

CASE PRACTICE AUDIT REPORT

**Heiltsuk Kaxla Society
(IKC)**

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed August 30, 2017

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1. PURPOSE

The purpose of the audit is to improve and support family service and resource practice. Through a review of a sample of cases, the audit is expected to provide a measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the fifth C3 audit for Heiltsuk Kaxla Society (HKS). The last audit at the agency was completed in May 2014 and was a re-audit that fulfilled an action from the 2013 practice audit of the agency.

The specific purposes of the audit are:

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

2. METHODOLOGY

There were 2 quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare, who conducted the practice audit. The analysts conducted the data collection from August 28-30, 2017. The Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the resource and family service 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) for office code IKC and confirmed with the agency prior to the audit commencing. At the time of the audit, there were a total of 7 open and closed resource records, 7 open family service records and 13 closed family service records. Given the small population of files, a census audit was conducted (all records 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. However, it is important to note that some of the standards used for the audit are only applicable to a subset (or reduced number) of the records that have been selected and so the results obtained for these standards will have a decreased confidence level.

One resource file was removed from the sample during the audit as it was closed prior to the audit scope period. Two open family service files were removed from the sample during the audit as they were opened for the provision of the Extended Family Program. Four closed family service cases were removed from the sample during the audit as 2 were unable to be located, 1 was opened for the provision of the Extended Family Program and 1 was a duplicate file to an open MCFD child protection Family Service case.

The scope of the practice audit was:

1. Resources: files relating to foster homes that had children or youth in care for at least 3 months between July 1, 2014, and June 30, 2017.
Children or youth in care had to have one of the following placements or service types: Regular Family Care, Restricted Family Care, Level 1 Care, Level 2 Care, Level 3 Care, and First Nations Foster Home.
2. Family Services: family service files that were open on June 30, 2017, and had been open for at least 3 months and family service files that were closed between July 1, 2014, and June 30, 2017.

The analysts were available to answer any questions from staff that arose during the audit process. Phone interviews were conducted following the completion of the data collection with the executive director and the social worker.

3. AGENCY OVERVIEW

a) Delegation

Heiltsuk Kaxla Society currently holds C3 delegation. This level of delegation enables the agency to provide the following services:

- Voluntary support services;
- Voluntary Care Agreements;
- Special Needs Agreements;
- Establishing residential resources for children in care.

Heiltsuk Kaxla Society's current bilateral Delegated Confirmation Agreement (DCA) is in effect from April 1, 2017 to March 31, 2018. The society's Board of Directors is an elected 5 member board with one Heiltsuk Tribal Council member. The agency continues to have a reporting relationship with HTC.

b) Demographics

HKS serves the community of Heiltsuk in Waglisa (Bella Bella) on Campbell Island. It is approximately 7 hours by ferry to Port Hardy or 2 hours by plane to Vancouver. The population of this community totals approximately 1095 people (Source: AANDC Aboriginal Peoples & Communities, First Nations Profiles Registered Population 2011). Services available in the community include the RCMP, hospital, health center, TeleHealth mental health, community school offering K-12, community college offering upgrading and postsecondary courses, band office, and a band store.

Through regional contracts with MCFD, HKS provides the following non-delegated services:

- Early Childhood Development and Aboriginal Infant Development;
- Speech & Language Program;
- Aboriginal Supported Child Development;
- Family Preservation/Support Worker;
- FASD Key Worker/Complex Development Behavioural Conditions.

The agency also provides a one to one cultural program with a community mentor, operates the Mother Goose parenting program and the Aboriginal Infant Development Program works with the health program to provide crafts, parenting support and quality interaction for parents and children. In addition, the agency has access to the services of CYMH counsellors through the local health unit and counselling services for children and youth through the local education department.

The agency has implemented an intake process where they require a voluntary family service case to be opened for every family that requests access to any of the non-delegated support services/programs. The social worker is involved in overseeing the delivery of the support services.

c) Professional Staff Complement

Over the past year, there have been changes within the executive director and social worker positions. The executive director has been with the agency for 10 months and has a lengthy and experienced social work background having worked in Australia, at another DAA and for her home Nation. The social worker has been with the agency for 1 year and has experience working in youth custody settings. The agency plans to hire another social worker with experience in resources and guardianship.

The social worker and the executive director are delegated to a C4 and C3 level and have completed the ASW delegation through Indigenous Perspectives Society.

There is an administrative assistant who supports the staff of the delegated and non-delegated teams.

d) Supervision and Consultation

Given the small number of staff at the agency, the executive director and the social worker work very closely together on all of the delegated files. They maintain an open door policy with each other and report that this supervision style is working well. All of the non-delegated program staff also report to the executive director.

4. STRENGTHS OF THE AGENCY

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

- The agency wants to grow and expand their services so they can be a strong resource for the community. The executive director purchased a van to transport families to and from program services to increase access to the services. Also the agency built a "Xupa" (gathering by the fire) and held the grand opening in August 2017. This is a place where families can gather and spend time together in a positive, supportive environment.
- The agency is developing a Heiltsuk Cultural Plan and will be conducting a community survey to ensure they include what is important for their Heiltsuk children and youth in care.
- The agency has been focused on hiring more community members to ensure there is more of a local presence in the office.

5. CHALLENGES OF THE AGENCY

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

- Due to the remote location of the agency, there have been challenges in the recruitment and retention of delegated staff. The Heiltsuk Nation has made effort to address this by providing rent free accommodation to new staff.
- The turnover of staff at MCFD Bella Coola impacts the provision of child protection services and response to the community of Bella Bella. Currently the child protection social worker visits the community approximately every 4 weeks. During the interim periods, the staff at the agency will respond to many of the day to day needs of the MCFD involved families. This has created a significant workload increase for the delegated staff and also has created an accountability concern for the C3 agency and MCFD. The executive director and social worker are aware of this concern and are making efforts to reduce their role with these families.

6. DISCUSSION OF THE PROGRAMS AUDITED

a) 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:

- **St. 28 Supervisory Approval for Family Care Home Services:** Excellent documentation of supervisory approvals and consults was found throughout all of the 6 files (**100%** compliance). These also include supervisory approvals on key documents such as the home studies.
- **St. 29 Family Care Homes – Application and Orientation:** Complete application and orientation documentation was found on 2 of the 6 files (**33%** compliance). In the 4 files that were rated non-compliant, all had no documentation of an orientation process being completed. Additionally, 2 of the 4 files did not have complete medical information on the caregivers; 1 did not have 3 completed references; 2 did not have Criminal Record Checks completed on both caregivers and 1 did not have a Prior Contact Check (PCC) completed. The agency is not using the Caregiver Centralized Screening Hub for its caregiver application screening.
- **St. 30 Home Study:** Completed SAFE home studies were found on all 6 files (**100%** compliance). The studies were well written and contained a thorough assessment of the caregivers' histories and appropriateness for fostering.
- **St. 31 Training of Caregivers:** Training offered to, and taken by, the caregivers was documented thoroughly in 2 of the 6 files (**33%** compliance). The agency has very limited access to training for caregivers in the community other than what is provided through its non-delegated service providers.
- **St. 32 Signed Agreement with Caregiver:** Completed, signed and consecutive Family Care Home Agreements were found on 4 of the 6 files (**67%** compliance). Of the 2 files rated as non-compliant, both were missing agreements for the 2016 – 2017 timeframe.
- **St. 33 Monitoring and Reviewing the Family Care Home:** Completed annual reviews for the entire 3 year audit scope period were found on 3 of the 6 files (**50%** compliance). Of the 3 files rated as non-compliant: 1 open file did not have a 2016 annual review completed; 1 open file did not have an annual review due, however there was no documentation of social worker contact with the caregivers; and 1 closed file did not have an annual review due, however there was no documentation of social worker contact with the caregivers.
- **St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home:** There were no applicable files for this standard.

- **St 35: Quality of Care Review:** Documentation on quality of care reviews did not meet the standard on the 2 applicable files (**0%** compliance). In the 2 files rated as non-compliant, both files were closed and the analysts identified reasons where quality of care reviews needed to be completed. The concerns documented in both of these files were addressed in an informal manner with the caregivers.
- **St 36: Closure of the Family Care Home:** Complete closing documentation, including closing recordings with the reasons for closures and closing notification letters to the caregivers, was found on 1 of the 3 applicable files (**33%** compliance). In the 2 files rated as non compliant, both did not have documentation of verbal or written notification of closure to the caregivers.

b) 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:

- **St 1 Receiving Requests for Services:** Requests and assessments for services were thoroughly documented in 12 of the 14 files (**86%** compliance). In the 2 files rated as non-compliant, both were closed cases and did not have documentation of a request for service or an assessment of service being completed.

The agency is registering its family service cases on ICM by reporting the request for service to Centralized Screening who are then assessing the report and completing the Screening Assessment in a Memo, converting the Memo to a Service Request and then opening a Family Service case and transferring it to the agency for ongoing provision of voluntary family service.

- **St.2 Supervisory approval Required for Voluntary Services:** Supervisory approvals and consultations were found throughout the course of service provision in all 14 files (**100%** compliance).
- **St 3 Information and Referral for Voluntary Services:** There was excellent documentation of providing information to callers and completing referrals to voluntary services in all of the 14 files (**100%** compliance).
- **St 4 Involving the Aboriginal community in the Provision of Services:** Involvement of the Heiltsuk Nation was evident in all 14 files (**100%** compliance). The social workers work well with extended families and community members in supporting the children and parents.
- **St 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements:** Family service plans were documented in 7 of the 14 files (**50%** compliance). In the 7 files rated non-compliant, there was a lack of details in the initial plans and subsequent updates to the family plans. As well, goals, time frames for review of the family plans and signatures of participants in the plans were not evident.
- **St 6 Support Service Agreements:** Complete and consecutive Support Service Agreements (SSA) were found in 11 of the 14 files (**79%** compliance). In the 3 files rated as non-compliant, 1 was closed in April 2016 and the SSA had expired in May 2015; 2 files were open; 1 did not have a completed SSA between March 2016 and March 2017 and the other file did not have a completed SSA between July 2016 and March 2017.

- **St 7 Voluntary Care Agreements:** There were no applicable files involving Voluntary Care Agreements.
- **St 8 Special Needs Agreement:** There were no applicable files involving Special Needs Agreements.
- **St 9 Case Documentation:** Case documentation and review recordings to capture the overall periods of service and goals achieved or not achieved was found in 5 of the 14 files (**36%** compliance). In the 9 files rated non-compliant, there was a lack of review recordings or updates on the status of the service plan and goals.
- **St 24 Transferring Voluntary Services Files:** There were no applicable files where a transfer occurred.
- **St 26 Closing Voluntary Services Files:** In 4 of the 9 applicable files, complete closing documentation and notification to the parent of the file closure was located (**44%** compliance). In the 5 files rated as non compliant, closing recordings were not documented.
- **St 27 Voluntary Services Protocols:** In all of the 14 files, documentation revealed that social workers are familiar with and follow all protocols related to the delivery of child and family services that the agency has established with local and regional partners (**100%** compliance)

7. COMPLIANCE TO PROGRAMS AUDITED

a) Resources

There were a total of 6 open and closed resource files audited. The overall compliance rate to the resource standards was **59%**. 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	6	6	0	100%
Standard 29 Family Care Homes – Application and Orientation	6	2	4	33%
Standard 30 Home Study	6	6	0	100%
Standard 31 Training of Caregivers	6	2	4	33%
Standard 32 Signed Agreement with Caregivers	6	4	2	67%
Standard 33 Monitoring and Reviewing the Family Care Home	6	3	3	50%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	0			

Standard 35 Quality of Care Review *	2	0	2	0%
Standard 36 Closure of the Family Care Home *	3	1	2	33%

Standard 34: 6 files did not include an investigation of alleged abuse or neglect in a family care home.

Standard 35: 4 files did not include a quality of care review.

Standard 36: 3 files were not closed.

b) Family Service

There were a total of 14 open and closed family service cases audited. The overall compliance rate for Family Service was **79%**. 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	14	12	2	86%
St 2 Supervisory approval required for Voluntary Cared	14	14	0	100%
St 3 Information and Referral for Voluntary Services	14	14	0	100%
St 4 Involving the Aboriginal community in the Provision of Services	14	14	0	100%
St 5 Family Service Plan for support services	14	7	7	50%
St 6 Support Service Agreements	14	11	3	79%
St 7 Voluntary Care Agreements*	0			
St 8 Special Needs Agreement*	0			
St 9 Case Documentation	14	5	9	36%
St 24 Transferring Voluntary Services Files*	0			
St 26 Closing Voluntary Services Files*	9	4	5	44%
St 27 Voluntary Services Protocols	14	14	0	100%

Standard 7: 14 files did not involve VCAs

Standard 8: 14 files did not involve SNAs

Standard 24: 14 files did not involve a transfer

Standard.26: 5 files were not closed

8. ACTIONS COMPLETED TO DATE

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

- In August 2017, Indigenous Perspectives Society (IPS) provided training to the agency staff on confidentiality and the provision of voluntary services.
- In September 2017, the family service program staff spent time shadowing the family service staff at Ayas Men Men CFS to learn how that DAA is delivering their family service program.
- In October 2017, the IT staff updated the agency's internet connections to ensure they are functioning properly.
- In October 2017, a van was purchased to assist the families in the community in accessing the agency's programs and services.

9. ACTION PLAN

On December 6, 2017, the following Action Plan was developed in collaboration between Heiltsuk Kaxla Society and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Person Responsible	Completion date
1. The agency will review all open resource cases and complete all necessary documentation to meet Standards 29 and 33: updated criminal record checks, PCCs, references, medicals, and annual reviews. Confirmation of completion will be provided, via email, to, and verified in ICM by, the manager of Quality Assurance, Office of the Provincial Director of Child Welfare (PDCW)	Executive Director, HKS	March 15, 2018
2. The agency will review all open voluntary family service cases and complete all necessary family service plans to meet Standard 5. Confirmation of completion will be provided, via email, to, and verified in ICM by, the Office of the PDCW.	Executive Director, HKS	March 15, 2018
3. A tracking system will be developed and implemented by the Executive Director to monitor and document the key decision points in the resource and voluntary family service cases. This tracking system will be provided to the manager of Quality Assurance, Office of the PDCW.	Executive Director, HKS	March 15, 2018