

Case Practice Audit Report
K'wak'walat'si Child and Family Services (IKN)

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed: October 28, 2015

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CASE PRACTICE AUDIT REPORT

1. PURPOSE

The purpose of the audit is to improve and support child service, resource and family service practice. Through a review of a sample of cases, the audit is expected to provide a measure of the recent level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the second practice audit of K'wak'walat'si Child and Family Services (KCFS).

The specific purposes of the audit are to:

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

The Office of the Provincial Director of Child Welfare, Quality Assurance is conducting the audit using the Aboriginal Case Practice Audit Tool (ACPAT) and the MCFD SharePoint site. Audits of delegated agencies providing child protection, guardianship, family services and resources for children in care are conducted according to a 3 year cycle.

2. METHODOLOGY

There was 1 Quality Assurance analyst from MCFD's Office of the Provincial Director of Child Welfare, Quality Assurance, who conducted the practice audit. The analyst conducted the field work from October 27-28, 2015. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the family service and resource files to generate agency compliance reports and individual compliance reports for each file audited.

The population and sample sizes were based on data entered in ICM and confirmed with the agency prior to the audit commencing. At the time of the audit, there were a total of 6 open and closed family service files, and 2 open and closed resource files. There were no open or closed voluntary child services files. Given the small population of files, all open and closed family service and resource files were selected for the audit. As all records in the agency that met the criteria (see below) were audited, the numbers in the samples ensure a 100% confidence level and a 0% margin of error.

During the course of the audit, 1 voluntary family service file was removed from the sample because it was opened in error. The file was not replaced as there were no other FS cases available in the population.

The scope of the practice audit was:

1. Family Service files: FS files that were open on June 30, 2015 and were open for at least 3 months, and FS files that were closed between October 1, 2012 and September 30, 2015 and were open for at least 3 months;
2. Resource files: foster home files that had children or youth in care for at least 3 months between October 1, 2012 and September 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.

Upon arrival at the agency, the analyst met with the executive director to review the audit purpose and process. The analyst was also available to answer any questions from staff that arose during the audit process. While at the agency, the analyst conducted in person interviews with delegated staff during the fieldwork. On October 27, 2015 a meeting occurred to review the preliminary findings with the executive director as well to discuss the next steps in the audit process.

3. AGENCY OVERVIEW

a) Delegation

K'wak'wat'si Child and Family Services is delegated at C3 Voluntary Services. This level of delegation enables the agency to provide the following services:

- Support services to families;
- Voluntary Care Agreements;
- Special Needs Agreements; and
- Establishing Residential Resources.

KCFS signed their initial Delegation Agreement on January 28, 2005. The current Delegation Agreement has a term of April 1, 2012- March 31, 2016. The parties signed a modification agreement on June 31, 2013 to expand the existing geographic service area (GSA) to 'Namgis and Tlowitsis children and families north of Woss for North Vancouver Island including Gilford and Kingcome.

b) Demographics

KCFS is an agency governed by Chief and Council for 'Namgis Community Services (NCS) and is not a separate non-profit society. KCFS has a 5 member Board of Directors including 2 'Namgis Nation councillors, 2 community members and 1

representative appointed by Whe-La-La Area Council. The board has a constitution and by-laws.

Historically, KCFS was a program under the responsibility of the 'Namgis Health Centre (2005), however in 2006, the program separated and became its own agency.

KCFS provides voluntary delegated services to children and families of 'Namgis First Nation and Tlowitsis Tribe residing within Rivers Inlet, Kingcome, Woss, Gilford and Cormorant Island and non-delegated prevention and support services to first and non-first nation children and families residing on Cormorant Island as well as North Vancouver Island north of Woss. Cormorant Island includes the village of Alert Bay municipality and the area known as Whe-La-La-U. Cormorant Island is 4 miles in length and 2 miles wide. The population on these reserves is approximately 1000 people (source, *Registered Indian Population by Sex and Residence, Aboriginal Affairs and Northern Development Canada, 2015.*)

The following programs and services are included within the umbrella of 'Namgis Community Services:

- K'wak'walat'si Child and Family Services
- Family Preservation/Youth Support Program
- Amlilas Head Start and Daycare Program
- Lawrence Ambers Recreation Centre
- Aboriginal Infant Development Program
- Victim Services/Family Violence/Wellness Programs
- Big Brother/Sister program
- Legal Support Services
- Pediatric Occupational Therapy
- Pediatric Physical Therapy
- Speech and Language Therapy
- Social Assistance
- National Child Benefit Programs
- Assisted Living Programs

The agency has one central office located on Cormorant Island (Alert Bay) and two satellite offices in Port Hardy used for extra space as needed. In addition, the reserve community residents access services from surrounding local hospital, health unit, public schools and local police. With the multiple programs available prevention and education are the main foundations of service.

c) Professional Staff Complement

The agency executive director (ED) has a dual role as ED for both NCS and KCFS delegated programs. The KCFS delegated staff includes the executive director and 1 social worker. NCS has 28 other staff to provide service in the non delegated programs listed above. The ED and social worker have C3 delegation. The social worker was a direct hire from Port Hardy MCFD and has a C3 letter of delegation on file, however the

social worker reports that no delegation training and Indigenous Aboriginal Perspectives delegation training was completed.

d) Supervision and Consultation

Given the small number of delegated staff at the agency, all supervision has been provided on a case by case basis through in-person, email, phone consultations with the executive director of KCFS. The agency has implemented scheduled weekly supervision with the social worker to review the entire caseload. There are no scheduled staff meetings within the agency. A monthly staff meeting was identified as a need to improve communication and knowledge of administrative, policy and program areas.

4. STRENGTHS OF THE AGENCY

The analyst identified several strengths at the agency over the course of the audit:

- The agency has established many supports and prevention programs for children, youth and families in the community;
- The agency's practice is focused on the First Nation's cultures and integrating cultures into the programs delivered by the agency;
- The agency has been able to build relationships of trust in their small community to address the needs of their clients (for example with the Health Centre, RCMP, schools, hospital, etc);
- The working environment at the agency is relaxed and friendly;
- The agency provides wrap around support to families to remain together and live in healthier ways;
- The local MCFD office and KCFS have a good working relationship and collaborate when addressing the needs of their mutual clients;
- Staff are committed to finding creative ways to attend and support the rural outlining communities within the geographic service area; and
- The agency utilizes a family strength based practice in a wholistic manner that incorporates physical, spiritual, emotional, intellectual and Circle of Courage teachings

5. CHALLENGES FACING THE AGENCY

The analyst identified several challenges at the agency over the course of the audit:

- Many of the families are coping with multi-generational issues such as poverty, trauma, domestic violence, alcohol and drug addiction, and housing shortages;
- Training opportunities are restricted to funding abilities as they have to travel long distances due to the isolated geographic location and travel costs;
- Recruitment /Retention of Aboriginal foster homes in the community is difficult;
- Maintaining and recruiting delegated staff in a remote island community;
- Limited capacity to provide intimate partner violence programs within the community;

- Budget limitations prevent funding for services to children and youth with special needs;
- There have been issues with staff not closing resource files electronically. It may be helpful to review all ICM/MIS electronic files to determine if there are open resource files that are inactive and require closure;
- It was noted that the administrative professional was a new employee and would benefit from training in records management, including file format/sections, receiving /sending electronic file transfers and requests for offsite storage of files.

6. DISCUSSION OF THE PROGRAMS AUDITED

a) Resources

The audit reflects the work done by the staff in the agency's delegated programs for 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 resource files include:

- Documentation of supervisory approvals and emails were found in the files audited (100% compliance);
- The application process did have some key documentation completed, however, there were missing references, medical reports, and criminal record checks (CRC/CRRA) (0% compliance). Details of the orientation process and what was covered and dates the information was provided to the caregivers would be helpful to have in the files;
- There were no completed home study documents found in the files audited (0% compliance);
- There was minimal documentation regarding caregiver training (50% compliance). It was unclear if the agency has training opportunities available to their caregivers to support their needs in the provision of services;
- A signed FCH agreement was found in 1 of the files (50% compliance);
- There was minimal documentation of contact by phone, email or in-person home visits with caregivers (50% compliance). The agency does have an internal worker contact log for the resource files; however logged information did not provide details and referred to black book notes. The auditor reviewed with the social worker and ED the need to place all contact notes in the physical files, including notes from ICM; and
- Within the 1 closed file, there was no closing documentation or a closing letter to the caregiver (0% compliance).

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

St.28: Supervisory Approval Required for Family Care Home Services;
 St.31: Training of Caregivers;
 St.32: Signed Agreement with Caregiver;
 St.33: Monitoring and Reviewing the Family Care Home.

Resource files achieved lower compliance (below 50%) to the following standards:

- St.29: Family Care Homes – Application and Orientation;
- St.30: Home Study;
- St.36: Closure of the Family Care Home.

a) Family Service

The 12 standards in the Family Service Practice Audit are based on the AOPSI Voluntary Service Practice Standards. The standards are as follows:

| AOPSI Voluntary Care Practice Standard | Compliance Description |
|---|---|
| St.1 Receiving Requests for Services | A Voluntary Services social worker accepts requests for service, determines the nature of the service request and the caller’s eligibility for service. The Voluntary Services social worker ensures that the service offered is within the delegated authority of the agency. When the Voluntary Services social worker has reason to believe that a child may be in need of protection while receiving a request for services, the social worker makes a report to a delegated child protection worker. When the Voluntary Services social worker receives a child protection report rather than a request for services, the social worker directs the reporter to a delegated child protection social worker and ensures the report is made. |
| St.2 Supervisory approval Required for Voluntary Services | The social worker consults with the supervisor and obtains the supervisor’s approval at key points in the provision of voluntary services and ensures there is a thorough review of relevant facts and data before decisions are made. |
| St.3 Information and Referral for Voluntary Services | People requesting voluntary services are directed to the service that best meet their needs. |
| St.4 Involving the Aboriginal community in the Provision of Services | When providing services to children and families, the social worker involves the child, family, extended family and, when appropriate, the designated representative of the family’s Band/cultural group or Aboriginal community in the planning and delivery of services |
| St.5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements | The social worker develops a family service plan that defines the service needs of the child and family, the service required to address the needs, and the measurable goals of the service. |
| St.6 Support Service Agreements | When providing support services, the social worker enters into a signed Support Services Agreement with the family. |

| | |
|---|--|
| St.7 Voluntary Care Agreements | When a child comes into care through a voluntary agreement, the social worker enters into a signed Voluntary Care Agreement with the family. |
| St.8 Special Needs Agreement | When a child with special needs requires specialized services outside the family home, the social worker enters into a signed Special Needs Agreement with the family. |
| St.9 Case Documentation | There are accurate and complete recordings on file to reflect the Voluntary Family Services provided to the family. |
| St.24 Transferring Voluntary Services Files | Prior to transferring Voluntary Services files, the social worker will complete all required documentation and follow existing protocol procedures. |
| St.26 Closing Voluntary Services Files | Prior to closing a Voluntary Services and/or Voluntary Child in Care file, the social worker will ensure that the circumstances that necessitated the provision of services no longer exist. |
| St.27 Voluntary Services Protocols | The social worker is familiar with and follows all protocols related to the delivery of child and family services that the agency has established with local and regional agencies. |

Findings from the audit of the Voluntary Family Service files include:

- Requests for services were thoroughly documented in 4 of files (80% compliant). It was noted that an intake form would be helpful in documenting the details of the request and referrals;
- Supervisory approvals during the course of service provision was found in 2 files (40% compliant);
- There was high compliance on providing information and referrals for voluntary services (80% compliant). The agency accesses the services in the community where possible;
- Involvement with Aboriginal families was evident in all files audited (100% compliant). The agency works well with extended families in supporting the children and parents;
- There were no Family Service Plans documented to provide clarity on the services to the children/youth and parents (0% compliant). The goals and time frames for reviews were not evident;
- Case documentation was minimal and there were no review recordings to capture the overall periods of service and goals achieved or not achieved (0% compliant);
- Support Service Agreements (SSA) were not located in the physical files (0% compliant). The agency is using an internal partnership plan document to capture service information. The requirements for SSAs, as per the CFCSA legislation, were reviewed with the ED; and

- Face sheets containing tombstone client information were not found in the physical files. It was challenging to determine dates of file transfers between the agency and MCFD.

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

St.1 Receiving Requests for Services;
 St.3 Information and Referral for Voluntary Services;
 St.4 Involving the Aboriginal community in the Provision of Services; and
 St.27 Voluntary Services Protocols.

Family Service files achieved lower compliance (below 50%) to the following standards:

St.2 Supervisory Approval Required for Voluntary Services;
 St.5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements;
 St.6 Support Service Agreements;
 St.9 Case Documentation; and
 St.24 Transferring Voluntary Services Files.

7. COMPLIANCE TO THE PROGRAMS AUDITED

a) Resources

There were a total of 2 open/closed resource files audited. The overall compliance rate for the resource standards was **38%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

| Standard | Total Applicable | Total Compliant | Total Non-Compliant | % Compliant |
|--|------------------|-----------------|---------------------|-------------|
| St.28 Supervisory Approval Required for Family Care Home Services | 2 | 2 | 0 | 100% |
| St.29 Family Care Homes, Application and Orientation* | 2 | 0 | 2 | 0% |
| St.30 Home Study* | 2 | 0 | 2 | 0% |
| St.31 Training of Caregivers | 2 | 1 | 1 | 50% |
| St.32 Signed Agreement with Caregivers | 2 | 1 | 1 | 50% |
| St.33 Monitoring and Reviewing the Family Care Home* | 2 | 1 | 1 | 50% |
| St.34 Investigation of Alleged Abuse or Neglect in a Family Care Home* | 0 | | | NA |
| St.35 Quality of Care | 0 | | | NA |

| | | | | |
|--|---|---|---|-----|
| Reviews* | | | | |
| St.36 Closure of the Family Care Home* | 1 | 0 | 1 | 0 % |

St.34: 2 files did not have investigations of alleged abuse or neglect in a family care home;
 St.35: 2 files did not have Quality of Care reviews; and
 St.36: 1 file was open.

b) Family Service

There were a total of 5 open family service cases audited. The overall compliance rate for Family Service was **45%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

| Standard | Total Applicable | Total Compliant | Total Non-Compliant | % Compliant |
|--|------------------|-----------------|---------------------|-------------|
| St.1 Receiving Requests for Services | 5 | 4 | 1 | 80% |
| St.2 Supervisory approval required for Voluntary Cared | 5 | 2 | 3 | 40% |
| St.3 Information and Referral for Voluntary Services | 5 | 4 | 1 | 80% |
| St.4 Involving the Aboriginal community in the Provision of Services | 5 | 5 | 0 | 100% |
| St.5 Family Service Plan for support services | 5 | 0 | 5 | 0% |
| St.6 Support Service Agreements | 5 | 0 | 5 | 0% |
| St.7 Voluntary Care Agreements* | 0 | | | NA |
| St.8 Special Needs Agreement | 0 | | | NA |
| St.9 Case Documentation | 5 | 0 | 5 | 0% |
| St.24 Transferring Voluntary Services Files* | 2 | 0 | 2 | 0% |
| St.26 Closing Voluntary Services Files* | 0 | | | NA |
| St.27 Voluntary Services Protocols* | 5 | 4 | 1 | 80% |

St.7: 5 files did not involve VCAs

St.8: 5 files did not involve SNAs

St.26:5 files were not closed

7. ACTION PLAN

Resources

| Action | Person responsible | Due Date |
|---|------------------------------------|----------------|
| The agency will conduct a home study on the one open resource file. Confirmation of this completed home study will be provided to the Office of the Provincial Director of Child Welfare. | Wendy White, Executive Director | April 30, 2016 |
| The agency will complete Summary (Closing) Recordings for each closed resource file. Confirmation of these completed recordings will be provided to the Office of the Provincial Director of Child Welfare. | Wendy White, Executive Director | April 30, 2016 |
| The agency will ensure that the team assistant and the ED receive ICM and file management training. Confirmation of this training will be provided to the Office of the Provincial Director of Child Welfare. | Wendy White, Executive Director | April 30, 2016 |

Family Service

| Action | Person Responsible | Due Date |
|--|------------------------------------|----------------|
| The agency will complete Family Service Plans, Summary (Review) Recordings and Support Service Agreements for each open Family Service file. Confirmation of these completed documents will be provided to the Office of the Provincial Director of Child Welfare. | Wendy White, Executive Director | April 30, 2016 |

SIGNATURE PAGE: K'wak'walat'si Child and Family Services



January 25, 2016

Alex Scheiber
Deputy Director of Child Welfare, MCFD

Date