

CASE PRACTICE AUDIT REPORT

Denisiqi Services Society (IED)

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed June 13, 2018

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1. PURPOSE

The purpose of the audit is to improve and support child service, family service and resource practice. Through a review of a sample of records, the audit provides a measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the first C4 audit for Denisiqi Services Society (DSS). The last C3 audit at the agency was completed in July 2015.

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 records
- 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

There was one quality assurance analyst from MCFD's Office of the Provincial Director of Child Welfare, who conducted the practice audit. The analyst conducted the data collection on June 13, 2018. An introduction meeting was held by the analyst and attended by the supervisor, available social workers and administration professionals to review the audit process and answer questions. The analyst was also available to answer questions from staff that arose during the audit process. Phone interviews were conducted following the completion of the data collection with the executive director, manager, social workers and administration professionals.

The Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the resource and child service records and a SharePoint site was used to collect data for the family service records. An audit rating sheet for each record was generated and provided to the agency.

The population and sample sizes were based on data entered in Integrated Case Management (ICM) for office code IED and confirmed with the agency prior to the audit commencing. Given the small number of files, it is a census audit providing a confidence level of 100% and a 0% margin of error. There were 2 open child service records at the agency at the time of the audit. These records were not audited because they had not yet been open at the agency for six months. The practice audit included the following record types and sample sizes:

Record Types	Population Sizes	Sample Sizes
Open child service	0	0
Closed child service	0	0
Open and closed resource cases	3	3
Open family service	1	1
Closed family service	2	2

The scope of the practice audit was:

1. Open child service: CS records open at the agency on April 30, 2018 and had been managed (continuously) at the agency for at least six months.
2. Closed child service: CS records that were closed at the agency between November 1, 2015 and April 30, 2018 and had been managed (continuously) at the agency for at least six months.
3. Open and closed resource: RE records that were open or closed at the agency and had a child or youth in care for at least three months between May 1, 2015 and April 30, 2018.
4. Open family service: FS records with a service basis of non-protection that were open at the agency on April 30, 2018 and managed (continuously) at the agency for at least six months.
5. Closed family service: FS records with a service basis of non-protection that were closed at the agency between November 1, 2017 and April 30, 2018 and managed (continuously) at the agency for at least six months.

3. AGENCY OVERVIEW

a) Delegation

DSS is operating under a Bilateral Delegation Modification Agreement which expires March 31, 2020. The agency is currently delegated at C4 Guardianship and has been providing C4 services since April 2017. The first child service records were transferred to the agency in December 2017. This C4 level of delegation enables the agency to provide the following services:

- guardianship services to children in continuing custody
- support services to families
- Voluntary Care Agreements
- Special Needs Agreements
- Youth Agreements
- establishment of residential resources.

b) Demographics

DSS serves children and families of the Tsilhqot'in and Ulkatchot'en First Nations in the Williams Lake area. The DSS six member Nations include; Xení Gwer'in (Nemiah); Yunesit'in (Stone); Tl'esqox (Toosey); Tsi Deldel (Redstone); ?Esdilagh (Alexandria); and Ulkatcho. The following five Bands are part of the Tsilhot'in language group; Xení Gwer'in, Yunesit'in, Tl'esqox, Tsi Deldel, and ?Esdilagh. Ulkatcho is a subgroup of the Carrier (Dakelh).

The agency office is in Williams Lake. Xení Gwer'in (Nemiah) is located 197 km west of Williams Lake and, as of September 2017, has 4440 registered band members. It covers 1383 hectares and services eight reserves surrounding Chilko Lake. Yunesit'in (Stone) is located 103 km west of Williams Lake and, as of May 2016, has 465 registered members. It covers 2146 hectares and services five reserves. Tl'esqox (Toosey) Band is located 50 km west of Williams Lake and, as of September 2017, has 347 registered members. It covers 2582 hectares and includes four reserves situated by Farwell Canyon. Tsi Deldel (Redstone), also known as the Alexis Creek First Nation, is in the Central Interior District and has an estimated 350 band members on reserve and 340 band members residing off reserve. ?Esdilagh (Alexandria) is located 110km north of Williams Lake and, as of September 2017, has 224 registered members. It covers 1142 hectares and sits on the banks of the Fraser River and services thirteen reserves. (Source: <http://www.denisiqi.org/Communities/>). Ulkatcho Nation, located in the Anaheim Lake area, includes 22 reserves with a population of 729 members on reserve and 200 members residing off reserve (Source: <http://carrierchilcotin.org/ulkatcho-first-nation/>).

Services available in Williams Lake include the RCMP, a small hospital, a child development centre, Total Health Centre, BC Health Unit, CHIWID Women's Emergency Shelter, Williams Lake Rehab, Nenqayni Wellness Centre Society, and mental health services.

DSS provides the following non-delegated program/services:

- Aboriginal child and youth mental health
- family care and family support workers' program
- Aboriginal family group conferencing (AFGC)
- early childhood development program also includes Aboriginal supported child development and Aboriginal infant development
- Nun Yaz daycare
- annual culture camp
- community enrichment program includes Fun friends, Pathways and Family wellness program.

c) Professional Staff Complement

Current staffing at DSS for the delegated services is comprised of the executive director, one supervisor, two family service workers, one guardianship social worker, one resource social worker, one AFGC coordinator, one cultural enhancement worker, and one administrative professional. The executive director at the time of the on-site data collection was with the agency for two and a half years. She has since left the agency. At the time of the audit, the acting executive director has been with the agency for three years and when not acting (executive director) she is the family care program manager. The supervisor has been with the agency for three years and worked previously at another delegated Aboriginal agency for seven years. The alternate supervisor has been with the agency for three and a half years and she attends all out of town supervisory meetings in communities. The resource worker has been with the agency for one year and the guardianship worker is newly delegated and new to the agency. The social work assistant has been with the agency for five years. The team has one social work vacancy and one delegated social worker on leave.

All the delegated staff completed their delegation training through Indigenous Perspectives Society or through MCFD. At the time of the audit, the acting executive director was non-delegated.

The delegated staff are supported by the following non-delegated program staff:

- Family care manager
- Six family support workers
- Aboriginal supported child development worker
- Aboriginal early childhood development worker
- Child and youth mental health supervisor
- Three child and youth counsellors
- Aboriginal supported child development outreach worker
- Community enrichment worker
- Aboriginal child and youth mental health worker – vacant
- Cultural program developer
- Wellness/intake worker

There is also an administrative assistant and a finance manager who supports the non-delegated program staff.

d) Supervision and Consultation

The team leader provides supervision to the delegated social workers and the AFGC coordinator. All-agency staff meetings are held weekly and include the delegated and non-delegated staff. Bi-monthly meetings are held for the delegated staff. Ad hoc clinical consultations also occur between the team leader and delegated staff. The delegated staff consult with the alternate team leader when the team leader is not available. The Aboriginal Services Branch practice analyst is also utilized for case consultations.

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 guardianship (through interviews only since no guardianship files met sampling criteria), resource and family service practice:

- Aboriginal family group conferences are utilized to focus on cultural planning, permanency, and family support issues.
- The delegated staff are very involved in various community events/programs.
- There is a priority given to hiring Indigenous staff. There is also a focus to hire locally to strengthen staff retention.
- Cultural events are organized in the communities such as: health fair, summer culture camp, Indigenous day and Elders day.
- The resource program focuses on recruiting child specific homes to meet the cultural and familial needs of children and youth.
- Quarterly wellness days are held for staff. Staff report that these days are appreciated.
- Low caseload numbers provide staff with opportunities for professional development.
- Staff have opportunities to act in place of supervisors. This fosters a positive team culture that promotes professional development.

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 guardianship (through interviews only since no guardianship files met sampling criteria), resource and family service practice:

- Fire evacuations in July and August of 2017 resulted in the agency's office closing for five weeks. This created an increased workload in the fall of 2017 as some work was backlogged.
- There have been challenges in the recruitment and retention of delegated staff. This has impacted caseload coverage and has created additional stress and work for the current team leader and social workers. Staff turnover creates an ongoing need for continuous recruitment initiatives. In 2017, four delegated staff left the agency and four new staff were hired.
- There is a shortage of foster homes in the Williams Lake area which is a barrier to placement options for children.
- Many communities have no internet access or struggle with intermittent internet connections which creates a barrier for potential foster parents to complete the required online foster parent training.

- There is no longer training for Aboriginal Family Group Conference facilitators in the province. The delegated and non-delegated programs rely heavily on this service to plan and support children and 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 three years. The nine standards in the resource practice audit are based on the AOPSI Voluntary Service Practice Standards. The standards are as follows:

AOPSI Practice Standards	Compliance Descriptions
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	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 records include:

- **St. 28 Supervisory Approval for Family Care Home Services:** Documentation of supervisory approvals and consults was found throughout all 3 records (**100%** compliance).
- **St. 29 Family Care Homes – Application and Orientation:** Complete application and orientation documentation was found in 1 of the 3 records (**33%** compliance). In the 2 records that were rated non-compliant, both required Criminal Record Review Act checks (CRRRA) and updated consolidated criminal record checks.
- **St. 30 Home Study:** A current home study was not found in the 1 applicable record (**0%** compliance). In the 1 open record rated non-compliant, the original 2003 home study was located, however the care home was closed for five years and reopened in 2008 without completing a SAFE home study.
- **St. 31 Training of Caregivers:** Training offered to, and taken by, the caregivers was not documented in all 3 records (**0%** compliance). The agency has limited access to training for its caregivers in the rural communities and has more training available for its caregivers in the larger area of Williams Lake.
- **St. 32 Signed Agreement with Caregivers:** Completed, signed and consecutive Family Care Home Agreements were found in 1 of the 3 records (**33%** compliance). Of the 2 closed records rated non-compliant, 1 had an eight-and-a-half-month gap between agreements in 2018 and 1 had a three-and-a-half-month gap between agreements in 2018.
- **St. 33 Monitoring and Reviewing the Family Care Home:** Completed annual reviews for the entire three-year audit period were found in 1 of the 3 records (**33%** compliance). Of the 2 closed records rated non-compliant, 1 did not have any annual reviews for the three-year audit period and 1 did not have 2017 and 2018 annual reviews and no documentation of 90-day home visits.
- **St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home:** There were no applicable records for this standard.
- **St 35: Quality of Care Review:** There were no applicable records for this standard.
- **St 36: Closure of the Family Care Home:** There were no applicable records for this standard.

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 Practice Standards	Compliance Descriptions
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 records include:

- **St 1 Receiving Requests for Services:** The information collected from callers with respect to the requesting voluntary support services was well documented in all 3 records (**100%** compliance).
- **St 2 Supervisory approval Required for Voluntary Services:** Approval was evident at key decision points throughout all 3 records (**100%** compliance).
- **St 3 Information and Referral for Voluntary Services:** Families were referred to the services that best met their needs in all 3 records (**100%** compliance).
- **St 4 Involving the Aboriginal community in the Provision of Services:** There was evidence of collaborative planning involving the Aboriginal communities, families and extended families in all 3 records (**100%** compliance).
- **St 5 Family Service Plan:** Family Plans were not found in any of the 3 records (**0%** compliance).
- **St 6 Support Service Agreements:** Signed Support Services Agreements were found on all 3 records (**100%** compliance).
- **St 7 Voluntary Care Agreements:** There were no applicable records for this standard.
- **St 8 Special Needs Agreement:** There were no applicable records for this standard.
- **St 9 Case Documentation:** Complete recordings were documented in 1 of the 3 records (**33%** compliance). Of the 2 records rated non-compliant, 1 did not have an opening recording and 1 had a review recording but not every 6 months as required.
- **St 24 Transferring Voluntary Services Files:** There were no applicable records for this standard.
- **St 26 Closing Voluntary Services Files:** Closing recordings were documented in the 2 applicable records (**100%** compliance).
- **St 27 Voluntary Services Protocols:** There was evidence in the records of local protocols being followed relating to the provision of services (**100%** compliance).

7. COMPLIANCE TO PROGRAMS AUDITED

a) Resources

There was a total of 3 open resource records audited. The overall compliance rate to 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.

Standards	Total Applicable	Total Compliant	Total Not Compliant	% Compliant
Standard 28 Supervisory Approval Required for Family Care Home Services	3	3	0	100%
Standard 29 Family Care Homes – Application and Orientation	3	1	2	33%
Standard 30 Home Study	1*	0	1	0%
Standard 31 Training of Caregivers	3	0	3	0%
Standard 32 Signed Agreement with Caregivers	3	1	2	33%
Standard 33 Monitoring and Reviewing the Family Care Home	3	1	2	33%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	0*			
Standard 35 Quality of Care Review	0*			
Standard 36 Closure of the Family Care Home	0*			

Standard 30: 2 records had home studies completed prior to May 1, 2015.

Standard 34: 3 records did not include an investigation of alleged abuse or neglect in a family care home.

Standard 35: 3 records did not include a quality of care review.

Standard 36: 3 records were not closed.

b) Family Service

There was a total of 3 open and closed voluntary family service files audited. The overall compliance rate to the family service program standards was **81%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

Standards	Total Applicable	Total Compliant	Total Non-Compliant	% Compliant
St 1 Receiving Requests for Services	3	3	0	100%
St 2 Supervisory approval required for Voluntary Cared	3	3	0	100%
St 3 Information and Referral for Voluntary Services	3	3	0	100%
St 4 Involving the Aboriginal community in the Provision of Services	3	3	0	100%
St 5 Family Service Plan for support services	3	0	3	0%
St 6 Support Service Agreements	3	3	0	100%
St 7 Voluntary Care Agreements	0*			
St 8 Special Needs Agreement	0*			100%
St 9 Case Documentation	3	1	2	33%
St 24 Transferring Voluntary Services Files	0*			
St 26 Closing Voluntary Services Files	2*	2	0	100%
St 27 Voluntary Services Protocols	3	3	0	100%

St 7: 3 records did not require VCAs

St 8: 3 records did not require SNAs

St 24: 3 records were not transferred with the audit scope period

St 26: 1 record was not closed

8. ACTIONS COMPLETED TO DATE

Prior to the development of the action plan on January 30, 2019, the following actions were implemented by the agency:

1. In November 2018, a tracking system was implemented to assist social workers in meeting the 90-day home visit requirement associated with Standard 33: Monitoring and Reviewing the Family Care Home. This tracking system will be provided to the manager of Quality Assurance, MCFD.
2. In January 2019, the resource social worker followed up with the caregiver that required updated criminal record checks and Comprehensive Criminal Review Act. The caregiver chose to close their resource file.

9. ACTION PLAN

On January 30, 2019, the following action plan was developed in collaboration between Denisiqi Services Society and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Persons Responsible	Completion Dates
1. The agency will organize training for current caregivers. This training will focus on fostering children and youth who have been influenced by trauma and attachment issues. Confirmation of completion will be sent, via email, to the manager of Quality of Assurance, MCFD.	Executive Director	June 30, 2019
2. The agency will develop a template to be used by resource social workers to monitor the 90-day home visits with caregivers and to ensure collaboration with caregivers in the development of plans of care for children and youth. This template will be sent, via email, to the manager of Quality of Assurance, MCFD.	Executive Director	June 30, 2019
3. The agency will review all open resource files and complete all outstanding annual reviews. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.	Executive Director	July 31, 2019
4. The agency will review all open family service files and complete all outstanding Family Plans. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.	Executive Director	July 31, 2019