

CASE PRACTICE AUDIT REPORT
Ayas Men Men Child & Family Services

Audit completed by the Quality Assurance Branch of the Office of the Provincial Director
of Child Welfare and Aboriginal Services, Ministry of Children and Family Development.
Field Work Completed December 1, 2016

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1. PURPOSE

The purpose of the audit is to improve and support guardianship and resource service. 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 fifth C4 audit for Ayas Men Men Child and Family Services (AMMCFS). The last audit at the agency was completed in March 2014 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, who conducted the practice audit. The analysts conducted the data collection from November 21 – December 1, 2016. The 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 analysts were available to answer any questions from staff that arose during the audit process. Phone interviews were conducted following the completion of the data collection with the executive director, manager, team leader and social workers.

The population and sample sizes were based on data entered in Integrated Case Management (ICM) for office codes ITA and IJA and confirmed with the agency prior to the audit commencing. At the time of the audit, there were a total of 81 open and closed Continuing Custody Order, Special Needs Agreement and Voluntary Care Agreement child service files, 44 open and closed resource files, 24 open family service files and 3 closed family service files. Samples of 37 open and closed child service files, 27 open and closed resource files, 19 open family service files and 3 closed family service files were randomly selected for the audit. These sample sizes ensure a 90% confidence level within a 10% margin of error.

The scope of the practice audit was:

1. Children in care: files relating to children under Continuing Custody Orders, Special Needs Agreements and Voluntary Care Agreements that were open on September 30, 2016, and were open for at least 3 months, and files closed on September 30, 2016, and had been open for at least 3 months between October 1, 2013, and September 30, 2016.
2. Resources: files relating to foster homes that had children or youth in care for at least 3 months between October 1, 2013, and September 30, 2016. 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 Services: family service files that were open on September 30, 2016, and family service files that were closed between April 1, 2016, and September 30, 2016.

3. AGENCY OVERVIEW

a) Delegation

Ayas Men Men Child and Family Services was established and received C4 guardianship delegation in 1993. This level of delegation enables the delegated agency to provide the following services:

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

On April 1, 2016, Squamish Nation, Ayas Men Men Child and Family Services and MCFD signed an Interim Bilateral Modification of Tripartite Agreement which expires March 31, 2017.

b) Demographics

In 1923, 16 reserves in the North Shore and Squamish Valley area formed the Squamish Nation. Currently, the nation is comprised of 28 reserves which are located on the North Shore, Howe Sound, Sunshine Coast and Squamish Valley. The Nation consists of approximately 4500 members of whom over 50% live on reserves. There are 605 children living on reserves, 1095 children living off reserves, 1500 adults living on reserves and 1301 living off reserves (information provided by Ayas Men Men CFS and is based on statistics from February 2016).

The agency's geographic service area include: Squamish, West Vancouver, North Vancouver, Vancouver, Richmond, Delta, Surrey, Coquitlam, New Westminster and Burnaby.

Child and family services to the Squamish Nation are delivered primarily from 2 sites; North Vancouver and the Squamish Valley. The main office in North Vancouver (ITA) provides services for nation members on the North Shore and the office in Squamish (IJA) provides services for nation members in the Squamish Valley.

c) Professional Staff Complement

Ayas Men Men Child & Family Services consists of the following departments/programs:

- Administrative Services;
- Alternate Dispute Resolution Coordinator & Facilitator;
- Kinship Worker;
- Case Management (delegated services); and
- Family Therapy.

Over the past 2.5 years, there have been many changes in the social work component with 8 social workers leaving and 8 new social workers hired. The new social workers have brought DAA and MCFD experience. At the time of the audit, the case management team consisted of the executive director, 1 manager, 1 team leader, 9 social workers delivering family and guardianship services and 3 resource workers.

In addition to the delegated staff, AMMCFS has had on contract, for the past 11 years, 2 experienced retired MCFD social workers/managers who assist with the policy development/ writing that support the practice and operational requirements of the agency. One of the contractors has had previous assignments at the agency as a practicum student for her MSW, a guardianship worker and team leader until settling into her role as a consultant for policy/procedure.

All of the social work staff, the team leader, the manager and the ED are delegated to a C3 or C4 level and have completed the ASW delegation or MCFD delegation training. Many of the new social workers have previous DAA or MCFD experience. The agency also has ongoing social work practicum students from the Nicola Valley Institute of Technology (NVIT) and the University of British Columbia (UBC) and has hired some of them in the past couple of years.

There is 1 administrative team leader and 6 other administrative positions, including an events planner, who support the staff of the case management team as well as staff from the other teams.

d) Supervision and Consultation

The manager is responsible for the direct supervision of the 3 resource social workers, 4 guardianship social workers, the family service team leader and the play therapist. In Nov 2016, the agency hired a child & youth mental health therapist who reports directly

to the manager and works with the manager and ED in developing the agency's mental health plan/services. The manger is also responsible for the budget, quarterly reports and work planning.

The manager schedules monthly 1:1 supervision with each staff who directly report to her as well as having an open door policy for day to day consults and meetings. When the manager is busy, the social workers can email her and it was reported she is very prompt in her responses. The manager attempts to travel to Squamish biweekly to meet with the staff there however that schedule is not always able to be met. The guardianship and resource teams meet biweekly in North Vancouver and approximately every 2 months, the meeting is held in Squamish. Given the number of staff reporting to the manager, it was reported by staff that the scheduled supervision does get cancelled or rescheduled resulting in more than a month passing between the scheduled supervision appointments. The analysts did not identify any gaps in the documentation regarding meeting the key supervision or consultation points for guardianship practice.

Since the 2013 audit, the senior social worker was assigned oversight responsibilities of the family service social workers and in 2014 assumed direct supervision of those staff. The recently appointed team leader, who held the senior social worker position until July 2016, schedules 1:1 supervision biweekly and there are biweekly family service team meetings. Additionally, this position has a quality assurance role in monitoring the social workers' practice and compliance to AOPSI standards. The team leader and manager provide coverage for each other when they are out of the office or on holidays. The manager and the team leader have a good working relationship and staff reported these positions have further strengthened the supervision at the agency.

The executive director was delegated in 2012 and it was evident from the file audit, and confirmed by staff, that she is appropriately involved as needed or when requested and provides a significant amount of support to the managers, team leaders and social workers.

Following the last audit and other internal staffing reviews, the executive director and manager identified the need to make changes to guardianship caseloads based on staff strengths and the program's goal of increasing permanency planning and family connections. As a result, the social workers are now responsible for 15-20 child service cases which allow them to develop stronger relationships with the children and youth in care, focus on cultural planning and increase permanency planning related to adoptions and 54.1 Transfer of Custody. For the resource team, a third resource social worker was added to the team and now 2 social workers provide caregiver support and the third is responsible for recruitment, SAFE studies and quality of care reviews. Within the family service team, no change in caseload composition was made but the team is working on improving the prevention work they provide outside of their delegated responsibilities. In August 2016, a family service social worker was placed within the Family Program in order to gather feedback from the parents about what they need in terms of prevention support.

e) Approaches to Practice

Ayas Men Men Child & Family Services has implemented several innovative approaches to practice over the years. Some of the approaches were evidenced in the files audited and/or were commented on in the staff interviews:

- NexwniwniTway: the Squamish Alternative Dispute Resolution program was launched in 2008. Since then over 300 family circles have been held. The participants have included clients, extended families, AMMCFS social workers, police, MCFD and community Elders. This approach encourages families and communities to come together to help make effective plans for children. NexwniwniTway is a model that other sectors of the Nation now use to resolve differences. It is a model consistent with Squamish values and practices.
- Community Awareness & Prevention: There has been an emphasis on community development and engagement, especially with Elders, in developing a community garden and improving nutrition and connections through community kitchens and food distribution.
- Ceremonies: these include “Honouring Our Children” where all children in care are blanketed and “Honouring Babies” where all new babies for each year are honoured. AMMCFS reported that their previous children in care commented on how important these ceremonies and other cultural events are to their feelings of identity and belonging.
- Self-Evaluation: Ayas Men Men Child and Family Services conducted AANDC funded self-evaluations in 2009, 2011 and 2015. These self-evaluations provided important feedback for planning purposes. Another is planned for the winter/spring 2017.

4. STRENGTHS OF THE AGENCY

Through data collection and staff interviews, the analysts identified the following strengths at the agency and of the agency’s guardianship, resource and family service practice over the course of the audit:

- There is a concerted focus on providing professional development opportunities/training for the delegated staff. Over the past couple of years, staff have attended numerous workshops and training including: Integrated Case Management; Safe Babies; Resource Practice Standards ; Signs of Safety (Questions and Mapping); Cultural Competency(Ceremonies, Family Connections, Plants and Medicines); Mindfulness Practice(Tulshi Sen Meditation, Visioning and Goal Setting); and Intensive Interviewing.
- The ED, the manager and the administrative services team leader are Squamish Nation members and have developed a plan to increase the number of Nation caregivers on reserves. In 2017, each of them will be personally contacting specific community members to invite and educate them about becoming a caregiver.

- Staff reported that they work in a very collaborative and supportive environment and work well together as a larger team. Further to this, staff reported that their individual strengths are recognized, respected and enhanced.
- The ED has a pro-active approach to the agency's practice and it was reported that she has made a number of positive changes within the case management team. She is very supportive of capacity building amongst the team members and approaches the staff and facilitates the changes in a very skillful and respectful manner.

5. 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.
St. 24 Guardianship Agency Protocols	The social worker has followed all applicable protocols.

Findings from the audit of the child service files include:

- The staff work extensively with the Squamish Nation membership department, the families, extended families, Elders and a cultural advisor to develop and implement a Cultural Plan for every child/youth in the agency's care (100% compliance). Each Cultural Plan contains important family and cultural information that is unique to the child/youth in care. The plans were written in a format similar to the Care Plans and included goals, review dates and a signature from each of the participants. The Cultural Plans were completed annually and most were reviewed every 6 months. The Cultural Plans were exceptionally well written and the analysts recognize the amount of work that went into creating each one.
- In the 2 applicable files, 1 had the initial Care Plan completed at the time of admission (50 % compliance) and 1 file did not.
- Thirty-five files contained Care Plans completed over the 3 year audit scope period (95% compliance). The Care Plans were extremely well written, were

completed annually and most also had 6 month reviews. Two files did not have 2016 Care Plans.

- Excellent documentation of supervisory approvals and consults was found throughout the files (100% compliance).
- Section 70 rights of children in care are being reviewed annually with children/youth in care or their significant others when young age or capacity are factors (84% compliance). In 6 files, there was a lack of documentation of the annual review of the section 70 rights. The section 70 rights of children in care and the appropriate discipline standards are contained in one document and are reviewed with the children/youth in care and the caregivers at the same time.
- Rationales for placement selections and placement planning were very well documented in all of the files (100% compliance). There was a strong effort to maintain sibling groups and to reunite siblings in the same placement.
- 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). The analysts noted that there was a lot of contact between the children and youth in care and their home community if they are living away from it. This is an area of focus for the agency as they strive to increase the number of children placed/living within their home communities.
- Documentation of the social workers' private contact with children/youth in care met the standard on 25 files of the 37 applicable files (68% compliance). On those files rated compliant, there was evidence of the social worker's regular and private contact with the children/youth in care and in many of the files, there was evidence of more than one private visit occurring monthly. In the 12 files rated non-compliant, it was difficult to find evidence that private visits occur with the social workers and children and youth every 30 days. Following the last audit, the agency made changes to the Best Practices database so that the social workers could document their private visits more clearly and this was evident throughout the 25 compliant files.
- Documentation that information about the children and youth in care had been provided to the caregivers at the time of placements and that the appropriate discipline standards were reviewed with the caregivers met the standard on 31 of the 37 applicable files (84% compliance).
- Excellent documentation of annual medical, dental and optical appointments, speech therapy, occupational and physical therapy as well as other assessments was found on all 37 files (100% compliance).
- Documentation about planning a move of a child or youth in care, including the reasons for the move, met the standard on the 12 applicable files (100% compliance).
- Complete documentation on the follow up to reportable circumstances was found on 2 of the 4 applicable files (50% compliance). For the 2 files rated non-compliant, the analyst provided the names of the files to the manager for follow up.

- There were 4 applicable files where children/youth were missing, lost or runaway and excellent documentation of the social workers' collaborative responses to locating the youth was evident on the files (100% compliance).
- Guardianship case documentation met the standard in 35 of the 37 applicable files. (95% compliance).
- Internal transfer recordings were documented on 22 of the 27 applicable files (81% compliance). On 5 files rated non-complaint, the only reference that the file had been transferred to a new social worker was a new name appearing on the case notes or other documentation.
- Closing documentation was completed on the 6 applicable files (100% compliance). The closing recordings were well written and included a thorough summary of the child's/youth's time in care.
- Interviews with children and youth in care about their care experiences when leaving their placements were documented on the 9 applicable files (100% compliance). For the youth turning 19, their interviews were documented in the closing recordings and included the questions asked by the social workers and the youths' responses.
- Documentation of Independent Living Plans, including referrals for 1:1 support, applications to adult CLBC services, applications to benefits for persons with disabilities, budget planning and job searches met the standard on the 11 applicable files (100% compliance). There was also evidence of Family Circles being held for youth in transition.
- Detailed documentation of the involvement of the Public Guardian and Trustee (PGT) was found on all of the 37 applicable files (100% compliance). There was also evidence of involvement of the PGT for financial planning assistance for youth turning 19.
- Complete documentation of protocol investigations was found on the 2 applicable files (100% compliance).
- When quality of care concerns were identified, complete documentation was found on the 1 applicable file (100% compliance).
- 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 agencies (100% compliance).

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	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:

- Excellent documentation of supervisory approvals and consults was found throughout all of the 27 applicable files (100% compliance). These also include supervisory approvals on key documents such as the home studies, exceptions to policy and family care home agreements.
- Complete application and orientation documentation was found on 22 of the 25 applicable files (88% compliance). In the older files, updated consolidated criminal record checks were updated and completion of the foster parent orientation was documented.

- Completed SAFE home studies were found on all 13 applicable files (100% compliance). The studies were well written and contained a thorough assessment of the caregivers' histories and appropriateness for fostering.
- Training offered to, and taken by, the caregivers was documented thoroughly in 26 of the 27 applicable files (96% compliance). The agency has a contract with Hollyburn Family Services to provide training and specialized support to the caregivers of the agency.
- Completed, signed and consecutive Family Care Home Agreements were found on 26 of the 27 files (96% compliance).
- Completed annual reviews for the entire 3 year audit scope period were found on 22 of the 27 applicable files (81% compliance). Five files were missing 1 or more annual reviews. Specifically, 1 file did not have an annual review for 2014, 1 file did not have an annual review for 2015, 1 file did not have an annual review for 2014 and 2015, and 2 files did not have annual reviews for the 2016. Although not all of the annual reviews were completed, there was good documentation that social workers are maintaining regular contact with their caregivers through home visits and phone/email contact. In most of the files it was noted that the resource social workers are providing prompt and supportive responses to the caregivers' requests and needs.
- Documentation of the agency's responses and involvement regarding investigations of alleged abuse or neglect in family care homes met the standard on all 3 applicable files (100% compliance). There was good collaboration noted between the MCFD social workers and the agency's guardianship and resource social workers.
- Documentation on quality of care reviews met the standard on the 3 applicable files (100% compliance). There was good collaboration noted between the guardianship and resource social workers.
- Complete closing documentation, including closing recordings with the reasons for closures and closing notification letters to the caregivers, was found on 9 of the 10 applicable files (90% compliance).

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 all 20 applicable files (100% compliance).
- Supervisory approvals and consultations were found throughout the course of service provision in all 22 applicable files (100% compliance).
- There was high compliance to providing information to callers and completing referrals to voluntary services in 21 of the 22 applicable files (95% compliance).
- Involvement of the Squamish Nation was evident in all 22 applicable files (100% compliance). The social workers work well with extended families and community members in supporting the children and parents.
- Family service plans were documented in 14 of the 22 applicable files (64% compliance). The social workers are utilizing family circles to establish the overall plan. In the 8 files rated non-compliant, there was a lack of details in the initial plans and subsequent updates to the family plans. As well, goals, time frames for review of the family plans and signatures of participants in the plans were not evident.
- Complete and consecutive Support Service Agreements were found in 19 of the 22 applicable files (86% compliance).
- In the 1 applicable file, the rationale for the Voluntary Care Agreement and the completed and signed agreement was found (100% compliance).
- In the 1 applicable file, the rationale for the Special Needs Agreement and the completed and signed agreement was found (100% compliance).
- Case documentation and review recordings to capture the overall periods of service and goals achieved or not achieved was found in 17 of the 22 applicable files (77% compliance). In the 5 files rated non-compliant, there was a lack of review recordings or updates on the status of the service plan and goals.
- In 7 of the 8 applicable files, internal transfer recordings were completed (88% compliance).
- In all 9 applicable files, complete closing documentation and notification to the parent of the file closure was located (100% compliance).
- In all of the 22 applicable 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 partners (100% compliance).

6. COMPLIANCE TO PROGRAMS AUDITED

a) Child Service

There were a total of 37 open & closed child service files audited. The overall compliance rate to the child service standards was **93%**. 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	% Compliant
Standard 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11)	37	37	0	100%
Standard 2: Development of a Comprehensive Plan of Care (VS 12) *	2	1	1	50%
Standard 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13)	37	35	2	95%
Standard 4: Supervisory Approval Required for Guardianship Services (Guardianship 4)	37	37	0	100%
Standard 5: Rights of Children in Care (VS 14)	37	31	6	84%
Standard 6: Deciding Where to Place the Child (VS 15)	37	37	0	100%
Standard 7: Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	37	37	0	100%
Standard 8: Social Worker's Relationship & contact with a Child in Care (VS 17)	37	25	12	68%
Standard 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18)	37	31	6	84%
Standard 10: Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	37	37	0	100%
Standard 11: Planning a Move for a Child in Care (VS 20) *	12	12	0	100%
Standard 12: Reportable Circumstances (VS 21) *	4	2	2	50%
Standard 13: When a Child or Youth is Missing, Lost or Runaway (VS 22) *	4	4	0	100%

Standard 14: Case Documentation (Guardianship 14)	37	35	2	95%
Standard 15: Transferring Continuing Care Files (Guardianship 14) *	27	22	5	81%
Standard 16: Closing Continuing Care Files (Guardianship 16) *	6	6	0	100%
Standard 17: Rescinding a Continuing Care Order and Returning the Child to the Family Home *	0	0	0	
Standard 19: Interviewing the Child about the Care Experience (Guardianship 19) *	9	9	0	100%
Standard 20: Preparation for Independence (Guardianship 20) *	11	11	0	100%
Standard 21: Responsibilities of the Public Guardian and Trustee (Guardianship 21)*	35	35	0	100%
Standard 22: Investigation of Alleged Abuse or Neglect in a Family Care Home *	2	2	0	100%
Standard 23: Quality of Care Review *	1	1	0	100%
Standard 24 Guardianship Agency Protocols (Guardianship 24)	37	37	0	100%

Standard 2: 35 files did not require initial care plans during the audit scope period because the children/youth entered care prior to October 1, 2013.

Standard 11: 25 files involved children who were placed with their families or were not moved from their care homes.

Standard 12: 33 files did not contain information regarding reportable circumstances.

Standard 13: 33 files did not contain information regarding children missing, lost or run away.

Standard 15: 10 files were not transferred.

Standard 16: 31 continuing care files were not closed.

Standard 17: 37 files did not include rescindment of a continuing custody order.

Standard 19: 28 files involved children or youth who did not change placements or were too young to be interviewed.

Standard 20: 26 files involved children and youth too young to be prepared for independence.

Standard 21: 2 files did not have PGT involvement because they were in care by a voluntary care /special needs agreement.

Standard 22: 35 files did not include an investigation of alleged abuse or neglect in a family care home.

Standard 23: 36 files did not include a quality of care review.

b) Resources

There were a total of 27 open and closed resource files audited. The overall compliance rate to the resource standards was **93%**. 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	% Compliant
Standard 28 Supervisory Approval Required for Family Care Home Services	27	27	0	100%
Standard 29 Family Care Homes – Application and Orientation *	25	22	3	88%
Standard 30 Home Study *	13	13	0	100%
Standard 31 Training of Caregivers	27	26	1	96%
Standard 32 Signed Agreement with Caregivers	27	26	1	96%
Standard 33 Monitoring and Reviewing the Family Care Home	27	22	5	81%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	3	3	0	100%
Standard 35 Quality of Care Review *	3	3	0	100%
Standard 36 Closure of the Family Care Home *	10	9	1	90%

Standard 29: 2 files included application & orientation documentation completed prior to October 1, 2013.

Standard 30: 14 files included home studies completed prior to October 1, 2013.

Standard 34: 24 files did not include an investigation of alleged abuse or neglect in a family care home.

Standard 35: 24 files did not include a quality of care review.

Standard 36: 17 files were not closed.

c) Family Service

There were a total of 22 open and closed family service cases audited. The overall compliance rate for Family Service was **91%**. 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 Non-Compliant	% Compliant
St 1 Receiving Requests for Services *	20	20	0	100%
St 2 Supervisory approval required for Voluntary Cared	22	22	0	100%
St 3 Information and Referral for Voluntary Services	22	21	1	95%
St 4 Involving the Aboriginal community in the Provision of Services	22	22	0	100%
St 5 Family Service Plan for support services	22	14	8	64%
St 6 Support Service Agreements	22	19	3	86%
St 7 Voluntary Care Agreements*	1	1	0	100%
St 8 Special Needs Agreement*	1	1	0	100%
St 9 Case Documentation	22	17	5	77%
St 24 Transferring Voluntary Services Files*	8	7	1	88%
St 26 Closing Voluntary Services Files*	9	9	0	100%
St 27 Voluntary Services Protocols	22	22	0	100%

Standard 1: 2 files had intakes completed prior to October 1, 2013.

Standard 7: 21 files did not involve VCAs

Standard 8: 21 files did not involve SNAs

Standard 24: 14 files did not involve a transfer

Standard 26: 13 files were not closed

7. ACTIONS COMPLETED TO DATE

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

- As of February 2017, the agency completed and submitted Reportable Circumstance reports for the 2 non-compliant files.

8. ACTION PLAN

On February 21, 2017, the following Action Plan was developed in collaboration between Aya Men Men Child & Family Services and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Person Responsible	Completion date
Child Service: 1. The agency will complete the outstanding 2016 Care Plans on non-compliant files. Confirmation of the completed Care Plans will be verified in ICM by the Office of the Provincial Director of Child Welfare.	Executive Director, AMMCFS	April 30, 2017
Resources: 2. The agency will complete and update all outstanding application documentation on non-compliant files. Confirmation of the completed documentation will be sent, via email, to the Office of the Provincial Director of Child Welfare.	Executive Director, AMMCFS	April 30, 2017
3. The agency will complete the outstanding 2016 family care home annual reviews on non-compliant files. Confirmation of the completed documentation will be sent, via email, to the Office of the Provincial Director of Child Welfare	Executive Director, AMMCFS	April 30, 2017
Family Service: 4. The agency will distribute a practice directive to all staff regarding the requirement to complete Family Plans during the provision of voluntary family services. A copy of the practice directive will be sent to the Office of the Provincial Director of Child Welfare.	Executive Director, AMMCFS	April 30, 2017



March 8, 2017

Alex Scheiber
Deputy Director of Child Welfare, MCFD

Date