

Ref: 211330

**DIRECTOR OF DELEGATED ABORIGINAL AGENCIES CASE
PRACTICE AUDIT REPORT**

**FRASER VALLEY ABORIGINAL CHILD & FAMILY SERVICES
GUARDIANSHIP & RESOURCES
(IFA, IFB, IFC, IFD, IFJ, IFK)**

Fieldwork completed March 26 - 30, 2012 & April 23 – May 4, 2012
Audit completed by Darlene Thoen, Quality Assurance Analyst & Heather Harper, Mgr. Quality Assurance,
Aboriginal Programs and Service Support Division, Ministry of Children and Family Development
Report completed by Darlene Thoen

TABLE OF CONTENTS

	PAGE
1. PURPOSE.....	1
2. METHODOLOGY.....	1
3. AGENCY OVERVIEW.....	2
a) Delegation	2
b) Demographics.....	3
c) Professional Staff Compliment	4
d) Supervision & Consultation.....	5
4. STRENGTHS OF AGENCY.....	6
5. CHALLENGES FACING AGENCY.....	7
6. DISCUSSION OF THE PROGRAMS AUDITED	8
a) Child Service Files.....	9
b) Resources.....	9
7. COMPLIANCE TO THE PROGRAMS AUDITED	9
8. ACTION PLAN.....	15

**DIRECTOR OF DELEGATED ABORIGINAL AGENCIES CASE PRACTICE
AUDIT REPORT**

**FRASER VALLEY ABORIGINAL CHILD & FAMILY SERVICES
(IFA, IFB, IFC, IFD, IFJ, IFK)**

1. PURPOSE

The purpose of the audit is to support and improve child service, guardianship and family service practice. Through a review of a sample of cases, the audit is expected to provide a baseline measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the third audit for the agency. The last audit was completed in November 2005.

The specific purposes of the audit are:

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

Aboriginal Programs and Service Support (APSS) conducted the audit using the Aboriginal Case Practice Audit Tool (ACPAT). Audits of delegated agencies providing child protection, guardianship, family services, and resources for children in care are conducted on a three-year cycle.

2. METHODOLOGY

This was a practice audit of the guardianship and resource files of the agency. Additionally, there is an agreement that the practice audit of the remaining child protection program areas – family service, child service, and intake/investigations-will be completed during the 2012-2013 audit cycle. There were two quality assurance analysts from MCFD Aboriginal Programs and Service Support who conducted the practice audit. The scope of the practice audit of Fraser Valley Aboriginal Child and Family Services Society (FVACFSS) was one year. The audit of the physical files focused on the time frame of March 2011 to April 2012.

The analysts conducted field work from March 26-30 and April 23 – May 4, 2012. ACPAT was used to collect the data and generate summary compliance reports for each office as well as a compliance report for each file audited. There were a total of 334 open child service (CCO) files and 193 open resource files at the time of the audit. A sample size of 69 child service files and 39 resource files were audited, approximately 20% of the open child service and resource files. These files were randomly selected to ensure that a cross representation of files from each team member was reviewed.

Upon arrival at the agency, the analysts met with the Residential Resource Manager and available resource and guardianship staff in the West (Abbotsford) office to review the audit purpose and process. Due to some organizational restructuring that was occurring at the time of the audit, similar meetings were not able to occur with the staff in the other regional offices. One of the analysts met with each available regional manager to discuss the audit process and to provide some preliminary findings.

A separate teleconference was held with the newly appointed A/Executive Director to provide some preliminary findings and discuss the next steps in the audit process.

3. AGENCY OVERVIEW

a) Delegation

FVACFSS, also known as Xyolhemelyh, is currently delegated 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; and
- Establishing Residential Resources.

FVACFSS has been delegated to provide C6 child protection services since 2010. Prior to this date, the agency, under the name Xyolhemelyh, provided child protection services from 2001 to 2006. In 2006, due to staffing shortages and political instability, management from MCFD was put into place to stabilize the agency. In 2007, the Delegation Agreement expired and the Ministry assumed oversight for Child and Family Services provided through the Xyolhemelyh program. In 2008, FVACFSS was incorporated under an interim board and in December 2010, a new Delegation Enabling Agreement was signed with an expiry date of March 31, 2016. Since December 2010, the agency has been

operating as a delegated Aboriginal agency and is no longer under the ministry's jurisdiction.

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

b) Demographics

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

In addition to the delegated services, FVACFSS provides the following non-delegated programs to Aboriginal children and families:

- Aunties and Uncles Community Greeters;
- Community Care Committees;
- Aunts and Uncles Aboriginal Youth Mentorship;
- Elders Advisory Committee; and
- Sexual Abuse Prevention.

The agency also offers the following groups and camps:

- Women's Wellness – Culture and Craft group;
- Men's groups;
- Parent Empowerment;
- Voice of the Drum
- Caregiver camp;
- Natural Changes camp;
- Warrior camp;
- Youth camp; and
- Family camp.

FVACFSS provides services to the Member First Nations of Aitchelitz, Chawathil, Cheam, Kwantlen, Leq'a:mel, Popkum, Seabird Island, Shx:wha:y. Skawahlook, Skowkale, Skwah, Soowahlie, Squiala, Sumas, Tzeachten and Yakwekwioose.

The following Member Urban Aboriginal Organizations are within the geographic service area and are member of and subscribers to the constitution and by-laws of the FVACFSS:

- In-SHUCK-ch First Nation;
- Chilliwack Métis Association;
- Lower Fraser Valley Aboriginal Society;
- Mamele'awt Qweesome/To'o Housing Society;
- Fraser Valley Métis Association; and
- Mission Indian Friendship Centre Society.

c) Professional Staff Complement.

Guardianship

FVACFSS has five guardianship teams. The guardianship program has the following 32 full time equivalent positions: four managers, five team leaders, 19 guardianship social workers and four administrative assistants. The office codes for the five teams are IFB, IFC, IFD, IFJ and IFK. The four managers have overall responsibility for the guardianship, family service, intake and prevention programs in the Central, West, North and East regions. Each team leader reports to their respective regional manager. Currently each guardianship team is fully staffed although at times the teams have experienced staff turnover which have left the social workers covering more than one caseload until the position was filled.

Residential Resources

FVACFSS has four residential resources teams. The resource program has the following 18.5 full time equivalent positions: one manager, two team leaders, six resource social workers, one recruitment/orientation social worker, a half time emergency placement worker/half time intake screening social worker, two contract clerks, a residential contract negotiator a contracted home study social worker and three and a half administrative assistants. The office codes for the four teams are IFA, IFB, IFC and IFJ.

The resources program underwent an organizational change in March 2012 with the manager assuming the overall responsibility for all of the residential resources and contracts in all of the regions and the two team leaders managing strictly resources and resource contacts in their respective regions. Prior to the shift, the West region resource team leader also had responsibility for the guardianship social workers in Abbotsford office.

Some of the resource social workers are covering more than one caseload/region; the Central resource team has one social worker away on long term medical leave and the position has been vacant for a long period of time. This has left the one resource social worker for that region covering both caseloads. Due to the high caseload numbers this has created, one of the resource workers from the East office has been providing some coverage for some of the cases in the Central region. One of the social workers manages cases in both of the West region offices. One of the East region resource social worker's caseload is designated for home studies only. Finally, the residential contract negotiator's position has responsibility for the staffed resources and does not carry any other resources on his caseload.

All of the delegated staff at the agency have the appropriate post secondary education or fall within the 25% exemption allowed with the AOPSI standard. As well, all of the delegated staff have completed the Aboriginal Social Work Delegation Training. Of those delegated staff with conduct, and/or supervision of guardianship or resource files at the time of the audit, all have the appropriate level of delegation or higher as many of the staff have been assigned to provide temporary coverage on other teams, including child protection. The contracted home study worker does not have delegation. Lastly, the A/Executive Director has C6 delegation.

c) Supervision and Consultation

Guardianship

The staff interviewed indicated that opportunities for supervision and consultation are available, whether it is in the office, by email, or by phone. All of the team leaders have an open door policy and make efforts to be as available as possible. Each team meets on a monthly basis and this meeting provides opportunities for larger organizational discussions, guest speakers, and general program updates. Cases are not discussed at the larger meetings. Individual tracking meetings are held on a monthly basis, although at times, due to staffing requirements for the team leader to provide coverage for more than one team, this schedule is not always met. Staff interviewed reported that the guardianship teams do not meet as larger group, although this is something that they would like to see happen.

As a result of the vacancy on the management team, the team leaders have had, at times, irregular managerial supervision. The team leaders are hopeful that with the recent leadership changes at the agency and the hiring of an interim guardianship manager for the West region, regular supervision meetings will be implemented.

The guardianship team leaders consult with the APSS practice analyst for difficult cases and for reporting critical incidents and incidents of alleged abuse and neglect in a family care home.

Residential Resources

Until the recent changes in April 2012 to the management structure of the resource teams, the supervision to two of the teams was provided by a team leader who had limited resource experience and knowledge. The supervision for these teams is now provided by a knowledgeable and experienced resource team leader. The other resource team leader had been responsible for supervision of some of the guardianship staff in addition to the resource social

workers. Again, with the changes, this team leader is now solely responsible for supervision of the resource social workers.

There are two team leaders who supervise staff on four resource teams. The staff interviewed on the four teams indicated that opportunities for supervision and consultation are always 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. As the structure of the resource teams and team leaders is relatively new, the teams have only begun to meet on a regular basis and individual tracking meetings are also being implemented.

All of the resource teams used to meet all together on a monthly basis however these meetings have not occurred for some time. Staff interviewed stated that they would like to see these larger meetings reinstated.

Currently some of the team leaders have regular tracking meetings with their manager once a month. For the other team leaders where this is not occurring regularly, this is something that they would like to have in place.

4. STRENGTHS OF THE AGENCY

One of the significant strengths of the agency is the resiliency the staff have demonstrated throughout the last few years as the agency worked its way back from MCFD governance to operating as a delegated Aboriginal agency again. While there has been staff turnover, there are many long term staff members who continued to provide services to the children and families of the communities the agency serves throughout this transition period.

The agency recently regionalized the Elders who sit on the Elders Advisory Committee. This will allow for 12 cases per month to be heard rather than the previous two cases per month. This change to the structure of the committee places the responsibility on each region to provide the Elders rather than relying solely on the Elders from the Central region and will allow for local knowledge keepers to participate on the committees.

The recent restructuring of the resource teams from an integrated team to dedicated resource teams is reported by staff to be a significant improvement. This now allows for a singular focus for the resource team leaders who have the knowledge and experience in resources as well as the resource social workers report improved access to supervision and case consultation.

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

- Staff Commitment – many of the staff have been at the agency for a number of years and they are extremely committed to the children and families they are working with. Many of the staff are willing to help in areas

that are outside of their own responsibilities and some have accompanied the child or youth in care in returning to their home communities.

- Signs of Safety – the agency is receiving Signs of Safety training provided by Ktunaxa Kinbasket Child and Family Services. The staff reported that they are welcoming this approach to practice as it fits well with some of the traditional Aboriginal practices of the communities served by the agency.
- Practice - MCFD's governance of the agency helped to standardize the agency's administration as well as had brought a more consistent approach to the agency's practice.

5. CHALLENGES FACING THE AGENCY

One of the most significant challenges the agency continues to experience is significant, chronic staffing shortages. The guardianship and residential resources programs have experienced staff turnover and temporary vacancies created by staff leaving the agency, vacation, illness, and delegation training. Often a new social worker is hired to fill a caseload in one program area in a region and by the time they have completed their delegation training, they are then assigned to fill a different program vacancy in a different region. This leaves teams in need of backfill support on a frequent basis. It was reported that this has impacted the overall work in both programs audited due to increased demands on the social workers to provide additional caseload coverage for extended periods of time. This approach appears to have limited the staff to be able to respond only to emergencies on the additional cases. It was evident from some of the guardianship and resource files that there are gaps in information and planning when the cases were not being managed by the regular social worker. The scheduling of delegation training from the time a social worker is hired can also affect the ability of the agency to assign caseloads. Management at the agency reported that the agency does not have difficulty recruiting new staff rather it is the retention of staff which poses the problem. Historically the agency has always staffed to their budget line and didn't staff as "overburn" for anticipated staff leave and the overall demographics of the agency staff. Current management is reviewing the staffing plan of the agency in order to begin to address this concern.

Further to the staff shortages is the issue of caseload size and complexity of the cases. Many of the guardianship and resource staff are carrying caseloads that far exceed the AOPSI standard. Most of the guardianship social workers have caseloads between 30 – 45 files. The resource social workers' caseloads are between 32-41 files with one worker carrying an exceptionally high caseload of over 60 files, due to covering an additional vacant caseload. The management of the agency is very aware of this issue and working at addressing the staffing and the assignment and management of the caseloads.

Another serious challenge for the agency is the chronic backlog of incomplete home studies. Many of the resource files audited had either no home study or an incomplete home study, with some studies waiting more than two years to be completed. Despite assigning one dedicated resource social worker and one contracted home study worker to complete these studies, there continues to be a crisis in this area. Currently, with the exception of the two dedicated home study workers, the resource workers are not conducting home studies on any new resources. The backlog is preventing the agency from recruiting new caregivers as the home studies cannot be completed in reasonable timeframe. The agency often exceeds the approved 60 day exemption to policy on this matter. The auditor provided this information to the management of the agency who are very aware of this concern.

The auditor identified some other challenges to the agency and of the agency's practice over the course of the audit:

- Recruitment of Aboriginal Caregivers – Like other Aboriginal agencies and MCFD, the ongoing recruitment and retention of Aboriginal foster homes is an area of focus for this agency.
- Recruitment and planning – Staff reported that the resource teams want to be more involved with the guardianship and child protection teams to ensure they are recruiting and planning to meet the needs of the children and youth in these programs.
- Organization of physical files – many of the files were in need of attention as filing was not up to date, volumes were large and the sections were not always in chronological order. The file management practice varied from office to office.
- Communication – given the size of the agency and the location of the various regional offices, staff reported that communication of agency updates and new hires is an area needing improvement. Some of the staff reported that they have never met some of the new staff in other program areas and while they understand that this is a sign of the growth of the agency, they also want to know who their colleagues are. As well, with the recent changes in the agency leadership and Board of Directors, some of the staff identified the need for additional updates on the status of the agency from management.
- Spending authorities – many of the staff interviewed identified the current payment approval process as very cumbersome. The social workers and team leaders do not have any spending authority and all payment requests must be sent to the managers for approval. The staff reported that a great deal of time can be spent on tracking a payment request to ensure it has been approved. At times, this practice has resulted in delays in the approval and delivery of services to their clients.

6. DISCUSSION OF THE PROGRAMS AUDITED

The audit reflects the work done by the delegated staff of the agency over the past year.

a) Child Service files

As stated earlier, 69 of 334 open guardianship child service files were audited. The audit revealed good compliance to some of the guardianship standards. A number of positive aspects found included: documenting supervisory approval for guardianship services, involving family and community when deciding where to place a child, meeting the child's needs for stability by ensuring there is continuity in their relationships, planning a move for a child in care, interviewing the child about their care experience, preparation for independence, and documentation of the social worker's knowledge of the existing interagency protocols in the communities.

In some of the files, missing documentation included: efforts to preserve the Aboriginal identity and providing culturally appropriate services, the social worker's relationship and contact with the child, monitoring and reviewing the child's comprehensive plan of care, discussing the rights of children in care with the child and caregiver, providing ongoing medical and dental care, providing the caregiver with information on the child and reviewing appropriate discipline standards as well as overall case documentation.

b) Resource files

As previously stated, 39 of 193 open resource files were audited. Some positive aspects were found in the resource files including: documenting supervisory approval and signed agreements with caregivers.

In many of the files, missing documentation included: completing application and orientation, home studies, training offered to and taken by caregivers monitoring and reviewing of the family care home, investigation of alleged abuse or neglect in a family care home and quality of care reviews

7. COMPLIANCE TO PROGRAMS AUDITED

Two quality assurance analysts audited the guardianship child service and resource files at FVACFSS. The 'not applicable' scores were not included in the total.

a) Compliance to Child Service Practice

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C6 child service including:

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

Eight (8) open child service files were audited for team **IFB**. The overall compliance was **45%**.

Eleven (11) open child service files were audited for team **IFC**. The overall compliance was **44%**.

Twenty two (22) open child service files were audited for team **IFD**. The overall compliance was **68%**.

Seventeen (17) open child service files were audited for team **IFJ**. The overall compliance was **52%**.

Eleven (11) open child service files were audited for team **IFK**. The overall compliance was **53%**.

The following provides a breakdown of the compliance ratings:

AOPSI – Standard Guardianship and Voluntary Services (VS)	IFB	IFC	IFD	IFJ	IFK
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11)	2 files compliant 1 file non compliant with factors 5 files non compliant	1 file compliant 1 file non compliant with factors 9 files non compliant	18 files compliant 4 files non compliant	10 files compliant 1 file non compliant with factors 6 files non compliant	7 files compliant 1 file non compliant with factors 3 files non compliant
Standard 2 Development of a Comprehensive Plan of Care (VS 12)	No files applicable	No files applicable	No files applicable	No files applicable	No files applicable

Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13)	4 files compliant 4 files non compliant	2 files compliant 9 files non compliant	14 files compliant 8 files non compliant	6 files compliant 11 files non compliant	4 files compliant 7 files non compliant
Standard 4 Supervisory Approval Required for Guardianship Services (Guardianship 4)	5 files compliant 3 files non compliant	11 files (100%) compliant	21 files compliant 1 file non compliant	6 files compliant 11 files non compliant	10 files compliant 1 file non compliant
Standard 5 Rights of Children in Care (VS 14)	1 file compliant 7 files non compliant	1 file compliant 10 files non compliant	12 files compliant 10 files non compliant	2 files compliant 15 files non compliant	1 file compliant 10 files non compliant
Standard 6 Deciding Where to Place the Child (VS 15)	6 files (100%) compliant 2 files not applicable	10 files (100%) compliant 1 file not applicable	21 files compliant 1 file non compliant	11 files (100%) compliant 6 files not applicable	8 files compliant 1 file non compliant with factors 2 files non compliant
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	6 files compliant 2 files non compliant	9 files compliant 2 files non compliant	21 files compliant 1 file non compliant	15 files compliant 2 files non compliant	10 files compliant 1 file non compliant with factors
Standard 8 Social Worker's Relationship & contact with a Child in Care (VS 17)	1 file compliant 7 files non compliant	1 file compliant 10 files non compliant	1 file compliant 21 files non compliant	1 file compliant 16 files non compliant	1 file non compliant with factors 10 files non compliant
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS 18)	7 files (100%) non compliant 1 file not applicable	11 files (100%) non compliant	21 files (100%) non compliant 1 file not applicable	1 file compliant 15 files non compliant 1 file not applicable	9 files (100%) non compliant 2 files not applicable
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	4 files compliant 4 files non compliant	2 files compliant 9 files non compliant	18 files compliant 4 files non compliant	13 files compliant 4 files non compliant	7 files compliant 1 file non compliant with factors 3 files non compliant

Standard 11 Planning a Move for a Child in Care (VS 20)	1 file compliant 1 file non compliant 6 files not applicable	3 files (100%) compliant 8 files not applicable	4 files (100%) compliant 18 files not applicable	5 files (100%) compliant 12 files not applicable	2 files compliant 1 file non compliant 8 files not applicable
Standard 12 Reportable Circumstances (VS 21)	No files applicable	1 file (100%) non compliant 10 files not applicable	1 file (100%) compliant 21 files not applicable	No files applicable	1 file (100%) non compliant 10 files not applicable
Standard 13 When a Child or Youth is Missing, Lost or Runaway (VS 22)	No files applicable	No files applicable	1 file (100%) compliant 21 files not applicable	No files applicable	No files applicable
Standard 14 Case Documentation (Guardianship 14)	4 files compliant 4 files non compliant	2 files compliant 9 files non compliant	14 files compliant 8 files non compliant	5 files compliant 12 files non compliant	4 files compliant 7 files non compliant
Standard 15 Transferring Continuing Care Files (Guardianship 14)	2 files (100%) compliant 6 files not applicable	1 file (100%) compliant 10 files not applicable	2 files compliant 2 files non compliant 18 files not applicable	1 file (100%) compliant 16 files not applicable	No files applicable
Standard 16 Closing Continuing Care Files (Guardianship 16)	No files applicable	1 file (100%) compliant 10 files not applicable	No files applicable	No files applicable	No files applicable
Standard 17 Rescinding a Continuing Care Order and Returning the Child to the Family Home	1 file (100%) non compliant 7 files not applicable	No files applicable	No files applicable	No files applicable	1 file (100%) compliant 10 files not applicable
Standard 19 Interviewing the Child about the Care Experience (Guardianship 19)	1 file non compliant 7 files not applicable	No files applicable	2 files (100%) compliant 20 files not applicable	3 files compliant 1 file non compliant 13 files not applicable	1 file (100%) compliant 10 files not applicable
Standard 20 Preparation for Independence (Guardianship 20)	1 file compliant 1 file non compliant 6 files not applicable	3 files compliant 1 file non compliant 7 files not applicable	2 files (100%) compliant 20 files not applicable	2 files (100%) compliant	1 file compliant 1 file non compliant 9 files not applicable

Standard 21 Responsibilities of the Public Guardian and Trustee (Guardianship 21)	1 file non compliant 7 files not applicable	1 file compliant 2 files non compliant 8 files not applicable	5 files compliant 1 file non compliant 16 files not applicable	8 files compliant 2 files non compliant 7 files not applicable	1 file (100%) compliant 10 files not applicable
Standard 22 Investigation of Alleged Abuse or Neglect in a Foster Care Home	No files applicable	No files applicable	No files applicable	No files applicable	1 file (100%) non compliant 10 files not applicable
Standard 23 Quality of Care Review	No files applicable	No files applicable	No files applicable	No files applicable	No files applicable
Standard 24 Guardianship Agency Protocols (Guardianship 24)	5 files compliant 3 files non compliant	10 files compliant 1 file non compliant	21 files compliant 1 file non compliant	17 files (100%) compliant	11 files (100%) compliant

b) Compliance to Resource File Practice

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C6 resources including:

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

Thirteen (13) open resource files were audited for team **IFA**. Overall compliance to the resource standards was **43%**.

Seven (7) open resource files were audited for team **IFB**. Overall compliance to the resource standards was **52%**.

Five (5) open resource files were audited for team **IFC**. Overall compliance to the resource standards was **55%**.

Fourteen (14) open resource files were audited for team **IFJ**. Overall compliance to the resource standards was **32%**.

The following provides a breakdown of the compliance ratings:

AOPSI – Voluntary Services Standards	IFA	IFB	IFC	IFJ
Standard 28 Supervisory Approval Required for Family Care Home Services	11 files compliant 2 files non compliant	7 files (100%) compliant	5 files (100%) compliant	2 files compliant 12 files non compliant
Standard 29 Family Care Homes – Application and Orientation	3 files compliant 6 files non compliant 4 files not applicable	1 file (100%) compliant 6 files not applicable	2 files compliant 2 files non compliant 1 file not applicable	2 files compliant 8 files non compliant 4 files not applicable
Standard 30 Home Study	2 files compliant 5 files non compliant 6 files not applicable	3 files (100%) compliant 4 files not applicable	1 file (100%) non compliant 4 files not applicable	2 files compliant 6 files non compliant 6 files not applicable
Standard 31 Training of Caregivers	2 files compliant 11 files non compliant	1 file compliant 6 files non compliant	1 file compliant 3 files non compliant 1 file not applicable	2 files compliant 11 files non compliant 1 file not applicable
Standard 32 Signed Agreement with Caregivers	11 files compliant 2 files non compliant	4 files compliant 3 files non compliant	4 files compliant 1 file non compliant	11 files compliant 3 files non compliant
Standard 33 Monitoring and Reviewing the Family Care Home	11 files (100%) non compliant 2 files not applicable	4 files (100%) non compliant 3 files not applicable	3 files (100%) compliant 2 files not applicable	2 files compliant 8 files non compliant 3 files not applicable
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	No files applicable	1 file (100%) non compliant 6 files not applicable	No files applicable	No files applicable
Standard 35 Quality of Care Review	1 file (100%) non compliant 12 files not applicable	1 file (100%) non compliant 6 files not applicable	No files applicable	No files applicable
Standard 36 Closure of the Family Care Home	1 file (100%) non compliant 12 files not applicable	No files applicable	No files applicable	1 file (100%) compliant 13 files not applicable

8. ACTION PLAN

On March 8, 2013, the following action plan was developed in collaboration between Fraser Valley Aboriginal Child & Family Services Society & MCFD Aboriginal Services Branch:

Actions to Date

Resources

- March 2012 - Resource Program re-structuring – now all RE teams fall under the responsibility of one manager
- May 2012 - two contractors hired to complete home studies
- Checklist developed against AOPSI standards for each file type; to be attached to the front of every file and used as a living document to ensure up to date compliance
- Contractor hired to review all files using the checklist and identify areas of non compliance, both practice and administrative. To be completed by June 1, 2013.
- ED met with all managers regarding the 60 day exemption extensions and confirmed the expectation/need to change the practice; now all extensions will only occur in exceptional circumstances and with additional approvals (see table below)
- ED met with all managers and supervisors and confirmed the expectation/need for accurate and current electronic and hard copy documentation on all files

Guardianship

- Checklist developed against AOPSI guardianship standards; to be attached to the front of every file and used as a living document to ensure up to date compliance
- Contractor hired to review all files using the checklist and identify areas of non compliance, both practice and administrative. To be completed by June 1, 2013.
- Guardianship forums – held quarterly to discuss practice strengths/areas for improvement (ie: CPOC's/documentation) & develop consistent ongoing

practice methods to ensure compliance and better outcomes for CIC's

- ED met with all managers and supervisors and confirmed the expectation/need for accurate and current electronic and hard copy documentation on all files
- Developed a new administrative tracking system to ensure consistency in updating and reviewing CPOC's according to standard (this system has been implemented in one of the agency's regional offices to date)

Action plan

Actions	Person Responsible	Date to be completed
RESOURCES:		
Implement system to track/approve all exemptions to policy <ul style="list-style-type: none"> ○ Initial 60 days – signed off by manager ○ 60 – 90 days – signed off by DOP ○ 90 – 120 days – signed off by ED Anything over 120 days – Signed off by APSS	ED APSS	April 2013 and ongoing
ED to review the “restructure” and make any necessary changes to ensure equitable allocation of work	ED	April 2013
Implement the use of the RE file checklist	Managers	April 2013

Implement consistent Agency tracking system for home studies/annual reviews, to include reporting out to DOP & ED	Managers/DOP	Immediate
Develop consistent internal audit system. Managers to audit random files monthly and report findings to DOP. DOP to report out to ED and identify strengths/pressures/themes etc.	DOP/ED	May 2013
Develop and implement plan to backfill positions in order to have social workers respond to and address areas of concern resulting from file review by contractor	DOP/ED	May 2013
GUARDIANSHIP:		
Develop and implement plan to backfill positions in order to have social workers respond to and address areas of concern resulting from file review by contractor	DOP/ED	June 2013
Develop consistent internal audit system. Managers to audit random files monthly and report findings to DOP. DOP to report out to ED and identify strengths/pressures/themes etc.	DOP/ED	May 2013
Implement consistent Agency tracking system for all program areas including reporting out to DOP & ED	Managers/DOP	Immediate
Implement administrative CPOC tracking and updating procedures in all regional offices	DOP/ED	April 2013
SPECIAL AUDIT:		
A special practice audit will be conducted on the following standards: <u>Child Service:</u> St. 1 Preserving the identity of the child in care & providing culturally appropriate services. St. 3 Monitoring & Reviewing the child's	MCFD Aboriginal Services & QA Division	Fall 2013

<p>comprehensive plan of care. St. 5 Rights of children in care. St. 8 Social worker's relationship & contact with a child in care. St. 10 providing initial & ongoing medical & dental care.</p> <p><u>Resources:</u></p> <p>St. 29 Family care homes – application & orientation St. 30 Home study St. 31 Training of caregivers St. 33 Monitoring & reviewing the family care home</p>		
---	--	--

|

PRACTICE AUDIT SIGNATURE PAGE: FVACFSS CHILD & FAMILY SERVICES SOCIETY

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

NO RECOMMENDATIONS ARE ADDED



Doug Hughes
Provincial Director of Child Welfare, MCFD

April 25/12

Date:

