CASE PRACTICE AUDIT REPORT

Ayas Men Men Child & Family Services (ITA & IJA)

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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 baseline measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the fourth audit for Ayas Men Men Child & Family Services (AMMCFS). The last audit of the agency was completed in December 2010.

The specific purposes of the audit are:

- to confirm good practice and 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;
- to 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. Audits of delegated agencies providing child protection, guardianship, family services and resources for children in care are conducted according to a 3year cycle.

2.   METHODOLOGY

There were two quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare, Quality Assurance who conducted the practice audit. The quality assurance analysts conducted the field work from February 24-March 7, 2014. Interviews with available delegated staff were completed by phone after the fieldwork was finished. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data and generate office summary compliance reports and a compliance report for each file audited. The agency uses Best Practices (BP) as its primary information database. The agency made efforts to provide the BP lists of open and closed files for the scope period, however IT difficulties with the database prevented this from occurring. The population and sample sizes were drawn from data information in ICM and confirmed with the agency prior to the audit commencing. At the time of the audit, there were a total of 61 open and closed resource files (total number of files registered to ITA: 49/61, IJA: 12/61), 83 open and closed family service cases (total number of files registered to ITA: 74/83, IJA: 9/83) and 89 open and closed child service

files (total number of files registered to ITA: 79/89, IJA: 10/89) between the 2 offices. Overall the Squamish Valley office (IJA) has significantly fewer files registered to it and when included in the over population numbers for the audit, only a few files were included in each sample size. A sample size of 32 resource files, 38 family service cases and 39 child service files were audited. The sample size breakdown by office code is as follows:

- CS: ITA: 36/39; IJA: 3/39
- FS: ITA: 34/38; IJA: 4/38
- RE: ITA: 24/32; IJA: 8/32

For this audit, the number of child welfare records in the sample ensures (at the 90% confidence level) that the results are within plus or minus 10% percentage points (the margin of sampling error) from the results that would be obtained if every child welfare record was audited within the agency.

More specifically, the 90% confidence level and 10% margin of sampling error means that if the ministry conducted 100 audits in the same Service Delivery Area (SDA) or DAA using the same sampling procedure it currently uses then in 90 of the 100 audits the results obtained from the audit would be within plus or minus 10% percentage points from the results that would be obtained if the ministry audited every child welfare file within an SDA or DAA.

However, it is important to note that some of the standards that are audited are only applicable to a subset (or reduced number) of the records that have been selected and so the results obtained for these standards may differ by more than plus or minus 10% percentage points from the results that would be obtained if the ministry audited every child welfare records within the agency.

The scope of the practice audit was 3 years, January 2011 – January 2014 for the child service, resource and family service files.

Upon arrival at the agency, the analysts met with the Executive Director (ED) and available delegated staff to review the audit purpose and process. The analysts were also available to answer any questions from staff that arose during the audit process. At the completion of the audit, the analysts met with the Executive Director and available delegated staff to provide some preliminary findings and discuss the next steps in the audit process
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3.   AGENCY OVERVIEW

a) Delegation

Ayas Men Men Child and Family Services (the agency) was established and received C4 Guardianship Services delegation in 1993. This audit was conducted based on the C4 Guardianship Services of the agency. This level of delegation enables the delegated agency to provide the following services:

- Guardianship of children in continuing custody;
- Support services to families;
- Voluntary Care Agreements;
- Special Needs Agreements;
- Establishing and maintaining residential resources for children in care.

The agency's current Delegation Confirmation Agreement expires March 31, 2015.

b) Demographics

In 1923, 16 reserves in the North Shore and Squamish Valley area formed the Squamish Nation. Currently, the nation is comprised of 28 reserves which are located on the North Shore, Howe Sound, Sunshine Coast and Squamish Valley. Of these 28, only 11 are populated. Of the approximately 3600 members of the Squamish nation, 60% live on reserves. The population breakdown is as follows:
721 children reside on reserve; 421 children reside off reserves; 1387 adults reside on reserves; and 1071 reside off. (Information provided by Ayas Men Men and is based on statistics from December, 2013). The governing body for the Squamish nation is an elected Chief and a 16 member council.

In 2013, the agency's geographic service area was revised to include: Squamish, West Vancouver, North Vancouver, Vancouver, Richmond, Delta, Surrey, Coquitlam, New Westminster and Burnaby.

Child and family services to the Squamish Nation are delivered primarily from two sites – the North Shore and the Squamish Valley. The main office in North Vancouver (ITA) provides services for nation members on the North Shore and the office in Squamish (IJA) for nation members in the Squamish Valley. The offices operate Monday to Friday, 8:30-4:30 with MCFD covering after hours, weekend and statutory holidays.

c) Professional Staff Complement

There are 5 different work teams under AMMCFS with a total of 57 staff serving the members of the Squamish Nation. The teams are as follows:

1. Case Management/Family Therapy
2. Youth & Prevention Services
3. Family Programs
4. Nexwniwinitway Family Circle
5. Administrative Services

At the time of the audit, the Case Management team consisted of the Executive Director, 1 manager, 8 social workers delivering Family and Guardianship services in both North Vancouver and Squamish Valley and 2 resource workers. One of the social workers has been classified as the senior worker whose responsibilities include intake, quality assurance and back up to the manager. Over the past 3 years, the agency has experienced several changes in the social work staffing with two social workers leaving and five new social workers hired. Additionally, they have had one of the resource social workers on extended leave and have provided coverage for this position with a contracted retired MCFD social worker and support from the Squamish Valley social worker working in the North Vancouver office 4days/week. During the fieldwork of the audit, a newly trained and delegated resource social worker began working at the agency. In addition to the delegated staff, AMMCFS has had on contract, for the past several years, two experienced retired MCFD social workers/managers who assist with the policy development/ writing that supports the practice and operational requirements of the agency. In the past couple of years, when the agency was short staffed, one of the contractors obtained her delegation and carried a guardianship caseload for a period of time.

All of the social work staff, the manager and the ED are delegated to a C3 or C4 level and have completed the ASW delegation or MCFD delegation training. Many of the new social workers have previous DAA or service experience as well as MCFD experience. The agency also has ongoing social work practicum students throughout the year and is very supportive of opening their doors to the students.

There is 1 administrative team leader and 6 other administrative positions, including an events planner, who support the staff of the Case Management team as well as staff from the other teams.

d) Supervision and Consultation

The manager is responsible for the supervision of the 8 delegated staff, the mental health therapist and, at the time of the audit, 4 social work practicum students. The number of students varies throughout the year. Supervision is now an integrated part of the practice with most staff receiving scheduled 1:1 supervision every third week of the month. The manager makes efforts to attend at the Squamish Valley office every second week however the social workers from that office also travel to the North Vancouver office on a regular basis and can meet with the manager when in that office. The manager also has an open door policy and staff reported that when the manager is busy, they can also email her and she is very prompt in her responses to them. All of

the delegated staff from the two offices meet on a weekly basis and it was reported that these meetings are valuable and a productive use of their time.

Following the last practice audit in 2010, the agency created a position of a senior social worker to assist the manager with some of her responsibilities. This position provides back up to the manager when she is out of the office or on holidays and has a quality assurance role in monitoring the social workers' practice and compliance to AOPSI standards. The manager and the senior social worker have a good working relationship and staff reported the addition of this position has further strengthened the supervision at the agency.

The Executive Director was delegated in 2012 and it was evident from the file audit, and confirmed by staff, that she is appropriately involved as needed or requested and provides a significant amount of support to the manager's and social workers' practice.

e) Approaches to Practice

Ayas Men Men Child & Family Services has implemented several innovative approaches to practice over the years. Some of the approaches were evidenced in the files audited and/or were commented on in the staff interviews:

- NexwniwniTway: the Squamish Alternative Dispute Resolution was formally launched in 2008 and since then over 200 family circles have been held. This approach encourages families and communities to come together to help make effective plans for children.
- Community Awareness & Prevention: the teams have developed special projects to deliver information on child and family services to the community. . There has been an emphasis on a community development approach in this area.   One of the principle goals is to engage the community, especially the Elders.
- Ceremonies: the practice of Ayas Men Men involves many ceremonies including: "Honouring Our Children" where all children in care are blanketed; "Honouring Babies" where all new babies for each year are celebrated; and "Honouring Our Elders", where community members stand up and show respect for the teachers and knowledge keepers of their families.
- Self Evaluation: Ayas Men Men conducted an AANDC funded self evaluation in 2009 and again in 2011. One component of the 2011 evaluation involved interviews with former children in care of the agency. These self evaluations provide important feedback for planning purposes.

4. STRENGTHS OF THE AGENCY

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

- There is a strong focus on providing professional development opportunities/training for the delegated staff. Over the past couple of years, the agency has focused on implementing the Signs of Safety model and there was evidence in files of the use of mappings, 3 houses and family plans. Currently the staff have been participating in an 8 week training of Dr. Gordon Neufeld's model re: trauma and attachment. Staff interviewed reported that they are learning some new information and skills from this training. Additionally, there is professional development funding available for each staff if they have other training interests;

- The ED has a pro-active approach to the agency's practice and it was reported that she has made a number of positive changes within the case management team. She is very supportive of capacity building amongst the team members and approaches the staff and facilitates the changes in a very skillful and respectful manner;

- There was evidence in the files as well as confirmed through staff interviews that the agency has been working with the Squamish Nation and the Public Guardian & Trustee regarding financial planning and finance management for youth leaving care. Most of the youth in care have a large amount of money in trust and efforts are being made to provide additional support regarding financial planning so the youth can benefit from this money after they leave care at 19. This area was identified by the agency as one that needed to be included in the planning for independence with the youth.

5. DISCUSSION OF THE PROGRAMS AUDITED

The audit reflects the work done by the staff in the agency's delegated programs over the past 3 years. The agency staff, delegated and non delegated, use the Best Practices database as their primary database and the delegated staff have very limited to no involvement with ICM.

a) Resource files

This program area showed an increase in compliance from the previous audit for office IJA and a stable compliance rating for office ITA. The agency has more resources open than previously and there are a higher number of levelled resources.

Findings from the audit of the resource files include:

- Supervision/consultation points were well documented within the files;
- While the agency does not use the SAFE home study model, the studies on file were very thorough and well written;
- The agency caregivers are receiving a significant amount of training: i.e. MCFD 53 Hr., Vital Connections based on the Dr. Gordon Neufeld model re: trauma and attachment and FASD;
- Cultural involvement for the caregivers and the children in their care is supported and promoted by the resource and guardianship social workers;
- Within some of the resource files, Support Services Agreements had been used to document a service plan for the caregivers. This use of the SSA is not necessary or appropriate and follow up on this was provided to the ED, manager and delegated staff; and,
- When closing a resource file, the social workers need to document on the file the reasons for closure in a closing recording, identify any outstanding concerns with the resource for future consideration if the home is re-opened and provide a letter to the caregiver regarding the reasons for closure and the potential for future use of the home if they wish to re-open.

Resource files achieved higher compliance to the following standards:

ITA

- St. 28: Supervisory Approval Required for Approval for Family Care Home Services;
- St. 30: Home Study;
- St.31: Training of Caregivers;
- St. 32: Signed Agreements with Caregivers; and
- St. 35: Quality of Care Reviews.

IJA
- St. 28: Supervisory Approval Required for Approval for Family Care Home Services;
- St. 30: Home Study; and
- St.31: Training of Caregivers

In both offices resource files had lower compliance to the following standards:

- St.32: Signed Agreements with Caregivers;
- St. 33: Monitoring and Reviewing the Family Care Home; and
- St. 36: Closure of the Family Care Home.

b) Family Service Files

. There has been a significant increase in the number of open and closed family service files since the 2010 audit. It was reported that the agency has made a significant commitment to providing voluntary family services to its Nation members. Many of the FS files in the sample were closed and there was improvement in the overall file documentation and family support plans in the more recently opened files than the older closed files. This program has seen tremendous growth and development as the agency strives to understand their role within the voluntary service stream while also working closely with Squamish families who are involved with mandated services offered through MCFD.

Findings from the audit of the family service files include:

- Referrals for services were well documented in the files with most of the referrals sent to internal AMMCFS programs. The analysts did find some referrals to, and collaborative work being done with, outside service agencies and MCFD, particularly CYMH;
- Significant efforts are being made by the family service social workers to support and maintain contact between the children/youth in care and their siblings, parents, extended families and community members;
- Supervisory approvals/consultations were well documented;
- On applicable files, the originating reasons for service were documented and there was identification that they were appropriately designated as voluntary service requests;
- Generally, the family support plans were documented within the contact notes or the initial plans were documented in the outcome in the intakes. The analysts did identify this as an area that could use strengthening with more focus on documenting a separate, thoroughly written family support plan that identifies the needs, goals, services, persons involved and is reviewed and revised with the family and service providers while the file is open;
- The intake social workers who attend with MCFD during responses to child safety reports will opens FS files on Best Practices and document the agency's involvement and support. This documentation often mirrors the documentation in the MCFD incidents in ICM, but is written from the agency SWs' perspective. The ED reports that it is important to document this in order to demonstrate the agency's role and involvement with their member families. This practice is problematic because within Best Practices, a FS file is created and subsequently included within the FS population and subsequent sample size. As this type of file does not meet many or all of the AOPSI standards for voluntary family

service, these negatively affected the agency's overall compliance to the FS standards; and

- Within many of the files it was difficult to find documentation supporting compliance to St. 4: Involving the Aboriginal Community in the Provision of Service. There was a lack of documentation of involvement of extended family and/or community members in the responses to the requests for service, often only indicating the involvement of the families requesting the service and the SWs responding to the requests. Follow up occurred with the ED and the analysts learned that the agency's SWs also act as the designated Band Representative in their involvement with families. This is seen as part of their dual accountability to the Director and the Nation. While this may be the agency's practice, it was not clearly stated in the file documentation that the SW was responding in this dual role and, therefore, did not meet the standard in doing so. Further to this, the analysts raised with the ED that this practice could be perceived as a conflict of interest for the Nation and the Director. The agency ED provided the following explanation regarding the agency's dual accountability role:

"The delegated staff of Ayas Men Men Child and Family services is accountable to both the employer (Squamish Nation) and to the Director of Child and Family Services. Dual accountability refers to the two primary reporting relationships that the Agency has by virtue of its workers receiving delegated authority under the CFCSA. One relationship stems from the governance model adopted by the Agency and Band Council, which reflect the Agency's role in the community. The Agency and its staff are accountable to the community for the work that we do for children and families. The other relates to the statutory requirements of the CFCSA, which hold the Agency accountable to the Director for delegated functions that are related to child welfare. Social workers with delegated authority are, therefore, accountable to the Director for performing the function for which they have delegation.

Ayas Men Men works very closely and cooperatively with MCFD on protection matters relating to Squamish children and families with understanding of the CFCSA and the role and authority of MCFD on these matters. MCFD operates with the protection authority, Ayas Men Men supports the family to understand the process and position of the Ministry. We are able to help the family have a voice, express their questions and concerns and understand complicated court and process matters. In some cases, we may also be provided youth worker or therapy service to the child (ren). The Band has given AMMP the responsibility to represent the voice needs and position of our people as we have the understanding and technical expertise. Should the Band hold an opposing view than MCFD on court matters, AMMP will have a representative from Band Counsel step in and we will acquire separate legal representation.

Ayas Men Men represents the Band's interests on Child and Family matters and consults with Band Council, Family, Elders, knowledge keepers, extended family and community."

Family service files achieved higher compliance to the following standards:

IJA

- St. 1 Receiving Requests for Service;
- St. 2 Supervisory Approval Required for Voluntary Services;
- St. 3 Information and Referral for Voluntary Services; and
- St. 27 Voluntary Services Protocols.

ITA

- St. 1 Receiving Requests for Service;
- St. 2 Supervisory Approval Required for Voluntary Services;
- St. 3 Information and Referral for Voluntary Services;
- St. 4 Involving the Aboriginal Community in the Provision of Voluntary Services;
- St. 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements;
- St. 6 Support Services Agreements;
- St. 9 Case Documentation for Voluntary Family Services;
- St. 26 Closing Voluntary Family Service Files; and
- St. 27 Voluntary Services Protocols.

Family service files achieved lower compliance to the following standards:

IJA
- St. 4 Involving the Aboriginal Community in the Provision of Voluntary Services;
- St. 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements;
- St. 6 Support Services Agreements;
- St. 9 Case Documentation for Voluntary Family Services; and
- St. 26 Closing Voluntary Family Service files.

ITA

- St. 7 Voluntary Care Agreements.

c) Child Service files

. This program area showed good improvement in guardianship practice and overall compliance for both offices. There are a higher number of CCO child service files being managed by the agency than in the 2010 audit.

Findings from the audit of the child service files include:

- Significant efforts are being made by the guardianship social workers to support and maintain contact between the children/youth in care and their siblings, parents, extended families and community members;
- Completed assessments, referrals for support services, educational support for alternative schools/programs, orthodontics, counselling, art therapy and involvement in sports and travel are being completed for the children/youth in care;
- In the last two years, the agency has worked extensively with the Squamish Nation membership department, the families, extended families, elders and a cultural advisor to develop and implement a Cultural Plan for every child/youth in the agency's care. Each Cultural Plan contains important family and cultural information that is unique to the child/youth. The plans were written in a format that included goals, review dates and include a signatory by the participants. The expectation is that the plans are working documents that are continuously reviewed and updated. The analysts found the plans a pleasure to read; and
- The CPOCs/Care Plans in files were well written and included a great amount of detail in each section. Over the scope period, there were several different formats of CPOCs found in files and all were thorough.. On some of the files, CPOCs were missing, particularly from 2011, and staff turnover may have impacted the documentation of this standard.

Child service files achieved higher compliance to the following standards:

<u>IJA</u>

- St. 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services;
- St. 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care;
- St. 4 Supervisory Approval Required for Guardianship Services;
- St. 5 Rights of Children in Care;
- St. 6 Deciding Where to Place the Child;
- St. 7 Meeting the Child's Needs for Stability and Continuity of Relationships;
- St. 8 Social Worker's Relationship and Contact with a Child in Care;
- St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards;
- St. 10 Providing Initial and Ongoing Medical and Dental Care for a Child in Care;
- St. 11 Planning a Move for a Child in Care;
- St. 14 Case Documentation for Guardianship Services;

- St. 21 Responsibilities of the Public Guardian & Trustee; and
- St. 24 Guardian Agency Protocols.

ITA

- St. 1 Preserving the Identity of the Child in care and Providing culturally appropriate services;
- St. 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care;
- St. 4 Supervisory Approval Required for Guardianship Services;
- St. 5 Rights of Children in Care;
- St. 6 Deciding Where to Place the Child;
- St. 7 Meeting the Child's Needs for Stability and Continuity of Relationships;
- St. 10 Providing Initial and Ongoing Medical and Dental Care for a Child in Care;
- St. 11 Planning a Move for a Child in Care;
- St. 14 Case Documentation for Guardianship Services;
- St. 16 Closing Continuing Care Files;
- St. 20 Preparation for Independence;
- St. 21 Responsibilities of the Public Guardian & Trustee; and
- St. 24 Guardian Agency Protocols.

Child service files achieved lower compliance to the following standards:

ITA

- St. 8 Social Worker's Relationship and Contact with a Child in Care;
- St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards;
- and
- St. 19 Interviewing the Child About the Care Experience.

6.   COMPLIANCE TO PROGRAMS AUDITED

a) Compliance to Resource File Practice

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship resources including:

- Application and Orientation of Caregiver;
- Home Study of Caregiver;

- Training of Caregiver;
- Signed Agreements with Caregiver;
- Providing Caregiver with Written Information Regarding Child; and,
- Monitoring and Reviewing Homes.

IJA – 8 open & closed resource files were audited. Overall compliance to the resource standards was **74%.**

ITA – 24 open & closed resource files were audited. Overall compliance to the resource standards was **76%**.

The overall agency compliance to the resource standards was **76%**.

The following provides a breakdown of the compliance ratings:

AOPSI VOLUNTARY SERVICES STANDARDS	IJA (8)	ITA (24)
Standard 28 Supervisory Approval Required for Family Care Home Services	8 files (100%) compliant	24 files (100%) compliant
Standard 29 Family Care Homes – Application and Orientation	6 files (75%) compliant 2 files (25%) non-compliant	10 files (71%) compliant 4 files (29%) non compliant 10 files not applicable
Standard 30 Home Study	6 files (86%) compliant 1 file (14%) non-compliant 1 file not applicable	8 files (73%) compliant 3 files (27%) non compliant 13 files not applicable
Standard 31 Training of Caregivers	6 files (86%) compliant 1 file (14%)non-compliant 1 file not applicable	21 files (88%) compliant 3 files (12%) non compliant
Standard 32 Signed Agreement with Caregivers	4 files (50%) compliant 4 files (50%) non-compliant	16 files (67%) compliant 8 files (33%) non compliant

Standard 33 Monitoring and Reviewing the Family Care Home	4 files (50%) compliant 4 files (50%) non-compliant	14 files (58%) compliant 10 files (42%) compliant
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home	1 file (100%) compliant 7 files not applicable	4 files (100%) compliant 20 files not applicable
Standard 35 Quality of Care Review	1 file (100%) compliant 7 files not applicable	2 files (100%) compliant 22 files not applicable
Standard 36 Closure of the Family Care Home	1 file (50%) compliant 1 file (50%) non compliant 6 files not applicable	4 files (50%) compliant 4 files (50%) non compliant 16 files not applicable

b) Compliance to Child Service Practice

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship child service including:

- The Quality and Adequacy of the Plan of Care;
- The Frequency and Adequacy of the Care Plan Review;
- The Level of Contact with the Child;
- Placement Stability and Deciding When and Where to Move a Child;
- The Degree of Stability and Continuity Provided to the Child While in Care;
- Informing the Child and Caregiver of the Rights of Children in Care;
- Informing the Child and Caregiver of Appropriate Discipline Policy; and,
- The Level of File Documentation.

IJA –3 open & closed child service files were audited. The overall compliance to the child service standards was **89%**.

ITA – 36 open & closed child service were audited. The overall compliance to the child service standards was **79%.**

The overall agency compliance to the child service standards was **80%.**

The following provides a breakdown of the compliance ratings:

AOPSI – Guardianship and Voluntary Services (VS) Standards	IJA (3)	ITA (36)
Standard 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	3 files (100%) compliant	36 files (100%) compliant
Standard 2 Development of a Comprehensive Plan of Care	No files applicable	No files applicable
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	3 files (100%) compliant	23 files (64%) compliant 13 files (36%) non compliant
Standard 4 Supervisory Approval Required for Guardianship Services	3 files (100%) compliant	33 files (100%) compliant 3 files not applicable
Standard 5 Rights of Children in Care	3 files (100%) compliant	22 files (61%) compliant 14 files (39%) non compliant
Standard 6 Deciding Where to Place the Child	3 files (100%) compliant	35 files (100%) compliant 1 file not applicable
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	3 files (100%) compliant	36 files (100%) compliant
Standard 8 Social Worker's Relationship & contact with a Child in Care	2 files (67%) compliant 1 file (33%) non-compliant	8 files (22%) compliant 28 files (78%) non compliant
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	2 files (67%) non-compliant 1 file (33%) compliant	15 files (47%) compliant 17 files (53%) non compliant

		4 files not applicable
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	3 files (100%) compliant	32 files (89%) compliant 4 files (11%) non compliant
Standard 11 Planning a Move for a Child in Care	1 file (100%) compliant 2 files not applicable	20 files (100%) compliant 16 files not applicable
Standard 12 Reportable Circumstances	No files applicable	4 files (57%) compliant 3 files (43%) non compliant 29 files not applicable
Standard 13 When a Child or Youth is Missing, Lost or Runaway	No files applicable	2 files (100%) compliant 34 files not applicable
Standard 14 Case Documentation	3 files (100%) compliant	25 files (69%) compliant 11 files (31%) non compliant
Standard 15 Transferring Continuing Care Files	No files applicable	No files applicable
Standard 16 Closing Continuing Care Files	1 file (100%) compliant 2 files not applicable	8 files (100%) compliant 28 files not applicable
Standard 17 Rescinding a Continuing Custody Order	1 file (100%) non compliant 2 files not applicable	No files applicable
Standard 19 Interviewing the Child about the Care Experience	1 file (100%) non compliant 2 files not	7 files (54%) compliant 6 files (46%) non compliant

	applicable	23 files not applicable
Standard 20 Preparation for Independence	No files applicable	17 files (100%) compliant 19 files not applicable
Standard 21 Responsibilities of the Public Guardian and Trustee	2 files (100%) compliant 1 file not applicable	7 files (100%) compliant 29 files not applicable
Standard 24 Guardianship Agency Protocols	2 files (100%) compliant 1 file not applicable	36 files (100%) compliant

c) Compliance to Family Service Practice

The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship family service including:

- Information and Referral for Service;
- Supervisors Approval Regarding Voluntary Service;
- Family Service Plan and Components for Support;
- Review of Family Service Plan;
- Support Service Agreements with families;
- Voluntary and Special Needs Agreements; and,
- File Documentation.

IJA – 4 family service files were audited. The overall compliance to the family service standards was **57%.**

ITA – 34 family service files were audited. The overall compliance to the family service standards was **80%.**

The overall agency compliance to the family service standards was **77%.**

The following provides a breakdown of the compliance ratings:

AOPSI – Voluntary Services Standards	IJA (4)	ITA (34)
Standard 1 Receiving Requests for Services	3 files (75%)	22 files (85%)

	compliant	compliant
	1 file (25%) non compliant	4 files (15%) non compliant
		8 files not applicable
Standard 2 Supervisory Approval Required for Voluntary Services	3 files (75%) compliant	30 files (88%) compliant
	1 file(25%) non-compliant	4 files (12%) non compliant
Standard 3 Information and Referral for Voluntary Services	2 files (50%) compliant	28 files (88%) compliant
	2 files (50%) non-compliant	4 files (12%) non compliant
		2 files not applicable
Standard 4 Involving the Aboriginal community in the Provision of Services	2 files (50%) compliant	20 files (63%) compliant
	2 files (50%) non compliant	12 files (37%) non compliant
		2 files not applicable
Standard 5 Family Service Plan Requirements and Support Services, Voluntary Care and Special Needs Agreements	4 files (100%) compliant	23 files (72%) compliant
		9 files (28%) non compliant
		2 files not applicable
Standard 6 Support Service Agreements	1 file (25%) compliant	24 files (77%) compliant
	3 files (75%) non compliant	7 files (23%) non compliant
		3 files not applicable
Standard 7 Voluntary Care Agreements	No files applicable	1 file (50%) compliant
		1 file (50%) non

		compliant
		32 files not applicable
Standard 8 Special Needs Agreement	No files applicable	No files applicable
Standard 9 Case Documentation	1 file (25%) compliant	30 files (88%) compliant
	3 files (75%) non compliant	4 files (12%) non compliant
Standard 24 Transferring Voluntary Services Files	No files applicable	1 file (100%) non compliant
		33 files applicable
Standard 26 Closing Voluntary Services Files	1 file (33%) compliant	16 files (67%) compliant
	2 files (67%) non compliant	8 files (33%) non-compliant
	1 file not applicable	10 files not applicable
Standard 27 Voluntary Services Protocols	3 files (75%) compliant	29 files (91%) compliant
	1 file (25%) non compliant	3 files (9%) non compliant
		2 files not applicable

7. ACTION PLAN:

On June 3, 2014, the following action plan was developed in collaboration between Ayas Men Men Child & Family Services and MCFD Office of the Provincial Director of Child Welfare & Aboriginal Services:

Ayas Men Men Child and Family Services C4 Audit Action Plan		
Actions	**Person/Organization Responsible**	**Action Taken/ Completion Date**
Family Service: 1. Ayas Men Men Child & Family Services & Aboriginal	Kelley McReynolds,	

Services, MCFD to meet & articulate a plan to discuss the roles, responsibilities and file documentation in matters where both the agency & MCFD are providing services to a family involved in a child safety matter.	Executive Director, Ayas Men Men Child & Family Services & Heather Harper, Director of Practice, MCFD Aboriginal Services	August 3, 2014
2. St. 4: Involvement of the Aboriginal Community in the provision of services: Ayas Men Men Child & Family Services to provide to Aboriginal Services and QA, MCFD information regarding how the agency is documenting the involvement of the aboriginal community in the provision of voluntary family services.	Kelley McReynolds, Ayas Men Men Child & Family Services	July 3, 2014
3. Ayas Men Men Child & Family Services to send Aboriginal Services, MCFD a description of the process by which the Squamish Band is represented and identified in *CFCSA* matters. Aboriginal Services, MCFD will review the documentation provided.	Kelley McReynolds, Executive Director, Ayas Men Men Child & Family Services & Heather Harper, Director of Practice, MCFD Aboriginal Services	July 3, 2014

PRACTICE AUDIT SIGNATURE PAGE: AYAS MEN MEN CHILD & FAMILY SERVICES

Alex Scheiber Deputy Director of Child Welfare, MCFD	Date: June 13, 2014