviews of the agency that took place in 2013) the agency began a restructuring of their delegated and non-delegated programs:

- Two MCFD managers were brought in to provide experience and stability. The focus was on strengthening the abilities of the staff and hiring qualified social workers. The managers commenced a systematic review of the guardianship, resource and family service practice and identified areas of improvement that continue to be addressed;
- As previously noted the agency was utilizing delegated social workers in the provision of support services and opened family service files for the provision of non-delegated services and when MCFD was involved with the agency's families. This practice has stopped and the FS cases that are currently open are for the provision of delegated voluntary family services only;
- The protocol between NCFSS and MCFD was reviewed. Family support workers, not delegated social workers, are now accompanying MCFD social workers during home visits. This has provided clarification on responsibilities between the delegated and non-delegated staff;
- The work of the family support workers was further refined with each worker providing specialized programs to the children and families on their caseload;
- In December 2014, the agency made the shift from the Best Practices database for their case documentation to using ICM only;
- Two team assistant positions were created to provide dedicated administrative support to each team; and
- In early 2016, the MCFD Peninsula Aboriginal Services team will be co-located with the agency. This move will further enhance the collaborative practice between the 2 agencies as well as support the agency with its plan for C6 delegation.

The analysts identified several strengths at the agency and of the agency's practice over the course of the audit:

- NCFSS staff are committed to serving their clients and the communities using their knowledge of the culture and traditions of the member Nations. Significant focus is placed on ensuring that the children and youth in care are involved in their culture. The agency is looking at designing their own Life Books to reflect their community values and each of the children and youth in care will have one.
- There have been welcome home cultural ceremonies each year for children and youth in care returning to their communities.
- Culture camps have run in the summer which most of the children and youth in care attend;

- The majority of the agency's foster homes are from the 7 member Nations and play a critical role in providing a cultural environment for the children and youth in care;
- The family support workers provide successful and necessary programs and were identified as a highly valuable service by the agency's staff. These workers provide FASD key worker services, parenting programs, building blocks program for children and families, transportation, supported visitation, and provide 1 to 1 support to the children and youth in care;
- The agency has completed 1 adoption with extended family, 2 adoptions are waiting for approvals from the exceptions committee and 2 transfer of custody (54.1) have almost been completed;
- Staff are knowledgeable of the services available in the communities and they recognize the strengths and challenges facing the communities. They attempt to work with the communities' strengths and support the communities in the challenges they face;
- The agency places great significance on professional staff development and training. All of the staff interviewed reported on the mandatory trainings they had attended. In addition, staff have taken adoption training, SAFE training, ASIST training, trauma training and there are plans to provide CLBC transition planning and lateral violence training in the upcoming year; and
- Despite all of the change that has occurred at the agency in the last 2 years, the staff reported a very high level of work satisfaction at the agency and there is a collective goal to improve the standard of care for their children and youth in care.

5. CHALLENGES FACING THE AGENCY

The analysts identified some challenges at the agency and of the agency's practice over the course of the audit:

- NCFSS has been unable to off-site files and is continuing to work with their analyst at MCFD Aboriginal Services branch to resolve this.
- When the current managers began working at the agency, they identified a lack of care plans and other documentation in the child in care files and have been working together to improve practice in this area.

6. DISCUSSION OF THE PROGRAMS AUDITED

a) Child Service

The audit reflects the work done by the staff in the agency's delegated programs over the past 3 years. The 23 standards in the CS Practice Audit are based on the AOPSI Guardianship Practice Standards. The standards are as follows:

AOPSI Guardianship Practice Standard	Compliance Description
St. 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	The social worker has preserved and promoted the cultural identity of the child in care and provided services sensitive to the child's views, cultural heritage and spiritual beliefs.
St. 2: Development of a Comprehensive Plan of Care	When assuming responsibility for a child in care the social worker develops a Comprehensive Plan of Care/Care Plan. The comprehensive plan of care/care plan is completed within the required timeframes.
St. 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care/Care Plan	The Comprehensive Plan of Care/Care Plan is monitored to determine progress toward goals, the continued safety of the child, the effectiveness of services, and/or any barrier to services. The comprehensive plan of care/care plan is reviewed every six months or anytime there is a change in circumstances.
St 4: Supervisory Approval Required for Guardianship Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Guardianship Services and ensures there is a thorough review of relevant facts and data before decisions are made. There is documentation on file to confirm that the social worker has consulted with the supervisor on the applicable points in the standard.
St 5: Rights of Children in Care	The social worker has reviewed the rights with the child on a regular basis. The social worker has discussed the advocacy process with the child. Given the age of the child, the rights of the child or advocacy process has not been reviewed with the child but they have been reviewed with the caregiver or a significant adult to the child.
St. 6: Deciding Where to Place the Child	Documented efforts have been made to place the child as per the priority of placement.
St 7: Meeting the Child's Needs for Stability and Continuity of Relationships	There are documented efforts to support continued and ongoing attachments
St 8: Social Worker's Relationship and Contact with a Child in Care	There is documentation that the social worker meets with the child when required as per the frequency of visits listed in the standard. Meetings are held in person and in private, and in a manner that allows the child and the social worker to communicate freely.
St 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	There is documentation that written information on the child has been provided to the caregiver as soon as possible at the time of placement, and the social worker has reviewed appropriate discipline standards with the caregiver and the child.
St 10: Providing Initial and Ongoing Medical and Dental Care for a Child in Care	The social worker ensures a child in care receives a medical and, when appropriate, dental examination when coming into care. All urgent and routine medical

	services, including vision and hearing examinations, are provided for the child in care.
St. 11: Planning a Move for a Child in Care	The social worker has provided an explanation for the move to the child and has explained who his/her new caregiver will be.
St. 12: Reportable Circumstances	The agency Director and the Provincial Director of Child Welfare have been notified of reportable circumstances and grievous incidents.
St 13: When a Child or Youth is Missing, Lost or Runaway	The social worker in cooperation with the parents has undertaken responsible action to locate a missing, lost or runaway child or youth, and to safeguard the child or youth from harm or the threat of harm.
St 14: Case Documentation for Guardianship Services	There are accurate and complete recordings on file to reflect the circumstances and admission on the child to care, the activities associated with the Comprehensive Plan of Care/Care Plan, and documentation of the child's legal status.
St. 15: Transferring Continuing Care Files	Prior to transferring a Continuing Care file, the social worker has completed all required documentation and followed all existing protocol procedures.
St. 16: Closing Continuing Care Files	Prior to closing a Continuing Care file, the social worker has completed all required documentation and follows all existing protocol procedures.
St. 17: Rescinding a Continuing Care Order and Returning the Child to the Family Home	When returning a child in care of the Director to the parent entitled to custody, the protection social worker and the guardianship social worker develop a plan to ensure the child's safety. The plan is developed prior to placing a Continuing Care ward in the family home and reviewed prior to rescinding the Continuing Care Order.
St. 19: Interviewing the Child About the Care Experience	When a child leaves a placement and has the capability to understand and respond, the child is interviewed and his/her views are sought about the quality of care, service and supports received in the placement. There is documentation that the child has been interviewed by the social worker in regards to the criteria in the standard.
St. 20: Preparation for Independence	The social worker has assessed the youth's independent living skills and referred to support services and involved relevant family members/caregivers for support.
St. 21: Responsibilities of the Public Guardian and Trustee	The social worker has notified the Public Guardian and Trustee as required in the standard.
St. 22: Investigation of Alleged Abuse or Neglect in a Family Care Home	The social worker has followed procedures in Protocol Investigation of a Family Care Home.
St. 23: Quality of Care Reviews	The social worker has appropriately distinguished between a Quality of Care Review and Protocol Investigation. The social worker has provided a support person to the caregiver.

Findings from the audit of the child service files include:

- Excellent documentation of the children or youth in care's involvement in cultural events as well as visits with their families and persons significant to the children and youth in care (100% compliance). This is an area of strength in the agency's practice with most of the children and youth in care being placed with extended family thereby ensuring their culture is fully integrated into their lives;
- Almost half of the files did not contain Care Plans over the 3 year audit scope period (57% compliance). In 4 files, there was a lack of Care Plans for 2012 & 2013 and in 5 files; there was a lack of Care Plans for 2014. All files did have current Care Plans completed;
- Excellent documentation of supervisory approvals and consults was found throughout the files (100% compliance);
- Section 70 rights are not being regularly reviewed with children/youth in care or a significant person when young age or capacity are factors. Ten files did not document that the Section 70 rights had been reviewed on an annual basis (55% compliance);
- Rationales for placement selections were documented and family members were involved as options for placements (96% compliance). Twenty of the 23 children and youth in care were placed with extended family and many with their siblings;
- Significant efforts are being made by the social workers to support and maintain contact between the children/youth in care and their siblings, parents, extended families and community members (100% compliance);
- Documentation of the social workers' private contact with children/youth in care did not meet the standard in the vast majority of files (22% compliance). While there was evidence of regular social worker contact with the caregivers and others involved with the children and youth in care, it was difficult to find evidence that private visits occur with the social workers and children and youth every 30 days;
- Many of the files did include documentation that information about the children and youth had been provided to the caregivers at the time of placements and that the appropriate discipline standards were reviewed with the caregivers (68% compliance);
- Excellent documentation of annual medicals, dentist and optical appointments, speech therapy, occupational and physical therapy as well as other assessments were found on the files (83% compliance);
- When children and youth in care were moved to new placements, there was thorough documentation in the 13 files of the reasons for these moves and the planning involved (100% compliance);
- Incomplete documentation and follow up of reportable circumstances was found on 6 files (0% compliance). The analysts provided the file names and details of the critical incidents to the managers for follow up;

- There was 1 file where the child/youth in care was missing, lost or runaway and there was complete documentation regarding the efforts to locate the child/youth (100% compliance);
- Overall, case documentation was negatively impacted by the lack of Care Plans and review recordings over the 3 year scope period with only 9 files having the required documentation to meet the standard (39% compliance);
- Internal transferring recordings were well documented in the 3 applicable files (100% compliance);
- Closing documentation was not completed in the 2 of the 3 applicable files (33% compliance);
- Interviews with children and youth about their care experiences when leaving their placements were not documented in 3 files (70% compliance);
- In 6 youth in care files, there was thorough documentation of independent living planning, transitioning to adult CLBC services and preparation of the youth for participation in skills/trades training (100% compliance);
- Detailed documentation of the involvement of the Public Guardian and Trustee was found in 22 files (96% compliance);
- While case notes and emails were found on the files that had protocol investigations, there were no formal reports completed by MCFD on the 6 applicable files (0% compliance). The analysts provided the names of the files to the managers for follow up; and
- In all of the files, documentation revealed that social workers are familiar with and follow all protocols related to the delivery of child and family services that the agency has established with local and regional (100% compliance).

Child service files achieved higher (50% or higher) compliance to the following standards:

- St. 1 Preserving the Identity and Providing Culturally Appropriate Services;
- St. 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care;
- St. 4 Supervisory Approval Required for Guardianship Services;
- St. 5 Rights of Children in Care;
- St. 6 Deciding Where to Place the Child;
- St. 7 Meeting the Child's Needs for Stability and Continuity of Relationships;
- St 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards;
- St. 10 Providing Initial and Ongoing Medical and Dental Care for a Child in Care;
- St. 11 Planning a Move for a Child in Care;
- St 13 When a Child or Youth is Missing, Lost or Runaway;
- St. 15 Transferring Continuing Care files;
- St 19 Interviewing the Child about the Care Experience;
- St. 20 Preparation for Independence;
- St. 21 Responsibilities of the PGT; and
- St. 24 Guardian Agency Protocols.

Child service files achieved lower (less than 50%) compliance to the following standards:

- St. 8 Social Worker’s Relationship and Contact with a Child in Care;
- St. 12 Reportable Circumstances;
- St. 14 Case Documentation for Guardianship Services;
- St. 16 Closing Continuing Care files; and
- St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home.

b) Resources

The audit reflects the work done by the staff in the agency’s delegated programs over the past 3 years. The 9 standards in the Resource Practice Audit are based on the AOPSI Voluntary Service Practice Standards. The standards are as follows:

AOPSI Voluntary Service Practice Standards	Compliance Description
St. 28: Supervisory Approval Required for Family Care Home Services	The social worker consults with the supervisor and obtains the supervisor’s approval at key points in the provision of Family Care Home Services and ensures there is a thorough review of relevant facts and data before decisions are made.
St. 29: Family Care Homes – Application and Orientation	People interested in applying to provide family care, restricted care, or specialized care complete an application and orientation process. The social worker provides an orientation for applicants re: the application process and the agency’s expectations of caregivers when caring for children.
St. 30: Home Study	Family Care Homes are assessed to ensure that caregivers understand and meet the Family Care Home Standards.
St 31: Training of Caregivers	Upon completion of the application, orientation and home study processes, the approved applicant(s) will participate in training to ensure the safety of the child and to preserve the child’s cultural identity.
St 32: Signed Agreement with Caregiver	All caregivers have a written Family Care Home Agreement that describes the caregiver’s role, responsibilities, and payment level.
St. 33: Monitoring and Reviewing the Family Care Home	The social worker will monitor the family care home regularly and formally review the home annually to ensure the standards of care and the needs of the child(ren) placed in the home continue to be met.
St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home	Allegations of abuse and neglect in family care homes are investigated by the Child Protection delegated social worker according to the Protocol Investigation of a Family Care Home.

St 35: Quality of Care Review	A Quality of Care Review of a Family Care Home is conducted by a delegated social worker whenever a quality of care concern arises where the safety of the child is not an issue.
St 36: Closure of the Family Care Home	When a Family Care Home is closed, the caregivers are notified of the reasons for closure verbally and in writing.

Findings from the audit of the resource files include:

- Most of the agency's caregivers have been fostering on a long term basis and 13 of the 15 files audited are caregivers from the member Nations;
- Many of the caregivers are relatives to the children and youth in care. These caregivers are fostering sibling groups with complex behavioral, emotional and physical needs;
- Thorough documentation of supervisory approvals and consults was found throughout all of the files (100% compliance). These also include supervisory approvals on key documents such as the home studies, exceptions to policy and family care home agreements;
- In 9 files, complete application and orientation documentation was found (82% compliance). For the 2 files where incomplete documentation was found, the names of the files and details of what was incomplete or missing were provided to the managers for follow up;
- Completed home studies were found in the 8 applicable files (100% compliance). The agency is using a traditional narrative model for home studies. The analysts found the studies to be very thorough and well written. Most of the agency's homes are restricted and the agency uses the same study for their restricted caregivers. The managers reported that the plan is to change to the SAFE home study model in the near future and some of the social workers have taken the SAFE training in preparation for this;
- Training offered to, and taken by, the caregivers was not well documented throughout 10 of the files (33% compliance). The agency appears to have infrequent training opportunities for their caregivers or the training that is being offered/taken is not being clearly documented on the files;
- In 8 of the files, completed, signed and consecutive family care home agreements were found (53% compliance);
- Completed annual reviews were found for the entire 3 year audit scope period in 4 of the files (27% compliance). There was documentation that social workers are maintaining regular contact with their caregivers through in person home visits and phone/email contact and in some of the files, the agency developed 90 day visit review recordings were completed. In 11 of the files, there a lack of documentation that regular monitoring of the homes were occurring and these files were rated as non-compliant;
- In the 4 applicable files, there was thorough documentation (100% compliance) of the agency's response and involvement regarding investigations of alleged abuse or neglect in family care homes;

- In the 1 applicable file, incomplete documentation of the quality of care review was found (0% compliance). However, documentation of the social workers' follow up and completion on the actions from this review could also be included in the file documentation; and
- In the 2 closed resource files, complete closing documentation was found and the reasons for closures were documented in closing recordings (100% compliance). The caregivers were also notified in writing of the reasons for file closures.

Resource files achieved higher (50% or higher) compliance to the following standards:

- St. 28 Supervisory Approval Required for the Family Care Home Services;
- St. 29 Family Care Homes – Application and Orientation;
- St. 30 Home Study;
- St. 32 Signed Agreements with Caregivers; and
- St. 34 Investigation of Alleged Abuse or Neglect in a Family Care Home.
- St. 36 Closure of the Family Care Home

Resources files achieved lower (less than 50%) compliance to the following standards:

- St. 31 Training of Caregivers;
- St. 33 Monitoring and Reviewing the Family Care Home; and
- St. 35 Quality of Care Review.

c) Family Service

The 12 standards in the Family Service Practice Audit are based on the AOPSI Voluntary Service Practice Standards. The standards are as follows:

AOPSI Voluntary Care Practice Standard	Compliance Description
St 1 Receiving Requests for Services	A Voluntary Services social worker accepts requests for service, determines the nature of the service request and the caller's eligibility for service. The Voluntary Services social worker ensures that the service offered is within the delegated authority of the agency. When the Voluntary Services social worker has reason to believe that a child may be in need of protection while receiving a request for services, the social worker makes a report to a delegated child protection worker. When the Voluntary Services social worker receives a child protection report rather than a request for services, the social worker directs the reporter to a delegated child protection social worker and ensures the report is made.
St.2 Supervisory approval Required for Voluntary Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of voluntary services and ensures there is a thorough review of relevant facts and data before decisions are made.

St 3 Information and Referral for Voluntary Services	People requesting voluntary services are directed to the service that best meet their needs.
St 4 Involving the Aboriginal community in the Provision of Services	When providing services to children and families, the social worker involves the child, family, extended family and, when appropriate, the designated representative of the family's Band/cultural group or Aboriginal community in the planning and delivery of services
St 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements	The social worker develops a family service plan that defines the service needs of the child and family, the service required to address the needs, and the measurable goals of the service.
St 6 Support Service Agreements	When providing support services, the social worker enters into a signed Support Services Agreement with the family.
St 7 Voluntary Care Agreements	When a child comes into care through a voluntary agreement, the social worker enters into a signed Voluntary Care Agreement with the family.
St 8 Special Needs Agreement	When a child with special needs requires specialized services outside the family home, the social worker enters into a signed Special Needs Agreement with the family.
St 9 Case Documentation	There are accurate and complete recordings on file to reflect the Voluntary Family Services provided to the family.
St 24 Transferring Voluntary Services Files	Prior to transferring Voluntary Services files, the social worker will complete all required documentation and follow existing protocol procedures.
St 26 Closing Voluntary Services Files	Prior to closing a Voluntary Services and/or Voluntary Child in Care file, the social worker will ensure that the circumstances that necessitated the provision of services no longer exist.
St 27 Voluntary Services Protocols	The social worker is familiar with and follows all protocols related to the delivery of child and family services that the agency has established with local and regional agencies.

Findings from the audit of the voluntary family service files include:

- Requests for services were thoroughly documented in 10 files (63% compliance). Prior to December 2014, the agency was documenting the requests for service in the Best Practices database. New service requests are now being properly documented within ICM;
- Supervisory approvals and consultations were found throughout the course of service provision in 17 files (94% compliance);
- There was high compliance for providing information and referrals for voluntary services in 16 files (89% compliance). The agency accesses the services available within the agency and in the communities whenever possible;
- Involvement of Aboriginal communities was evident in 14 of the files (78% compliance). In the 4 files found non-compliant, there was a lack of documentation of this involvement. Overall though, the agency works well with extended families and communities in supporting the children and parents;

- Family service plans that provided clarity on the goals of services were documented in 8 files (44% compliance). In the 10 files found non-compliant, there was a lack of documentation of the details of the initial plans and subsequent updates to the plans. As well, the goals and time frames for review of the plans were not evident;
- Complete and consecutive Support Service Agreements were found in 13 files (76% compliance);
- In the 1 applicable file, thorough documentation of the rationale for the Voluntary Care Agreement and the completed and signed agreement was found on file;
- Case documentation and review recordings to capture the overall periods of service and goals achieved or not achieved was found in 8 files (44% compliance). In the 10 files found non-compliant, there was an overall lack of documentation;
- In the 1 applicable file, there was a lack of documentation of an internal transfer of the file within the agency (0% compliance);
- In half of the files, complete closing documentation and notification to the parent of the file closure was located (50% compliance); and
- In 17 of the files, documentation revealed that social workers are familiar with and follow all protocols related to the delivery of child and family services that the agency has established with local and regional (94% compliance).

Family Service files achieved higher compliance (50% or higher) to the following standards:

St 1 Receiving Requests for Services;
 St.2 Supervisory Approval Required for Voluntary Services;
 St 3 Information and Referral for Voluntary Services;
 St 4 Involving the Aboriginal community in the Provision of Services;
 St 6 Support Service Agreements;
 St 7 Voluntary Services Protocols;
 St 26 Closing Voluntary Family Service Files; and
 St 27 Voluntary Services Protocols.

Family Service files achieved lower compliance (below 50%) to the following standards:

St 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements;
 St 9 Case Documentation; and
 St 24 Transferring Voluntary Services Files.

7. COMPLIANCE TO PROGRAMS AUDITED

a) Child Service

There were a total of 23 open & closed child service files audited. The overall compliance rate to the child service standards was **75%**.

The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

Standard	Total Applicable	Total Compliant	Total Not Compliant	Compliance Rate
Standard 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11)	23	23		100%
Standard 2: Development of a Comprehensive Plan of Care (VS 12) *	0			
Standard 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13) *	21	12	9	57%
Standard 4: Supervisory Approval Required for Guardianship Services (Guardianship 4)	23	23		100%
Standard 5: Rights of Children in Care (VS 14) *	22	12	10	55%
Standard 6: Deciding Where to Place the Child (VS 15)	23	22	1	96%
Standard 7: Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	23	23		100%
Standard 8: Social Worker's Relationship & contact with a Child in Care (VS 17)	23	5	18	22%
Standard 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18) *	22	15	7	68%
Standard 10: Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	23	19	4	83%
Standard 11: Planning a Move for a Child in Care (VS 20) *	13	13		100%
Standard 12: Reportable Circumstances (VS 21) *	6		6	0%
Standard 13: When a Child or Youth is Missing, Lost or Runaway (VS 22) *	1	1		100%
Standard 14: Case Documentation (Guardianship 14)	23	9	14	39%
Standard 15: Transferring Continuing Care Files (Guardianship 14) *	3	3	0	100%

Standard 16: Closing Continuing Care Files (Guardianship 16) *	3	1	2	33%
Standard 17: Rescinding a Continuing Care Order and Returning the Child to the Family Home *	0			
Standard 19: Interviewing the Child about the Care Experience (Guardianship 19) *	10	7	3	70%
Standard 20: Preparation for Independence (Guardianship 20) *	6	6		100%
Standard 21: Responsibilities of the Public Guardian and Trustee (Guardianship 21)	23	22	1	96%
Standard 22: Investigation of Alleged Abuse or Neglect in a Family Care Home *	5		5	0%
Standard 23: Quality of Care Review *	0			
Standard 24 Guardianship Agency Protocols (Guardianship 24)	23	23		100%

Standard 2: 23 initial Care Plans were completed prior to October 1, 2012.

Standard 3: 2 Care Plans were completed in 2015 prior to transfer to the agency.

Standard 5: 1 file had the rights reviewed in post audit timeframe as the file was transferred to the agency in late 2014.

Standard 9: 1 youth was living independently for entire audit timeframe.

Standard 11: 10 children were placed with their families or were not moved from their care homes.

Standard 12: 17 files did not contain information regarding reportable circumstances.

Standard 13: 22 files did not contain information regarding children missing, lost or run away.

Standard 15: 20 files were not transferred.

Standard 16: 20 continuing care files were not closed.

Standard 17: 23 files did not include rescindment of a continuing custody order.

Standard 19: 13 children or youth did not change placements or were too young to be interviewed.

Standard 20: 17 children and youth were too young to be prepared for independence.

Standard 22: 18 files did not include an investigation of alleged abuse or neglect in a family care home.

Standard 23: 11 files did not include a quality of care review.

b) Resources

There were a total of 15 open and closed resource files audited. The overall compliance rate to the resource standards was **64%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

Standard	Total Applicable	Total Compliant	Total Not Compliant	Compliance Rate
Standard 28 Supervisory Approval Required for Family Care Home Services	15	15	0	100%
Standard 29 Family Care Homes – Application and Orientation *	11	9	2	82%
Standard 30 Home Study *	8	8		100%
Standard 31 Training of Caregivers	15	5	10	33%
Standard 32 Signed Agreement with Caregivers	15	8	7	53%
Standard 33 Monitoring and Reviewing the Family Care Home	15	4	11	27%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	4	4		100%
Standard 35 Quality of Care Review *	1		1	0%
Standard 36 Closure of the Family Care Home *	2	2		100%

Standard 29: 4 files included application & orientation documentation completed prior to October 1, 2012.

Standard 30: 7 files included home studies completed prior to October 1, 2012.

Standard 34: 11 files did not include an investigation of alleged abuse or neglect in a family care home.

Standard 35: 14 files did not include a quality of care review.

Standard 36: 13 files were not closed.

c) Family Service

There were a total of 18 open /closed family service cases audited. The overall compliance rate for Family Service was **70%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

Standard	Total Applicable	Total Compliant	Total Not Compliant	Compliance Rate
St 1 Receiving Requests for Services *	16	10	6	63%
St 2 Supervisory approval required for Voluntary Care	18	17	1	94%
St 3 Information and Referral for Voluntary Services	18	16	2	89%
St 4 Involving the Aboriginal community in the Provision of Services	18	14	4	78%
St 5 Family Service Plan for support services	18	8	10	44%
St 6 Support Service Agreements *	17	13	4	76%
St 7 Voluntary Care Agreements*	1	1		100%
St 8 Special Needs Agreement*	0			
St 9 Case Documentation	18	8	10	44%
St 24 Transferring Voluntary Services Files*	1	0	1	0 %
St 26 Closing Voluntary Services Files*	16	8	8	50%
St 27 Voluntary Services Protocols	18	17	1	94%

Standard 1: 2 files had intakes completed prior to the audit scope period

Standard 6: 1 file involved a VCA.

Standard 7: 17 files did not involve VCAs

Standard 8: 28 files did not involve SNAs

Standard 24: 17 files did not involve a transfer

Standard 26: 2 files were not closed

8. ACTION COMPLETED TO DATE

Prior to the development of the Action Plan, the following actions were implemented by the agency:

- In the spring of 2014, NCFSS began facilitating a caregiver support group. The goal is to provide their caregivers with opportunities to network, to identify what training and information they would like to acquire and to provide a presentation at each event. Since starting the group, 6 events have been held and topics covered have included: early nutrition, 54.1 versus adoption, trauma, and behavior management. The agency will host these events a minimum of 3 times a year. The agency documents attendance on the RE files for caregiver.
- On February 22, 2016, NCFSS confirmed that all reportable circumstance reports, protocol investigation reports and quality of care reviews were printed and placed on all applicable open child service files.

9. ACTION PLAN

On February 15, 2016, the following Action Plan was developed in collaboration between NCFSS and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Person Responsible	Completion Date
<p><u>Child Service:</u></p> <p>1. The agency will develop and implement a tracking system for supervisors to monitor the completion of care plans, including the dates when the rights of children in care and discipline standards were reviewed and supervisory approvals at key decision points. This tracking system will be provided to the Office of the Provincial Director of Child Welfare.</p> <p>2. The agency, in co-ordination with the Justice Institute of BC, will provide training on case documentation (all file types) to the agency's social workers. Confirmation that this training has been completed will be sent, via email, to the Office of the Provincial Director of Child Welfare.</p>	<p>Executive Director</p> <p>Executive Director</p>	<p>April 30, 2016</p> <p>April 30, 2016</p>
<p><u>Resources:</u></p> <p>3. The agency will develop and implement a tracking system for supervisors to monitor the completion of family care home agreements and family care home annual reviews, including supervisory approvals. This tracking system will be provided to the Office of the Provincial Director of Child Welfare.</p> <p>4. The agency will review all open resource files to ensure that all family care home agreements and annual reviews are completed. Confirmation that these documents have been completed will be sent, via email, to the Office of the Provincial Director of Child Welfare.</p>	<p>Executive Director</p> <p>Executive Director</p>	<p>May 31, 2016</p> <p>May 31, 2016</p>

<p><u>Family Service:</u></p> <p>5. The agency will develop and implement a tracking system for supervisors to monitor the completion of family service plans and closing recordings, including supervisory approvals. This tracking system will be provided to the Office of the Provincial Director of Child Welfare.</p>	<p>Executive Director</p>	<p>May 31, 2016</p>
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 Alex Scheiber
 Deputy Director of Child Welfare, MCFD

March 17, 2016

 Date