

CASE PRACTICE AUDIT REPORT
Kw'umut Lelum Child and Family Services Society (IKB)

Fieldwork completed March 13, 2013
Audit completed by Mary Simpson, Practice Analyst,
Ministry of Children and Family Development
Report completed by Mary Simpson

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FIRST NATIONS DIRECTOR CASE PRACTICE AUDIT REPORT

Kwumut Lelum Child and Family Services Society (IKB)

1. PURPOSE

The purpose of the audit is to improve and support child service, guardianship and family service. Through a review of a sample of cases, the audit is expected to provide a baseline measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the third audit for the agency. The last audit of the agency was conducted in February 2010.

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.

The Aboriginal Services & Quality Assurance Division of the Ministry of Children and Family Development (MCFD) conducted the audit using the Aboriginal Case Practice Audit Tool (ACPAT). Audits of delegated agencies providing guardianship, family services and resources for children in care are currently conducted utilizing a three-year cycle.

2. METHODOLOGY

This was a process that involved both a practice audit, and an operational review of the agency. There was one practice analyst from MCFD who conducted both the practice audit and operational review.

The practice auditor conducted field work between February 18 and March 13, 2013. The computerized (ACPAT) was used to collect the data and generate office summary compliance reports and a compliance report for each file audited. The audit sample was chosen from 42 applicable open resource files, 67 applicable open child service files and one open family service file. A sample size of 13 resource files, 20 child service files and one family service file were audited or approximately 30% of the open child service and resource files and

100% of the open family service files. 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 executive director and staff to review the audit purpose and process. At the completion of the audit, the practice analyst again met with the available team members to discuss the preliminary findings of the audit. At this meeting, the next steps of the audit process were discussed including the report and the recommendations process.

3. AGENCY OVERVIEW

a) Delegation

Kwumut Lelum Child and Family Services Society (KLCFSS) formed in 1997 and received C4 guardianship services delegation in 1997. This audit was conducted based on the C4 guardianship work of the agency. This level of delegation enables the delegated agency to provide the following services:

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

KLCFSS signed their initial agreement in 1997. In 2002, a Delegation Confirmation Agreement was signed and in 2009 an extension was signed, effective to March 2014.

b) Demographics

KLCFSS is located on Snuneymuxw land in Nanaimo. The agency moved to this new location in January 2010. KLCFSS agrees to provide family and child services to member First Nations children and families residing in the reserve communities of Chemainus, Lyackson, Penelakut, Halalt, Malahat, Qualicum, Lake Cowichan, Nanoose and Snuneymuxw. The geographic service area also covers the cities and towns of Qualicum Beach, Parksville, Nanaimo, Ladysmith, Lake Cowichan, Duncan, the islands of Gabriola and Valdes and the immediate surrounding areas.

There are approximately 3664 registered on reserve band members for the nine communities. (*Source:* <http://www.kwumut.org/community.html>).

The agency is able to utilize the services of Child and Youth Mental Health, which is provided through the MCFD Nanaimo, Duncan and Victoria offices. Alcohol and drug services are available to each community from the nearby urban centers. Public health and some mental health services are also provided

in the communities. Agency staff works in conjunction with the social development workers from each of communities. The communities are serviced by local hospitals/health units, public, private and First Nation schools and RCMP and municipal police detachments. KLCFSS has several contractors delivering support services. These contractors provide private occupational therapy, neuropsychological assessments as well as psychological assessments and therapy.

The agency provides after hours coverage for guardianship matters related to their children in care and the KLCFSS duty worker attends with MCFD staff called out to their communities for protection issues.

c) Professional Staff Complement

At the time of the audit the agency's delegated staff consisted of seven social workers, two supervisors, a practice manager seconded from MCFD, and the executive director. Additional staff at the agency consists of:

- the collaborative planner,
- roots worker,
- supported access worker,
- recreational therapist,
- early childhood development worker,
- operations manager,
- office manager,
- two office assistants; and
- a receptionist.

d) Supervision and Consultation

The executive director of KLCFSS has C4 delegation and directly supervises the practice manager. He, in turn, provides the direct supervision to the three team leaders, as well as the office and operations managers. When one of the delegated team leaders is away, one of the other two will step in to provide supervision and consultation to that program area.

The guardianship team leader supervises the four delegated guardianship social workers as well as the recreational therapist. Supervision is accessed primarily through an open door policy; however, the team leader is implementing a bi-weekly individual supervision schedule for each worker. As part of this process, the team leader is utilizing clinical supervision guidelines as well as worksheets that benefit both the worker and the supervisor. Delegated staff have reported

that at times the team leader is not available and they have had difficulty accessing individual case supervision. When this occurs, the social workers will consult with each other or wait until they are able to meet with the team leader. The social workers reported that it would be beneficial to have regular meeting times during which the individual delegated teams can meet in order to discuss cases and any issues or information pertinent to that particular program area. All the agency staff attend a weekly staff meeting where general office information is shared and discussed. The practice managers and the team leaders attend a weekly management meeting which is focused on the operations of the Agency.

The resources team leader supervises one delegated social worker, the group home manager, "boys home" and a support worker. Supervision of the delegated worker occurs via an open door as well as through a bi-weekly case review meeting.

4. STRENGTHS OF THE AGENCY

Agency staff are committed to serving their clients and the communities using a culturally sensitive approach. They are knowledgeable of the services available in and to the communities. They recognize the strengths and challenges facing each community, and many of the staff are members of the communities served by the agency bringing to KLCFSS their rich knowledge of the history of the nations. The agency is located in Snuneymuxw territory in the community of Nanaimo and this further supports the cultural focus of the agency's work. The agency has recently completed a re-organization of all of their files that has greatly improved the ease of accessibility to information.

Strengths identified through staff interviews included:

- the addition of a framework that allows for more accessible supervision with a supervisor for each team;
- the recent development and implementation of new processes to provide a framework through which service to community members is improved;
- the ability of the executive director to not only have a clear vision, but also to carry it through;
- the ongoing cultural focus that is infused in with the work;
- the services (e.g. recreation therapist, psychologist, pediatrician); the agency either hires or contracts to improve outcomes for families and/or children and youth in care; and
- the addition of a practice manager to develop systems and to aid the team leaders with understanding and implementing effective supervision techniques/skills

5. CHALLENGES FACING THE AGENCY

Some challenges, and/or issues were identified through interviews with staff:

- as noted in the previous audit, some staff felt that the communication and decision making from management is lacking in clarity;
- at times, staff reported that the tone of how the information or decision is delivered is disrespectful;
- some staff felt that the number of meetings that team leaders are pulled into can, at times, make it difficult to access supervision;
- some staff felt that there was not enough training being offered to them.

6. DISCUSSION OF THE THREE PROGRAMS AUDITED

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

a) Resource files

As previously stated, 13 open resource files were audited. Many positive aspects were found in the resource files including:

- documenting supervisory approval;
- training offered;
- signed agreements with caregivers; and
- file organization.

Documentation missing from some resource files included:

- monitoring and reviewing the family care home; and
- quality of care reviews.

During the audit, the analyst brought to the attention of the team leader, the necessity to initiate a quality of care process involving one of the resources.

b) Child Service files

As already stated, 20 open child service files were audited. The audit showed a decrease in the overall compliance to many of the guardianship standards as compared to the previous audit.

Positive aspects were found and included:

- documented efforts to preserve the aboriginal identity and providing culturally appropriate services;

- documenting supervisory approval for guardianship services,
- involving family and community when deciding where to place a child;
- meeting the child's needs for stability by ensuring there is continuity in their relationships,
- planning a move for a child in care; and
- documentation of the social worker's knowledge of the existing interagency protocols in the communities.

Documentation missing from the files included

- monitoring and reviewing the child's comprehensive plan of care;
- discussing the rights of children in care with the child and caregiver;
- preparation for independence.

During the audit, the analyst brought several issues requiring follow up to the attention of the team leader including:

- *missing IRC documentation in three files;*
- *the lack of sufficient medical documentation on one file;*
- *the need for an increase in independence planning for three youth; and*
- *the continuing lack of follow through regarding a permanency proposal for a CIC.*

c) Family Service Files

As previously stated, 1 open family service file was audited. All required documentation was found in the file including:

- documenting or accepting appropriate requests for service within the agency's delegation;
- obtaining information and making appropriate requests for service;
- involving the aboriginal community;
- documenting the family service plan;
- completing support services agreements; and
- knowledge of the various services and protocols within the community.

7. COMPLIANCE TO PROGRAMS AUDITED

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

a) Compliance to Resource File Practice

Thirteen (13) of the 42 applicable open resource files were audited. Overall compliance to the resource standards was 86%. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship resources including:

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

The following provides a breakdown of the compliance ratings:

AOPSI – Voluntary Services Standards	
Standard 28 Supervisory Approval Required for Family Care Home Services	13 files(100%) compliant
Standard 29 Family Care Homes – Application and Orientation	6 files compliant 2 files non-compliant 5 files not applicable
Standard 30 Home Study	6 files compliant 3 files non compliant 4 files not applicable
Standard 31 Training of Caregivers	12 files compliant 1 file not applicable
Standard 32 Signed Agreement with Caregivers	12 files compliant 1 file non-compliant
Standard 33 Monitoring and Reviewing the Family Care Home	8 file compliant 3 files non-compliant 2 files not applicable
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	No files not applicable

Standard 35 Quality of Care Review	1 file compliant 1 file non-compliant 11 files not applicable
Standard 36 Closure of the Family Care Home	1 file (100%) compliant 12 files not applicable

b) Compliance to Child Service Standards

Twenty (20) of the 67 applicable open child service files were audited. The overall compliance was **67%**. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship child service including:

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

The following provides a breakdown of the compliance ratings:

AOPSI – Guardianship and Voluntary Services (VS) Standards	
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11)	18 files compliant 2 files non-compliant
Standard 2 Development of a Comprehensive Plan of Care (VS 12)	No files applicable
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13)	3 files compliant 17 files non-compliant
Standard 4 Supervisory Approval Required for Guardianship Services (Guardianship 4)	20 files (100%) compliant
Standard 5 Rights of Children in Care (VS 14)	5 files compliant 15 files non-compliant

Standard 6 Deciding Where to Place the Child (VS 15)	20 files (100%) compliant
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	20 files (100%) compliant
Standard 8 Social Worker's Relationship & contact with a Child in Care (VS 17)	1 file compliant 19 files non-compliant
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18)	1 file compliant 19 files not applicable
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	17 files compliant 3 files non-compliant
Standard 11 Planning a Move for a Child in Care (VS 20)	7 files compliant 1 file non-compliant 12 files not applicable
Standard 12 Reportable Circumstances (VS 21)	1 file compliant 4 files non-compliant 15 files not applicable
Standard 13 When a Child or Youth is Missing, Lost or Runaway (VS 22)	1 file non-compliant 14 files not applicable
Standard 14 Case Documentation (Guardianship 14)	4 files compliant 6 files not applicable
Standard 15 Transferring Continuing Care Files (Guardianship 14)	12 files compliant 1 file non-compliant 7 files not applicable
Standard 16 Closing Continuing Care Files (Guardianship 16)	No files applicable
Standard 17 Rescinding a Continuing Custody Order (Guardianship 17)	1 file compliant 19 files not applicable
Standard 19 Interviewing the Child about the Care Experience (Guardianship 19)	4 files compliant

	16 files not applicable
Standard 20 Preparation for Independence (Guardianship 20)	2 files compliant 1 file non-compliant with factors 1 file non-compliant 16 files not applicable
Standard 21 Responsibilities of the Public Guardian and Trustee (Guardianship 21)	No files applicable
Standard 24 Guardianship Agency Protocols (Guardianship 24)	20 files(100%) compliant

d) Compliance to Family Service Standards

The agency had one (1) delegated family service file open at the time of the audit. This file was audited, and was **100%** compliant. The file was audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship family service including:

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

8. ACTION PLAN

On May 2, 2013, the following action plan was developed in collaboration between Kwumut Lelum Child & Family Services Society and MCFD Office of the Provincial Director of Child Welfare & Aboriginal Services:

Actions	Person Responsible	Completion date
<p><u>Child Service:</u></p> <p>1. St. 3 Monitoring & Reviewing the Child's Comprehensive Plan of Care</p> <ul style="list-style-type: none"> • Review all CS files to determine if plans of care are in place. • Initiate planning meetings for CIC's with no plans of care. • Develop plans of care documents for each CS file. • All delegated staff to participate in training for new plan of care templates/process once implemented. 	<p>Practice Manager</p> <p>Practice Manager</p> <p>Practice Manager</p> <p>Practice Manager</p>	<p>June 1, 2013</p> <p>June 2, 2013</p> <p>July 30, 2013</p> <p>July 30, 2013</p>
<p>2. St. 5 Rights of Children in Care</p> <ul style="list-style-type: none"> • Social Workers to meet with all Children in Care and review S. 70 rights. • Document on CS files that this has occurred (see Appendix A). 	<p>Practice Manager</p> <p>Practice Manager</p>	<p>June 1, 2013</p> <p>June 15, 2013</p>
<p>3. St. 8 Social Worker's Relationship & Contact with a Child in Care</p> <ul style="list-style-type: none"> • Implement tracking system to ensure guardianship staff are documenting their contact with CIC's. • Guardianship staff will meet with CIC's as per standards, taking into consideration the needs of each 	<p>Practice Manager</p>	<p>September 1, 2013</p> <p>July 1, 2013</p>

individual child.	Practice Manager	
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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:

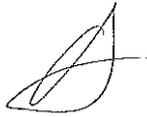
Social Worker

Date:

PROVIDE A SIGNED COPY TO ALL PARTICIPANTS

PRACTICE AUDIT SIGNATURE PAGE: KWUMUT LELUM CHILD & FAMILY SERVICES SOCIETY

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



Alex Scheiber
Deputy Director of Child Welfare, MCFD

Date: April 8, 2014