

CASE PRACTICE AUDIT REPORT

**Vancouver Aboriginal Child & Family Services Society
(IRH, IRI, IRJ, IRK, IRL)**

Office of the Provincial Director of Child Welfare and Aboriginal Services
Quality Assurance Branch
Field Work Completed March 16, 2015

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CASE PRACTICE AUDIT REPORT

VANCOUVER ABORIGINAL CHILD & FAMILY SERVICES SOCIETY (IRH, IRI, IRJ, IRK, IRL)

1. PURPOSE

The purpose of the audit is to improve and support child service, guardianship and family service. Through a review of a sample of cases, the audit is expected to provide a baseline measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening. This is the fourth audit for Vancouver Aboriginal Child & Family Services Society (VACFSS). The last audit of the agency was completed in February 2012 and focused on the guardianship and resource practice. At that time, there was an agreement that the practice audit of the remaining child protection program areas (family service, child service and intake/investigations) be completed during the next audit schedule. The last audit conducted of the agency's Child Safety and temporary CICs was in 2010 when one team audit – IRH – was conducted in order to fulfill a recommendation made by MCFD prior to the agency assuming C6 delegation.

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.

The Office of the Provincial Director of Child Welfare, Quality Assurance is conducting the audit using the Aboriginal Case Practice Audit Tool on 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 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 June 9-20 and July 21-August 14, 2014. In addition, due to a sampling error, the manager of Quality Assurance assisted the analysts by auditing 20 replacement CS files during the time periods between January 20 – 23 and March 11 – 16, 2015. Interviews with available delegated staff were completed by phone after the fieldwork was finished. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data for the child service files and generate office summary compliance reports and a compliance report for each file

audited. It should be noted that in September 2014, phase 4 of the Integrated Case Management (ICM) was implemented with many additional challenges with the electronic data system and we anticipate more challenges as this new phase is currently resulting in significant down time and outages making it difficult to access the electronic system. Additional barriers in accessing the electronic case management system is presenting many challenges for all staff, including support staff, administrative staff, social workers, team leaders, and managers. The ministry and VACFSS are working together to jointly address the challenges noted. 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 242 open family service cases that met the audit criteria (total number of cases registered to IRH: 70, IRI: 20, IRJ: 39, IRK: 57, IRL: 56); 25 closed family service cases (total number of files registered to IRH: 1, IRI: 5, IRJ: 5, IRK: 9, IRL: 5); 187 closed protection incidents (total number of protection incidents registered to IRH: 27, IRI: 101, IRJ: 5, IRK: 34, IRL: 20); 64 closed non-protection incidents (total number of non-protection incidents registered to IRH: 10, IRI: 47, IRK: 3, IRL: 3), and 304 open and closed temporary child service files.

Samples of 53 open family service cases; 18 closed family service cases; 50 closed protection incidents; 33 closed non-protection incidents and 56 open and closed child service files were randomly selected for the audit.

Three protection incidents were re-selected during the audit as 2 were opened to document 2011 MIS intakes and the third as it was opened for a CIHR request when it should have been opened as a service request.

Four non-protection incidents were re-selected during the audit for the following reasons: 1 was confirmed by the Helpdesk to be an invalid incident number; 2 were opened to document 2011 MIS intakes and the fourth was assessed as a protection response.

Twenty-six child service files were re-selected during the audit for the following reasons: 4 were closed pre-scope period; 20 were open for less than 3 months; 1 was opened by the agency and then transferred to an MCFD office for a youth services agreement and 1 file was unable to be located at the agency or in offsite storage.

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:

- Open FS cases: Open on April 30, 2014 for more than 6 months;
- Closed FS cases: Closed between November 1, 2013 and April 30, 2014 and open for more than 6 months;
- Closed Protection Incidents: Closed in the last 6 months – November 1, 2013 – April 30, 2014.
- Closed Non-Protection Incidents: Closed in the last 6 months – November 1, 2013 – April 30, 2014.

Open and closed CS: Any child or youth who was discharged from care from VACFSS offices (IRH, IRJ, IRK & IRL) between April 2011 and April 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 VACFSS offices (IRH, IRJ, IRK & IRL) on April 30, 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 VACFSS offices (IRH, IRJ, IRK & IRL) between April 2011 and April 2014, with the legal categories of VCA, SNA, removed child, interim order and TCO.

Note: Stratified sampling was used for sampling from the child service population. For the social workers who had 3 or more temporary child service files between April 2011 and April 2014, at least 1 file was picked in the sample.”

Upon arrival at the agency, the analysts met with the child protection manager and available delegated staff to review the audit purpose and process. The analysts were also available to answer any questions from staff that arose during the audit process. At the completion of the audit, the analysts met with the director of programs; the child protection manager and the associate child protection manager to provide some preliminary findings and discuss the next steps in the audit process.

3. AGENCY OVERVIEW

a) Delegation

VACFSS is currently delegated at C6 Child Protection. 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
- Establishment of residential resources
- Family preservation and reunification services

VACFSS assumed C6 child protection delegation in April 2008. The agency has 3 locations in Vancouver with the intake/child safety, family service teams and collaborative practice teams in one location, the guardianship and residential resources teams in a second location, and the chief executive officer, the family preservation program and additional infrastructure staff located in the head office.

The current Delegation Confirmation Agreement is an extension/modification of the December 2007 agreement and it expires Dec 11, 2014. This is the second extension on the 2007 agreement. In December of 2013, the original agreement was modified and agreed to for an expanded placement area for VACFSS CICs and eliminated the expectation that VACFSS provide C6 services in Richmond.

b) Demographics

VACFSS is 1 of only 3 delegated Aboriginal agencies (DAA's) in the province that serves an urban population. The agency provides services to the urban Aboriginal population in the city of Vancouver and has authority for child protection, family services and guardianship for all Aboriginal children and families within the municipal boundaries of Vancouver, with the exception of Métis, Musqueam, and Nisga'a children. In addition to the delegated services, VACFSS provides the following non-delegated programs to urban Aboriginal children and families:

- Collaborative Practice
- Strengthening Families Program
- Culturally Relevant Urban Wellness Program and Lifelong Connections

c) Professional Staff Complement

There are 5 child safety teams at VACFSS: 4 teams manage family service cases and children and youth in temporary care, voluntary care and special needs agreements, out of care options and some continuing custody files and the fifth team, intake, manage the screening of new calls/reports and incidents. The FS office codes are IRH, IRJ, IRK and IRL. The intake team office code is IRI.

As of March 31, 2014, there were a total of 62 positions within the child protection program at VACFSS:

- child protection manager
- associate child protection manager
- child protection consultant
- 6 team leaders
- 28 social workers
- child protection mentor
- out of care options worker
- 2 family development response workers
- 4 social worker assistants
- 4 family group decision makers
- 2 clinical support Elders (part time), and
- 11 administrative and financial support

The composition of the teams varies between 6-8 social workers. The intake team leader has 6 social workers all of whom are C6 delegated or will be once delegation training is completed. The practice consultant, the child protection mentor and the out of care option social worker report to the child protection manager. The child protection mentor's role is to support the child protection program through: managing a smaller caseload of high risk, complex cases; assisting new workers with their delegation field guide training; shadowing new workers; conducting protocol investigations of family care homes and working with social workers if performance issues have been identified by management. All of the family service teams have had vacancies on their teams which have resulted in the team leaders and/or the social workers managing multiple caseloads. At the time of the audit there were 12 partially delegated social workers in the child protection program. One of the teams has 2 social workers without delegation and the team leader is managing a caseload in addition to the team leader's duties. There are 4 social worker assistants within the child protection program; one assigned to each family service team.

With the exception of 12 social workers, all of the social work staff, the manager, associate manager and the director of programs are fully delegated and have completed the ASW delegation or MCFD delegation training. Many of the new social workers have limited previous DAA or MCFD child safety experience.

There are 2 office managers and a team assistant is assigned to each team to assist with filing and records management duties.

d) Supervision and Consultation

The director of programs at VACFSS oversees and supports the managers of all programs at the agency. One of the areas he is focusing on is the integrated approach to practice among the 4 programs: child protection, guardianship, resources and integrated services. This is being achieved through regular meetings with the program managers, integrated case conferences and practice meetings and bi-monthly practice forums that focus on a program's area of specialty. The director also provides consultation in high risk and complex cases. According to the VACFSS Annual Report (2014), approximately 30% of the family service records managed at VACFSS met the criteria of Complex and High Risk Cases as defined within the Provincial Practice Directive: Clinical Consultation and Support in Complex High Risk Child Protection Cases.

The child protection manager is the senior manager within the program and directly supervises the child protection consultant, the child protection mentor and the out of care options worker. The majority of the child protection manager's day to day involvement is supporting the team leaders and associate child protection manager, community engagement, liaising with the Aboriginal Services, participating in the Integrating Our Practice Forums and overseeing the operations of the child protection program.

The associate child protection manager is the primary contact for the team leaders and social workers for case consults and approvals. At times, the associate child protection manager has covered vacant family service caseloads in addition to her regular responsibilities. All of the team leaders receive supervision from the associate child protection manager via an open door policy with regularly scheduled clinical supervision occurring. All of the team leaders reported that they value the supervision provided by the associate child protection manager and, although their supervision needs are being met, more scheduled supervision time would strengthen the current supervision process. Some of the team leaders are new to their positions or are supervising in an acting capacity therefore their supervision needs may be greater.

Supervision of the intake and family service teams is provided through an open door policy and weekly team meetings. In addition, morning team meetings are conducted. At these meetings, after-hours reports are reviewed, daily plans are discussed and any urgent matters are addressed. Although most of the staff described the quality of their supervision as satisfactory, the need for regularly scheduled clinical supervision time with their team leaders was identified as an area needing improvement. Many of the social workers are relatively new and inexperienced which creates a need for additional supervision and support from their team leaders.

The team leaders meet together once a week and there are agency staff meetings once a year.

4. STRENGTHS OF THE CHILD PROTECTION PROGRAM

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

- The child protection program has a strong partnership with MCFD after-hours and regularly requests follow up from this office in terms of evening and weekend requests with their children/youth in care and families. After-hours manages the initial response for many of the agency's incidents and VACFSS has worked with the staff at after-hours to educate them on the approach the agency would like taken with the families they serve. The agency is in the process of developing a protocol with after-hours;
- There has been significant growth in the use of collaborative practice processes in the past year. The analysts found evidence of the use of Family Group Decision Making Conferences, Integrated Case Meetings and Collaborative Practice Conferences in the child service and family service cases. The social workers are working collaboratively with extended families when planning for the children in care;
- There were notable efforts made by the social workers to ensure sibling and family contact is occurring. There was evidence of regular visits between children/youth in care and their immediate and extended families in the local area as well as family members being brought to Vancouver for visits. The agency practices inclusive foster care so it is an expectation of the caregivers to be involved with the families of children/youth that are placed with them;
- The physical files were in good order with the documents being grouped into sections and in chronological order. The team assistants are very knowledgeable about the files for which they are responsible;
- The management team has a great wealth of experience in child welfare. Specifically, the director of practice has 40 years of experience, the child protection manager has 15 years of experience and the associate manager has 25 years of experience;
- Integrating our Practice forums are regularly held to support leadership staff with key practice and training initiatives in order to promote collaboration amongst the four program areas;
- The program also provides the services of 2 Elders in an effort to promote a culturally-based holistic service delivery model to address the physical, emotional, mental and spiritual aspects of well-being for family members as well as staff. VACFSS is committed to having Aboriginal Elders and traditional knowledge keepers participate in service delivery as an integral part of their approach to healing and wellness. Their wisdom, skills and knowledge are essential to the healing journey of Aboriginal community members. Elders play a number of vital roles including: guiding the cultural aspects of the program, teaching, counseling, healing and performing ceremonies.

5. CHALLENGES FACING THE CHILD PROTECTION PROGRAM

The analysts identified several challenges of the program over the course of the audit:

- During the timeframe of the audit, the child protection program had a challenge with staff turnover and movement between the programs, including some staff working in “acting” supervisory roles. At that time, 80% of their delegated staff was considered junior workers and the average years of experience for team leaders in a supervisory role is 3 years. Many of the new staff found the complexity of the work, the need for cultural knowledge and involvement and the demands of working with large family systems very challenging. All of the teams had one or more vacancies that were being covered by other social workers or team leaders. Many of the staff reported that they frequently carried additional cases or an entire caseload for lengthy periods of time. The analysts noted the complexity of the cases and the crisis nature of the work and this may also be impacting the retention of staff. The agency’s management are aware of this challenge and continue to work to address the staffing concerns;
- Training was identified as an issue for staff. The child protection program has a relatively young and inexperienced work force with most of the social workers and team leaders only having a few years of child welfare experience. The families they are working with have very complex issues therefore the training needs are high for the staff. The cost of sending social workers to the Aboriginal social work delegation training is problematic and the length of time to complete the C6 training is almost 10 months, leaving teams with lengthy vacancies while the new hires complete their training. Other mandatory MCFD trainings such as ICM, SDM and Care Plan are often offered to the agency staff much later than their MCFD colleagues and on a one time only basis unless special arrangements are made for additional training sessions. This may have contributed to some of the low compliance rates pertaining to the Structured Decision Making Tools. Given the influx of new staff, there is a need for ongoing training sessions in these key areas. The agency works with MCFD’s Aboriginal Services regarding their training needs but this office has difficulty managing all of the agency’s training requests;
- The agency has been experiencing significant computer systems and connectivity issues for the past several years. The agency’s DTS router was removed when a co-located MHSD office moved and this has resulted in regular disconnections to internet service resulting in the closing of open DTS sessions. This has also resulted in the social workers being unable to print on the MCFD printer. The agency has been working the MCFD Aboriginal Services and the SARG committee to find solutions to the problems but at the time of the audit, the problems persisted. The analysts experienced the loss of their DTS sessions regularly during the course of the audit. This may have also contributed to some of the low compliance rates related to the completion of the Structured Decision Making Tools;
- Vancouver is a hub for specialized services for the province and many Aboriginal families travel to Vancouver to access these services. The agency experiences

additional service demands because of this influx of families who are temporarily in Vancouver for a variety of reasons. The Down Town East Side (DTES) is home to many of the city's most vulnerable populations, including the mentally ill, people experiencing addictions, poverty, poor housing conditions or homelessness and histories of trauma. Aboriginal women remain particularly vulnerable. Maternal health outcomes in this neighborhood lag behind the provincial averages, and more than half of all children in the DTES begin Kindergarten with vulnerabilities that impact their readiness to start school (BC Representative for Children and Youth, 2015).

6. DISCUSSION OF THE PROGRAMS AUDITED

a) Child Service

The audit reflects the file documentation completed by the staff in the agency's delegated program 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:

- 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;
- Rationales for placement selections were documented and efforts were made to involve family members as options for placements;
- Most of the CS files had very little documentation in them. Over the 3 year scope period, there was a significant lack of Care Plans/CPOCS, information on the children/youth's cultural involvement, reviews of rights of children in care, and social workers private contact with children/youth. Many of the CS files that were open and closed under 1 month had little to no documentation in them;
- Files were closed without closing documentation: Care Plans, court orders, closing recordings, etc. There were also delays in closing the files once the child was out of care which resulted in documents continuing to be placed in the files after their discharge dates.

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

- 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. 13 When a Child is Lost, Missing or Runaway
- St. 20 Preparation for Independence, and
- St. 24 Guardian Agency Protocols

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

- St. 1 Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services
- 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 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. 19 Interviewing the Child about the Care Experience

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	CP report: Section 2 of the Screening

	the Response Priority	Assessment was completed and the response priority assigned.
3.1/R2, R3	5 Assigning an Appropriate Response Priority	CP report: An appropriate 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 Assessment and the Safety Plan	The Safety Assessment form, including the Safety Plan, if applicable, was approved by the 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	The decision regarding the need for FDR/Ongoing Protection Services was

	Protection Services	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 Family Plan	The Family Plan was completed and approved by the supervisor.
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
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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 closed protection and non-protection incidents include:

- Overall there was a high rate of completion of the SDM tools (approx. 94% combined compliance), a lower rate of meeting the timeframes for completion of the SDM tools (approx. 52% combined compliance) and an overall high rate achievement to the critical measures;
- Full and detailed descriptions of the reported incidents were documented in ICM for most of the incidents (99% compliance);
- PCCs, including summaries of past service involvements and outcomes were documented in ICM for most of the incidents (93% compliance);
- With the exception of 1 incident, the Screening Assessments were completed (99% compliance). However, some of the incidents contained Screening Assessments that were not completed within 24 hours of receiving the reports (77% compliance) and no supervisor exceptions were documented;
- The appropriate response priorities were assigned and documented in ICM for all of the incidents;
- In some of the incidents, the response priority sections in the Screening Assessments were not completed within the 24 hour timeframe (87% compliance) and no supervisor exceptions were documented;
- In all but 2 of the incidents, the response decisions were determined by the social workers and documented in ICM (98% compliance). These two incidents were deemed by the analysts as non-protection and audited accordingly;
- In most of the incidents, the response decisions were consistent with the assessment information (95% compliance), the response decisions were made within 5 days of receiving the reports (92% compliance) and the supervisory approvals were documented in ICM (92% compliance);
- 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 (84% compliance);
- Safety Assessments were found in all but 5 of the incidents audited (89% compliance);
- The timeframe for completing the Safety Assessment forms were not met in most of the incidents (27% compliance) with the time for completion ranging between 2 – 497 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 (87% 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;
- In almost 3/4 of the incidents, Safety Plans were developed and there was evidence of collaboration with the families (74% compliance). Supervisory approvals of the Safety Assessment forms and Safety Plans were documented in most of the records (76% compliance);
- In most of the incidents, the Vulnerability Assessments were completed and supervisory approvals were documented in ICM (89% compliance);
- The timeframe for completing the Vulnerability Assessments within the 30 day timeframe was not met in a significant number of the incidents (31% compliance) with the time for completion ranging between 37 -373 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 (91% 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 (91% 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 (91% 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. In some of the incidents, there was documentation in ICM that the agency's social workers and team leaders had revised the response decisions made by after-hours following thorough reviews of the information.

Incidents achieved higher (over 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 14 Involving the Family in the Development of the Safety Plan
- 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 achieved lower (less than 50%) compliance to the following critical measures:

- FS 12 Completing the Safety Assessment Form
- FS 17 Timeframe for Completing the Vulnerability Assessment Form

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

- Most of the case documentation in the Notes in ICM was detailed with respect to the services provided, contact with the families, supervisor consults and approvals, planning updates and the decisions to end ongoing protection services. This provided the analysts with the necessary information to ensure that services were provided to address child safety concerns;
- It was difficult to determine how the risks to children were re-assessed before case files were closed or when children were returned to their parents. Re-assessments of the parents' involvement in services and their capacities to demonstrate reduction of risk to their children over time was not always documented. In the records rated as not achieved for reassessment of risk, the analysts conducting this audit found no information indicating that a child may have been left at risk of harm;
- The social workers are working with families who have very complex needs and there was evidence on the physical files of collaborative practices occurring with the families: Family Group Decision Making Conferences and Collaborative Practice Conferences reports;
- There was documentation in the physical files of the agency's use of internal support services and the swift responses from these referrals and services to the families;
- Overall there was a very low rate of completion of the SDM tools (15% combined compliance) and low rates of achievement to the critical measures;
- The Family and Child Strength and Needs Assessments were not completed in most of the cases (21% compliance);
- Consolidated and comprehensive Family Plans were not completed for most of the cases (10% 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 (4%, 3%, 10%, respectively);

- The Vulnerability Re-Assessments or Reunification Assessments were not completed for most of the cases (14% compliance);
- Of the 10 completed Vulnerability Re-Assessments or Reunification Assessments found in the files, 6 were completed within the required timeframes (8% compliance for timeframe);
- At the time of ending ongoing protection services, some of the minimum criteria were not met, due to the lack of completed Vulnerability Re-Assessments or Re-Unification Assessments (33% compliance);
- Supervisory approvals of the decisions to end ongoing protection services were found in more than half of the cases (56% compliance).

Family Service cases achieved higher (more than 50%) compliance to the following critical measures:

- FS 30 Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services

Family Service cases achieved low (less than 50%) compliance to the following critical measures:

- FS 21 Completing a Family and Child Strength and Needs Assessment
- FS 22 Supervisory Approval of the Family Strength and Needs Assessment
- 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
- FS 28 Timeframe for Completing a Vulnerability Re-Assessment or a Re-Unification Assessment
- FS 29 Making and Appropriate Decision on Ending FDR Protection Services to Ongoing Protection Services

7. COMPLIANCE TO PROGRAMS AUDITED

a) Child Service

The agency's overall compliance rate for the CS files was **47%**. The following provides a breakdown of the compliance ratings:

Standard	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %	Not Applicable #
Standard 1: Preserving the Identity of the Child in Care and Providing Culturally Appropriate Services	56	25	45%	31	35%	0
Standard 2 Development of a Comprehensive Plan of Care	53	8	15%	45	85%	3
Standard 3 Monitoring and Reviewing the Child's Comprehensive Plan of Care	45	9	20%	36	80%	11
Standard 4 Supervisory Approval Required for Guardianship Services	56	46	82%	10	18%	0
Standard 5 Rights of Children in Care	56	4	7%	52	93%	0
Standard 6 Deciding Where to Place the Child	56	47	84%	9	16%	0
Standard 7 Meeting the Child's Need for Stability and continuity of Relationships	56	53	95%	3	5%	0
Standard 8 Social Worker's Relationship & contact with a Child in Care	56	3	5%	53	95%	0
Standard 9 Providing the Caregiver with Information and Reviewing Appropriate Discipline Standards	56	11	20%	45	80%	0
Standard 10 Providing Initial and ongoing Medical and Dental Care for a Child in Care	55	40	73%	15	27%	1
Standard 11 Planning a Move for a Child in Care	19	16	84%	3	16%	37
Standard 12 Reportable Circumstances	11	3	27%	8	73%	45
Standard 13 When a Child or Youth is Missing, Lost or Runaway	9	8	89%	1	11%	47
Standard 14 Case Documentation	56	9	16%	47	84%	0
Standard 15 Transferring Continuing Care Files	2	2	100%	0	0%	54
Standard 16 Closing Continuing Care Files	0	0	0	0	0	56
Standard 17 Rescinding a Continuing Custody Order	0	0	0	0	0	56
Standard 19 Interviewing the Child about the Care Experience	15	0	0%	15	100%	41
Standard 20 Preparation for Independence	6	4	67%	2	33%	50
Standard 21 Responsibilities of the Public Guardian and Trustee	1	0	0%	1	100%	55

Standard 22 Investigation of Alleged Abuse or Neglect in a Family Care Home	2	1	50%	1	50%	54
Standard 23 Quality of Care Review	3	2	67%	1	33%	53
Standard 24 Guardianship Agency Protocols	56	52	93%	4	7%	0

b) Family Service

The agency's overall compliance rate for Family Service (open & closed FS cases & closed protection & non-protection incidents) was **63%**. The following provides a breakdown of the compliance ratings:

Report and Screening Assessment

The table below provides compliance rates for measures FS 1 to FS 4, which has to do with obtaining and assessing a child protection report. The rates are presented as percentages of all records to which the measures were applied. The records included the selected samples of 50 closed protection incidents and 33 closed non-protection incidents.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 1: Obtaining a Full and Detailed Report about a Child or Youth's Need for Protection	83	82	99%	1	1%
FS 2: Conducting a Prior Contact Check (PCC)	83	77	93%	6	7%
FS 3: Assessing the Report about a Child or Youth's Need for Protection	83	82	99%	1	1%
FS 4: Timeframe for Assessing the Report about a Child or Youth's Need for Protection	83	64	77%	19	23%

Response Decision

The table below provides compliance rates for measures FS 5 to FS 10, which has to do with assigning a response priority and making a response decision. The rates are

presented as percentages of all records to which the measures were applied. The records included the selected samples of 50 closed protection incidents and 33 closed non-protection incidents.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 5: Assigning an Appropriate Response Priority	83	83	100%	0	0%
FS 6: Timeframe for Assigning an Appropriate Response Priority	83	72	87%	11	13%
FS 7: Making an Appropriate Response Decision	83	81	98%	2	2%
FS 8: Making a Response Decision Consistent with the Assessment of the Report	83	79	95%	4	5%
FS 9: Timeframe for Making an Appropriate Response Decision	83	76	92%	7	8%
FS 10: Supervisory Approval of the Response Decision	83	76	92%	7	8%

Safety Assessment and Safety Plan

The table below provides compliance rates for measures FS 11 to FS 15, which has to do with completing a Safety Assessment, making a safety decision, and developing a

Safety Plan. The rates are presented as percentages of all records to which the measures were applied. The records include the sample of 50 closed protection incidents. The note below the table provides the numbers of records for which the measures were assessed as not applicable and explain why.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 11: Completing the Safety Assessment Process*	45	38	84%	7	16%
FS 12: Completing the Safety Assessment Form*	45	12	27%	33	73%
FS 13: Making a Safety Decision Consistent with the Safety Assessment*	45	39	87%	6	13%
FS 14: Involving the Family in the Development of a Safety Plan**	39	29	74%	10	26%
FS 15: Supervisory Approval of the Safety Assessment and the Safety Plan*	45	34	76%	11	24%

*5 records were deemed not applicable due to the incidents being screened out for protection responses.

**5 records were deemed not applicable (same reasons above) and 6 records were deemed not applicable because safety factors were not identified in the Safety Assessments.

Vulnerability Assessment

The table below provides compliance rates for measures FS 16 to FS 18, which has to do with completing a Vulnerability Assessment form and determining the vulnerability level. The rates are presented as percentages of all records to which the measures were applied. The records include the sample of 50 closed protection incidents. The note below the table provides the numbers of records for which the measures were assessed as not applicable and explain why.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 16: Completing the Vulnerability Assessment Form*	45	40	89%	5	11%
FS 17: Timeframe for Completing the Vulnerability Assessment Form *	45	14	31%	31	69%
FS 18: Determining the Final Vulnerability Level *	45	41	91%	4	9%

*5 records were deemed not applicable due to the incidents being screened out for protection responses.

Protection Services

The table below provides compliance rates for measures FS 19 to FS 20, which has to do with making an appropriate decision about the need for ongoing protection services

and obtaining supervisory approval of the decision. The rates are presented as percentages of all records to which the measures were applied. The records include the sample of 50 closed protection incidents. The note below the table provides the numbers of records for which the measures were assessed as not applicable and explain why.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 19: Making an Appropriate Decision on the Need for Protection Services *	45	41	91%	4	9%
FS 20: Supervisory Approval of the Decision on the Need for Protection Services *	45	41	91%	4	9%

*5 records were deemed not applicable due to the incidents being screened out for protection responses.

Family and Child Strengths and Needs Assessment

The table below provides compliance rates for measures FS 21 and FS 22, which have to do with completing a Family and Child Strengths and Needs Assessment and obtaining supervisory approval for that assessment. The rates are presented as percentages of all records to which the measures were applied. The records included the samples of 53 open FS cases and 18 closed FS cases.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 21: Completing a Family and Child Strengths and Needs Assessment	71	15	21%	56	79%
FS 22: Supervisory Approval of the Family and Child Strengths and Needs Assessment	71	12	17%	59	83%

Family Plan

The table below provides compliance rates for measures FS 23 to FS 26, which has to do with developing a Family Plan, integrating the Safety Plan into the Family Plan and obtaining supervisory approval for the Family Plan. The rates are presented as percentages of all records to which the measures were applied. The records included the samples of 53 open FS cases and 18 closed FS cases.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 23: Developing a Family Plan with the Family	71	7	10%	64	90%
FS 24: Integrating the Safety Plan into the Family Plan	71	3	4%	68	96%
FS 25: Timeframe for Completing the Family Plan and Integrating the Safety Plan	71	2	3%	69	97%
FS 26: Supervisory Approval of the Family Plan	71	7	10%	64	90%

Vulnerability Re-assessment and Re-unification Assessment

The table below provides compliance rates for measures FS 27 and FS 28, which have to do with the completion of either a Vulnerability Re-assessment or a Reunification Assessment and the timeframe for completing either assessment. The rates are presented as percentages of all records to which the measures were applied. The records included the samples of 53 open FS cases and 18 closed FS cases.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 27: Completing a Vulnerability Re-Assessment or a Re-Unification Assessment	71	10	14%	61	86%
FS 28: Timeframe for Completing a Vulnerability Re-Assessment or a Reunification Assessment	71	6	8%	65	92%

Ending Protection Services

The table below provides compliance rates for measures FS 29 and FS 30, which have to do with ending protection services. The rates are presented as percentages of all records to which the measures were applied. The records included the selected sample of 18 closed FS cases.

Measure	Applicable	Achieved #	Achieved %	Not Achieved #	Not Achieved %
FS 29: Making an Appropriate Decision on Ending FDR Protection Services or Ongoing Protection Services	18	6	33%	12	67%
FS 30: Supervisory Approval of Decision on Ending FDR Protection Services or Ongoing Protection Services	18	10	56%	8	44%

8. ACTION TAKEN TO DATE

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

- On June 9, 2015, the team leaders, managers and consultants for all delegated program areas completed a half day of training on best practices related to case documentation;
- On December 09, 2014, the team leaders from all program areas began a 10 day supervision/leadership training program delivered by an agency contractor over the course of 12 months. This training will be completed by the end of 2015.

9. ACTION PLAN

On June 30, 2015, the following action plan was developed in collaboration between Vancouver Aboriginal Child & Family Services and MCFD Office of the Provincial Director of Child Welfare (Quality Assurance & Aboriginal Services):

Actions	Person Responsible	Completion date
<p>Child Service</p> <ol style="list-style-type: none"> 1. Delegated staff within the child protection program will receive training on the domains of care plans, the requirements for child service case documentation, and the requirements and process (ICM) for submitting reportable circumstances reports. The importance of recording supervisory consultations and approvals will also be reviewed. 	<p>Bernadette Spence (with Gary Cheney, Aboriginal Services, MCFD)</p>	<p>October 31, 2015</p>
<p>Family Service</p> <ol style="list-style-type: none"> 2. Delegated staff within the child protection program will receive training on collaborative case management practices and the requirements for incident and family service case documentation (including SDM tools). 3. The agency will develop a tracking system to monitor the completion of the SDM tools and Family Plans associated with open incidents and ongoing family services cases. The populated tracking system will be provided to the office of the Provincial Director of Child Welfare. 	<p>Bernadette Spence (with Gary Cheney, Aboriginal Services, MCFD)</p> <p>Bernadette Spence</p>	<p>October 31, 2015</p> <p>December 31, 2015</p>

SIGNATURE PAGE: Vancouver Aboriginal Child & Family Services Society



August 28, 2015

Alex Scheiber
Deputy Director of Child Welfare, MCFD

Date