

CASE PRACTICE AUDIT REPORT

Vancouver Aboriginal Child and Family Services Society (VACFSS)

Guardianship Child Services & Resources

IRB, IRC, IRD, IRE, IRG & IRM

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed February 4, 2016

TABLE OF CONTENTS

	PAGE
1. PURPOSE.....	3
2. METHODOLOGY.....	3
3. AGENCY OVERVIEW.....	4
a) Delegation	4
b) Demographics.....	5
c) Professional Staff Compliment	6
d) Supervision & Consultation.....	7
4. STRENGTHS OF THE AGENCY.....	8
5. CHALLENGES FACING THE AGENCY.....	9
6. DISCUSSION OF THE PROGRAMS AUDITED.....	10
a) Child Service Files.....	10
b) Resource Files.....	16
7. COMPLIANCE TO THE PROGRAMS AUDITED	18
a) Child Service Files.....	18
b) Resource Files.....	20
8. ACTIONS COMPLETED TO DATE.....	21
9. ACTION PLAN.....	22

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 fourth guardianship child service and resource audit for Vancouver Aboriginal Child and Family Services Society (VACFSS). The last audit of these programs at the agency was completed in February 2012 as per the regularly scheduled 3 year audit cycle.

The specific purposes of the audit are:

- to further the development of practice;
- to assess and evaluate practice in relation to existing legislation and the Aboriginal Operational and Practice Standards and Indicators (AOPSI);
- to determine the current level of practice across a sample of cases;
- to identify barriers to providing an adequate level of service;
- to assist in identifying training needs; and
- to provide information for use in updating and/or amending practice standards or policy.

2. METHODOLOGY

There were 2 quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare, Quality Assurance, who conducted the practice audit. The quality assurance analysts conducted the field work from January 11 – February 4, 2016. The Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the child service and resource files and generate office summary compliance reports and a compliance report for each file audited.

The population and sample sizes were based on data entered in Integrated Case Management (ICM) and confirmed with the agency prior to the audit commencing. At the time of the audit, there were a total of 362 open and closed continuing custody order (CCO) child service files and 215 open and closed resource files. Samples of 57 open and closed child service files and 52 open and closed resource files were randomly selected for the audit.

The numbers of child welfare records in the samples ensure (at the 90% confidence level) that the results are within plus or minus 10% (the margin of sampling error) from the results that would be obtained if every child welfare record was audited within the agency. More specifically, the 90% confidence level and 10% margin of error means that if the ministry conducted 100 audits of the same DAA using the same sampling procedure it currently uses, then in 90 of the 100 audits, the results would be within 10 % of the results that would be obtained if the ministry had audited every child welfare file within the DAA.

Five resource files were removed from the sample during the audit for the following reasons: 1 file was unavailable, 2 files were duplicates, 1 file was closed in January 2013, and 1 file was an out of care option file.

The scope of the practice audit was:

1. Child in care files: files relating to children in the continuing custody of the agency that were open on November 30, 2015 and were open for at least 3 months and files relating to children in the continuing custody of the agency that were closed on November 30, 2015 and had been open for at least 3 months between December 1, 2012 and November 30, 2015.
2. Resource files: files relating to foster homes that had children or youth in care for at least 3 months between December 1, 2012 and November 30, 2015. Children or youth in care had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level 1 Care, Level 2 Care, Level 3 Care, and First Nations Foster Home.

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 fieldwork with the managers, team leaders and social workers. At the completion of the fieldwork, the analysts held a meeting with the managers, team leaders and delegated staff to provide some preliminary findings and discuss the next steps in the audit process.

3. AGENCY OVERVIEW

a) Delegation

VACFSS is delegated at C6 Child Protection. 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;
- Establishing Residential Resources; and
- Family Preservation Program.

The agency also delivers the following programs and services which are integral to the agency's practice and consistent with the *CFCSA*:

- Family Group Decision Making – a collaborative services program delivered by C6 social workers;

- Strengthening Families Program – a Family preservation program delivered by C3 social workers;
- Culturally Relevant Urban Wellness Program – provides support to the guardianship social workers and is overseen by a delegated child and youth engagement coordinator;
- Youth Advisory Council – supports the rights of children/youth in care and is overseen by the guardianship manager;
- Homecoming Reunification ceremonies – supports permanency planning, rescindment planning and meets community expectations;
- Touching the Lands of Our Relations ceremonies – supports the requirement to keep a child in care in touch with their community;
- Honouring Our Babies – First Year Ceremony – part of the case management process in child safety and guardianship practice for high risk mothers that facilitates attachment between the mother and child; and
- Lifelong Connections – supports permanence and community connections.

VACFSS assumed C6 Child Protection delegation in April 2008. The agency has 3 locations in Vancouver with the intake/child protection and family service teams in one location, the guardianship and residential resources teams in a second location, and the Chief Executive Officer, family preservation program and additional operational staff located in a third location.

In 2001, a Delegation Enabling Agreement was signed enabling the agency to provide services to the communities of Vancouver. In 2007, a Delegation Confirmation Agreement was signed. In 2013, a Modification Agreement was signed stipulating that the agency will not provide child protection services to the community of Richmond.

b) Demographics

VACFSS is 1 of only 5 delegated Aboriginal agencies in the province that serve an urban population. The agency provides services to the urban Aboriginal population in Vancouver. Services are not provided to those families who are served by MCFD or other delegated Aboriginal agencies within the same geographic area.

According to the 2013 Modification Agreement, VACFSS may continue to provide guardianship services to Aboriginal children and youth in the agency's care who are placed outside of the Vancouver area in the communities of: Burnaby, New Westminster, Tri-Cities, Surrey East, Surrey North, Surrey South, Delta and North Shore/Squamish.

c) Professional Staff Complement

i) Guardianship

VACFSS has 3 guardianship teams. The guardianship program has 25 full time equivalent positions: 1 manager, 3 team leaders, 1 guardianship consultant, 1 lifelong connection coordinator, 15 guardianship social workers, 1 supervisor of administrative services (shared with the resources program), and 3 administrative assistants. VACFSS has temporarily increased staffing capacity by topping up the half time Guardianship Consultant to full time and adding a full time administrative assistant. The guardianship manager has overall responsibility for the delegated work completed by the 3 teams, including the 3 team leaders. The lifelong connection coordinator and the guardianship consultant report to the manager. The office codes of the 3 teams are IRB, IRC and IRE. Each team consists of a team leader and 5 social workers. Each team is currently experiencing staff vacancies which have left the social workers or team leaders covering activities on these caseloads until the positions are filled.

The guardianship consultant is responsible for tracking permanency plans, Community Living British Columbia (CLBC) transitioning, mentoring and supporting guardianship social workers, conducting research and individual consultation on complex guardianship matters.

The lifelong connection coordinator manages the out of province guardianship cases and organizes home coming ceremonies in the communities which supports the agency's "Touching our Land of our Relations" and the "Inclusive Foster Care" policies. The coordinator visits communities and establishes connections with the bands. This position is currently responsible for 11 out of province children/youth in care and she visits them in their placements on an annual or more frequent basis.

ii) Residential Resources

VACFSS has 3 residential resources teams. The resource program has 20 full time equivalent positions: 1 manager, 3 supervisors, 12.5 resource social workers, 1 supervisor of administrative services (shared with the guardianship program), 2.5 administrative assistants, and 1 resource accounting clerk. VACFSS has created a third clinical supervisor and 1 new resource social work positions that focus on foster parent recruitment and child placement. The resource manager has overall responsibility for the delegated work and contract management. The 3 team leaders and the supervisor of administrative services report to the manager. The office codes for the 3 teams are IRD, IRG, and IRM. Each team has a clinical supervisor with 1 team of 5 social workers, 1 team of 4 social workers and 1 team of 1 social worker, 2 term social workers and 1 contract social worker. Two of the teams are responsible for providing the ongoing support to the agency's caregivers to meet the children's needs as defined in their "Care Plans". The third team is responsible for recruitment and child placement. This team has specific focus on recruiting new caregivers (with an emphasis on the recruitment of Aboriginal foster parents), accepting and processing new applications, completing the home studies and approvals, and opening new resource homes. The number of term and contract staff on this team varies depending on yearly budgetary allotments. The

agency also has a small pool of casual social workers to draw from for longer term back fill or for a term position on one of the resource teams. The residential resources program's staffing levels have been relatively stable over the past couple of years and the manager's experience and supportive working style provides a great deal of stability to the program. The administrative team includes the shared supervisor of administrative services and team assistants for each team.

iii) Staff Delegation

All of the delegated staff at the agency have the required post-secondary education. As well, all of the delegated staff have completed the Aboriginal Social Work Delegation Training and/or MCFD Delegation Training. Of those delegated staff with conduct, and/or supervision of guardianship files at the time of the audit, all have C4 delegation. Of those delegated staff with conduct, and/or supervision of resource files at the time of the audit, all have C3 delegation except for the resources manager who has C6 delegation. Additionally, the Director of Programs has C6 delegation and the Chief Executive Officer has C1 delegation.

d) Supervision and Consultation

i) Guardianship

During the interviews with staff, it was learned that access to supervision and consultation are readily available, whether it is in the office, by email or by phone. All 3 team leaders have an open door policy and recognize the strengths and skills of the social workers on their teams who are managing very complex and challenging cases. The 3 teams meet on a monthly basis and this meeting provides opportunities for larger organizational discussions, guest speakers, and general program updates. Cases are not discussed at this larger meeting.

The teams meet individually on a weekly to tri-weekly basis. Throughout the month, there are regular case tracking/supervisory meetings between the individual social workers and their team leaders depending on time and staff availability. Staff reported a varied level of satisfaction in the supervision they are receiving. Some staff confirmed they are well supported and that their supervision needs are being met on a consistent basis. Some staff reported that some of the team leaders are also managing small caseloads due to vacancies on their teams which, at times, impacts their availability to the social workers. When a team leader is not available, the social worker will consult with a senior social worker on the team; consult with another team leader or the guardianship manager. The guardianship consultant is also available to support social workers, particularly with regard to planning for services for children with developmental disabilities.

The guardianship manager provides supervision and consultation for the team leaders, guardianship consultant and lifelong connection coordinator through an open door policy and monthly scheduled supervision. In addition, the manager and team leaders meet weekly as a management team to address systems and practice issues in a planned and proactive approach.

The guardianship manager reports to the director of programs and receives monthly structured supervision.

ii) Resources

The staff on the 3 teams indicated that access to supervision and consultation are readily available whether it is in the office, by email or by phone. The team leaders maintain an open door policy and staff reported that this works very well for them.

Two of the teams have regular weekly or bi-weekly team meetings. Throughout the month, there are regular case tracking/supervisory meetings between the individual social workers and their team leaders depending on time and staff availability. Given the small size of the recruitment and intake team, they meet on an informal, almost daily basis to discuss the status of resource applications, home studies, placements and recruitment strategies. All 3 teams meet together on a weekly basis to discuss placements and, if needed, specific resource issues or concerns.

The resource manager maintains an open door policy for the team leaders and social workers. At times, the demands on the manager's time can impact his availability in the office so he is also available by phone or email. The team leaders meet with the manager on a weekly basis and the staff reported that their supervision needs are being met on a consistent basis.

All of the team leaders and managers have completed or are participating in the internal leadership training which was developed for prospective team leaders at the agency. This training supports long term staff retention and succession planning while promoting staff development.

The resources manager reports to the director of programs and receives monthly structured supervision.

4. STRENGTHS OF THE AGENCY

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

- Many of the children/youth in the care of the agency are from outside of the local area and efforts are made by staff to ensure that children receive culturally appropriate information regarding their specific Aboriginal heritage from their band/nation. Efforts have been made to have the children visit their home communities whenever possible and arrangements have also been made for relatives to be brought for visits with the children in care residing in the Vancouver area.
- The lifelong connection coordinator works with the bands/communities to arrange Homecoming Ceremonies for the children/youth in care.
- The agency practices "inclusive foster care" whereby the child protection, guardianship and resource social workers support the caregivers to include the

children's biological families as much as possible in the care and lives of their children.

- The agency provides many opportunities, both internally and externally, for professional development. The agency regularly brings in guest speakers as well as supports post-secondary education courses. The agency has provided leadership training to senior agency social workers in anticipation of moving into supervisory positions, through a contract with an external leadership and organizational effectiveness firm.
- The agency has a number of long term, senior social workers, team leaders and managers. A number of these staff members have been identified as part of succession planning and have completed the agency's leadership training.
- Guardianship and resource social workers are determined to find the appropriate services for the children, youth and caregivers they serve. The social workers effectively utilize the services provided by the agency as well as outside sources to refer their caregivers and children/youth in care to.
- The caregivers receive additional funds in order to meet the needs of the children and youth they are caring for, including additional cost of living expenses and the purchase of additional relief services in their homes.
- Many of the agency's caregivers have been fostering on a long term basis.
- The agency has developed a comprehensive exception to foster caregiver policy process whereby the rationale for the exception to foster parent standards is assessed jointly by the guardianship social worker, team leader and manager and the resource social worker, team leader and manager. The decision regarding the exception is documented on the file and the decision is reviewed on a regular basis to determine if the exception is still required, needs to be modified or is no longer needed. This documented process was developed in response to the findings from the last audit.

5. CHALLENGES FACING THE AGENCY

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

- Caseload size and case complexity on the guardianship teams are difficult to manage and prioritize. Most of the guardianship social workers manage a caseload of between 20-25 files of children/youth in care. Many of the staff reported that they have too many high risk youth on their caseloads which can take priority over some of the lesser active, albeit important, cases. The social workers often find themselves in crisis response with the youth and identified that smaller caseloads would allow them to approach planning in a more meaningful way with the children/youth.
- Over the past couple of years, both of the guardianship and residential resources programs have experienced staff turnover and temporary vacancies created by retirements, staff leaving the agency, vacations, illnesses, and delegation training. This has impacted the overall work in both programs due to staff having to cover additional caseloads for extended periods of time. In the past, the

guardianship team leaders often managed cases in addition to their supervisory responsibilities. Team leaders are no longer permitted to carry caseloads.

- Auditors noted that on some of the guardianship and resource files, there were gaps in information and missing planning documents when files were not managed by an assigned social worker. This was evident, in particular, during the 2012-2013 timeframe.
- It was reported by some of the staff that there had been some delay in filling short term sick leaves, maternity leaves, education leaves, temporary vacancies and some long term positions. It is their perception that the delays may be a result of the agency being unable to meet its policy target of 51% Aboriginal employees. In response, the agency’s management reported that the delays are not because of not being able to hire aboriginal social workers, as they have been at, or above, the 51% target for a considerable length of time and have a large pool of aboriginal applicants. The delays are a result of being unable to backfill temporary (3-6 months) vacancies. To address this challenge, the agency now posts 1 year term positions and manages the “over burn”.
- The recruitment of Aboriginal caregivers is particularly difficult given the economic challenges facing some of the potential applicants and the high cost of living in the Vancouver area. The agency currently has 1 to 2 vacancies for children under the age of 12 in all of their resources. The high demand on their current caregivers is concerning to the staff interviewed.

6. DISCUSSION OF THE PROGRAMS AUDITED

a) Child Service

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

AOPSI Guardianship Practice Standard	Compliance Description
St. 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	The social worker has preserved and promoted the cultural identity of the child in care and provided services sensitive to the child’s views, cultural heritage and spiritual beliefs.
St. 2: Development of a Comprehensive Plan of Care	When assuming responsibility for a child in care the social worker develops a Comprehensive Plan of Care/Care Plan. The comprehensive plan of care/care plan is completed within the required timeframes.
St. 3: Monitoring and Reviewing the Child’s Comprehensive Plan of Care/Care Plan	The Comprehensive Plan of Care/Care Plan is monitored to determine progress toward goals, the continued safety of the child, the effectiveness of services, and/or any barrier to services. The comprehensive plan of care/care plan is reviewed every six months or anytime there is a change in circumstances.

St 4: Supervisory Approval Required for Guardianship Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Guardianship Services and ensures there is a thorough review of relevant facts and data before decisions are made. There is documentation on file to confirm that the social worker has consulted with the supervisor on the applicable points in the standard.
St 5: Rights of Children in Care	The social worker has reviewed the rights with the child on a regular basis. The social worker has discussed the advocacy process with the child. Given the age of the child, the rights of the child or advocacy process has not been reviewed with the child but they have been reviewed with the caregiver or a significant adult to the child.
St. 6: Deciding Where to Place the Child	Documented efforts have been made to place the child as per the priority of placement.
St 7: Meeting the Child's Needs for Stability and Continuity of Relationships	There are documented efforts to support continued and ongoing attachments
St 8: Social Worker's Relationship and Contact with a Child in Care	There is documentation that the social worker meets with the child when required as per the frequency of visits listed in the standard. Meetings are held in person and in private, and in a manner that allows the child and the social worker to communicate freely.
St 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	There is documentation that written information on the child has been provided to the caregiver as soon as possible at the time of placement, and the social worker has reviewed appropriate discipline standards with the caregiver and the child.
St 10: Providing Initial and Ongoing Medical and Dental Care for a Child in Care	The social worker ensures a child in care receives a medical and, when appropriate, dental examination when coming into care. All urgent and routine medical services, including vision and hearing examinations, are provided for the child in care.
St. 11: Planning a Move for a Child in Care	The social worker has provided an explanation for the move to the child and has explained who his/her new caregiver will be.
St. 12: Reportable Circumstances	The agency Director and the Provincial Director of Child Welfare have been notified of reportable circumstances and grievous incidents.
St 13: When a Child or Youth is Missing, Lost or Runaway	The social worker in cooperation with the parents has undertaken responsible action to locate a missing, lost or runaway child or youth, and to safeguard the child or youth from harm or the threat of harm.

St 14: Case Documentation for Guardianship Services	There are accurate and complete recordings on file to reflect the circumstances and admission on the child to care, the activities associated with the Comprehensive Plan of Care/Care Plan, and documentation of the child's legal status.
St. 15: Transferring Continuing Care Files	Prior to transferring a Continuing Care file, the social worker has completed all required documentation and followed all existing protocol procedures.
St. 16: Closing Continuing Care Files	Prior to closing a Continuing Care file, the social worker has completed all required documentation and follows all existing protocol procedures.
St. 17: Rescinding a Continuing Care Order and Returning the Child to the Family Home	When returning a child in care of the Director to the parent entitled to custody, the protection social worker and the guardianship social worker develop a plan to ensure the child's safety. The plan is developed prior to placing a Continuing Care ward in the family home and reviewed prior to rescinding the Continuing Care Order.
St. 19: Interviewing the Child About the Care Experience	When a child leaves a placement and has the capability to understand and respond, the child is interviewed and his/her views are sought about the quality of care, service and supports received in the placement. There is documentation that the child has been interviewed by the social worker in regards to the criteria in the standard.
St. 20: Preparation for Independence	The social worker has assessed the youth's independent living skills and referred to support services and involved relevant family members/caregivers for support.
St. 21: Responsibilities of the Public Guardian and Trustee	The social worker has notified the Public Guardian and Trustee as required in the standard.
St. 22: Investigation of Alleged Abuse or Neglect in a Family Care Home	The social worker has followed procedures in Protocol Investigation of a Family Care Home.
St. 23: Quality of Care Reviews	The social worker has appropriately distinguished between a Quality of Care Review and Protocol Investigation. The social worker has provided a support person to the caregiver.
St. 24 Guardianship Agency Protocols	The social worker has followed all applicable protocols.

Findings from the audit of the child service files include:

- There was thorough documentation of the children's and youth's involvement in cultural events as well as community visits with their families and persons significant to the children and youth (95% compliance). There is significant

improvement from the 2012 audit in the documentation related to this standard. This is an area of strength in the agency's documentation with most of the children and youth in care being involved in their nation's cultural practices or, if not available due to geographic distance, involved in the local nations' cultural practices.

- Many of the files did not contain Care Plans over the 3 year audit scope period (38% compliance). On 20 files, there was a lack of Care Plans for 2012-2013. On 12 files, there was a lack of Care Plans for 2014. On 2 files, there was a lack of current Care Plans for 2015. On 1 file, there were no Care Plans completed. It is important to note that these 3 files involve children/youth in care placed in out of province placements. There was documentation outlining the social worker's requests to the placement province regarding the completion of the Care Plans and the completed Care Plans were not received which impacted the compliance. Over the 3 year audit scope period, the analysts found several different types of Care Plans in use and these were completed with varied levels of completeness. The agency provided information that when ICM is down and the imbedded Care Plan is not available, the social workers have been instructed to complete the previous version of the Care Plan. This may have contributed to the inconsistency in the versions of care plans found on the files.
- Excellent documentation of supervisory approvals and consults was found throughout the files (100% compliance).
- Section 70 rights are not being annually reviewed with children/youth in care or their significant others when young age or capacity are factors (35% compliance). On some of the files there was documentation of the review of the Sec 70 rights within the case notes and in other files, it was documented in the Care Plan. A more consistent approach to the documentation of the annual review of these rights with the children and youth in care would improve compliance.
- Rationales for placement selections and placement planning were well documented on all of the files (96% compliance). There is a strong effort noted to maintain sibling groups or to reunite siblings in a 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 communities with many of them visiting their communities at least once or more during the timeframe audited. This practice reflects the agency's Touching the Lands of Our Relations and Inclusive Foster Care policy of the agency.
- Documentation of the social workers' private contact with children/youth in care met the standard on 10 files (18% compliance). While there was evidence of regular social worker contact with the caregivers and others involved with the children and youth in care, it was difficult to find evidence that private visits occur with the social workers and children and youth every 30 days.
- Documentation that information about the children and youth had been provided to the caregivers at the time of placements or that the appropriate discipline standards were reviewed with the caregivers met the standard on 11 files (21%

compliance). The analysts recommend that the Care Plans be utilized to capture this information, including the dates the information was reviewed.

- Excellent documentation of annual medicals, dentist and optical appointments, speech therapy, occupational and physical therapy as well as other assessments was found on 54 files (95% compliance).
- Documentation about planning a move of a child or youth in care, including the reasons for the move, met the standard on 31 files (97% compliance).
- Complete documentation on the follow up to reportable circumstances was found on 10 files (83% compliance).
- There were 2 applicable files where children/youth were missing, lost or runaway and excellent documentation of the social workers collaborative response to locating the youth was evident on the files (100% compliance).
- Overall, case documentation was negatively impacted by the lack of Care Plans and review recordings over the 3 year scope period with only 23 files having the required documentation to meet the standard (40% compliance).
- Internal transfer recordings were well documented on the 9 applicable files (82% compliance).
- Closing documentation was completed on the 13 applicable files (100% compliance);
- Interviews with children and youth in care about their care experiences when leaving their placements were not documented on 10 of the 19 applicable files (68% compliance).
- Documentation of independent living planning, referrals for 1:1 support, transitioning to adult CLBC services, Persons with Disabilities applications, budget planning, job searches and preparation of youth for participation in skills/trades training met the standard on 23 files (96% compliance). Further to the work completed in preparing youth for independence and aging out of care, the agency prepares an annual summary report on all youth aging out of care in the calendar year. The report reviews outcomes for the youth in care and provides an opportunity to review the file before it is closed. This has been a multiyear project and the learnings from the review of outcomes are very important to the ongoing development and guidance in the agency's guardianship practice.
- Detailed documentation of the involvement of the Public Guardian and Trustee was found on most of the files (83% compliance). There was also evidence of involvement of the PGT for financial planning assistance for youth turning 19.
- While case notes and emails were found on the files that had protocol investigations, there were no formal summary reports completed by the agency on 4 of the 6 applicable files (33% compliance). There were no concerns identified in the file information that a child/youth in care was at risk of harm that had not been responded to. The analysts provided the names of the files to the team leader for follow up. There was good collaboration between the guardianship and resource social workers noted.
- Where quality of care concerns were identified, incomplete documentation was found on the 2 applicable files (0% compliance). There was good collaboration between the guardianship and resource social workers noted.

- 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 stakeholders/community partners (100% compliance).

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

- St. 1 Preserving the Identity and Providing Culturally Appropriate Services;
- St. 4 Supervisory Approval Required for Guardianship Services;
- St. 6 Deciding Where to Place the Child;
- St. 7 Meeting the Child’s Needs for Stability and Continuity of Relationships;
- St. 10 Providing Initial and Ongoing Medical and Dental Care for a Child in Care;
- St. 11 Planning a Move for a Child in Care;
- St. 12 Reportable Circumstances;
- St. 13 When a Child or Youth is Missing, Lost or Runaway;
- St. 15 Transferring Continuing Care files;
- St. 16 Closing Continuing Care files;
- St. 19 Interviewing the Child about the Care Experience;
- St. 20 Preparation for Independence;
- St. 21 Responsibilities of the PGT; and
- St. 24 Guardian Agency Protocols.

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

- St. 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. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards;
- St. 14 Case Documentation for Guardianship Services;
- St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home; and
- St. 23 Quality of Care Review.

b) Resources

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

AOPSI Voluntary Service Practice Standards	Compliance Description
St. 28: Supervisory Approval Required for Family Care Home Services	The social worker consults with the supervisor and obtains the supervisor’s approval at key points in the provision of Family Care Home Services and ensures there is a thorough review of relevant facts

	and data before decisions are made.
St. 29: Family Care Homes – Application and Orientation	People interested in applying to provide family care, restricted care, or specialized care complete an application and orientation process. The social worker provides an orientation for applicants re: the application process and the agency’s expectations of caregivers when caring for children.
St. 30: Home Study	Family Care Homes are assessed to ensure that caregivers understand and meet the Family Care Home Standards.
St 31: Training of Caregivers	Upon completion of the application, orientation and home study processes, the approved applicant(s) will participate in training to ensure the safety of the child and to preserve the child’s cultural identity.
St 32: Signed Agreement with Caregiver	All caregivers have a written Family Care Home Agreement that describes the caregiver’s role, responsibilities, and payment level.
St. 33: Monitoring and Reviewing the Family Care Home	The social worker will monitor the family care home regularly and formally review the home annually to ensure the standards of care and the needs of the child(ren) placed in the home continue to be met.
St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home	Allegations of abuse and neglect in family care homes are investigated by the Child Protection delegated social worker according to the Protocol Investigation of a Family Care Home.
St 35: Quality of Care Review	A Quality of Care Review of a Family Care Home is conducted by a delegated social worker whenever a quality of care concern arises where the safety of the child is not an issue.
St 36: Closure of the Family Care Home	When a Family Care Home is closed, the caregivers are notified of the reasons for closure verbally and in writing.

Findings from the audit of the resource files include:

- Excellent documentation of supervisory approvals and consults was found throughout all of the files (100% compliance). These also include supervisory approvals on key documents such as the home studies, exceptions to policy and family care home agreements.
- Following the last audit, the agency developed comprehensive exceptions to policy process and there was thorough documentation that this process is being followed.
- Complete application and orientation documentation was found on 33 files (89% compliance). In the older files, updated consolidated criminal record checks were found and completion of the foster parent orientation was documented.

- Completed SAFE home studies were found on 20 files (95% compliance). The studies were well written and contained a thorough assessment of the caregiver's histories and appropriateness for fostering.
- Training offered to, and taken by, the caregivers was documented inconsistently throughout 36 files (69% compliance). Some of the files had a lot of training information documented while other files had little to no training information documented. Some files had a training sheet to record the training taken, but the use of this tool was inconsistent. This standard requires that the social worker encourages the caregivers to participate in all available training, identify training needs, notify the family care homes of all training opportunities, and track all training offered to and attended by the caregiver.
- Completed, signed and consecutive family care home agreements were found on all of the files (100% compliance).
- Completed annual reviews for the entire 3 year audit scope period were found on less than half of the files (44% compliance). Twenty-nine files were missing 1 or more annual reviews; 16 files did not have annual reviews documented for the 2012/2013 timeframe; 9 files did not have annual reviews documented for the 2013/2014 timeframe; 2 files did not have annual reviews documented for the 2012 to 2014 timeframe; 1 file did not have annual reviews documented for the 2012 and 2014 timeframes; and 1 file did not have an annual review documented for the 2014/2015 timeframe. Although the annual reviews were not all completed, there was good documentation that social workers are maintaining regular contact with their caregivers through home visits and phone/email contact. The resource social workers are providing prompt and supportive responses to the caregivers' requests and needs.
- Documentation of the agency's response and involvement regarding investigations of alleged abuse or neglect in family care homes met the standard on all 6 applicable files (100% compliance). The agency has a process whereby the child safety, guardianship and resource managers and assigned social workers meet to review the initial report and develop the response plan to the concerns.
- Documentation on quality of care reviews met the standard on the 2 applicable files (100% compliance). There was good collaboration between the guardianship and resource social workers noted.
- Complete closing documentation, including closing recordings with the reasons for closures and closing notification letters to the caregivers, was found on 15 of the 20 applicable files (75% compliance).

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

- St. 28 Supervisory Approval Required for the Family Care Home Services;
- St. 29 Family Care Homes – Application and Orientation;
- St. 30 Home Study;
- St. 31 Training of Caregivers;
- St. 32 Signed Agreements with Caregivers;
- St. 34 Investigation of Alleged Abuse or Neglect in a Family Care Home;

- St. 35 Quality of Care Review; and
- St. 36 Closure of the Family Care Home.

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

- St. 33 Monitoring and Reviewing the Family Care Home

7. COMPLIANCE TO PROGRAMS AUDITED

a) Child Service

There were a total of 57 open & closed child service files audited. The overall compliance rate to the child service standards was **72%**. 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)	57	54	3	95%
Standard 2: Development of a Comprehensive Plan of Care (VS 12) *	1	0	1	0%
Standard 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13)*	56	21	35	38%
Standard 4: Supervisory Approval Required for Guardianship Services (Guardianship 4)	57	57	0	100%
Standard 5: Rights of Children in Care (VS 14)	57	20	37	35%
Standard 6 Deciding Where to Place the Child (VS 15) *	57	55	2	96%
Standard 7: Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	57	57	0	100%
Standard 8: Social Worker's Relationship & contact with a Child in Care (VS 17)	57	10	47	18%
Standard 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18) *	53	11	42	21%
Standard 10: Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	57	54	3	95%

Standard 11: Planning a Move for a Child in Care (VS 20) *	32	31	1	97%
Standard 12: Reportable Circumstances (VS 21) *	12	10	2	83%
Standard 13: When a Child or Youth is Missing, Lost or Runaway (VS 22) *	2	2	0	100%
Standard 14: Case Documentation (Guardianship 14)	57	23	34	40%
Standard 15: Transferring Continuing Care Files (Guardianship 14) *	11	9	2	82%
Standard 16: Closing Continuing Care Files (Guardianship 16) *	13	13	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) *	19	13	6	68%
Standard 20: Preparation for Independence (Guardianship 20) *	23	22	1	96%
Standard 21: Responsibilities of the Public Guardian and Trustee (Guardianship 21)*	57	57	0	100%
Standard 22: Investigation of Alleged Abuse or Neglect in a Family Care Home *	6	2	4	33%
Standard 23: Quality of Care Review *	2	0	2	0%
Standard 24 Guardianship Agency Protocols (Guardianship 24)	57	56	1	98%

Standard 2: 56 files included initial Care Plans completed prior to December 1, 2012.
Standard 3: 1 file did not require a Care Plan to be completed before November 30, 2015.
Standard 9: 4 files involved youth on an independent living agreement.
Standard 11: 25 files involved children who were placed with their families or were not moved from their care homes.
Standard 12: 45 files did not contain information regarding reportable circumstances.
Standard 13: 55 files did not contain information regarding children missing, lost or run away.
Standard 15: 46 files were not transferred.
Standard 16: 44 continuing care files were not closed.
Standard 17: 57 files did not include rescindment of a continuing custody order.
Standard 19: 38 files involved children or youth who did not change placements or were too young to be interviewed.
Standard 20: 34 files involved children and youth too young to be prepared for independence.
Standard 21: 45 files did not include the involvement of the Public Guardian & Trustee.
Standard 22: 51 files did not include an investigation of alleged abuse or neglect in a family care home.
Standard 23: 55 files did not include a quality of care review.

b) Resources

There were a total of 52 open and closed resource files audited. The overall compliance rate to the resource standards was **81%**. 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	52	52	0	100%
Standard 29 Family Care Homes – Application and Orientation *	37	33	4	89%
Standard 30 Home Study *	21	20	1	95%
Standard 31 Training of Caregivers	52	36	16	69%
Standard 32 Signed Agreement with Caregivers	52	52	0	100%
Standard 33 Monitoring and Reviewing the Family Care Home	52	23	29	44%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	6	6	0	100%
Standard 35 Quality of Care Review *	2	2	0	100%
Standard 36 Closure of the Family Care Home *	20	15	5	75%

Standard 29: 15 files included application & orientation documentation completed prior to December 1, 2012.

Standard 30: 31 files included home studies completed prior to December 1, 2012.

Standard 34: 46 files did not include an investigation of alleged abuse or neglect in a family care home.

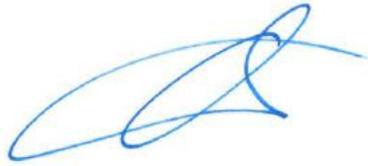
Standard 35: 50 files did not include a quality of care review.

Standard 36: 32 files were not closed.

8. ACTIONS COMPLETED TO DATE

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

1. In January 2014, a CIC tracking system was implemented to monitor the completion of Care Plans. The system is designed to notify guardianship team leaders when any caseload falls below 80% compliance.
2. In April 2016, the agency completed the “VACFSS Children and Youth Satisfaction Survey Report.” This client satisfaction survey was broken into the 4 program areas: child protection; residential resources, integrated services; and guardianship. Questions in the survey were grouped into 6 categories: 1) demographic variables; 2) environmental satisfaction; 3) the youth’s satisfaction with accessibility to cultural knowledge; 4) relationship-focused practice; 5) the rights of the child; and 6) general satisfaction. Surveys were collected from youth aged 13 – 18 years on 2 occasions: at the 2016 Life Skills Program and at the 2016 VACFSS Youth Conference. The surveys were administered anonymously and completed by youth outside of the direct supervision of their social workers. Of the population of approximately 70 youth aged between 13 – 18 years in the care of the agency, approximately 40 youth completed the survey. Some of the highlights of the survey include, but are not limited to:
 - Two thirds of the respondents (67%) reported that they see their family members as often as the wished
 - Two thirds of the respondents (68%) reported that they see their social workers enough
 - The vast majority of the respondents (88%) felt cared for by their social workers
 - The vast majority of the respondents (80%) believed they were involved in the decisions that affected them
 - The vast majority of the respondents (80%) felt their opinions were heard by their social workers
 - The vast majority of the respondents (90%) knew they had rights



July 26, 2016

Alex Scheiber

Date

Deputy Director of Child Welfare, MCFD