



K'wak'walat'si Child and Family Services (IKN)

CASE PRACTICE AUDIT REPORT

Report Completed: May 2020

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed June 25th, 2019

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1. PURPOSE

The purpose of the audit is to improve and support resource (RE) and voluntary family service (FS) practice. Through a review of sampled records, the audit is expected to provide a measure of the level of practice during the audit time periods (see below for dates), confirm good practice, and identify areas where practice requires strengthening. This is the third audit of K'wak'walat'si Child and Family Services (KCFS). The last audit of the agency was completed in October 2015.

The specific purposes of the audit are to:

- further the development of practice
- assess and evaluate practice in relation to existing legislation, the Aboriginal Operational and Practice Standards and Indicators (AOPSI) and the Child Protection Response Policies
- determine the current level of practice across a sample of cases
- assist in identifying training needs
- 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, Quality Assurance who conducted the practice audit. The on-site data collection was commenced on June 24, 2019 and was completed on June 25, 2019. The MCFD SharePoint site was used to collect the data for the voluntary family service records. Sharepoint compliance reports for each record were generated and shared with the agency when data collection was completed.

The population and sample sizes used in the audit were extracted from the Integrated Case Management (ICM) database. Given the small number of records managed by the agency, a census audit was conducted (all records in the populations were audited). The results from a census audit provides a confidence level of 99%. The following are the population and sample sizes for the audit:

Record Types	Population Sizes	Sample Sizes
Open family service records	10	10
Closed family service records	0	0
Open and closed resource records	0	0

The sample parameters for the audit were:

1. Open family service records: FS cases that were open at office IKN on May 30, 2019 and managed by the agency for at least six months (continuously) with a service basis listed as non-protection.
2. Closed family service records: FS cases that were closed at office IKN between December 1, 2016 and May 30, 2019 and managed by the agency for at least six months (continuously) with a service basis listed as non-protection.
3. Open and closed resource records: RE cases managed at office IKN that had a child or youth in care for at least three months between June 1, 2016 and May 30, 2019. The child 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, First Nations Foster Home.

3. AGENCY OVERVIEW

a) Delegation

K'wak'walat'si Child and Family Services (KCFS) is delegated at the level of C3 Voluntary Services. The agency is operating under a Bilateral Delegation Agreement which expires March 31, 2020. The current level of delegation enables the agency to provide the following services:

- support services to families
- Voluntary Care Agreements
- Special Needs Agreements
- establishment of residential resources.

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

- K'wak'walat'si Child and Family Services
- early childhood development
- early learning services
- infant development
- Headstart and daycare services
- after school program
- Family Wellness (domestic violence)
- youth justice support
- victim services
- legal services

- youth mentors
- social assistance
- assisted living
- Meals on Wheels
- school nutrition programs
- 1:1 special needs support
- community garden
- First Nation languages program
- community recreation.

b) Demographics

KCFS is an agency governed by Chief and Council for 'Namgis Community Services (NCS). KCFS has a five-member Board of Directors including two 'Namgis Nation councilors, two community members and one 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 has one central office located on Cormorant Island (Alert Bay) and two satellite offices in Port Hardy used for extra space when needed. The agency 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. KCFS also provides non-delegated prevention, education and support services to indigenous and non-indigenous children and families residing on Cormorant Island and on lands north of the community of Woss on North Vancouver Island. The population on these reserves is approximately 1000 people (www.tlowitsisnation.ca, www.namgis.bc.ca)

c) Professional Staff Complement

The agency's executive director has a dual role of overseeing both 'Namgis Community Services (NCS) and KCFS. The executive director is currently the only staff member with C3 delegation. There is one administrative support position. The delegated social worker position has been vacant since January 2018. NCS has 28 other staff members that provide services in the non-delegated programs.

d) Supervision, Consultation and Team Meetings

When the agency has the delegated social worker position filled, all supervision is provided on a case by case basis through in-person, email, and phone consultations with the executive director of KCFS. There are no scheduled staff meetings within the agency.

4. STRENGTHS OF THE AGENCY

Through the review of documentation and a staff interview, the analyst identified the following strengths at the agency and of the agency's family service practice:

- The agency has established many supports and prevention programs for children, youth and families in the communities.
- The agency's practice is focused on the cultures of the 'Namgis Nation and Tlowitsis Tribe and integrating the cultures into all the programs.
- The agency has very positive and collaborative relationships with the Health Centre, MCFD, schools, and the RCMP.
- In 2017, the agency, in collaboration with Sasamans Society, developed a video "Care is NOT an Option" (<https://www.sasamans.ca/care-is-not-an-option-video>) which focuses on the community's efforts to address the safety of their children and the support to their families. In the past 11 years, no children have been removed from the community. The agency has presented the video to the BC Representative for Children and Youth, municipal politicians and the Council of Yukon First Nations

5. CHALLENGES OF THE AGENCY

Through the review of documentation and staff interview, the analyst identified the following challenges at the agency and of the agency's family service practice:

- ICM training and records management training is needed for the delegated and administrative support staff to improve case documentation, to complete the closures of records and to encourage day to day records management.
- The agency is accepting case transfers from MCFD without following case transfer policy. The analyst noted a lack of family histories, case documentation and transfer/opening recordings.
- Due to its remote location, recruitment and retention of delegated staff is a significant challenge for the agency.

6. FINDINGS AND ANALYSIS

The findings are presented in the table below that contain counts and percentages of ratings of achieved and not achieved for all the measures in the audit tool. The table presents findings for measures that correspond with specific components of the policies within the Aboriginal Operational and Practice Standards and Indicators (AOPSI). The table is followed by an analysis of the findings for each of the measures presented. Please note that some records received ratings of not achieved for more than one reason.

a) Voluntary Family Service

The overall compliance rate for the AOPSI Voluntary Family Service Practice Standards was **41%**. The audit reflects the work done by the staff in the agency’s family service program over a three-year period (see Methodology section for details). There was a total of ten open Family Service records in the one sample for this audit. However, not all 12 measures in the audit tool were applicable to all the records. The notes below the table describe the records that were not applicable.

Standards	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
St 1 Receiving Requests for Services	10	8	2	80%
St 2 Supervisory approval required for Voluntary Care	10	8	2	80%
St 3 Information and Referral for Voluntary Services	10	3	7	30%
St 4 Involving the Aboriginal community in the Provision of Services	10	4	6	40%
St 5 Family Service Plan for support services	10	0	10	0%
St 6 Support Service Agreements	10	0	10	0%
St 7 Voluntary Care Agreements*	0*			
St 8 Special Needs Agreement*	0*			
St 9 Case Documentation	10	0	10	0%
St 24 Transferring Voluntary Services Files*	0*			
St 26 Closing Voluntary Services Files*	0*			
St 27 Voluntary Services Protocols	10	10	0	100%

Standard 7: no records involved Voluntary Needs Agreements

Standard 8: no records involved Special Needs Agreements

Standard 24: no records involved case transfers

Standard 26: no records were closed

St. 1 Receiving Requests for Services: The compliance rate for this measure was **80%**. The measure was applied to all ten records in the sample; eight were rated achieved and two were rated not achieved. To receive a rating of achieved:

- information was recorded about the family and the family's history
- the service requested was within the delegation of the agency
- a prior contact check was completed.

Of the two records rated not achieved, two did not contain sufficient information to determine eligibility, and one request was not within the delegation level of the agency. The total adds to more than the number of records rated not achieved because one record had a combination of the above noted reasons.

St. 2 Supervisory Approval Required for Voluntary Services: The compliance rate for this measure was **80%**. The measure was applied to all ten records in the sample; eight were rated achieved and two were rated not achieved. To receive a rating of achieved, the social worker consulted a supervisor at the following key decision points:

- receiving a child protection report
- approving a family plan
- approving a Support Services Agreement
- approving a Voluntary Care Agreement
- approving a Special Needs Agreement
- approving a case transfer
- approving a case closure.

Of the two records rated not achieved, one did not have documentation of supervisory oversight, and one included a possible child protection concern with no documented consult with a MCFD delegated supervisor. This record was discussed with the executive director and it was confirmed that a consult occurred with MCFD but was not documented within the record.

St. 3 Information and Referral for Voluntary Services: The compliance rate for this measure was **30%**. The measure was applied to all ten records in the sample; three were rated achieved and seven were rated not achieved. To receive a rating of achieved:

- the services provided were appropriate to the needs of the client
- the referrals to services were consistent with the identified needs of the client.

Of the seven records rated not achieved, all did not contain information regarding referrals to services. It was reported to the practice analyst that the current practice is to record this information in email folders for ease of access due the agency's lack of full understanding of ICM functionality.

St. 4 Involving the Aboriginal community in the Provision of Services: The compliance rate for this measure was **40%**. The measure was applied to all ten records in the sample; four were rated achieved and six were rated not achieved. To receive a rating of achieved:

- efforts were made to identify and involve the Indigenous community
- efforts were made to involve the family in planning
- efforts were made to involve the extended family in planning
- efforts were made to involve the child/youth in planning.

Of the six records rated not achieved, no efforts to involve representatives from member Nations in planning were documented.

St. 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements: The compliance rate for this measure was **0%**. The measure was applied to all ten records in the sample; all ten were rated not achieved. To receive a rating of achieved, the record contained a family plan that included:

- the goals for services with timeframes for review
- the roles and responsibilities for all those participating in the plan.

Of the ten records rated not achieved, all did not contain Family Plans.

St. 6 Support Service Agreements: The compliance rate for this measure was **0%**. The measure was applied to all ten records in the sample; all were rated not achieved. To receive a rating of achieved, the record contained Support Services Agreements that were:

- signed by the agency
- signed by the parents
- consecutive and reviewed every six months.

Of the 10 records that were rated not achieved, all did not contain Support Service Agreements.

St. 9 Case Documentation: The compliance rate for this measure was **0%**. The measure was applied to all ten records in the sample; all ten were rated not achieved. To receive a rating of achieved, the record contained:

- an opening recording signed by social worker and supervisor
- review recordings signed by social worker and supervisor and completed every six months throughout the audit time period.

Of the ten records rated not achieved, nine did not contain opening nor review recordings and one contained review recordings but they were not completed every six months.

St. 27 Voluntary Services Protocols: The compliance rate for this measure was **100%**. The measure was applied to all ten records in the sample; all ten were rated achieved. To receive a rating of achieved, all protocols related to the delivery of family services that the agency has established with local and regional agencies have been followed.

7. ACTIONS COMPLETED TO DATE

Following the completion of the audit fieldwork in June 2019, the following actions were implemented by the agency:

The Bilateral Delegation Agreement was renewed, expiring March 31, 2022.

In May 2020, the agency hired a delegated social worker who is from the territory, who has delegated experience at another DAA.

The executive director has retired and is contracted for 14 hours a week to provide transition and mentorship to the new SW.

8. ACTION PLAN

On January 20, 2020, the following action plan was developed in collaboration between K'wak'walat'si Child and Family Services and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

ACTIONS	PERSONS RESPONSIBLE	DATES TO BE COMPLETED
1. The agency will review all open family service cases and complete all required Family Plans, Support Service Agreements and review recordings. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.	Executive Director	December 31, 2020
2. The agency will review all open family service cases and, where appropriate, close the family service cases and complete the required closing recordings, supervisory approvals, meetings with the families (if, and when, appropriate), and notify the Bands and service providers. Confirmation of completion will be sent, via email, the manager of Quality Assurance, MCFD.	Executive Director	December 31, 2020
3. ICM training to be delivered to the delegated and administrative staff of the agency through Gateway Consulting. Confirmation of completion will be sent, via email, to the manager of Quality Assurance, MCFD.	Executive Director	December 31, 2020