CASE PRACTICE AUDIT REPORT

SURROUNDED BY CEDAR CHILD AND FAMILY SERVICES (IKE)

TABLE OF CONTENTS

PAGE

1. PURPOSE

The purpose of the audit is to improve and support child service, guardianship and family service. Through a review of a sample of cases, the audit is expected to provide a baseline measure of the current level of practice, confirm good practice and identify areas where practice requires strengthening. This is the second audit for Surrounded by Cedar Child and Family Services (SCCFS). The last audit was completed February 2011.

The specific purposes of the audit are:

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

The Quality Assurance Branch of the Office of the Provincial Director of Child Welfare conducted the audit using the Aboriginal Case Practice Audit Tool (ACPAT). Audits of delegated Aboriginal agencies (DAA) providing child protection, guardianship, family services and resources for children in care are conducted according to a three-year cycle.

2. METHODOLOGY

There were two quality assurance analysts from the Quality Assurance Branch who conducted the practice audit. The quality assurance analysts conducted field work from April 28 - May 6, 2014. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data and generate office summary compliance reports and a compliance report for each file audited.

A representative sample of child welfare records within the agency was prepared for the audit using the simple random sampling technique. Representative random samples were drawn and then audited from two populations: resource files and child service files.

At the time of the audit there were a total of 46 open/closed resource files, 107 open/closed child service files. A sample size of 28 resource files and 42 child service files were audited. The scope of this practice audit was three years (March 1, 2011- March 31, 2014) for resources and child service. This was an audit of physical files only.

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

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

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

However, it is important to note that some of the standards that are audited are only applicable to a subset (or reduced number) of the records that have been selected and so the results obtained for these standards may differ by more than plus or minus 10% percentage points from the results that would be obtained if the ministry audited every child welfare record within the agency.

Upon arrival at the agency an analyst met with the executive director (ED) and staff at the SCCFS office to review the audit purpose and process. At the completion of the audit, the two quality assurance analysts met with the ED and one team leader to discuss the preliminary findings. At this meeting, the next steps of the audit process were discussed including the report and the action development process. At the completion of the audit, the quality assurance analysts conducted voluntary telephone interviews with the staff of SCCFS.

3. AGENCY OVERVIEW

a) Delegation

Surrounded by Cedar Child & Family Services was formed in September 2002 and signed its first Delegation Enabling Agreement on May 24, 2005 – March 31, 2008. This was extended April 1, 2008 to March 31, 2009. A further Modification Agreement was effective April 1, 2009- March 31, 2010. The parties entered into a Delegation Confirmation Agreement effective April 1, 2010 - March 31, 2015.

The audit was conducted based on the C4 Guardianship work of the agency. This level of delegation enables the agency to provide the following services:

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

b) Demographics

SCCFS is an urban Aboriginal agency located on Coast Salish Traditional Territory in Victoria. The agency provides delegated services to Aboriginal children and families within the municipal boundaries of Victoria, Saanich, Oak Bay, Colwood, View Royal, Langford and Esquimalt while excluding First Nations communities referred to as bands by the Indian Act within those boundaries.

The board of directors consists of seven elected members and one elder. In the course of the community consultation phase, during the creation of the agency, community members voiced the importance of having women play a strong role in the agency. One recommendation that arose from this consultation was that five out of the seven positions on the board of directors should be held by women. This is written into the constitution and bylaws of the agency.

SCCFS promotes community engagement through collaborative community partnerships and through their children, youth and elder's programming. These programs and community events provide opportunities for community members to engage with Surrounded by Cedar CFS. In addition, Surrounded by Cedar CFS has a website and bi-annual agency newsletter to promote communication and community engagement with Aboriginal and non-Aboriginal community members.

c) Professional Staff Complement

Surrounded by Cedar CFS has one office location in Victoria, providing C4 delegated services under *Child, Family and Community Service Act* (*CFCSA*) and non-delegated programs to members of Aboriginal communities. The agency's service delivery structure includes a permanency team and family preservation team. The permanency team includes guardianship and permanency planning. The family preservation team includes residential resources, a lifelong connections worker, a cultural program coordinator and an intensive youth support program and a family safety program. At the time of the audit, six staff held C4 delegation including the resource worker. In addition, the ED and both team leaders hold C4 delegation.   At the time of the audit, the delegated staffing was at full complement.

The administrative team consists of four staff including a finance manager, an office manager, a team assistant and an executive assistant.

d) Supervision and Consultation

SCCFS has grown significantly during the past several years with an increase in staff and programs. As mentioned, the agency has restructured into two teams requiring the agency to hire a second full time team leader position.

The ED supervises the team leaders, the counselling clinician, the finance manager and the executive assistant. The ED has an open door policy for team leaders should situations arise that require consultations. Formal clinical supervision for team leaders occurs monthly or on an as needed basis.

The team leaders supervise both delegated and non-delegated staff members. One team leader currently holds a small caseload of guardianship files in the final stages of permanency (as she was the social worker prior to becoming the team leader). This arrangement provides continuity of care for the youths and the guardianship work is supervised by the permanency team leader.

Each team leader has structured clinical supervision times scheduled with each staff member. Delegated staff members receive clinical supervision on a monthly basis, but there is flexibility in frequency as needs arise. Staff members are able to consult as needed or can contact the team leaders by email or phone if they are out of the office.

At the time of the audit, the family preservation team leader had been in the position for a short period of time and was in the process of developing her supervision format with her staff. The permanency team leader has established a supervision contract with each worker. Staff interviewed did not report any concerns with the current supervision model. The team leaders work together providing back up to one another for case consultations during times a team leader is out of the office. Alternate arrangements for team leader coverage are planned ahead of scheduled absences.

In the event both team leaders are away, the ED is available in emergency situations. The ED does not cover for the team leaders on a regular basis.

A daily meeting occurs each morning with all staff. The purpose is to review the events of the day and provide support if a worker requires coverage or is going to be out of the office. The staff members who were interviewed confirm that these morning meetings are valuable for communication and meet the emergency needs of clients when workers are away from the office.

An all staff meeting occurs every two weeks. This combined meeting provides opportunities for sharing information about programs and key events at the agency. Through interviews, staff reported the agency values its employees and demonstrates this by recognizing staff during meetings and community events. The agency supports staff to attend training opportunities as well as providing flexibility to accommodate ongoing educational pursuits.

The delegated staff meets weekly for case discussions and group mapping through the Signs of Safety approach (SOS). SOS tools were described as a good fit with the community and indigenous approach to practice. Interviews confirmed a group approach to the work is helpful in mapping cases of high risk youth.

The agency has developed a buddy system for the delegated staff which allows members to have knowledge of all the children and youth in care. The social workers can then respond to urgent situations in a knowledgeable way should the children's own workers be unavailable. Staff reported this is very positive and helpful to both the clients and social workers in meeting the needs of child, youth and families.

The agency also has ongoing social work practicum students throughout the year and is very supportive of opening their doors for educational purposes.

4. STRENGTHS OF THE AGENCY

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

- The agency has had significant growth in programs and staffing. The agency has made service delivery changes to fit the needs of the clients they serve. Collaborative partnerships with MCFD on permanency planning, adoption and family service delivery have been incorporated into the service delivery structure;

- Cultural programs offered to the children and youth have been a great success. Collaboration with the community to support cultural learning was evident in the child service files. The agency has a variety of cultural programs for children and youth including regalia making, youth/elder dinners, leadership camps and drum making. Community events include a back to school picnic and Winter Feast. The agency has an elder in residence that is available to staff for consults on cultural matters and assists in the facilitation of family meetings;

- The agency has children and youth from many different communities in its care. Each team member has their own strong sense of identity and knows how important this is for children. Team leaders confirm there is knowledgeable and competent staff committed to good outcomes for children and youth in care;

- There was evidence in the CS files of efforts to keep siblings together in placements when possible and ongoing contact for children in care with their families;

- The agency has developed new program areas in child safety that will focus on C3 voluntary services. The agency has not been providing the breadth of C3 services and recognizes the importance of experience prior to moving the agency to C6 delegation. Collaboration is underway with MCFD on this program area for non-protection referrals. Another new program for the agency is the intensive youth support worker who focusses on Aboriginal youth between the ages of 12-19. This program provides intensive one to one support to youth with high needs and complex behaviours for up to six months;

- Staff members are committed to finding both emotional and financial support for youth to gain independent living skills prior to leaving care. All staff, whether delegated or not, work together and form a cohesive unit to support the children and youth they serve;

- The agency strives to incorporate culture into practice. Many staff members volunteer in various cultural activities with both children in care, youth and caregivers. The agency celebrates, by way of a Welcoming Ceremony, the children coming into the care, and fold, of the agency. There is also a celebration for youth aging out of care and into independence. The agency is committed to making every effort to support children and youth in visiting their extended families and home communities when possible;

- The agency moved their location in 2013. This new larger office provides for growth of the agency's staffing with additional rooms for meetings,

storage, and space for onsite programs. The agency is located in a shopping centre with local bus service, elevator access and adequate parking;

- Collaboration with local service providers in providing ongoing services to children and youth was evident in the CS files.

5. CHALLENGES FACING THE AGENCY

The auditors identified challenges for the agency's practice over the course of the audit:

- It has been difficult for the agency to recruit Aboriginal caregivers;

- Caregiver training opportunities are normally held in the evenings making it difficult for some caregivers to attend;

- Resource file documentation was often missing or incomplete. Specifically, many of the files lacked open/closing summaries, file histories and reports related to previous Protocols and Quality of Care Reviews;

- Presently, due to the delegation level of the agency, SCCFS must rely on MCFD regional staff or practice analysts to complete Reunification Assessments and Vulnerability Reassessments when applications are made to rescind CCOs. This has been problematic because they are sometimes not completed in a reasonable time frame;

- Although staff have a general understanding of navigating within the ICM system, interviews identified the need for additional training.

6. DISCUSSION OF PROGRAMS AUDITED

a) Resources

This program area showed an increase in compliance from the previous audit. Many positive aspects were found in the resource files including documentation of supervisor consultations and approvals. The files contained signed Family Care Home Agreements. The agency has several staff that received training for completing SAFE home studies.

Resource files achieved higher compliance to the following standards:

Standard 28 Supervisory Approval Required for Family Care Home Services
Standard 29 Family Care Homes – Application and Orientation
Standard 30 Home Study
Standard 31 Training of Caregivers
Standard 32 Signed Agreements with Caregivers
Standard 33 Monitoring and Reviewing the Family Care Home

Resource files achieved lower compliance to the following standards:

Standard 36 Closure of the Family Care Homes

Additional findings:

- Supervisory approvals were missing when children and youth were placed in resources prior to the completion of home studies;

- Letters to caregivers when closing resources were missing from the files;

- Tracking forms for caregiver training were located in some files, however they were not up to date. Orientation completion dates and training received annually could be added to these forms. Annual reviews could include the training needs of caregivers as assessed by the workers.

b) Child Service

Although this program area decreased in compliance ratings from the previous practice in 2011, there were several areas with high compliance.

Child service files achieved higher compliance to the following standards:

Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services
Standard 4 Supervisory Approval Required for Guardianship Services
Standard 6 Deciding Where to Place the Child
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care
Standard 11 Planning a Move for a Child in Care
Standard 12 Reportable Circumstances
Standard 13 When a Child or Youth is Missing, Lost or Runaway
Standard 16 Closing Continuing Care Files

Standard 19 Interviewing the Child about the Care Experience
Standard 21 Responsibilities of the Public Guardian and Trustee
Standard 24 Guardianship Agency Protocols

Child service files achieved lower compliance to the following standards:

Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care
Standard 5 Rights of Children in Care
Standard 8 Social Worker's Relationship & contact with a Child in Care
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards
Standard 14 Case Documentation

Additional findings:

- Caregiver reports were well documented in the CS files;

- File transfer documentation was found in the CS files. These provided clarity on the dates the files were transferred and transfer meeting;

- Documentation missing from the CS files included file summary recordings (Standard 14);

- When restricted CS files exist due to close familial relationships with staff, consideration should be given to having such files transferred or managed by another DAA or MCFD office. This will safeguard client confidentiality and avoid the perception of a conflict of interest.

7. COMPLIANCE TO PROGRAMS AUDITED

a) Resources

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship Resources including:

- Application and Orientation of Caregiver;
- Home Study of Caregiver;
- Training of Caregiver;
- Signed Agreements with Caregiver;
- Providing Caregiver with Written Information Regarding Child;
- Monitoring and Reviewing Family Care Home

IKE – 28 open and closed resource files were audited. Overall compliance to the resource standards was **81%**.

The following provides a breakdown of the compliance ratings. The files determined to be 'not applicable' were not included in the compliance ratings.

AOPSI VOLUNTARY SERVICES STANDARDS	IKE (28)
Standard 28 Supervisory Approval Required for Family Care Home Services	28 files (100%) compliant
Standard 29 Family Care Homes – Application and Orientation	10 files (77%) compliant 3 files (23%) non-compliant 15 files not applicable
Standard 30 Home Study	8 files (57%) compliant 6 files (43%) non-compliant 14 files not applicable
Standard 31 Training of Caregivers	18 files (75%) compliant 6 files (25%)non-compliant 4 files not applicable
Standard 32 Signed Agreement with Caregivers	23 files (82%) compliant 5 files (18%) non-compliant
Standard 33 Monitoring and Reviewing the Family Care Home	23 files (96%) compliant 1 file (4%) non-compliant 4 files not applicable
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	No files applicable
Standard 35 Quality of Care Review	1 file (50%) compliant 1 file (50%) non-compliant 26 files not applicable

Standard 36 Closure of the Family Care Home	2 files (33%) compliant
	4 files (67%) non-compliant
	22 files not applicable

b) Child Service

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship Child Service including:

- The Quality and Adequacy of the Plan of Care;
- The Frequency and Adequacy of the Care Plan Review;
- The Level of Contact with the Child;
- Placement Stability and Deciding When and Where to Move a Child;
- The Degree of Stability and Continuity Provided to the Child While in Care;
- Informing the Child and Caregiver of the Rights of Children in Care;
- Informing the Child and Caregiver of Appropriate Discipline Policy;,
- The Level of File Documentation.

IKE –42 open & closed child service were audited. The overall compliance to the child service standards was **71%.**

The rating of "non-compliance with factors" (NCF) is an ACPAT rating and refers to factors beyond the control of the worker or supervisor. In Standard 8, there was evidence of attempts to have contact with a youth, however due to transient behaviours, the worker was not able to meet privately with the youth every 30 days, as required.

The following provides a breakdown of the compliance ratings. The files determined to be 'not applicable' were not included in the compliance ratings.

AOPSI – Guardianship and Voluntary Services Standards	IKE (42)
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	41 files (98%) compliant 1 file (2%) non-compliant
Standard 2 Development of a Comprehensive Plan of Care	No files applicable
Standard 3 Monitoring and Reviewing the Child's	12 files (33%) compliant

Comprehensive Plan of Care	24 files (67%) non-compliant 6 files not applicable
Standard 4 Supervisory Approval Required for Guardianship Services	41 files (98%) compliant 1 file (2%) non-compliant
Standard 5 Rights of Children in Care	19 files (45%) compliant 23 (55%) non-compliant
Standard 6 Deciding Where to Place the Child	21 files (100%) compliant 21 files not applicable
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	41 files (100%) compliant 1 file not applicable
Standard 8 Social Worker's Relationship and Contact with a Child in Care	12 files (29%) compliant 2 files (5%) non-compliant with factors 28 files (66%) non-compliant
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	8 files (21%) compliant 30 files (79%) non-compliant 4 files not applicable
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	36 files (90%) compliant 4 files (10%) non-compliant 2 files not applicable
Standard 11 Planning a Move for a Child in Care	19 files (100%) compliant 23 files not applicable
Standard 12 Reportable Circumstances	9 files (69%) compliant 4 files (31%) non-compliant 29 files not applicable

Standard 13 When a Child or Youth is Missing, Lost or Runaway	6 files (100%) compliant 36 files not applicable
Standard 14 Case Documentation	21 files (50%) compliant 21 files (50%) non-compliant
Standard 15 Transferring Continuing Care Files	No files applicable
Standard 16 Closing Continuing Care Files	13 files (93%) compliant 1 file (7%) non-compliant 28 files not applicable
Standard 17 Rescinding a Continuing Custody Order	No files applicable
Standard 19 Interviewing the Child about the Care Experience	12 files (60%) compliant 8 files (40%) non-compliant 22 files not applicable
Standard 20 Preparation for Independence	No files applicable
Standard 21 Responsibilities of the Public Guardian and Trustee	5 files (83%) compliant 1 file (17%) non-compliant 36 files not applicable
Standard 24 Guardianship Agency Protocols	42 files (100%) compliant

8.   ACTIONS TAKEN TO DATE

Resources:

1. The agency reviewed with resource staff the requirements of St. 30, including obtaining and documenting supervisory approvals when children are placed in resources prior to the completion of home studies. The agency has developed a tracking document to be placed in resource files

when exceptions to this policy have been granted.   These exceptions to policy will be tracked by the resource team leader during monthly clinical supervision with resource staff.

Completed Date: July 11, 2014

9.   ACTION PLAN

On July 16, 2014, the following action plan was developed in collaboration between Surround by Cedar Child and Family Services and MCFD Office of the Provincial Director of Child Welfare & Aboriginal Services:

Actions	Person Responsible	Completion date
Resources 1. The agency to implement a resource open/close summary recording template to meet the documentation requirements of St. 29 and 36. This template will be shared with all resource staff and the components of these standards will be reviewed. A copy of this template, and the date it is reviewed with staff, will be provided to the practice analyst, Office of the Provincial Director of Child Welfare, Aboriginal Services Branch.	Robin Croteau, SBC	July 11, 2014
2. The agency will review with resource staff the requirements of St. 31 including the requirements to document all training that has been offered to caregivers and any training completed by caregivers on the Caregiver Training form in the resource files. The date of this review will be provided to the practice analyst, Office of the Provincial Director of Child Welfare, Aboriginal Services Branch.	Robin Croteau, SBC	September 30, 2014

Child Service 3. The agency will review with guardianship staff the requirements, including the documentation, of: • St. 3 Monitoring and Reviewing the Child's Care Plan; • 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 Appropriate Discipline Standards; • St 14 Case Documentation. The date of this review will be provided to the practice analyst, Office of the Provincial Director of Child Welfare, Aboriginal Services Branch.	Jennifer Chuckry & Robin Croteau SBC	September 10, 2014

PRACTICE AUDIT SIGNATURE PAGE: SURROUNDED BY CEDAR CHILD AND FAMILY SERVICES

Alex Scheiber Deputy Director of Child Welfare	Date: May 4, 2015