

## **CASE PRACTICE AUDIT REPORT**

**Fraser Valley Aboriginal Child & Family Services Society  
(IFA, IFB, IFC, IFG, IFH, IFI, IFK)**

Audit completed by the Quality Assurance Branch of the Office of the Provincial  
Director of Child Welfare and Aboriginal Services,  
Ministry of Children and Family Development  
Field Work Completed January 7, 2015

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## **CASE PRACTICE AUDIT REPORT**

### **FRASER VALLEY ABORIGINAL CHILD & FAMILY SERVICES SOCIETY (IFA, IFB, IFC, IFG, IFH, IFI, IFK)**

#### **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 fifth audit of Fraser Valley Aboriginal Child and Family Services Society (FVACFSS). Previous audits include: child protection (April, 2004 and November, 2005); resource and guardianship (May, 2012). The last audit conducted was a re-audit of specific AOPSI standards which had lower compliance as per an action plan item from the 2012 child service and resource audit. At that time, there was an agreement that the practice audit of the child welfare program areas, namely family service, child service and intake/investigations, would be completed during the next audit schedule.

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 records;
- 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.

The Office of the Provincial Director of Child Welfare, Quality Assurance is conducting the audit using the Aboriginal Case Practice Audit Tool (ACPAT) and the MCFD SharePoint site. Audits of delegated agencies providing child protection, guardianship, family services and resources for children in care are conducted according to a 3 three year cycle.

#### **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 September 15-26, October 6-31, 2014, and Jan 6-7, 2015. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the child service files and generate office summary compliance reports and a compliance report for each file audited. The MCFD SharePoint site was used to collect the data for the family service cases and incidents.

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 170 open family service cases (total number of cases registered to IFA: 20, IFB: 14, IFC: 24, IFG: 15, IFH: 21, IFI: 25, IFK: 51); 45 closed family service cases (total number of files registered to IFB: 8, IFC: 17, IFG: 3, IFH: 3, IFI: 8, IFK: 6); 318 closed protection incidents (total number of protection incidents registered to IFA: 21, IFB: 39, IFC: 50, IFG: 28, IFH: 58, IFI: 57, IFK: 65); 166 closed non-protection incidents (total number of non-protection incidents registered to IFA: 10, IFB: 3, IFC: 16, IFD: 3, IFG: 13, IFH: 17, IFI: 64, IFK: 40) and a population of 378 open and closed temporary child service files (total number of files to IFA:18, IFB:4, IFC:12, IFG:4, IFH:6,IFK:9, IFI: 5) .

Samples of 49 open family service cases; 27 closed family service cases; 56 closed protection incidents; 48 closed non-protection incidents and 58 open and closed child service files were randomly selected for the audit.

One open family service case was re-selected during the audit as it was an out of care option (EFP) which was not part of the audit criteria.

Seventeen child service files were re-selected during the audit because they did not meet the sampling criteria for the following reasons: 14 children were in care less than 3 months; 2 cases were opened for youth services agreements (YAG) ; and 1 child was living in an out of care option (EFP).

During the audit, 1 non-protection incident was brought to the attention of the agency because it was incorrectly screened out for a protection response.

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% (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 % 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 % 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:

- Open FS cases: open on February 1, 2014 for more than 6 months;

- Closed FS cases: closed between February 1, 2014 and July 31, 2014 and open for more than 6 months;
- Closed protection incidents: closed in the last 6 months – February 1, 2014 – July 31, 2014.
- Closed non-protection incidents: closed in the last 6 months – February 1, 2014- July 31, 2014.

Open and closed child service: Any child or youth who was discharged from care from FVACFSS offices (IFA, IFB, IFC, IFG, IFH, IFI, IFK) between July 1, 2011 and July 31, 2014. The sampling frame for the child service files (i.e., the list from which the actual sample is drawn) was derived as follows:

1. Any child or youth in care in the FVACFSS offices (IFC, IFK, IFB IFH, IFG, IFI and IFA) on July 31, 2014, with the legal categories of VCA, SNA, removed child, interim order and TCO;
2. Any child or youth who was discharged from care from these offices between July 1, 2011 and July 31, 2014, with the legal categories of VCA, SNA, removed child, interim order and TCO. Stratified sampling is used for sampling from the child service population. For the social workers who had 4 or more temporary child service files between July 1, 2011 and July 31, 2014, at least 1 file was included in the sample.

Upon arrival at the agency, the analysts met with the executive director and director of practice 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 again with the executive director and director of practice to provide some preliminary findings and discuss the next steps in the audit to include completion of phone interviews with delegated staff.

### **3. AGENCY OVERVIEW**

#### **a) Delegation**

FVACFSS is delegated to provide C6 child protection services under the terms of a Delegation Enabling Agreement dated December 1, 2010 to March 31, 2016. This level of delegation enables the agency to provide the following services:

- child protection;
- temporary custody of children;
- guardianship of children in continuing custody;
- support services to families;
- Voluntary Care Agreements;
- Special Needs Agreements; and
- establish residential resources.

Prior to this date, the agency, under the name Xyolhemelyh, provided child protection services from 2001 to 2006. In 2006, due to staffing shortages and political instability, management from MCFD was put in place to stabilize the agency. In 2007, the Delegation Agreement expired and MCFD assumed oversight for Child and Family Services previously provided through the Xyolhemelyh program. In 2008, FVACFSS was incorporated under an interim board of directors and in December 2010, the agency resumed operations as a fully delegated Aboriginal agency.

The agency operates with a central office located in Chilliwack and regional offices located in Abbotsford, Agassiz, Langley and Mission. The agency has restructured to a model of multidisciplinary teams (intake/child safety, family service and guardianship) and collaborative practice teams (resources and support programs).

### **b) Demographics**

FVACFSS provides on reserve services to member communities in addition to the urban Aboriginal population in the Fraser Valley geographic service area. FVACFSS provides the following non-delegated programs to Aboriginal children and families:

- Family Enhancement Programs and Services;
- Traditional Family Planning ;
- Roots Program;
- Traditional Counsellors;
- Cultural Youth Camps /Family Camps;
- Aboriginal Leadership Youth Group;
- Elders Advisory Committee; and
- Community Care Committee.

FVACFSS provides services to the member First Nations of Aitchelitz, Chawathil, Cheam, Kwantlen, Leq'a:mel, Popkum, Shx:wha:y, Shxw'ow'hamel, Skawahlook, Skowkale, Skwah, Soowahlie, Squiala, Sumas, Tzeachten and Yakwekwioose. The population of these member bands totals approximately 4,623. The population on these reserves is approximately 2,284 (Source: *Registered Indian Population by Sex and Residence, Indian and Northern Affairs Canada 2013*)

The following member urban Aboriginal organizations are within the geographic service area and are members of and subscribers to the constitution and by-laws of the FVACFSS:

- In-SHUCK-ch First Nation;
- Chilliwack Métis Association;
- Lower Fraser Valley Aboriginal Society;
- Fraser Valley Métis Association;

- Mamele'awt Qweesome/To'o Housing Society; and
- Mission Indian Friendship Centre Society.

### **c) Professional Staff Complement**

FVACFSS is comprised of 3 regions (Chilliwack, Abbotsford/Langley, Agassiz/Mission). There are 7 multidisciplinary teams (IFA IFI, IFG, IFH, IFK, IFB, and IFC) and 3 collaborative practice teams (IFD, IFJ, IFF). The director of practice supports the regional managers of all program areas for FVACFSS. The executive director, managers and director of practice have C6 delegation.

As of October 31, 2014, FVACFSS staff included:

- 1 executive director;
- 1 director of practice;
- 1 finance manager;
- 1 human resource manager;
- 3 regional managers;
- 10 team leaders;
- 37 social workers;
- 11 collaborative practice workers (TFP, FCC);
- 7 family enhancement workers (FEW);
- 5 community engagement workers (CEW);
- 1 training coordinator;
- 8 float social work positions;
- 2 traditional mentor positions;
- 3 administrative supervisors;
- 5 admin clerks; and
- 9 administrative assistants.

Over the past few years, the agency has experienced several changes in social work staffing due to staff leaving, medical and or maternity leaves. At the time of the audit, all the multidisciplinary teams experienced vacancies on their teams. This has resulted in team leaders and/or social workers having to manage additional caseloads. Team leaders have at times had to manage 2 teams. The agency has had to relocate staff to different teams and offices in order to cover staff vacancies. This has been a significant challenge for the staff and team leaders covering for existing positions where vacancies have occurred. The director of practice stated that it is challenging for the agency to hire qualified staff for temporary (term) positions. The agency's management continues to work to address these staffing concerns.

The multidisciplinary teams manage intake/safety assessment, family service and child service/guardianship. The composition of the 7 teams varies between 3-7 social workers.

With the exception of 2 social workers, all of the social work staff have C6 delegation and have completed the ASW delegation or MCFD delegation training. The 2 staff with partial delegation are currently scheduled for C6 delegation training.

The agency has a training coordinator to support the organization to ensure staff receive mandatory training and other opportunities for community based learning. In addition, the agency utilizes the practice analyst assigned to the agency from MCFD's Aboriginal Services.

Each of the 5 regions has their own administrative teams including supervisors, administrative assistants and administrative clerks to assist with filing and records management duties.

#### **d) Supervision and Consultation:**

The regional managers are responsible for supervision of team leaders within their specific geographic area. The managers are the primary contact for the team leaders for supervision, consults and financial approvals. The team leaders have a monthly meeting which may include managers, the finance manager and the ED of the agency. The team leaders have individual monthly scheduled supervisions sessions with their regional manager, and consultations by phone, email or open door as needed. The team leaders reported they value supervision provided by the managers and while some supervision needs are being met, more scheduled structured supervision would strengthen the current supervision model.

On the 7 multidisciplinary teams (intake/safety assessor, family service and CS/guardianship), the team leaders are the primary contacts for the social workers for case consults, structured supervision and case tracking. With the changes to a multidisciplinary team structure, there have been increased demands placed on team leaders. Scheduled supervision was reported to be inconsistent across the teams. Some staff interviewed confirmed they receive case tracking while others reported minimal structured clinical supervision. All team leaders have an open door policy for consultations with their staff. When team leaders are out of the office, they use email, texts and phone calls for urgent matters.

Each region has monthly all-staff meetings. In addition, each team has monthly scheduled team meetings. These meetings were reported to be inconsistent due to other priorities, however, when these meetings occur, they do provide opportunities for larger organizations discussions and program updates. Specific cases are generally not discussed at team meetings. Some teams have a daily a check- in each morning to discuss what team support is needed if someone requires being out of the office. Some teams have developed a "buddy system" to provide additional support to each other.

Staff interviewed described a range of satisfaction levels in the quality of their supervision. The majority of staff interviewed said they value supervision and see the need for regular scheduled clinical supervision with their team leaders without



cancellations. Staff expressed a need to have alternate team leaders available for consultations when their supervisors are away or out of the offices. The current supervision model was described as more crisis driven and less effective on some of the teams. Staff expressed hesitancy to bring their concerns to management regarding their work environments.

#### **4. STRENGTHS OF THE AGENCY**

The analysts through data collection and staff interviews identified several strengths at the agency and of the agency's practice over the course of the audit:

- The analysts found some documented evidence of the use of traditional family planning conferences and sacred circles in the child service and family service cases;
- The agency provides a wide range of support services to families and these programs are routinely referred and utilized by the families;
- There was evidence of the use of CFCSA sections 54.01 and 54.1 resulting in more children and youth being permanently placed with their extended family members;
- Mandatory training is being offered to the agency's staff. The agency has embraced training opportunities and has a dedicated staff position (training coordinator). In addition, the agency supports learning opportunities for local university social work practicum students at the agency. The training coordinator completes orientation for new staff and practicum students. Several staff reported they felt the agency is doing a good job in their efforts to provide mandatory training, however, some staff wished to receive training notifications in a timely manner so that they can effectively manage their work schedules to accommodate their professional development objectives. In addition, staff expressed some interest in participating in more in-depth training curriculum. This is especially true of the more experienced workers;
- Staff conveyed that significant efforts have been made to engage and collaborate with community partners. The auditors noted documentation of collaboration with schools, RCMP, MCFD and hospitals;
- Management reported that as a result of community feedback, the agency made changes to the service delivery model to support clients in having fewer social workers during their involvement with the agency;
- Staff provided positive feedback on how the agency is striving to do good work with the children and families they serve. Team members support one another and were described as cohesive and supportive;
- The agency's management reported they are in the process of developing more effective tracking documents (child service, family service) for casework to support staff in meeting and excelling in documentation standards;
- Practice and Research Together (P.A.R.T) training is occurring with some of the team leaders. This is an online resource to support team leaders in providing clinical supervision. Supervisor training is also being offered to some of the new

team leaders. Ongoing leadership training opportunities for all team leaders would benefit the agency and support improvements in practice;

- An OSH committee has been established in the agency for emergency critical incidents. Policy has been developed in operations and standards. Critical incident debriefing is made available for staff as required;
- The physical files were in good order with the documents being grouped into sections and in chronological order;
- Efforts are being made by the social workers to ensure sibling and family contact is occurring for children and youth in care. There was evidence of regular visits between children/youth in care and their immediate and extended families;
- Implementation of SDM tools and FDR responses were evident in child protection incidents.

## **5. CHALLENGES FACING THE AGENCY**

The analysts identified through data collection and staff interviews the following challenges at the agency:

- The agency has a large geographic service area. In addition, the agency is working to support families with very complex socio-economic needs. These factors create some challenges to the agency in providing service equity across various communities;
- Several staff identified challenges with the multidisciplinary model within the teams (combining FS, CS and intake/safety assessment) managed by one team leader. Some staff believe that the agency's capacity to support this type of model is problematic. Specifically, the number of staff being supervised under one team leader may be too high. Due to the emergent nature of reports received by the intake/safety assessment team, staff stated that some team leaders are often unable to meet the supervision needs of staff in other functions;
- According to the organizational chart at the time of the audit and staff interviews, all teams have experienced one or more vacancies. Some staff reported that this created an atmosphere of "crisis driven" practice for some workers and some instability within the teams was also reported;
- In some of the family service and child service files, there were gaps in recording information, including CPOCs;
- Through staff interviews, it was identified that interagency communication is an area needing improvement. Specifically, staff reported that management could improve communication between themselves and front line staff. It was also identified that there were delays in approval processes for decisions on financial requests. Although this was reported, there was no evidence in the records to support operational communication impacting child protection practice. The practice audit did not include auditing operational financial records; therefore this report is unable to comment on the operational financial approval processes of the agency;
- The complexity of high risk cases, caseload size and the change in intake screening from a centralized to an individual team function were reported by staff

to be challenging issues. In addition, implementation of SDM/FDR, ICM and DTS connectivity issues were all identified as factors significantly impacting staff morale. Some staff reported feeling overwhelmed with the amount of change. The agency's management are aware of these issues and are working to support the staff in addressing each of these challenges.

## 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	There are documented efforts to support continued a and

Needs for Stability and Continuity of Relationships	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:

- Details were provided on how the identities of Aboriginal children in care were preserved through culturally appropriate services in the majority of the files (61% compliance);
- Detailed cultural plans for Aboriginal children in care who are not placed with extended family were missing from many of the files;
- Over the 3 year scope period, there was lack of documentation in completion of initial CPOCS and reviewing CPOCs within time frames (39% and 41% compliance, respectively);
- There was good documentation of supervisory consultations at key decision points (90% compliance);
- The rights of children in care was reviewed and documented in less than half the files (45% compliance);
- Rationales for placement selections were documented and efforts were made to involve family members as placement options for children and youth in care (96% compliance);
- Significant efforts were made and documented to meet children's need for stability and continuity of relationships (97% compliance);
- Social workers are not consistently recording the dates of when they have monthly private contact with children and youth in care (17% compliance);
- In the vast majority of the files, there was a lack of documentation about what child specific information was provided to the caregivers and that appropriate disciplinary standards were reviewed with them prior to placements (7% compliance);
- The medical sections within the files often contained information about initial and ongoing medical and dental care (72% compliance);
- Social workers did a very good job in ensuring that placement moves were in the best interests of children in care and that they were prepared for the move to the fullest extent possible (90% compliance);

Child service files achieved higher (over 50%) compliance to the following standards (list below excludes critical measures with 4 or less applicable files):

- St. 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services;
- St. 4 Supervisory Approval Required for Guardianship Services;
- 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. 24 Guardian Agency Protocols.

Child service files achieved lower (under 50%) compliance to the following standards (list below excludes critical measures with 4 or less applicable files):

- St, 2 Development of a Comprehensive Plan of Care;
- St. 3 Monitoring and Reviewing the Child’s Comprehensive Plan of Care;
- St. 5 Rights of Children in Care;
- St. 8 Social Workers’ Relationships and Contact with Children in Care;
- St. 9 Providing the Caregiver with Information and Reviewing the Appropriate Discipline Standards;
- St. 14 Case Documentation for Guardianship Services;
- St.19 Interviewing Children and youth about their care experiences.

**b) Family Service**

The 30 critical measures in the FS Practice Audit are based on Chapter 3 and the Child Protection Response Model. The critical measures are as follows:

Standard/ CP Response	Critical Measure	Compliance Description
3.1/R1	1 Obtaining a Child Protection (CP) Report or Request for Services	There is a full and detailed description of the reported incident or of the request for services.
3.1/R1	2 Conducting a Prior Contact Check (PCC)	A prior contact check is conducted and any available case information about the child/youth and family is reviewed.
3.1/R1	3 Assessing the child protection Report or Request for Services	CP report: Section 1 of the Screening Assessment was completed within 24 hours. Service request: The assessment was completed.
3.1/R2, R3	4 Timeframe for Assigning the Response Priority	CP report: Section 2 of the Screening Assessment was completed and the response priority assigned.
3.1/R2, R3	5 Assigning an	CP report: An appropriate

	Appropriate Response Priority	response priority was assigned.
3.1/R2, R3	6 Timeframe for Assigning an Appropriate Response Priority	CP report: The 'Initial Response Priority' and 'Final Response Priority' sections of the Screening Assessment were completed and the response priority was assigned either immediately or within 24 hours or within 5 days, if a supervisor granted and documented an exception.
3.1/R2, R3	7 Making an Appropriate Response Decision	An appropriate response decision was determined with the worker.
3.1/R2, R3	8 Making a Response Decision Consistent with Assessment Information	The decision about the response was consistent with past information and reporter information.
3.1/R3	9 Timeframe for Making an Appropriate Response Decision	The response decision was made within 5 calendar days of receiving the report.
3.1/R3	10 Supervisory Approval of the Response Decision	The response decision about the response was approved by the supervisor within 24 hours and approval was documented.
3.2/R4	11 Completing the Safety Assessment Process	The Safety Assessment process was completed during the first in-person meeting with the family.
3.2/R4	12 Completing the Safety Assessment Form	The Safety Assessment document was completed no later than 24 hours after completion of the process and identified a Safety Decision.
3.2/R4	13 Making a Safety Decision Consistent with the Safety Assessment	The Safety Assessment form was completed and the Safety Decision was consistent with the Safety Assessment.
3.2, 3.3, 3.6/R4	14 Involving the Family in Development of the Safety Plan	The Safety Plan was developed in collaboration with the family.
3.4/R4	15 Supervisory Approval of the Safety	The Safety Assessment form, including the Safety Plan, if applicable, was approved by the

	Assessment and the Safety Plan	supervisor and the approval was documented.
3.2, 3.3/R5	16 Completing the Vulnerability Assessment	The Vulnerability Assessment (VA) was completed in its entirety.
3.2, 3.3/R5	17 Timeframe for Completing the Vulnerability Assessment	The VA was completed within the 30 day timeframe for Family Development Response or Investigation.
3.2, 3.3/R5	18 Determining a Final Vulnerability Level	The Final Vulnerability Level was consistent with the information in the VA.
3.2, 3.3/R5	19 Making an Appropriate Decision on the Need for Protection Services	The decision regarding the need for FDR/Ongoing Protection Services was consistent with the VA.
3.2, 3.3/R5	20 Supervisory Approval of the Decision on the Need for Protection Services	The decision on the need for protection services was approved by the supervisor and the approval was documented.
3.2, 3.3/R6	21 Completing a Family and Child Strengths and Needs Assessment	The Strengths and Needs Assessment (SNA) was completed in its entirety.
3.2, 3.3/R6	22 Supervisory Approval of the Strengths and Needs Assessment	Supervisory approval of the SNA was documented.
3.2, 3.3, 3.6/R6	23 Developing the Family Plan with the Family	The Family Plan was developed in collaboration with the family.
3.2, 3.3, 3.6/R6	24 Integrating the Safety Plan into the Family Plan	Elements of the Safety Plan were integrated into the Family Plan.
3.2, 2.6/R6	25 Timeframe for Completing the Family Plan and Integrating the Safety Plan	The Family Plan was completed either within 15 days of completing the FDR Assessment phase, within 30 days of completing the FDR or INV when the newly opened Case remains with the Worker or within 30 days of the date of transfer to a new Worker.
3.2, 3.6/R6	26 Supervisory Approval of the	The Family Plan was completed and approved by the supervisor.



	Family Plan	
3.2, 3.7, 3.8/R8	27 Completing a Reassessment: Vulnerability Reassessment or Reunification Assessment	The formal reassessment was completed in its entirety.
3.2, 3.7, 3.8 /R8	28 Timeframe for Completing a Vulnerability Re-Assessment or a Reunification Assessment	The Vulnerability Re-Assessment or Re-Unification Assessment was completed within the timeframe.
3.2, 3.9/R9	29 Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services	All three minimum criteria were met before the decision was made to end FCR Protection Services or Ongoing Protection Services.
3.2, 3.9/R9	30 Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services	Supervisory approval for ending FDR Protection Services or Ongoing Protection Services was documented.

#### Applicability of Audit Critical Measures by Record Type

Type of Family Service Record	Applicable Critical Measures
Incidents with an 'appropriate' non-protection response	FS1 – FS10
Incidents with an 'inappropriate' non-protection response	FS1 – FS20
Incidents with a protection response, involving either an Investigation or a FDR Assessment Phase only	FS1 – FS20
**Incidents with a protection response, involving both a FDR Assessment Phase and a Protection Services Phase	FS1 – FS30
Cases that remain open	FS21 – FS28
Cases that have been closed	FS21 – FS30

\*\* No incidents of this type were identified in the audit

Findings from the audit of the protection and non-protection incidents include the following:

- Overall there was a high rate of completion of the SDM tools associated with incidents (93% combined compliance) and inconsistent ratings for meeting the timeframes for completion of the SDM tools associated with incidents (Screening Assessments 83%, Safety Assessments 38%, Vulnerability Assessments 45%);
- Full and detailed descriptions of the reported incidents were documented in ICM for most of the incidents (98% compliance);
- Summaries of past service involvements and outcomes (PCCs) were documented in ICM for most of the incidents (92% compliance);
- With the exception of 4 incidents, the Screening Assessments were completed (96% compliance);
- Some of the incidents contained Screening Assessments that were not completed within 24 hours of receiving the reports (83% compliance) and no supervisor exceptions were documented. Of the 18 incidents that did not have a Screening Assessment completed within the time frame, the time lines ranged from 2 – 88 days;
- The appropriate response priorities were assigned and documented in ICM for almost all of the incidents (96%). In the records rated as not achieved, the analysts conducting this audit found no information indicating that a child may have been left at risk of harm;
- In some of the incidents, the response priority sections in the Screening Assessments were not completed within the 24 hour timeframe (88% compliance) and no supervisor exceptions were documented;
- In all but 1 of the incidents, the response decisions were determined and documented in ICM (99% compliance). This 1 incident was deemed as protection by the analysts and audited accordingly;
- In most of the incidents, the response decisions were consistent with the assessment information (98% compliance), the response decisions were made within 5 days of receiving the reports (96% compliance) and the supervisory approvals were documented in ICM (93% compliance);
- There were 2 incidents that received inappropriate non-protection responses. One of these was subsequently brought to the agency for follow-up as there was information in the record to suggest that the child may have been left at risk. The other record contained subsequent protection incidents that were appropriately designated and included a Safety Assessment;
- In most of the incidents, the Safety Assessment processes were completed with the families during the first in-person meetings and the details of these meetings were documented in ICM (91% compliance);
- Completed Safety Assessments were found in all but 5 of the incidents audited (91% compliance);
- The timeframe for completing the Safety Assessment forms were not met in most of the incidents (38% compliance) with the time for completion ranging

between 3 – 203 days. In some of the incidents, the forms were not completed until the date the incident was closed;

- In most of the incidents, the safety decisions were documented in ICM and were consistent with the information in the Safety Assessments (88% compliance). For the incidents where this was not achieved, the safety decisions were not properly recorded. In the records rated as not achieved, the analysts conducting this audit found no information indicating that a child may have been left at risk of harm;
- Approximately 1/3 of the records that identified safety factors in the Safety Assessments, Safety Plans were developed and there was evidence of collaboration with the families (32% compliance);
- Supervisory approvals of the Safety Assessment forms and Safety Plans were documented in the majority of the records (60% compliance);
- In most of the incidents, the Vulnerability Assessments were completed and supervisory approvals were documented in ICM (90% compliance);
- The timeframe for completing the Vulnerability Assessments within the 30 day timeframe was not met in a significant number of the incidents (45% compliance) with the time for completion ranging between 37 -316 days. Like the Screening Assessment forms, many of the Vulnerability Assessments were not completed until the dates the incidents were closed;
- In most of the incidents, the Final Vulnerability Levels were consistent with the information gathered in the Vulnerability Assessments (90% compliance). In the records rated as not achieved, the analysts conducting this audit found no information indicating that a child may have been left at risk of harm;
- In the majority of the incidents, the documented decisions in ICM about the need for ongoing protection services were consistent with the information gathered in the investigations or FDR assessment phases and the Vulnerability Assessments (93% compliance). In the records rated as not achieved, the analysts conducting this audit found no information indicating that a child may have been left at risk of harm;
- In most of the incidents, supervisory approvals on the need for protection services were documented in ICM (97% compliance);
- In most of the incidents, after-hours had a significant role in receiving the reports, conducting the PCCs, assessing the reports, completing the Screening Assessments, assigning the response priorities and making the immediate response decisions.

Incidents (protection and non-protection) achieved higher (more than 50%) compliance to the following critical measures:

- FS 1 Obtaining a Full and Detailed Report about a Child or Youth's Need for Protection;
- FS 2 Conducting a Prior Contact Check (PCC);
- FS 3 Assessing the Report about a Child or Youth's Need for Protection;
- FS 4 Timeframe for Assessing the Report about a Child or Youth's Need for Protection;

- FS 5 Assigning an Appropriate Response Priority;
- FS 6 Timeframe for Assigning an Appropriate Response Priority;
- FS 7 Making an Appropriate Response Decision;
- FS 8 Making a Response Decision Consistent with the Assessment of the Report;
- FS 9 Timeframe for Making an Appropriate Response Decision;
- FS 10 Supervisory Approval of the Response Decision;
- FS 11 Completing the Safety Assessment Process;
- FS 13 Making a Safety Decision Consistent with the Safety Assessment;
- FS 15 Supervisory Approval of the Safety Assessment and the Safety Plan;
- FS 16 Completing the Vulnerability Assessment Form;
- FS 18 Determining the Final Vulnerability Level;
- FS 19 Making an Appropriate Decision on the Need for Protection Services;
- FS 20 Supervisory Approval of the Decision on the Need for Protection Services.

Incidents (protection and non-protection) achieved low (fewer than 50%) compliance to the following critical measures:

- FS 12 Completing the Safety Assessment Form;
- FS 14 Involving the Family in the Development of the Safety Plan;
- FS 17 Timeframe for Completing the Vulnerability Assessment Form.

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

- Family and Child Strengths and Needs Assessments were completed in most of the cases (71% compliance). Of the 54 completed Family and Child Strengths and Needs Assessments, 5 did not document supervisory approvals (64% compliance includes those records with no assessment tool);
- Documentation within ICM Notes often recorded referrals to support services, social worker contact with the families and supervisor consults and approvals at key decision points;
- Consolidated and comprehensive Family Plans were not completed for most of the cases (20% compliance). Integrating necessary elements of the Safety Plans, timeframe for completion and supervisory approvals of Family Plans were not consistently documented in ICM or the physical files (25%, 11%, 20%, respectively);
- In those cases that were rated as achieved for Family Plans, the social workers are working collaboratively with families through the use of Traditional Family Planning Meetings;
- The agency's practice includes Signs of Safety (SOS) mappings. The auditors found that the use of SOS mappings were not consistent across offices or within individual teams. As SOS mappings do not replace the requirement to complete SDM Family Plans, this negatively impacted the compliance rating for the critical measure associated with Family Plans;

- The Vulnerability Re-Assessments or Reunification Assessments were completed in almost half of the cases (47%). The auditors noted that staff appeared to be confused about which of these assessment tools was required. There were cases where both assessments were completed;
- Of the 36 completed Vulnerability Re-Assessments or Reunification Assessments found in the files, 28 were completed within the required timeframes (37% compliance for timeframe includes cases with no assessment tool);
- The decisions on ending ongoing protection services were found to be appropriate in the large majority of the cases (89%) and all of these decisions were approved by supervisors (100%). In the cases rated as not achieved, the analysts conducting this audit found no information indicating that a child may have been left at risk of harm.

Family Service Cases (open and closed) achieved low (fewer than 50%) compliance to the following critical measures:

- FS 23 Developing a Family Plan with the Family;
- FS 24 Integrating the Safety Plan into the Family Plan;
- FS 25 Timeframe for Completing the Family Plan and Integrating the Safety Plan;
- FS 26 Supervisory Approval of the Family Plan;
- FS 27 Completing a Vulnerability Re-Assessment or a Re-Unification Assessment (open FS cases);
- FS 28 Timeframe for Completing a Vulnerability Re-Assessment or a Re-Unification Assessment (open FS cases).

Family Service Cases (open and closed) achieved higher (more than 50%) compliance to the following critical measures:

- FS21 Completing a Family and Child Strengths and Needs Assessment;
- FS22 Supervisory Approval of the Family and Child Strengths and Needs Assessment;
- FS 29 Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services(closed FS cases);
- FS 30 Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services (closed FS cases).

## 7. COMPLIANCE TO PROGRAMS AUDITED

### a) Child Service

The agency's overall compliance rate for the Child Service files was **59%**. The following provides a breakdown of the compliance ratings:

<i>Measure</i>	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved	# Not Applicable
<i>Standard 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services*</i>	57	34	60%	23	39%	1
<i>Standard 2 Development of a Comprehensive Plan of Care*</i>	57	22	39%	35	61%	1
<i>Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care*</i>	37	15	41%	22	59%	21
<i>Standard 4 Supervisory Approval Required for Guardianship Services</i>	58	52	90%	6	10%	0
<i>Standard 5 Rights of Children in Care</i>	58	26	45%	32	55%	0
<i>Standard 6 Deciding Where to Place the Child*</i>	57	55	96%	2	4%	1
<i>Standard 7 Meeting the Child's Need for Stability and continuity of Relationships</i>	58	56	97%	2	3%	0
<i>Standard 8 Social Worker's Relationship &amp; contact with a Child in Care</i>	58	10	17%	48	83%	0
<i>Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards*</i>	57	4	7%	53	93%	1
<i>Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care*</i>	57	41	72%	16	28%	1

<i>Standard 11 Planning a Move for a Child in Care*</i>	21	19	90%	2	10%	37
<i>Standard 12 Reportable Circumstances*</i>	4	2	50%	2	50%	54
<i>Standard 13 When a Child or Youth is Missing, Lost or Runaway*</i>	1	1	100%	0	0	57
<i>Standard 14 Case Documentation</i>	58	22	38%	36	62%	0
<i>Standard 15 Transferring Continuing Care Files*</i>	0	0	0	0	0	58
<i>Standard 16 Closing Continuing Care Files*</i>	0	0	0	0	0	58
<i>Standard 17 Rescinding a Continuing Custody Order*</i>	0	0	0	0	0	58
<i>Standard 19 Interviewing the Child about the Care Experience*</i>	11	5	45%	6	55%	47
<i>Standard 20 Preparation for Independence*</i>	1	1	100%	0	0	57
<i>Standard 21 Responsibilities of the Public Guardian and Trustee*</i>	0	0	0	0	0	58
<i>Standard 22 Investigation of Alleged Abuse or Neglect in a Family Care Home*</i>	2	0	0%	2	100%	56
<i>Standard 23 Quality of Care Review*</i>	1	1	100%	0	0	57
<i>Standard 24 Guardianship Agency Protocols</i>	58	57	98%	1	2%	0

\*Explanations about the "Not applicable" Ratings:

Standards 1, 6, 9, 10: One file involved a child placed with the parents in the Family Home Program.

Standard 2: One file included an initial CPOC completed by MCFD prior to transfer to the agency.

Standard 3: 21 files included CPOCs completed prior to transfers to the agency or the children or youth were discharged from care prior to the annual due dates of the CPOCs.

Standard 11: 37 files involved children placed with family or not moved from their care homes.

Standard 12: 54 files did not contain information regarding reportable circumstances.

Standard 13: 57 files did not contain information regarding children missing, lost or runaway.

Standard 15, 16, 17, 21: All files involved children/youth in temporary/voluntary care.

Standard 19: 47 files involved children /youth who did not change placements, leave care or were too young to be interviewed.  
 Standard 20: 57 files involved children/youth too young to be prepared for independence  
 Standard 22: 56 files did involve alleged abuse or neglect in a family care home.  
 Standard 23: 57 files did not involve Quality of Care concerns in a family care home.

## Family Service

The agency's overall compliance rate for the Family Service files was **74%**. The following provides a breakdown of the compliance ratings:

### Report and Screening Assessment: Protection and Non-Protection Incidents

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved	# Not Applicable
FS 1: Obtaining a Full and Detailed Report about a Child or Youth's Need for Protection	104	102	98%	2	2%	0
FS 2: Conducting a Prior Contact Check (PCC)	104	96	92%	8	8%	0
FS 3: Assessing the Report about a Child or Youth's Need for Protection	104	100	96%	4	4%	0
FS 4: Timeframe for Assessing the Report about a Child or Youth's Need for Protection	104	86	83%	18	17%	0

### Response Decision: Protection and Non-Protection Incidents

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved	# Not Applicable
FS 5: Assigning an Appropriate Response Priority	104	100	96%	4	4%	0
FS 6: Timeframe for Assigning an Appropriate Response Priority	104	92	88%	12	12%	0
FS 7: Making an Appropriate Response Decision	104	103	99%	1	1%	0
FS 8: Making a Response Decision Consistent with the Assessment of the Report	104	102	98%	2	2%	0
FS 9: Timeframe for Making an Appropriate Response Decision	104	100	96%	4	4%	0
FS 10: Supervisory Approval of the Response Decision	104	97	93%	7	7%	0



## Safety Assessment and Safety Plan: Protection Incidents

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved	# Not Applicable
FS 11: Completing the Safety Assessment Process	58	53	91%	5	9%	0
FS 12: Completing the Safety Assessment Form	58	22	38%	36	62%	0
FS 13: Making a Safety Decision Consistent with the Safety Assessment	58	51	88%	7	12%	0
FS 14: Involving the Family in the Development of a Safety Plan*	31	10	32%	21	68%	27
FS 15: Supervisory Approval of the Safety Assessment and the Safety Plan	58	35	60%	23	40%	0

\*27 Records were deemed not applicable because safety factors were not identified in the Safety Assessments

## Vulnerability Assessment: Protection Incidents

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved	# Not Applicable
FS 16: Completing the Vulnerability Assessment Form	58	52	90%	6	10%	0
FS 17: Timeframe for Completing the Vulnerability Assessment Form	58	26	45%	32	55%	0
FS 18: Determining the Final Vulnerability Level	58	52	90%	6	10%	0

## Protection Services: Protection Incidents

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved	# Not Applicable
FS 19: Making an Appropriate Decision on the Need for Protection Services	58	54	93%	4	7%	0
FS 20: Supervisory Approval of the Decision on the Need for Protection Services	58	56	97%	2	3%	0

### Strengths and Needs Assessment: Open and Closed Family Service Cases

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved	# Not Applicable
FS 21: Completing a Family and Child Strengths and Needs Assessment	76	54	71%	22	29%	0
FS 22: Supervisory Approval of the Family and Child Strengths and Needs Assessment	76	49	64%	27	36%	0

### Family Plan: Open and Closed Family Service Cases

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved	# Not Applicable
FS 23: Developing a Family Plan with the Family	76	15	20%	61	80%	0
FS 24: Integrating the Safety Plan into the Family Plan	76	19	25%	57	75%	0
FS 25: Timeframe for Completing the Family Plan and Integrating the Safety Plan	76	8	11%	68	89%	0
FS 26: Supervisory Approval of the Family Plan	76	15	20%	61	80%	0

### Vulnerability Re-assessment and Re-unification Assessment: Open and Closed Family Service Cases

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved	# Not Applicable
FS 27: Completing a Vulnerability Re-Assessment or a Re-Unification Assessment	76	36	47%	40	53%	0
FS 28: Timeframe for Completing a Vulnerability Re-Assessment or a Reunification Assessment	76	28	37%	48	63%	0

## Ending Protection Services: Closed Family Service Cases

Measure	Total	# Achieved	% Achieved	# Not Achieved	% Not Achieved	# Not Applicable
FS 29: Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services	27	24	89%	3	11%	0
FS 30: Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services	27	27	100%	0	0%	0

### 8. ACTIONS COMPLETED TO DATE

Prior to the development of the Action Plan (see below), the following action was implemented by the agency:

- From November 2014 to January 2015, the Aboriginal Services practice analyst worked with the multi-disciplinary teams to incorporate all components of the SDM Family Plan template into the agency's SOS Family Service Mappings to ensure that the plans meet standards contained in Chapter 3.6: Creating and Implementing a Family Plan.

## 9. ACTION PLAN:

On March 25, 2015, the following action plan was developed in collaboration between Fraser Valley Aboriginal Child and Family Services and MCFD Office of the Provincial Director of Child Welfare (Aboriginal Services and Quality Assurance):

Action	Person Responsible	Completion Date
<p><b>Child Service:</b></p> <p>The agency will conduct a review of all child service files to ensure 100% compliance in relation to the completion of Care Plans (AOPSI Standard 3). Evidence of the completed reviews will be provided to the office of the Provincial Director of Child Welfare.</p>	Samantha Langton	December 31, 2015
<p><b>Family Service:</b></p> <p>The agency will provide training to all applicable staff on Structured Decision Making tools and associated plans, including Safety Plans and Family Plans.</p>	Samantha Langton	Dec 31, 2015
<p><b>Family Service:</b></p> <p>The agency will develop and implement a tracking tool to monitor the completion of SDM tools within required timeframes. The copy of the tracking tool will be provided to the office of the Provincial Director of Child Welfare.</p>	Samantha Langton	Dec 31, 2015

**PRACTICE AUDIT SIGNATURE PAGE: Fraser Valley Aboriginal Child and Family Services Society**



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**Alex Scheiber**  
**Deputy Director of Child Welfare, MCFD**

**2015 June 4**

