

CASE PRACTICE AUDIT REPORT

Carrier Sekani Family Services (IQB, IQC, IQF & IQI)

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed May 1, 2015

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1. PURPOSE

The purpose of the audit is to improve and support guardianship and resource service. Through a review of a sample of cases, the audit is expected to provide a measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the third audit for Carrier Sekani Family Services (CSFS). The last audit of the agency was completed in May 2011 as per the regularly scheduled 3 year audit cycle.

The specific purposes of the audit are to:

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

2. METHODOLOGY

There were 2 quality assurance analysts from MCFD's Office of the Provincial Director of Child Welfare, Quality Assurance who conducted the practice audit. The quality assurance analysts conducted the field work from April 13 – May 1, 2015. The delegated staff interviews were completed in person during the fieldwork and by phone after the fieldwork was finished. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the child service and resource files and generate office summary compliance reports and a compliance report for each file audited.

The population and sample sizes were based on data entered in ICM and confirmed with the agency prior to the audit commencing. At the time of the audit, there were a total of 105 open and closed continuing custody order (CCO) child service files and 66 open and closed resource files. Samples of 41 open and closed child service files and 34 open and closed resource files were randomly selected for the audit.

Three child service files were re-selected during the audit for the following reasons: 1 file was open for the provision of a Youth Agreement; 1 file was open for less than 3 months; and 1 file was unavailable as it was involved in litigation. Two resource files were re-selected during the audit for the following reasons: 1 file was open for less than 3 months; and 1 file was closed in April 2012.

For this audit, the numbers of child welfare records in the samples ensure (at the 90% confidence level) that the results are within plus or minus 10% 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 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 % points from the results that would be obtained if the ministry audited every child welfare file within the DAA.

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 may differ by more than plus or minus 10 % points from the results that would be obtained if the ministry audited every child welfare record within the agency.

The scope of the practice audit was:

1. Child in care files: children in care files that were open on February 28, 2015 and were open for at least 3 months, or closed children in care files that were open for at least 3 months between February 1, 2012 and February 28, 2015. Stratified sampling was used for the CS population. For the social workers who managed 2 or more CS files between these periods, at least one file was randomly selected for the sample.
2. Resource files: foster home files that had children or youth in care for at least 3 months between February 1, 2012 and February 28, 2015. Children 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, and First Nations Foster Home.

The analysts were available to answer any questions from staff that arose during the audit process. At the completion of the fieldwork in each office, the analysts held a meeting with the team leader, the Manager of Quality Services & Development and available delegated staff to provide some preliminary findings and discuss the next steps in the audit process.

3. AGENCY OVERVIEW

a) Delegation

Carrier Sekani Family Services is a branch society of the Carrier Sekani Tribal Council incorporated as a non-profit society in 1990 and received C4 Guardianship Services delegation in 2003. This level of delegation enables the agency to provide the following services:

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

Carrier Sekani Family Services' Delegation Confirmation Agreement was first signed in June 2007 and has had a series of modification agreements with no changes to the actual agreement wording. The current modification agreement expires March 31, 2016.

b) Demographics

Carrier Sekani Family Services, with its own board of directors, constitution, and by-laws, provides health, child and family and legal services to the 11 member Carrier and Sekani Nations residing in urban and rural areas of North-Central British Columbia. The member nations are Burns Lake, Cheslatta, Lake Babine, Nadleh Whut'en, Nee Tahi Bhun, Skin Tyee, Stella'ten, Saik'uz, Takla Lake, Wet'suwet'en and Yekooche. These communities represent approximately 6,542 registered members (*Aboriginal Affairs and Northern Development Canada, Aboriginal Peoples and Communities, Registered Population April 2015*). The traditional territory covers a large geographic area from Anaheim Lake in the south to Takla Lake in the north, and the Rocky Mountains in the east to Hagwilget in the west. Travel time from Prince George to Vanderhoof is approximately 1.5 hours and the travel time from Prince George to Burns Lake is approximately 2.5 hours. There is also bus service and train service between the 3 communities.

CSFS has provided a number of services over the years and continues to provide a multitude of services to their Nation members. The Child and Family Services Program of CSFS is responsible for providing delegated services under the *Child, Family and Community Services Act*. CSFS focuses on providing community based services which are culturally appropriate for Carrier Sekani people. Some of the non-delegated services provided are as follows:

- Walk Tall Youth program;
- Bridging to Employment;
- Intensive Family Preservation program;
- Life Skills & Parenting groups;
- Child, Youth, Men's & Women's groups; and
- Family Empowerment.

Other departments in CSFS are Health Services, Research and Development and Family Justice.

Staff who provide delegated services work closely with the other program areas provided by CSFS. They also work closely with the local Ministry of Children and Family Development (MCFD) offices in Prince George, Vanderhoof and Burns Lake. Although the agency's main responsibility is to provide services to members on reserve,

they also provide services to members who live off reserve, when possible. Currently the agency provides limited family service to their Nation members.

The communities are serviced by local hospitals/health units, public schools and RCMP detachments.

c) Professional Staff Complement

Currently, CSFS has a total of 5 offices: the main office; the guardianship and resource offices located in Prince George and a guardianship, resources and voluntary services (integrated services) office in Vanderhoof and in Burns Lake. The offices in Vanderhoof and Burns Lake provide integrated services as they are smaller offices and the social workers may be called on to provide both guardianship and resource responses.

At the time of the audit, the agency staffing consisted of the Executive Director; a Quality Services and Development manager; 4 supervisors; 6 guardianship social workers and 5 resource social workers. There is 1 team assistant in the Burns lake office and 1 team assistant in the Prince George guardianship office who also provide administrative support to the resource team in Prince George and the integrated services team in Vanderhoof.

In 2014, the agency established the delegated Quality Services and Development manager position. This manager is considered the senior delegated position in the agency and all of the supervisors and social workers consult and report to her. The manager's role consists of overseeing practice assurance, providing day to day practice support and issues management, provision of coverage for the supervisors and social workers as needed, program budget development and oversight, chair of biweekly supervisor and quarterly program meetings and program development and capacity building. In addition to the delegated staff, the staff of the family preservation program report to the manager.

All of the delegated staff have completed the Aboriginal social work delegation training and/or MCFD delegation training or are in the process of completing their field guides to be delegated. Of those delegated staff with conduct and/or supervision of files at the time of the audit, 10 have C4 delegation, 1 has C3 delegation, 1 has C2 delegation and 2 have C1 delegation. One resource worker was completing her field guide and was not yet delegated. For the social workers who were not delegated, or had C1 and C2 delegation, their cases were co-managed with the team supervisors.

d) Supervision and Consultation

Supervision and consultation were identified by the delegated staff, supervisors and management as an area of strength for the agency.

The Quality Services and Development manager meets biweekly with the supervisors from all offices via teleconference and every 2 months the meeting is held in the Vanderhoof office. She also meets quarterly with all of the delegated and non-delegated staff and presents an in-service on an area of practice that is applicable to all staff. The manager has been conducting quarterly tracking sessions with each social worker to identify gaps in knowledge, recognize innovative practices in the offices and review tracking processes for each office. She rotates her attendance at team meetings quarterly so she can be more involved in the case practice of all the offices.

The resource supervisor is responsible for the resource staff in the Prince George office. The resource social worker position responsible for managing the Burns Lake resource files moved to the Prince George office in 2015. Supervision and consultation is provided through an open door via in person, text and email. The team meets weekly where general and case specific issues are discussed. The team meets once a month for a full day of tracking which they prefer to individual tracking as they are a small team and frequently have to respond to each others' cases. In an effort to improve collaboration, the resource team meets with the Prince George guardianship team every 2-3 months and jointly attends home visits with the guardianship social workers, caregivers and children/youth in care as often as possible.

The Prince George guardianship team meets bi-weekly for general and case specific discussions. Supervision and consultation is also provided through an open door via in person, text and email. The supervisor schedules bi-weekly tracking sessions with each social worker.

The Vanderhoof and Burns Lake integrated services teams meet bi-weekly in their own office for general and case specific discussions. Supervision and consultation is also provided through an open door via in person, text and email. The supervisors schedule bi-weekly tracking sessions with each social worker. On occasion these teams will meet via teleconference or in person with the Prince George guardianship team. The integrated team supervisors have both the guardianship and resource (Vanderhoof only) social workers reporting to them.

The agency has had a long standing board resolution that the caseloads are to be maintained at a 1:15 ratio. With funding constraints, this has sometimes been difficult but they have kept the caseloads relatively stable at this number. Staff vacancies have impacted the caseloads at different times but most of the social workers interviewed reported caseloads in line with the resolution.

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:

- CSFS staff are committed to serving their clients and the communities using their knowledge of the culture and traditions of the Carrier and Sekani Nations;

- Staff are knowledgeable of the services available in the communities and they recognize the strengths and challenges facing the communities. They attempt to work with the communities' strengths and support the communities in the challenges they face;
- The agency's management fully supports and encourages the participation of the children/youth in care, social workers and the caregivers in the cultural activities and cultural camps in and around the communities;
- CSFS is providing child and youth mental health services with their own mental health therapist. This is an extremely important and necessary service that has reduced the wait times for mental health services for their own children and youth in care;
- The Commission on Accreditation of Rehabilitation Facilities (CARF) process is in progress at CSFS in order to improve the agency's accountability and overall service delivery. The staff reported that they are very engaged and interested in the accreditation process and the final outcome for the agency;
- The agency is planning on changing to a "Cluster Model" in the integrated services offices in Vanderhoof and Burns Lake. This will see child and family services staff and health staff working together with their mutual families and children and youth. The expectation is that all of the social workers will have their C4 delegation so they can help each other out with the guardianship cases when needed;
- The agency places great significance on professional staff development and training. All of the staff interviewed reported on the many mandatory trainings they had attended as well as trainings/conferences/workshops that the agency had offered or they pursued themselves. The agency's management fully supports all avenues of professional development; and
- Staff interviewed reported a very high level of work satisfaction at the agency. They commented that there is a positive work/life balance where self care is promoted and valued. This work environment combined with the smaller caseloads and support for community involvement has the staff feeling very committed and proud of where they work and the work they are doing with their children and youth in care and their caregivers.

5. CHALLENGES FACING THE AGENCY

The analysts identified a couple of challenges at the agency over the course of the audit:

- The agency has experienced a significant challenge with staff turnover throughout the past few years, particularly in the Burns Lake office. Geographically this location has always been difficult to recruit for both the

agency and MCFD. Over the last few years, there were times when the office had only 1 delegated social worker managing the cases and at times, that worker was the only delegated worker in Burns Lake between MCFD and the agency;

- Additional administrative staff are needed for the Prince George and Vanderhoof offices. This has been identified as a need by the agency staff for some time however funding has not been approved to date; and
- The agency staff face geographical isolation and difficult weather conditions that, at times, create barriers to being able to travel to complete their day-to-day work. Also, it can take 7 or more hours for staff to travel to one of the member communities for an hour long meeting so travel also creates time constraints.

6. DISCUSSION OF THE PROGRAMS AUDITED

a) Child Service

The audit reflects the work done by the staff in the agency's delegated programs over the past 3 years. The 23 standards in the CS Practice Audit are based on the AOPSI Guardianship Practice Standards. The standards are as follows:

AOPSI Guardianship Practice Standard	Compliance Description
St. 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	The social worker has preserved and promoted the cultural identity of the child in care and provided services sensitive to the child's views, cultural heritage and spiritual beliefs.
St. 2: Development of a Comprehensive Plan of Care	When assuming responsibility for a child in care the social worker develops a Comprehensive Plan of Care/Care Plan. The comprehensive plan of care/care plan is completed within the required timeframes.
St. 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care/Care Plan	The Comprehensive Plan of Care/Care Plan is monitored to determine progress toward goals, the continued safety of the child, the effectiveness of services, and/or any barrier to services. The comprehensive plan of care/care plan is reviewed every six months or anytime there is a change in circumstances.
St 4: Supervisory Approval Required for Guardianship Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Guardianship Services and ensures there is a thorough review of relevant facts and data before decisions are made. There is documentation on file to confirm that the social worker has consulted with the supervisor on the applicable points in the standard.
St 5: Rights of Children in Care	The social worker has reviewed the rights with the child on a regular basis. The social worker has discussed the advocacy process with the child. Given the age of the child, the rights of the child or advocacy process has not been reviewed with the child but they have been reviewed with the caregiver or a significant adult to the

	child.
St. 6: Deciding Where to Place the Child	Documented efforts have been made to place the child as per the priority of placement.
St 7: Meeting the Child's Needs for Stability and Continuity of Relationships	There are documented efforts to support continued and ongoing attachments
St 8: Social Worker's Relationship and Contact with a Child in Care	There is documentation that the social worker meets with the child when required as per the frequency of visits listed in the standard. Meetings are held in person and in private, and in a manner that allows the child and the social worker to communicate freely.
St 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	There is documentation that written information on the child has been provided to the caregiver as soon as possible at the time of placement, and the social worker has reviewed appropriate discipline standards with the caregiver and the child.
St 10: Providing Initial and Ongoing Medical and Dental Care for a Child in Care	The social worker ensures a child in care receives a medical and, when appropriate, dental examination when coming into care. All urgent and routine medical services, including vision and hearing examinations, are provided for the child in care.
St. 11: Planning a Move for a Child in Care	The social worker has provided an explanation for the move to the child and has explained who his/her new caregiver will be.
St. 12: Reportable Circumstances	The agency Director and the Provincial Director of Child Welfare have been notified of reportable circumstances and grievous incidents.
St 13: When a Child or Youth is Missing, Lost or Runaway	The social worker in cooperation with the parents has undertaken responsible action to locate a missing, lost or runaway child or youth, and to safeguard the child or youth from harm or the threat of harm.
St 14: Case Documentation for Guardianship Services	There are accurate and complete recordings on file to reflect the circumstances and admission on the child to care, the activities associated with the Comprehensive Plan of Care/Care Plan, and documentation of the child's legal status.
St. 15: Transferring Continuing Care Files	Prior to transferring a Continuing Care file, the social worker has completed all required documentation and followed all existing protocol procedures.
St. 16: Closing Continuing Care Files	Prior to closing a Continuing Care file, the social worker has completed all required documentation and follows all existing protocol procedures.
St. 17: Rescinding a Continuing Care Order and Returning the Child to the Family Home	When returning a child in care of the Director to the parent entitled to custody, the protection social worker and the guardianship social worker develop a plan to ensure the child's safety. The plan is developed prior to placing a Continuing Care ward in the family home and

	reviewed prior to rescinding the Continuing Care Order.
St. 19: Interviewing the Child About the Care Experience	When a child leaves a placement and has the capability to understand and respond, the child is interviewed and his/her views are sought about the quality of care, service and supports received in the placement. There is documentation that the child has been interviewed by the social worker in regards to the criteria in the standard.
St. 20: Preparation for Independence	The social worker has assessed the youth's independent living skills and referred to support services and involved relevant family members/caregivers for support.
St. 21: Responsibilities of the Public Guardian and Trustee	The social worker has notified the Public Guardian and Trustee as required in the standard.
St. 22: Investigation of Alleged Abuse or Neglect in a Family Care Home	The social worker has followed procedures in Protocol Investigation of a Family Care Home.
St. 23: Quality of Care Reviews	The social worker has appropriately distinguished between a Quality of Care Review and Protocol Investigation. The social worker has provided a support person to the caregiver.
St. 24 Guardianship Agency Protocols	The social worker has followed all applicable protocols.

Findings from the audit of the child service files include:

- There was thorough documentation of the children or youth in care's involvement in cultural events in the community as well as community visits with their families and caregivers (95% compliance);
- Less than half of the files contained Care Plans/CPOCS over the 3 year audit scope period (41% compliance). In 2012-2013, the agency used a modified Care Plan template that incorporated a Signs of Safety (SOS) approach. The analysts rated these Care Plans for completeness in terms of meeting all of the CPOC domains. In late 2013, after an internal agency review, the use of the SOS based Care Plan template was discontinued and the MCFD CPOC template was used again. Additionally, between 2012 and 2014, the Burns Lake and Vanderhoof offices experienced significant staffing shortages and this was cited in many of the files as the reason why Care Plans had not been completed. It is important to note that although CSFS was aware that they would receive non-compliance ratings for Care Plans that were not completed when they were under-staffed, in preparation for the audit they completed an internal audit and all of their current Care Plans were up to date on the files. The analysts confirmed this finding in the audited files.
- Excellent documentation of supervisory approvals and consults was found throughout the files (98% compliance);

- Section 70 rights are not being regularly reviewed with children/youth in care or their significant others when young age or capacity are factors (54% compliance);
- Rationales for placement selections were documented and efforts were made to involve family members as options for placements (100% compliance). The analysts found that placement suitability and family placement options were regularly reviewed and the results documented on the files. The agency has very few Carrier Sekani caregivers and many of the children and youth in care are placed in levelled resources. The guardianship and resource teams are working together to identify and pursue community and family members as placement options;
- Significant efforts are being made by the social workers to support and maintain contact between the children/youth in care and their siblings, parents, extended families and community members (100% compliance);
- Documentation on many of the files of the social workers' private contact with children/youth in care did not meet the standard (29% compliance). While there was evidence of regular contact with the caregivers and others involved with the children and youth, it was difficult to find evidence that private visits occur with the social workers and children and youth every 30 days;
- Most of the files did not include documentation that information about the children had been provided to the caregivers and the appropriate discipline standards were reviewed with the caregivers (11% compliance);
- Thorough documentation of annual medicals, dentist and optical appointments, speech therapy, occupational and physical therapy as well as other assessments were found on the files (88% compliance);
- When children/youth in care were moved to new placements, there was clear documentation of the reasons for these moves and the planning involved (95% compliance);
- Complete documentation of reportable circumstances was found on the files and appropriate follow up occurred in all applicable files (100% compliance);
- In the 5 applicable files where children/youth were missing, lost or runaway, there was good documentation of the steps taken to notify and follow up with the appropriate parties and locate the children/youth in care (80% compliance);
- Overall case documentation was negatively impacted by the lack of Care Plans and review recordings over the 3 year scope period (49% compliance);
- Internal transferring recordings were well documented (100% compliance);
- Closing summaries were completed in most of the applicable files (75% compliance);
- There was good documentation that the children/youth in care have been interviewed about their care experiences when leaving their placements (71% compliance);
- On all applicable youth in care files, there was thorough documentation of independent living planning and transitioning to adult CLBC services (100% compliance);
- Detailed documentation of the involvement of the Public Guardian and Trustee was found on the files (95% compliance);

- While case notes and emails were found on the 4 files that had protocol investigations, there were no formal reports completed by MCFD on the files (0% compliance);
- For the 4 files where quality of care concerns were identified, there was complete documentation found in 3 files (75% compliance); and
- In all of the files, thorough documentation was found to support the social workers' knowledge and involvement with the communities and services available to support the children/youth in care (100% compliance).

Child service files achieved higher (50% or higher) compliance to the following standards:

- St. 1 Preserving the Identity and Providing Culturally Appropriate Services;
- 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. 12 Reportable Circumstances;
- St. 13 When a Child or Youth is Missing, Lost or Runaway;
- St. 15 Transferring Continuing Care files;
- St. 16 Closing Continuing Care files;
- St. 19 Interviewing the Child about the Care Experience;
- St. 20 Preparation for Independence;
- St. 21 Responsibilities of the PGT;
- St. 23 Quality of Care Review; and
- St. 24 Guardian Agency Protocols.

Child service files achieved lower (less than 50%) compliance to the following standards:

- St. 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care;
- 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. 14 Case Documentation for Guardianship Services; and
- St. 22 Investigation of Alleged Abuse or Neglect in a Family Care Home.

b) Resources

The audit reflects the work done by the staff in the agency's delegated programs over the past 3 years. The 9 standards in the Resource Practice Audit are based on the AOPSI Voluntary Service Practice Standards. The standards are as follows:

AOPSI Voluntary Service Practice Standards	Compliance Description
St. 28: Supervisory Approval Required for Family Care Home Services	The social worker consults with the supervisor and obtains the supervisor's approval at key points in the provision of Family Care Home Services and ensures there is a thorough review of relevant facts and data before decisions are made.
St. 29: Family Care Homes – Application and Orientation	People interested in applying to provide family care, restricted care, or specialized care complete an application and orientation process. The social worker provides an orientation for applicants re: the application process and the agency's expectations of caregivers when caring for children.
St. 30: Home Study	Family Care Homes are assessed to ensure that caregivers understand and meet the Family Care Home Standards.
St 31: Training of Caregivers	Upon completion of the application, orientation and home study processes, the approved applicant(s) will participate in training to ensure the safety of the child and to preserve the child's cultural identity.
St 32: Signed Agreement with Caregiver	All caregivers have a written Family Care Home Agreement that describes the caregiver's role, responsibilities, and payment level.
St. 33: Monitoring and Reviewing the Family Care Home	The social worker will monitor the family care home regularly and formally review the home annually to ensure the standards of care and the needs of the child(ren) placed in the home continue to be met.
St 34: Investigation of Alleged Abuse or Neglect in a Family Care Home	Allegations of abuse and neglect in family care homes are investigated by the Child Protection delegated social worker according to the Protocol Investigation of a Family Care Home.
St 35: Quality of Care Review	A Quality of Care Review of a Family Care Home is conducted by a delegated social worker whenever a quality of care concern arises where the safety of the child is not an issue.
St 36: Closure of the Family Care Home	When a Family Care Home is closed, the caregivers are notified of the reasons for closure verbally and in writing.

Findings from the audit of the resource files include:

- Thorough documentation of supervisory approvals and consults was found throughout all of the files (100% compliance). These also include supervisory

approvals on key documents such as the home studies, exceptions to policy and family care home agreements;

- In most of the files, complete applications and orientation documentation was found (90% compliance). In the older files, updated consolidated criminal record checks had been completed;
- The agency has a thorough exception to policy process and the analysts found complete documentation of all exceptions made;
- Completed home studies were found on all of the files (100% compliance). The agency is using the SAFE model for home studies and the analysts found the studies to be very well written;
- Training offered to and taken by the caregivers was well documented throughout the files (100% compliance). The agency appears to have frequent training opportunities available for their caregivers as well as providing in-home information sessions on cultural activities for the caregivers and children/youth. The agency requires their caregivers to complete the MCFD 53 hour caregiver training within 2 years of being approved. There is a great deal of training offered and provided by AXIS in Prince George and the caregivers are supported in attending any training provided;
- On most of the files, complete, signed and consecutive family care home agreements were found (94% compliance);
- Completed annual reviews were found for the entire 3 year audit scope period on most of the files (85% compliance).The social workers are maintaining regular contact with their caregivers through in person home visits and phone/email contact. The documentation to meet this standard was comprehensive;
- While there were only 2 applicable files, there was a lack of cohesiveness in the documentation of the agency's response and involvement regarding investigations of alleged abuse or neglect in family care homes. Often the information was found throughout the file rather than contained in one section on the file and the protocol investigation reports were not found in the file documentation. While the analysts were able to determine that comprehensive responses had occurred, it is recommended that the agency file all related documents together and ensure that the final reports are obtained from MCFD and placed on the files;
- On all applicable files, complete documentation of quality of care reviews was found (100% compliance). Documentation of the social workers' follow up and completion on the actions from these reviews could be improved; and
- In all of the closed resource files, complete closing documentation was found and the reasons for closures were documented in closing recordings (100% compliance). The caregivers were notified in writing of the reasons for file closures.

Resource files achieved higher (50% or higher) compliance to the following standards:

- St. 28 Supervisory Approval Required for the Family Care Home Services;
- St. 29 Family Care Homes – Application and Orientation;

- St. 30 Home Study;
- St. 31 Training of Caregivers;
- St. 32 Signed Agreements with Caregivers;
- St. 33 Monitoring and Reviewing the Family Care Home;
- St. 35 Quality of Care Review; and
- St. 36 Closure of the Family Care Home

Resources files achieved lower (less than 50%) compliance to the following standard:

- St. 34 Investigation of Alleged Abuse or Neglect in a Family Care Home.

7. COMPLIANCE TO PROGRAMS AUDITED

a) Compliance to Child Service Practice

There were a total of 41 open & closed child service files audited. The overall compliance rate to the child service standards was **75%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

Standard	Total Applicable	Total Compliant	Total Not Compliant	% Compliant
Standard 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services (VS 11)	41	39	2	95%
Standard 2: Development of a Comprehensive Plan of Care (VS 12) *	0			
Standard 3: Monitoring and Reviewing the Child's Comprehensive Plan of Care (VS 13)	41	17	24	41%
Standard 4: Supervisory Approval Required for Guardianship Services (Guardianship 4)	41	40	1	98%
Standard 5: Rights of Children in Care (VS 14)	41	22	19	54%
Standard 6 Deciding Where to Place the Child (VS 15) *	41	41		100%
Standard 7: Meeting the Child's Need for Stability and continuity of Relationships (VS 16)	41	41		100%
Standard 8: Social Worker's Relationship & contact with a Child in Care (VS 17)	41	12	29	29%
Standard 9: Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards (VS	38	4	34	11%

18) *				
Standard 10: Providing Initial and ongoing Medical and Dental Care for a Child in Care (VS 19)	41	36	5	88%
Standard 11: Planning a Move for a Child in Care (VS 20) *	20	19	1	95%
Standard 12: Reportable Circumstances (VS 21) *	13	13		100%
Standard 13: When a Child or Youth is Missing, Lost or Runaway (VS 22) *	5	4	1	80%
Standard 14: Case Documentation (Guardianship 14)	41	20	21	49%
Standard 15: Transferring Continuing Care Files (Guardianship 14) *	31	31		100%
Standard 16: Closing Continuing Care Files (Guardianship 16) *	8	6	2	75%
Standard 17: Rescinding a Continuing Care Order and Returning the Child to the Family Home *	0			
Standard 19: Interviewing the Child about the Care Experience (Guardianship 19) *	14	10	4	71%
Standard 20: Preparation for Independence (Guardianship 20) *	18	18		100%
Standard 21: Responsibilities of the Public Guardian and Trustee (Guardianship 21)	41	39	2	95%
Standard 22: Investigation of Alleged Abuse or Neglect in a Family Care Home *	4		4	0%
Standard 23: Quality of Care Review *	4	3	1	75%
Standard 24 Guardianship Agency Protocols (Guardianship 24)	41	41		100%

Standard 2: 41 files included initial Care Plans completed prior to August 1, 2011.

Standard 9: 3 files involved youth on independent living.

Standard 11: 21 files involved children who were placed with their family or were not moved from their care home.

Standard 12: 28 files did not contain information regarding reportable circumstances.

Standard 13: 36 files did not contain information regarding children missing, lost or run away.

Standard 15: 10 files were not transferred.

Standard 16: 33 continuing care files were not closed.

Standard 17: 41 files did not include rescindment of a continuing custody order.

Standard 19: 27 files involved children or youth who did not change placements or were too young to be interviewed.

Standard 20: 23 files involved children and youth too young to be prepared for independence.
 Standard 22: 37 files did not include an investigation of alleged abuse or neglect in a family care home.
 Standard 23: 37 files did not include a quality of care review.

b) Compliance to Resource Practice

There were a total of 34 open and closed resource files audited. The overall compliance rate to the resource standards was **94%**. The notes below the table provide the numbers of records for which the measures were assessed as not applicable and explain why.

Standard	Applicable	Compliant	Not Compliant	Compliance Rate
Standard 28 Supervisory Approval Required for Family Care Home Services	34	34	0	100%
Standard 29 Family Care Homes – Application and Orientation *	20	18	2	90%
Standard 30 Home Study *	15	15	0	100%
Standard 31 Training of Caregivers	34	34	0	100%
Standard 32 Signed Agreement with Caregivers	34	32	2	94%
Standard 33 Monitoring and Reviewing the Family Care Home	34	29	5	85%
Standard 34 Investigation of Alleged Abuse or Neglect in a Family Care Home *	2	0	2	0%
Standard 35 Quality of Care Review *	7	7	0	100%
Standard 36 Closure of the Family Care Home	4	4	0	100%

Standard 29: 14 files included application & orientation documentation completed prior to February 1, 2012.
 Standard 30: 19 files included home studies completed prior to February 1, 2012.
 Standard 34: 32 files did not include an investigation of alleged abuse or neglect in a family care home.
 Standard 35: 27 files did not include a quality of care review.
 Standard 36: 30 files were not closed.

8. ACTIONS COMPLETED TO DATE:

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

- On June 2 2015, the Quality Services & Development manager's position was permanently filled;
- On March 4, 2015, the Quality Services & Development manager provided in-service training on best practices in file recording to the delegated social workers and family preservation staff. This training included an overview of the good reporting guidelines released as well as how to implement them within day to day social work practice and issues related to best practice and liability. ICM and Best Practice reporting guidelines were also reviewed and case scenarios were also discussed;
- On November 5, 2014, the Quality Services & Development manager met with the guardianship teams to discuss strategies to improve the quality and completion of the Care Plans. Mock Care Plans were created by the manager and were reviewed as examples of how to complete comprehensive written Care Plans:
- In November 2014, the Family Group Conference coordinator was hired. The coordinator's focus is to assist the guardianship social workers with the facilitation of family meetings when developing Care Plans and to identify family members who may be available for placements of the children/youth in care:
- In October 2014, the agency began using ICM for all of their case documentation requirements. The intention of this change was to improve case note content, consistency and documentation.

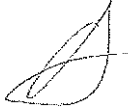
9. ACTION PLAN

- On August 13, 2015, the following Action Plan was developed in collaboration between Carrier Sekani Family Services and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Person Responsible	Completion date
<p><u>Child Service:</u></p> <p>1. St. 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care; St 5 : Rights of Children in Care:</p> <p>The agency will develop and implement a tracking system for supervisors to monitor the completion of Care Plans, including the dates when the rights of children in care were reviewed and final</p>	Executive Director	October 31, 2015

<p>supervisory sign offs. This tracking system will be provided to the Office of the Provincial Director of Child Welfare.</p>		
<p>2. The Family Group Conference (FGC) coordinator will assist with the co-facilitation of one Care Plan meeting a year for each child/youth in care. The populated schedule for the upcoming year will be provided to the Office of the Provincial Director of Child Welfare.</p>	<p>Executive Director</p>	<p>November 30, 2015</p>
<p>3. The agency, in co-ordination with the Aboriginal Services Branch, MCFD, will provide training on Care Plan facilitation to the agency's guardianship social workers.</p>	<p>Executive Director</p>	<p>December 31, 2015</p>
<p>4. St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards:</p>		
<p>At the times of placements and resource annual reviews, the resource and guardianship social workers will jointly sign, with the foster parent, the agency's appropriate discipline standards form. The signed forms will be placed on the resource and child service files. This template form will be provided to the Office of the Provincial Director of Child Welfare.</p>	<p>Executive Director</p>	<p>October 31, 2015</p>

SIGNATURE: Carrier Sekani Family Services



Alex Scheiber
Deputy Director of Child Welfare, MCFD

September 29, 2015

Date

