

CASE PRACTICE AUDIT REPORT

FRASER VALLEY ABORIGINAL CHILD and FAMILY SERVICES GUARDIANSHIP and RESOURCES (IFA, IFB, IFC, IFD, IFG, IFH, IFI, IFK, IFF, IFJ)

Audit completed by the Quality Assurance Branch, Office of the Provincial Director of Child Welfare and Aboriginal Services, Ministry of Children and Family Development
Field Work Completed January 17, 2013

July 29, 2014

TABLE OF CONTENTS

	PAGE
1. PURPOSE	1
2. METHODOLOGY	2
3. AGENCY OVERVIEW	3
a) Delegation.....	3
b) Demographics	4
c) Professional Staff Compliment	4
4. STRATEGIES IMPLEMENTED	5
5. DISCUSSION OF THE PROGRAMS AUDITED.....	6
a) Child Service Files	6
b) Resources.....	7
6. COMPLIANCE TO THE PROGRAMS AUDITED.....	8
7. ACTION PLAN	13

CASE PRACTICE AUDIT REPORT

FRASER VALLEY ABORIGINAL CHILD and FAMILY SERVICES (IFA, IFB, IFC, IFD, IFG, IFH, IFI, IFK, IFF, IFJ)

1. PURPOSE

The purpose of the audit is to support and improve child service, guardianship and family service practice. Through a review of a sample of files, 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. This is a special re-audit being conducted to complete an action plan from 2012 child service and resource audit of specific AOPSI standards which had low compliance. The last audit of the CCO child service files and resource files for Fraser Valley Aboriginal Child and Family Services Society (FVACFSS) was completed in May 2012.

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.

Pursuant to the outcome of the May 2012 practice audit where certain standards met with low compliance ratings this special re-audit is intended to follow up and focus on the following standards:

Child Service:

St. 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services

St. 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care

St. 5: Rights of Children in Care

St. 8: Social Worker's Relationship and Contact with a Child in Care

St. 10: Providing Initial and Ongoing Medical and Dental Care

Resources:

St. 29: Family Care Homes – Application and Orientation

St. 30: Home Study

St. 31: Training of Caregivers

St. 33: Monitoring and Reviewing the Family Care Home

The Office of the Provincial Director of Child Welfare, Quality Assurance 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 special audit of the guardianship and resource files of the agency. There were two quality assurance analysts from the Office of the Provincial Director of Child Welfare, Quality Assurance who conducted the practice audit. The scope of the practice audit of FVACFSS was one year. The audit of the physical records focused on the time frame of May 2012 to December 2013.

A representative sample of child welfare records within the agency was prepared for the audit using the simple random sampling technique.

Representative random samples were drawn and then audited from two populations: (1) resource files, (2) child service (CCO) files.

Given that not every single child welfare record within the DAA is audited, the results obtained from an audit will depend on the particular set of child welfare records that happened to be selected for auditing and the results from the audit would change had a different set of child welfare records been randomly selected for auditing.

At the time of the audit, there were a total of 224 open and closed resource files, 353 open and closed child service (CCO) files. A sample size of 52 resource files and 57 child service files were audited.

For this audit, the number of child welfare records to be audited ensures (at the 90% confidence level) that the results are within plus or minus 10% percentage points (the margin of sampling error) from the results that would be obtained if the ministry audited every child welfare record within the agency.

More specifically, the 90% confidence level and 10% margin of sampling error means that if the ministry conducted 100 audits in the same SDA or DAA using the same sampling procedure it currently uses then in 90 of the 100 audits the results obtained from the audit would be within plus or minus 10% percentage

points from the results that would be obtained if the ministry audited every child welfare record within an SDA or DAA.

However, it is important to note that some of the critical measures only apply to a subset (or reduced number) of the records that have been selected. As a result, the compliance ratings obtained for these critical measures may differ by more than plus or minus 10% percentage points from the results that would be obtained if the ministry audited every child welfare records within the agency.

Upon arrival at the agency, the analysts met with the agency's director of practice to review the audit purpose and process. The auditors also met with all the team leaders to review the purpose and process of the audit and to answer any questions. At the conclusion of the fieldwork, phone interviews were held with some of the delegated staff.

A separate teleconference was held on Feb 13, 2014 with the executive director to provide some preliminary findings and discuss the next steps in the audit process.

3. AGENCY OVERVIEW

a) Delegation

FVACFSS, also known as Xyolhemelyh, is currently delegated to provide C6 child protection services. This level of delegation enables the agency to provide the following services:

- Child protection;
- Temporary custody of children;
- Guardianship of children in continuing custody;
- Support services to families;
- Voluntary Care Agreements;
- Special Needs Agreements; and
- Establishing residential resources.

FVACFSS is delegated to provide C6 child protection services under the terms of a Delegation Enabling Agreement dated December 1, 2010 to March 31, 2016.

Prior to this date, the agency, under the name Xyolhemelyh, provided child protection services from 2001 to 2006. In 2006, due to staffing shortages and political instability, management from MCFD was put in place to stabilize the agency. In 2007, the Delegation Agreement expired and MCFD assumed oversight for Child and Family Services previously provided through the Xyolhemelyh program. In 2008, FVACFSS was incorporated under an interim board of directors and in December 2010, the agency resumed operations as a fully delegated Aboriginal agency.

The agency operates with a central office located in Chilliwack and regional offices located in Abbotsford, Agassiz, Langley and Mission.

b) Demographics

FVACFSS provides prevention, community development and child welfare programs to Aboriginal children and youth and their families residing on and off reserve in the Fraser Valley.

FVACFSS provides services to the member First Nations of Aitchelitz, Chawathil, Cheam, Kwantlen, Leq'a:mel, Popkum, , Shx:wha:y, Shxw'ow'hamel, Skawahlook, Skowkale, Skwah, Soowahlie, Squiala, Sumas, Tzeachten and Yakweakwioose.

The population of these member bands totals approximately 5,678. The population on these reserves is approximately 3611 (Source: *Registered Indian Population by Sex and Residence, Indian and Northern Affairs Canada 2012*)

c) Professional Staff Complement

- Child Services

FVACFSS has a large geographic service area covering three regions (Central/West/North-East) in the Fraser Valley. The current structure of the agency involves seven multidisciplinary teams and three collaborative practice teams. There are a total of 11 team leaders including the float supervisor/training coordinator.

The child service program is delivered through the multidisciplinary teams. Each team leader reports to their respective regional manager. There are three regional managers with overall responsibility for the guardianship, family service, intake, resources and prevention programs for Central, West, and North-East region. There are a total 13.5 guardianship caseloads, nine resource staff, and administrative assistants to support each of the teams. The office codes for the guardianship caseloads are IFA, IFG, IFH, IFB, IFK, IFI and IFC.

The executive director shared that the agency is in the process of renaming child service workers to permanency workers.

- Resources

In April 2013, FVACFSS resource teams (IFD, IFF and IFJ) were moved to the collaborative practice teams. In addition to the collaborative practice teams, the agency has a training and float coordinator and family home team. This family home staffed specialized model enables the agency to meet the needs of the

large geographic area and to do intensive work with families transitioning children back into their parents' care. The family care home team has four staff positions including a supervisor. The FVACFSS resource program at the time of the audit had nine full time equivalent positions for resource workers within the three regions (West/Central/North-East). At the time of the audit fieldwork, there was one staff vacancy in the resource program. The executive director advised the agency has seconded a MCFD worker on temporary assignment to March 2014, to cover this staff vacancy.

All of the delegated staff at the agency have the appropriate post-secondary education or fall within the 25% exemption allowed by the AOPSI standard. As well, all of the delegated staff have completed the Aboriginal Social Work Delegation Training. Of those delegated staff with conduct, and/or supervision of guardianship or resource files at the time of the audit, all have the appropriate level of delegation.

4. STRATEGIES IMPLEMENTED

FVACFSS has made a concerted effort to address the resource and child service practice concerns identified in the 2012 audit with the following practice improvements:

- Development of a practice directive for tracking and approval process for all exceptions to policy. This directive and process has been implemented in 2013 and provided to all staff;
- The agency restructured the resource program to be part of the collaborative practice teams under the specific regional managers in 2012/2013. Within this new model the resource social workers take part in all collaborative meetings;
- The agency continues to develop a tracking system for home studies and annual reviews which will include a process of reporting out to the director of practice and executive director of the agency;
- The agency contracted an experienced social worker in 2013 to review resource files. From this internal audit, file checklists were developed to assist with tracking of file information for compliance to the AOPSI standards. This checklist is attached to each file. The team assistant updates the checklist form to track documentation for compliance to standards. A notification about the missing documentation is then sent to the team leader for follow up;
- A process for completing internal audits for agency files has been implemented. Monthly tracking is being completed by regional managers and reported to the director of practice;

- The agency standardized a number of forms within the resource program (environmental checklists, child passenger safety instructions, home floor plans, evacuation plans) so that all necessary information can be gathered in a thorough and consistent manner;
- The agency developed a regional administrative tracking system for compliance to comprehensive plans of care (CPOC) documents with monthly monitoring. The director of practice follows up on the tracking of these CPOC work plans.

5. DISCUSSION OF PROGRAMS AUDITED

The audit reflects the work done by the staff in the agency's delegated programs over the past year (May 2012-Dec 2013). The observations and findings relate to the special audit only.

a) Child Services

The audit revealed improved compliance across all FVACFSS offices to the standards associated with children and youth in care attending cultural activities as well as culturally appropriate services. There was documentation within the files of ensuring the stability of children and youth by maintaining the continuity of their relationships with siblings as well as their extended families.

Improvements in practice for medical/dental/optical appointments as well as assessments of children were documented.

There were a significant number of offices where comprehensive plans of care during the scope period of the audit were missing. Some offices are using the new care plan document and there is inconsistency in what information is being printed and placed in the physical file. The auditors observed that care plans in some offices are printed in their entirety and others are only printing off the signature page. This care plan /CPOC document contains a section for social worker contact with the child, which was not being completed consistently across FVACFSS offices.

There was lower compliance for all offices regarding Standard 8, Social Worker's Relationship and Contact with a Child in Care. There was significant contact with caregivers, but there was a lack of documentation of meeting the 30 day requirement for private, in person contact with children in care. Contact notes did not consistently have dates nor purpose of the contact. In addition, the auditors observed inconsistencies from office to office in how staff are recording contact notes (handwritten, ICM, emails) and printing of this information. Some offices are not printing notes held electronically in ICM and other offices are printing all ICM information. These inconsistencies in documentation were brought to the

attention of the agency's director of practice. The director of practice confirmed that all electronic information should be printed off and placed in the physical file. This impacted compliance to Standards 3 and 8.

Standards with higher compliance:

St. 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services. All offices had improved compliance to this standard.

St. 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care. Offices IFA, IFG and IFI had improved compliance to this standard.

St. 5: Rights of Children in Care. Offices IFA, IFB, IFG, IFI and IFK had improved compliance to this standard.

St.10: Providing Initial and Ongoing Medical and Dental Care. All offices had improved compliance to this standard.

Standards with lower compliance:

St. 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care. Offices IFB, IFC, IFH and IFK had lower compliance to this standard.

St. 5: Rights of Children in Care. Offices IFC and IFH had lower compliance to this standard.

St. 8: Social Worker's Relationship and Contact with a Child in Care. All offices had lower compliance to this standard.

b) Resources

Many improvements were seen in the documentation of the application process, completion of home studies, criminal record checks and annual reviews. There was implementation of a resource file checklist for tracking of documentation. Exceptions to policies (primarily for the completion of the home studies) were signed by the managers and documented in the files. The agency reported they have implemented a tracking process for all exemptions to policies. This will assist to clarify when these exemptions were approved and the dates completed. There was also good documentation of signed monthly caregiver reports.

The auditors observed a lack of overall orientation/training documentation for both restricted and regular caregivers. There was difficulty in locating documentation on training events offered to caregivers. The annual reviews did not contain information on training needs to support the caregivers or provide additional skills to assist them in meeting the needs of the children in their care. Cultural training for non- aboriginal caregivers was not evident in resource files.

FVACFSS's executive director stated the agency has plans to partner with the Federation of Aboriginal Foster Parents to provide orientation/pre-service sessions to their caregivers as part of their service delivery restructuring plan.

In some of the resource files, there was a lack of written open, review and closing summaries. Completion of written summaries would be beneficial in tracking caregiver information over time. When resource files were closed and then reopened, it was difficult to track information in a chronological order.

The organization of documentation within the physical files varied from office to office. Some offices had good physical file organization while other offices maintained files with missing information (CRC, references, training certificates, etc.) or filed information in a manner that was either not consistent with the practice of other offices or not in chronological order.

Standards with higher compliance:

St. 29: Family Care Homes – Application and Orientation. Offices IFF and IFJ had improved compliance to this standard.

St. 30: Home Study. Offices IFF and IFJ had improved compliance to this standard.

St. 31: Training of Caregivers. Office IFF had improved compliance to this standard.

Standards with lower compliance:

St. 31: Training of Caregivers. Office IFJ had improved compliance to this standard.

6. COMPLIANCE TO PROGRAMS AUDITED

Office code locations:

Resources

- IFJ – Abbotsford
- IFF – Chilliwack, Agassiz and Mission
- IFD – Chilliwack. Only one file was audited, therefore this was included in the IFF compliance ratings.

Child Service

- IFA - Chilliwack
- IFB - Agassiz
- IFC - Mission
- IFG - Abbotsford

- IFH - Abbotsford
- IFI - Chilliwack
- IFK - Langley

a) Child Service

A total of 57 child service (CCO) files were audited.

IFA – Nine open and closed child service files were audited. Overall level of compliance was **76%**.

IFB – Seven open and closed child service files were audited. Overall level of compliance was **59%**.

IFC - Nine open and closed child service files were audited. Overall level of compliance was **42%**.

IFG - Eight open and closed child service files were audited. Overall level of compliance was **63%**.

IFH – Six open and closed child service files were audited. Overall level of compliance was **43%**.

IFI - Nine open and closed child service files were audited. Overall level of compliance was **73%**.

IFK - Nine open and closed child service files were audited. Overall level of compliance was **52%**.

The following table provides a breakdown of the compliance ratings (where the same office codes are available, the 2012 compliance ratings have been included):

AOPSI Guardianship Standards (total # of files audited)	IFA (9)	IFB (7)	IFC (9)	IFG (8)	IFH (6)	IFI (9)	IFK (9)
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	8 files compliant (89%) 1 file non compliant (11%)	6 files compliant (86%) 1 file non compliant (14%) 2012 – (8) 2 files compliant (25%), 1 file non compliant with factors (13%), 5 files non compliant (63%)	6 files compliant (67%) 3 files non compliant (33%) 2012 – (11) 1 file compliant (9%), 1 file non compliant with factors (9%), 9 files non compliant (92%)	6 files compliant (75%) 2 files non compliant (25%)	4 files compliant (66%) 1 file non compliant with factors (17%) 1 file non compliant (17%)	8 files compliant (89%) 1 file non compliant (11%)	7 files compliant (78%) 2 files non compliant (22%) 2012 – (11) 7 files compliant (64%), 1 file non compliant with factors (9%), 3 files non-compliant (27%)
Standard 3 Monitoring and Reviewing the Child’s Comprehensive Plan of Care	8 files compliant (89%) 1 file non compliant (11%)	2 files compliant (29%) 5 files non compliant (71%) 2012 – 4 files compliant (50%), 4 files non compliant (50%)	2 files compliant (22%) 7 files non compliant (78%) 2012 - 2 files compliant (18%), 9 files non compliant (92%)	6 files compliant (75%) 2 files non compliant (25%)	6 files non compliant (100%)	7 files compliant (78%) 2 files non compliant (22%)	2 files compliant (22%) 7 files non compliant (78%) 2012 – 4 files compliant (36%), 7 files non compliant (64%)
Standard 5 Rights of Children in Care	7 files compliant (78%) 2 files non compliant (22%)	4 files compliant (67%) 2 files non compliant (33%) 1 file not	3 files compliant (33%) 6 files non compliant (67%) 2012 -	6 files compliant (75%) 2 files non compliant (25%)	2 files compliant (33%) 4 files non compliant (67%)	8 files compliant (89%) 1 file non compliant (11%)	7 files compliant (78%) 2 files non compliant (22%) 2012 -

		applicable 2012 - 1 file compliant (13%), 7 files non compliant (87%)	1 file compliant (9%), 10 files non compliant (91%)				1 file compliant (9%), 10 files non compliant (91%)
Standard 8 Social Worker's Relationship and Contact with a Child in Care	2 files compliant (22%) 1 file non-compliant with factors (11%) 6 files non compliant (67%)	2 files compliant (29%) 5 files non compliant (71%) 2012 - 1 file compliant (13%), 7 files non compliant (87%)	2 files compliant (22%) 7 files non compliant (78%) 2012 - 1 file compliant (9%), 10 files non compliant (91%)	1 file compliant (13%) 1 file non compliant with factors (13%) 6 files non compliant (74%)	1 file compliant (17%) 5 files non compliant (83%)	2 files compliant (22%) 7 files non compliant (78%)	1 file compliant (11%) 8 files non compliant (89%) 2012- 1 file non compliant with factors (9%), 10 files non compliant (91%)
Standard 10 Providing Initial and Ongoing Medical and Dental Care for a Child in Care	9 files compliant (100%)	6 files compliant (86%) 1 file non compliant (14%) 2012 - 4 files compliant (50%), 4 files non compliant (50%)	6 files compliant (67%) 3 files non compliant (33%) 2012 - 2 files compliant (18%), 9 files non compliant (82%)	6 files compliant (75%) 2 files non compliant (25%)	6 files compliant (100%)	7 files compliant (88%) 1 file non compliant (12%) 1 file not applicable	6 files compliant (75%) 2 files non compliant (25%) 1 file not applicable 2012 - 7 files compliant (64%), 1 file non compliant with factors (9%), 3 files non compliant (27%)

2012 – IFJ (17)

St. 1: 10 files compliant (59%), 1 file non compliant with factors -(6%), 6 files non compliant (35%)

St. 3: 6 files compliant (35%), 11 files non compliant (65%)

St. 5: 2 files compliant (12%), 15 files non compliant (88%)

St. 8: 1 file compliant (6%), 16 files non compliant (94%)

b) Resources

A total of 52 resource files were audited.

IFF – 27 open and closed resource files were audited. Overall level of compliance was **69%**.

IFJ – 25 open and closed resource files were audited. Overall level of compliance was **71%**.

The following table provides a breakdown of the compliance ratings:

AOPSI – Voluntary Services Standards	IFF (27)	IFJ (25)
Standard 29 Family Care Homes – Application and Orientation	23 files compliant (88%) 3 files non compliant (12%) 1 file not applicable	22 files compliant (88%) 3 files non compliant (12%)
Standard 30 Home Study	24 files compliant (92%) 2 files non compliant (8%) 1 file not applicable	23 files compliant (92%) 2 files non compliant (8%)
Standard 31 Training of Caregivers	16 files compliant (62%) 10 files non compliant (38%) 1 file not applicable	10 files compliant (40%) 15 files non compliant (60%)
Standard 33 Monitoring and Reviewing the Family Care Home	6 files compliant (27%) 16 files non compliant (73%) 5 files not applicable	12 files compliant (60%) 8 files non compliant (40%) 5 files not applicable

2012

IFA (13)

St. 29: 3 files compliant (33%), 6 files non compliant (67%), 4 files not applicable

St. 30: 2 files compliant (29%), 5 files non compliant (71%), 6 files not applicable

St. 31: 2 files compliant (15%), 11 files non compliant (85%)

St. 33: 11 files non compliant (100%), 2 files not applicable

IFB (7)

St. 29: 1 file compliant (100%), 6 files not applicable


St. 30: 2 files compliant (100%), 6 files not applicable

St. 31: 1 file compliant (14%), 6 files non compliant (86%)

St. 33: 4 files non compliant (100%), 3 files not applicable

<p>the requirement of scheduling monthly time with children and youth in care to ensure these standards are met and the requirement of team leaders and managers to use a tracking tool to monitor the completion status of all care plans. This practice directive will be provided to the office of the Provincial Director of Child Welfare.</p>		
<p>2. The agency practice analyst will review the standards and process for updating care plan documents with the managers and team leaders.</p>	<p>Kyla Veenbaas, MCFD Aboriginal Services Branch</p>	<p>July 31, 2014</p>
<p>3. The agency will release a practice directive to all administrative staff requiring the printing of electronic care plans and placing them in physical files.</p>	<p>Diane McEachern and Samantha Langton, FVACFSS</p>	<p>July 31, 2014</p>

PRACTICE AUDIT SIGNATURE PAGE: FRASER VALLEY ABORIGINAL CHILD AND FAMILY SERVICES

 <p>Don Miller Manager Quality Assurance, MCFD</p>	<p>Date: July 29, 2014</p>
--	----------------------------