

CASE PRACTICE AUDIT REPORT

Knucwentwecw Society

(IMA)

Audit completed by the Quality Assurance Branch of the Office of the Provincial Director of Child Welfare and Aboriginal Services, Ministry of Children and Family Development.
Field work completed October 18, 2017

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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 measure of the level of practice during the scope periods (see below for dates), confirm good practice, and identify areas where practice requires strengthening. This is the sixth audit for Knucwentwecw Society (KS). The last audit of the agency was completed in July 2015 as per the regularly scheduled 3 year audit cycle.

The specific purposes of the audit are:

- further the development of practice
- to assess and evaluate practice in relation to existing legislation, the Aboriginal Operational and Practice Standards and Indicators (AOPSI) and the Child Protection Response Policies
- 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

2. METHODOLOGY

This re-audit fulfilled an action from the 2015 practice audit of the agency to conduct a re-audit of the open and closed family service cases in the 2016/2017 audit schedule. The re-audit reflects the work done by the staff in the agency's delegated program over the past year.

There was 1 quality assurance analyst from MCFD's Office of the Provincial Director of Child Welfare and Aboriginal Services, Quality Assurance who conducted the practice re-audit. The fieldwork was completed from October 16-18, 2017. Upon arrival at the agency, the analyst spoke with the executive director by phone and met with the team leader to review the audit process. The analyst was also available to answer any questions from staff that arose throughout the audit process. A MCFD Sharepoint site was used to collect the data for the family service cases.

The population and sample sizes were based on data entered into ICM and confirmed with the agency prior to the audit commencing. At the time of the re-audit, the population sizes were: 12 open protection family service cases and 2 closed protection family service cases. Given the small population of files, a census was conducted (all records were selected for the re-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 an increased margin of error.

The scope of the practice audit was:

- Open family service cases: open on August 31, 2017 and had been open for at least 6 months
- Closed family service cases: closed between March 1, 2017 and August 31, 2017 and had been open for at least 6 months

3. AGENCY OVERVIEW

a) Delegation

Knuwewweww Society operates under C6 delegation. This level of delegation enables the agency to provide the following services:

- Child protection
- Temporary custody of children
- Permanent guardianship of children in continuing custody
- Support services to families
- Voluntary Care Agreements
- Special Needs Agreements
- Establishing residential resources

The agency currently operates under a bilateral delegation agreement that was signed for April 1, 2017 through to March 31, 2018. The agency provides services to band members residing on and off reserve, and recruits caregivers both on and off reserve.\

b) Demographics

Knuwewweww Society provides services to the 5 member First Nations of Canim Lake (Tsq'escen), Canoe Creek, Dog Creek (Stwecem'c/ Xgat'tem), Soda Creek/Deep Creek (Xat'sull/Cmetem') and Williams Lake (T'exelc). Included are services to reserve communities of the member First Nations as well as those members living in the urban communities of Williams Lake, 100 Hundred Mile House, Lac La Hache, McLeese Lake, Horsefly and Likely and the surrounding areas. The population on the Bands is approximately 2638 (Source: Registered Indian Population by Sex and Residence October 2017, Aboriginal Affairs and Northern Development Canada).

The vision of the Knuwewweww Society is to provide services that re-enforce children's' cultural and traditional heritage, while protecting the children and supporting the families of the Northern Shuswap. The agency does not currently hold any contracts with MCFD in the provision of programs for support services.

Some of the community service providers which the agency utilizes are as follows:

- Three Corners Health Services Society;
- Axis Family Resources;
- White Feather Wellness Centre;
- Social Development;
- Aboriginal CYMH Outreach;
- Cariboo Friendship Centre; and
- Family Support Workers (Canim Lake and Sugar Cane Reserves).

In addition, reserve and urban communities access services from local hospitals, public schools, and local police. The agency has one central office located in downtown Williams Lake, BC and a satellite office in the Sugar Cane community.

c) Professional Staff Complement

At the time of the re-audit, the agency staff included: the executive director; the team leader; 2 full time social workers, a full time resource worker and a team assistant. One of the social workers was new and had recently completed delegation training and had not been assigned a caseload. The team assistant is a new position and her role and responsibilities were being developed. There is a vacant social work position that is currently posted for resources and once filled, the current resource social worker will move into a family service caseload.

All of the social work staff and the executive director are C6 delegated and have completed the IPS or MCFD delegation training. The team leader has been at the agency for almost 2 years, the FS social worker has been with the agency for 1 year and the executive director has been with the agency for 10 years. The agency also has an administrative assistant; a data entry clerk; and a payroll clerk.

The agency collaborates with MCFD to ensure staff receives mandatory training. The staff confirmed that opportunities for outside community training or educational workshops are provided on a case by case basis which is dependent on caseload coverage due to the small number of staff. Staff reported that in the past year they have attended supervisory, SAFE and ICM trainings. The staff at the agency also assisted a social worker from another local DAA with completing the field guide component of her delegation training.

d) Supervision and Consultation

The team leader supervises 3 social workers and the team assistant. Her supervision style is mostly "open door" with individual supervision scheduled monthly, although this doesn't always occur on a monthly basis. The staff meet every morning for brief "stand up" discussions and have biweekly team meetings. For the team meetings, the team leader likes to have the social workers gather all of the information needed for case discussions and a plan for what they think needs to happen. This leadership style works well for the more experienced social worker and the team leader modifies this approach for the 2 newer social workers who require more input and direction. There are all staff meetings occurring on a somewhat monthly basis for operational updates.

The team leader is supervised by the executive director who also provides coverage for the team leader when she is away from the office.

4. STRENGTHS OF THE AGENCY

In July 2017, the agency staff were evacuated for 3 weeks along with the entire town of Williams Lake due to wild fires. This event had a profound impact on the staff and their clients which many of them are still dealing with. During the time of the evacuation, the staff were spread out across various locations in the province and worked out of their vehicles, using social media to maintain contact with each other, their foster parents, families and children and youth in care. They divided the work based on where staff were evacuated to. The social workers maintained contact with the youth on YAGs who were moved to Kamloops into hotels. The Board of Directors and the executive director met occasionally to sign cheques and provide updates to the staff. MCFD offered assistance to the agency and a space to work from in Ashcroft and while the staff appreciated this offer of support, they felt they were able to manage the work on their own. The agency staff demonstrated significant strength and commitment to their work during this very difficult time.

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

- Some of the staff are from the local communities they serve. The staff are committed to the families and have good knowledge of the communities, their cultures and traditions;
- Staff are receiving mandatory training when available in the community and through partnership with MCFD training events;
- The staff are knowledgeable of the services available and recognize the strengths and challenges facing the communities; and
- The agency received additional funding from AANDC in the last 2 years which relieved some operational and practice pressures that the agency had been experiencing.

5. CHALLENGES FACING THE AGENCY

The most significant challenge the agency has experienced over the past 2 years has been the transition period following the departure of a long term team leader and social worker. This left the current team leader and 1 family service social worker to manage all of the child protection practice. This impacted their ability to complete all of the necessary requirements in their C6 practice. The team leader is still managing a caseload along with her supervisory duties, however with 2 new social workers having recently completed their C6 delegation, the plan is for her caseload and the other social worker's caseload to be distributed across the 3 staff. This will allow for the team leader to focus on supervision and more equitable caseloads within the agency.

6. DISCUSSION OF THE PROGRAM AUDITED

a) Family Service

There are 23 critical measures in the FS Practice Audit are based on Child Protection Response Policies; Chapter 3. Of these critical measures, the last 7 apply to open and closed family service cases. There are as follows:

Critical Measure	Compliance Description
17. Completing a Family and Child Strengths and Needs Assessment	The Strengths and Needs Assessment was completed in its entirety.
18. Supervisory Approval of the Strengths and Needs Assessment	The Family and Child Strengths and Needs Assessment was approved by the supervisor.
19. Developing the Family Plan with the Family	The Family Plan or its equivalent was developed in collaboration with the family.
20. Timeframe for Completing the Family Plan	The Family Plan or its equivalent was created within 30 days of initiating Ongoing Protection Services or the Family Plan was revised within the most recent 6 month Ongoing Protection Services cycle.
21. Supervisory Approval of the Family Plan	The Family Plan or its equivalent was approved the supervisor.
22. Completing a Vulnerability Reassessment OR a Reunification	A Vulnerability Reassessment or Reunification Assessment was completed within the most recent 6 month ongoing protection cycle or a Reunification Assessment was

Assessment	completed within the 3 months of the child's return or a court proceeding regarding custody.
23. Making the Decision to End Ongoing Protection Services	All of the relevant criteria were met before the decision to end ongoing protection services was made and approved by the supervisor.

Findings from the re-audit of the open family service cases and closed family service cases include the following:

FS 17: Completing a Family and Child Strengths and Needs Assessment: The compliance rate for this critical measure was 7%. The measure was applied to all 14 records; 1 of the 14 records was rated achieved and 13 were rated not achieved. The 1 record rated achieved had a Strengths and Needs Assessment completed in its entirety within the previous 12 month period. Of the 13 records rated not achieved: 9 did not have Strengths and Needs Assessments completed within the previous 12 month period; and 4 had an incomplete Strengths and Needs Assessment within the previous 12 month period. Of the 4 incomplete Strengths and Needs Assessment within the previous 12 month period, no analysis was given within the narrative boxes for identified risk factors.

FS 18: Supervisory Approval of the Strengths and Needs Assessment: The compliance rate for this critical measure was 7%. The measure was applied to all 14 records; 1 of the 14 records was rated achieved and 13 were rated not achieved. The 1 record rated achieved had a Strengths and Needs Assessment that was approved by the supervisor. Of the 13 records rated not achieved, all did not have a completed Strengths and Needs Assessment within the previous 12 month period.

FS 19: Developing the Family Plan with the Family: The compliance rate for this critical measure was 14%. The measure was applied to all 14 records; 2 of the 14 records were rated achieved and 12 were rated not achieved. The 2 records rated achieved had a Family Plan (or its equivalent) that was developed in collaboration with the family within the previous 12 month period. Of the 12 records rated as not achieved, all did not have a Family Plan (or its equivalent) within the previous 12 month period.

FS 20: Timeframe for Completing the Family Plan: The compliance rate for this critical measure was 7%. The measure was applied to all 14 records; 1 of the 14 records was rated achieved and 13 were rated not achieved. The 1 record rated achieved had a Family Plan (or its equivalent) that was revised within the most recent 6 month protection cycle. Of the 13 records rated not achieved: 12 did not have a Family Plan (or its equivalent) within the previous 12 month period; and 1 did not have a Family Plan created within 30 days of initiating Ongoing Protection Services.

FS 21: Supervisory Approval of the Family Plan: The compliance rate for this critical measure was 7%. The measure was applied to all 14 records; 1 of the 14 records was rated achieved and 13 were rated not achieved. The 1 record rated achieved had a Family Plan (or its equivalent) that was approved by the supervisor. Of the 13 records rated not achieved: 12 did not have a Family Plan (or its equivalent) within the previous 12 month period; and 1 had a Family Plan that was not approved by the supervisor.

FS 22: Completing a Vulnerability Reassessment OR a Reunification Assessment: The compliance rate for this critical measure was 14%.

The measure was applied to all 14 records; 2 of the 14 records were rated achieved and 12 were rated not achieved. The 2 records rated achieved had a Reunification Assessment completed within 3 months of a child’s return to parent or court hearing. Of the 12 records rated not achieved: 8 did not have a Reunification Assessment completed within the last 6 month protection cycle; 3 did not have a Vulnerability Assessment completed within the last 6 month protection cycle; and 1 had an incomplete Reunification Assessment completed within the last 6 month protection cycle. Of the 8 records that did not have a Reunification Assessment completed within the last 6 month protection cycle, 3 did not complete a Reunification Assessment prior to a child’s return to parent.

FS 23: Making the Decision to End Ongoing Protection Services: The compliance rate for this critical measure was **50%**. The measure was applied to the 2 applicable records: 1 of the 2 records was rated achieved and 1 was rated not achieved. The 1 record rated achieved contained closing information that: there were no unaddressed reports of abuse or neglect; there were no current safety concerns; the family had demonstrated significant improvements in the areas identified in the Family Plan; and a recent Reunification Assessment confirmed that the factors contributing to high vulnerability no longer existed or have been addressed sufficiently. In the 1 record rated not achieved, there was no Reunification Assessment completed prior to a child’s return to parent and closure of the case.

7. COMPLIANCE TO THE PROGRAM AUDITED

a) Family Service

The agency’s overall compliance rate for the family service files was **10%**. The following provides a breakdown of the compliance ratings.

Open and Closed Cases

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 17: Completing a Family and Child Strengths and Needs Assessment	14	1	13	7%
FS 18: Supervisory Approval of the Strengths and Needs Assessment	14	1	13	7%
FS 19: Developing the Family Plan with the Family	14	2	12	14%
FS 20: Timeframe for Completing the Family Plan	14	1	13	7%
FS 21: Supervisory Approval of the Family Plan	14	1	13	7%
FS 22: Completing a Vulnerability Reassessment or a Reunification Assessment	14	2	12	14%

Closed Cases

Measure	Applicable	Compliant	Not Compliant	Compliance Rate
FS 23: Making the Decision to End Ongoing Protection Services	2	1	1	50%

8. ACTIONS COMPLETED TO DATE

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

- In January 2018, the executive director and delegated staff completed updated ICM training.
- In response to the team leader's medical leave, the executive director arranged secondments from another DAA for an acting team leader and a C6 social worker at the agency. The secondments began in January 2018.
- MCFD Aboriginal Services Branch was been providing ongoing Child Safety practice support to the executive director and delegated staff while the team leader was on leave.

9. ACTION PLAN

On February 14, 2018, the following Action Plan was developed in collaboration between Knucwentwecw 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 family service cases and complete all necessary Family and Child Strengths and Needs Assessments, Family Plans and Vulnerability Reassessments/Reunification Assessments. Confirmation of completion will be provided to, and verified in ICM by, the manager of Quality Assurance, Office of the Provincial Director of Child Welfare (PDCW)	Executive Director, KS	May 15, 2018
2. The Ministry will review with the agency all open Memos and Incidents.	Director of Practice, Aboriginal Services, MCFD	May 15, 2018