

**ABORIGINAL SERVICES LEVEL 13 OR C4 PRACTICE AUDIT
REPORT**

SECWPEPMC CHILD AND FAMILY SERVICES (IEC)

Field Work Completed: May 3, 2006

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May 11, 2006

ABORIGINAL SERVICES LEVEL 13 OR C4 PRACTICE AUDIT REPORT

Secwepemc Child and Family Services (IEC)

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ABORIGINAL SERVICES LEVEL 13 OR C4 PRACTICE AUDIT REPORT

Secwepemc Child and Family Services (IEC)

1. PURPOSE

The purpose of the audit is to improve and support practice regarding child protection, guardianship, family service and resources for children in care. 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. Although this is the second audit for the agency, this report should be seen as a platform for improvement.

The specific purposes of the audit are:

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

The audit is being conducted using the Aboriginal Audit Tool developed by Aboriginal Services Branch. Audits of delegated agencies providing child protection, guardianship, family services and resources for children in care will be conducted according to a three-year cycle.

2. METHODOLOGY

Field work was conducted from April 24 – May 3, 2006 by one auditor. As has already been stated, this is the second audit for Secwepemc Child and Family Services (the agency). In April 2005, an audit was conducted of child service files only. In this audit, it was determined to audit all three programs the agency provides namely, child service, family service and resources for children in care. As the child service files had been audited only 1 year ago, it was decided to audit these files dating back only 1 year. The other 2 programs, family service and resources, were audited dating back the usual 3 years. Only work completed by the agency was audited.

The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data and generate office summary compliance reports and a compliance report for each

file audited. A sample size of 30% was obtained. In all, 44 files were audited. Cases were randomly selected from a total of 143 open files. These cases were selected to ensure that a cross representation of files from each team member was reviewed.

During the second day of the audit, this auditor met with the Executive Director to review the audit purpose and process. Throughout the audit, this auditor discussed with various team members the audit purpose and process. This auditor also met individually with 7 team members. These team members included 3 supervisors; 1 case worker, 1 family support worker, the resource worker and the office manager. Towards the end of the audit, this auditor met with the Executive Director and the supervisor of the intake team to discuss the preliminary findings. At the end of the audit, this auditor met with available staff to discuss the general findings of the audit. At this meeting, the next steps of the audit process were discussed including the report and the recommendations process.

3. AGENCY OVERVIEW

a) Delegation

The agency is currently delegated at Level 13 or C4 Guardianship. The agency has been at C4 delegation since February 2004. This level of delegation enables the agency to provide the following services:

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

Although the agency was granted Guardianship delegation in February 2004, individual staff members were not delegated at C4 delegation. In April 2005, interim delegation was granted to senior staff to enable the provision of delegated services, while completing their field placements. All staff, but one, are now delegated at C6 Child Protection delegation.

b) Demographics

Secwepemc Child and Family Services began operation in 2000. It is located on Kamloops Indian Band, just north of the city of Kamloops on Highway 5. The agency provides on reserve services to 7 communities. These communities are Adams Lake, Bonaparte, Kamloops, Neskonlith, North Thompson, Skeetchstn and Whispering Pines. The communities are located within the interior of the province extending East to Salmon Arm, West to Cache Creek, and North to Clearwater. These communities are part of the Secwepemc Nation. There are approximately 2146 registered on reserve band members for these 7 communities (Source: *Registered Indian Population by Sex and Residence*

2005, Indian and Northern Affairs Canada, March 2006).

The agency works with local Ministry of Children and Family Development (MCFD) offices located in Kamloops, Salmon Arm, Clearwater and Ashcroft. The agency itself has developed its own resources such as the family support team and art therapist to draw from in order to provide services to community members they work with. The agency is also able to utilize the services of the child and youth mental health in Kamloops and alcohol and drug services available through the bands.

Agency staff also work in conjunction with the social development workers from each of the seven communities that represent their clients in order to access other services such as education, public health, recreation and cultural events. The agency is in close proximity to the RCMP station which is located on the same lands as the agency as well as the Sk'elep School of Excellence, the local elementary school also found on Kamloops Indian Band lands.

In 2004, the agency accepted guardianship responsibilities for those children of member bands who were in care via a Continuing Custody Order (CCO). The first group of CCO files was transferred from MCFD to the agency around February 2004; the rest were transferred approximately 6 months later. At the time of the audit, the agency had 42 open registered resource files, 38 open family service files, and 63 open child service files. Services are delivered primarily to those registered children and families on reserve, but there is a contract with MCFD to provide services to those children who do not reside on reserve. Currently, 25 of the 63 open child service files are funded by MCFD.

The agency is located in an office building which houses the child and family services department as well as another department of the Kamloops Indian Band. These two departments do not share any administrative support or common areas except for the main entrance. The agency does not share its office space with any other service providers. With the current size of the staff, the office is at capacity for appropriate social worker space. Also, at issue for the current office space is that the inside of the office is organized using cubicles and partition walls. This does not promote private or confidential conversations, nor does it provide staff with a sense of safety or security. Office space is of major concern and the agency is currently working with the Kamloops Indian Band to provide space on Band land for placement of a modular building that the agency hopes to lease. Discussions were held as to possible offices for the agency off reserve, but the Board is firm that the agency needs to be housed on reserve. As the agency looks forward to moving to Level 15 or C6 Child Protection Delegation, it is recognized that appropriate housing will need to be established before the next step can take place.

The agency's Board of Directors consists of 14 members. Each member community appoints 2 members to the Board. The Board meets on a monthly basis. In winter, the meetings are held at the office of the agency. During the summer months, the meetings take place in the various communities.

c) Professional Staff Complement

The agency has undergone several changes in the past year. In September 2005, a new Executive Director was hired. Several new staff joined the agency in the past year, and the agency is currently functioning with a full staff complement.

The agency currently consists of one Executive Director, two supervisors, six caseworkers, three family support workers, one resource worker, one in house art therapist, one office manager, two administrative assistants, and one full time and one part time financial administrator. The agency's financial administrator is presently on leave and has been replaced by 1.4 temporary staff.

Until January 2006, the agency was made up of 2 distinct teams. There was the family caseworker team and a family support team. One supervisor supervised both teams. The resource worker and the art therapist reported to the Executive Director. In January 2006, 3 distinct teams were formed, each having their own supervisor. There was the intake team, guardianship team and family support team. The supervisors also carried reduced caseloads. During the audit (April 2006), the supervisor for the guardianship team left the agency. The agency is currently reviewing its' staffing situation and is considering operating with two supervisors, instead of three supervisors. The current supervisor for the intake team would become responsible for the intake and guardianship teams. The present supervisor for the family support team would remain responsible for that team. Whether the intake and guardianship teams would remain as distinct teams or whether they would become one team, has not as yet been decided. The resource worker would also report to the intake and guardianship supervisor instead of to the Executive Director. However, no firm decisions have as yet been made regarding the future structure of the agency.

Before the changes in January 2006, the caseworkers had general caseloads. As already stated, since January 2006 workers have been assigned specialized caseloads. Supervisors and caseworkers this auditor spoke with indicated they preferred specialized caseloads to general caseloads.

The current intake team consists of three caseworkers. The work of the intake team is to assess the calls coming into the agency. When information received is of a protection nature, the information is referred to MCFD for investigation. The team works closely with MCFD in Kamloops, Ashcroft, Clearwater and Salmon Arm during the investigative process as well as providing support to families where needed. When the information received is of a non-protection nature but support/assistance is needed, the intake team determines who best can provide the needed service. Where it is determined that the agency can best provide the service, this team continues to work with the family. This team also is responsible for children coming into care via a Non-Protection Voluntary Care Agreement or Special Needs Agreement. The supervisor stated that this team has just begun to complete Support Services Agreements when working with families. If a family support worker is needed to work with families, a referral is made to the family

support team. As already stated, the agency only provides family service for member bands whose members reside on reserve.

The current guardianship team consists of three caseworkers. The guardianship team is responsible for the children of member bands who are in care through a Continuing Custody Order. The team is responsible for these children regardless of whether they reside in a resource on or off reserve. If a support worker is needed to assist these children and/or their families, a referral is made to the family support team.

The family support team consists of one supervisor and three family support workers. The family support team receives referrals from the caseworkers and works with children and families on areas such as culture, youth issues, schooling, parent-teen conflict and other preventative measures. They provide bi-monthly reports to the caseworkers. There currently is a plan for one of the support workers to become the resource worker. This move is expected to take place in the fall 2006, after the worker has had the necessary delegation training. This will leave the family support team with only 2 workers. However, as already stated, the supervisor also carries a reduced caseload.

The resource worker recruits, approves and supports residential resources for children in the agency's care. These resources are First Nations and are recruited both on and off reserve. A number of the current residential resources in which the agency's children reside are MCFD homes, in which case MCFD is responsible for these homes. There is a plan for the current resource worker to become a therapist with the agency.

This move is expected to take place in fall 2006.

The in house art therapist also receives referrals from the case workers. He provides art therapy services only to children and families who receive service from the agency.

4. STRENGTHS

The following strengths of the agency and of the agency's practice were identified by agency staff that the auditor interviewed during the course of the audit:

Stable and committed staff - staff interviewed described the agency's staff as being committed and dedicated to the work they are involved in. Staffing has also been fairly stable in the past year showing a commitment to the work of the agency.

Positive working environment – Staff is supportive of each other and assists each other whenever possible. Most staff members are well educated and a number have extensive work history in related areas. Staff also indicated that they agency encourages and supports ongoing professional development training.

Delegated staff – currently the Executive Director, the supervisor for the intake and guardianship teams and all of the caseworkers have the appropriate delegation required for the work they are involved in.

Communication with MCFD – for the most part there is good communication and a good working relationship with the four MCFD offices the agency is involved with. At times MCFD's and the agency's view on how cases should be dealt with differ, but for the most part these differences are addressed and a decision, agreeable to both parties, is arrived at.

Good working relationship with individual communities – for the most part, there are good working relationships with the communities. The communities are different and are recognized as having specific strengths and challenges. The communities are changing and healing and becoming more responsible for their own people. The agency attempts to work with each community in supporting them in this process. Staff report no safety issues when working in the communities.

Long Term Placements – although most of the children in care were placed in their current placements by MCFD, they continue to reside in these homes. This would indicate that the agency has supported the caregivers and the children in order to maintain these placements.

Organization of physical files – in the previous audit, the organization of the physical child service files was a concern. Much improvement has been made during the past year, and all the physical files were in good order with documents being grouped into sections, in chronological order. Also, all of the files were appropriately labeled with the names of the clients.

Services provided – the agency and other organizations provide a variety of services which families can engage in. These services greatly assist staff in their work with clients.

Culturally sensitive, creative and collaborative approach – the agency's practice is to be culturally sensitive and allow for and encourage new and creative measures to be used in assisting families and communities. Also, as much as possible, power is given to the families and communities to address their specific issues and the role of the agency is to support them through this process.

Least intrusive measure used – the agency and its' staff are committed to using the least intrusive approach in working with families, while ensuring the safety of children.

Changes in agency – many of the staff are pleased with the recent changes that have been made in the agency. These changes include the forming of 3 teams, the development of clear expectations for staff, and the agency becoming more accountable for the services it is mandated to provide, etc.

Communications - the agency produced its' first newsletter in February 2006. It is hoped that through this newsletter the communities and other agencies will become more familiar with the agency and their work. The agency hopes to produce newsletters on a

quarterly basis. The agency is also in the process of establishing a website, which is expected to be in place shortly. It is hoped that through this website the community at large will become more knowledgeable of the agency and the services provided by the agency.

5. CHALLENGES FACING AGENCY

The following challenges facing the agency were identified by agency staff that this auditor interviewed during the course of the audit:

Training – although staff stated the agency provided funding for professional development training, not all of the necessary training required for their ongoing work was provided them, i.e. CPOC, etc.

Changes in the agency – there have been a number of changes in the agency. In September 2005, a new Executive Director joined the agency. In January 2006, a new structure was developed in the agency. In April 2006, one of the supervisors left the agency. The newly developed structure will need to be revised again. Also, when the new Executive Director joined the agency, he made certain changes regarding the functioning and direction of the agency. These changes were not seen as favorable by all staff and conflict occurred between the Executive Director and certain staff. This conflict has been difficult for all staff and it has taken an emotional toll on everyone working for the agency.

Advising MCFD and communities of services provided by agency – it is a challenge ensuring that MCFD and the communities are aware of the services provided by the agency. At times MCFD and the communities are not fully aware of the mandate of the agency and services provided by the agency. It has also been a challenge keeping MCFD and the communities advised of changes in the agency.

MIS a real problem – the MIS system has been and continues to be a real problem. It is very difficult to enter or retrieve information that is needed to do the work.

Recruiting and training of foster homes – the resource worker advised there is a real shortage of resources. It has been difficult recruiting new resources. It has also been a real challenge getting caregivers to attend the training. Only a small number have participated in the training provided caregivers.

Large geographic area – considerable travel is required by agency staff to provide services to member bands. The amount of travel necessary can become wearisome for staff.

Office Space – as has already been stated, there are difficulties with the current office space. The file room is very small and there is not capacity to store all the files. The agency is in the process of offsiteing some of the closed files, but even after this is

complete, it is unlikely there will be enough space for the current ongoing files. Efforts are being made to secure more appropriate office space for the agency.

Level 15 or C6 – the agency is hoping to move to Level 15 or C6 child protection in the near future. It will be a challenge for the agency to move to the next level of delegation.

Accountability – some staff stated that the agency has not always been accountable for the work mandated them and although they are looking forward to the agency becoming more accountable, it is also seen as a challenge.

Working with Board of Directors – some of the Board members are also the band social development workers. The agency works closely with each band's social development workers and at times it can be difficult for the Board members to keep their roles as band social development workers separate from their roles as Board members.

6. IDENTIFIED AREAS FOR IMPROVEMENT:

- Documentation on family service files
- Documentation on child service files
- Plans of care
- Documentation on resource files

Documentation on Family Service files

In the family service files, some of the documentation missing on the physical files includes the Support Services Agreements and the reviews of family service plans. Also, in 2 files, an initial Voluntary Care Agreement (VCA) had been entered into for longer than 6 months. In one case a VCA had been signed for 1 year; in the other case a VCA had been signed for 2 years. The supervisor for the intake team advised that the team had just begun to do opening recordings and Support Services Agreements. The supervisor was aware of the time limitation when entering into an initial VCA.

Documentation on Child Service files

In the child service files, some of the documentation missing on the physical files included discussing the rights of children and the discipline policy with both child and caregiver, providing medical care for child in care, social worker's contact with the child, and lack of monitoring child's plan of care.

In the audit completed last year, no plans of care completed by the agency were found on the files. In this audit, 7 plans of care completed by the agency were located on the files. However, on more than half of the physical files audited either no plans of care could be located, or on the files with a plan of care, the plans of care were only partially completed.

Documentation on Resource files

There was little documentation on the physical resource files. This lack of documentation included lack of orientation provided to caregivers, lack of home studies completed, lack of training provided caregivers, lack of signed agreements, lack of providing caregivers with written information on the child, lack of record of children in the resource and lack of monitoring and reviewing homes. There was no documentation on these files to indicate if the resource was a MCFD home or an agency home, making it difficult to determine who had responsibility for the file. In discussing this situation with the resource worker, she advised that basic information regarding these files had been requested from MCFD, but this information had not as yet been received. According to the worker, MCFD has been very busy and has not had an opportunity as yet to provide her with this information. In regards to resource files listed on MIS, it appears that the same resource files are open to both MCFD and the agency. Although these are MCFD homes, they are also listed under the agency's resource worker's caseload number. This auditor is not certain whether this is the usual practice, or if this situation needs to be addressed.

In regards to homestudies, the resource worker stated that home studies had been completed on those homes approved by the agency, but the homestudies have not been placed on the resource file. These homestudies were kept in another folder. The plan was to get these home studies typed and then placed on the resource file. The home studies have not yet been typed and therefore remain in a separate folder.

On a number of files, the agreements had expired and it was difficult to determine whether the home was or was not being used, or whether agreements needed to be renewed. There were also no records on the files of the names of children that had been placed in the home, so it was very difficult to determine if children were currently residing in the home. Again, the worker stated this information which was kept in a separate folder. She would check this folder to see which home had capacity when a resource was needed. In regards to monitoring of homes, there were no records on the files of any contact between the caregiver and the resource worker. The worker advised that she had ongoing contact with the caregivers, but again these notes were kept elsewhere. In regard to reviews of homes, the worker stated she had not completed any reviews as she had just recently learned that annual reviews of homes were necessary. In regard to providing the caregiver with written information on the child, the worker indicated that she had provided the caregivers with a copy of the relevant items on the snapshot. Again, this documentation was not on the file, but in a folder. The resource worker advised this auditor that she had not received any training in resources until February 2006, when she spent a 5 day placement with MCFD. She stated she found the training with MCFD very helpful and wished she had received this training when she originally became the resource worker, several years ago. The Executive Director acknowledged that, due to the time demands in focusing on other issues in the agency, he had not yet reviewed the resource files and had provided little support and direction to the resource worker. The lack of documentation on the resource files was discussed with the resource worker, the new prospective supervisor and the Executive Director. The

agency began addressing this issue while this auditor was still conducting the audit.

7. COMPLIANCE TO THE THREE PROGRAMS AUDITED

One auditor audited the child service files, family service files and resource files at Secwepemc Child and Family Services. The 'not applicable' scores are not included in the total.

A) COMPLIANCE TO CHILD SERVICE PRACTICE

Twenty (20) child service files were audited. Overall compliance to the child service standards was **42%**. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, Level 13 or C4 Guardianship including, but limited to:

- The quality and adequacy of the plan of care
- The frequency and adequacy of the care plan review
- The level of contact with the child
- Placement stability and deciding when and where to move a child
- The rights of children in care
- The level of file documentation

The following provides a breakdown of the compliance ratings:

- 1. Standard 14: Assessment of Risk Prior to a Returning a Child in Continuing Care to his/her Home (AOPSI Standard 14) – no files applicable.**
- 2. Standard 15: Assessment of Risk when a Continuing Custody Order is to be cancelled (AOPSI Standard 15) – no files applicable.**
- 3. Standard 16: Permanency Planning (AOPSI Standard 16) – no files applicable.**
- 4. Standard 17: Preparation for Independence (AOPSI Standard 17) – 5 files (100%) compliant; 15 files not applicable.**
- 5. Standard 35: Interviewing the Child about his/her Care Experience (AOPSI Standard 19) – 1 file (33%) compliant; 2 files (67%) non-compliant; 17 files not applicable.**
- 6. Standard 19: Case Closure for Children in Continuing Custody (AOPSI Standard 20) – no files applicable.**
- 7. Standard 20: Responsibilities to the Public Trustee (AOPSI Standard 22) – 1 file (100%) compliant; 19 files not applicable.**

8. **Standard 23: The Rights of Children in Care** (AOPSI Standard 23 Level 12) – 6 files (33%) compliant; 12 files (67%) non-compliant; 2 files not applicable.
9. **Standard 24: Process for Determining the Needs of the Child** (AOPSI Standard 24 Level 12) – 3 files (100%) compliant; 17 files not applicable.
10. **Standard 25: Biographical Information and Family History** (AOPSI Standard 26 Level 12) – 3 files (100%) compliant; 17 files not applicable.
11. **Standard 26: Development of the Comprehensive Plan of Care** (AOPSI Standard 3) – 1 file (33%) compliant; 2 files (67%) non-compliant; 17 files not applicable.
12. **Standard 27: Monitoring of the Child's Plan of Care** (AOPSI Standard 5) – 6 files (43%) compliant; 8 files (57%) non-compliant; 6 files not applicable.
13. **Standard 28: Informing the Child and Caregiver about Appropriate Discipline Standards** (AOPSI Standard 9) – 3 files (17%) compliant; 15 files (83 %) non-compliant; 2 files not applicable.
14. **Standard 29: Deciding Where to Place a Child** (AOPSI Standard 10) – 2 files (50%) compliant; 2 files (50%) non-compliant; 16 files not applicable.
15. **Standard 30: Deciding to Move the Child in Care** (AOPSI Standard 12) – 2 files (50%) compliant; 2 files (50%) non-compliant; 16 files not applicable.
16. **Standard 31: Planning a Move for a Child** (AOPSI Standard 13) – 4 files (80%) compliant; 1 file (20%) non-compliant; 15 files not applicable.
17. **Standard 32: Reportable Circumstances** (AOPSI Standard 18) – no files applicable.
18. **Standard 33: When a Child or Youth is Missing, Lost or Runaway** (AOPSI Standard 7) – 2 files (100%) compliant; 18 files not applicable.
19. **Standard 34: Providing Initial and Ongoing Medical and Dental Care for a Child in Care** (AOPSI Standard 36 Level 12) – 8 files (44%) compliant; 10 files (56%) non-compliant; 2 files not applicable.
20. **Standard 35: The Social Worker's Relationship and Contact with a Child in Care** (AOPSI Standard 6) – 4 files (21%) compliant; 15 files (79%) non-compliant; 1 file not applicable.
21. **Standard 36: Case Transfer** (AOPSI Standard 39 Level 12) – 8 files (100%) compliant; 12 files not applicable.

22. **Standard 37: File Closure** (AOPSI Standard 20) – no files applicable.
23. **Standard 39: Recording and Documentation of Children in Care Files** (AOPSI Standard 21) – 3 files (16%) compliant; 16 files (84%) non-compliant; 1 file not applicable.
24. **Standard 21: Investigating Allegations of Abuse or neglect of Child in Care in Family Care Homes** (AOPSI Standard 20 Level 12) – no files applicable.
25. **Standard 22: Quality of Care Review of a Family Care Home** (AOPSI Standard 21 Level 12) – no files applicable.

B) COMPLIANCE TO FAMILY SERVICE PRACTICE

Eleven (11) family service files were audited. Overall compliance to the family service standards was **69%**. The files were audited for compliance to the Aboriginal Operations and Practice Standards and Indicators, Level 13 or C4 family service including, but not limited to:

- Information and referral for service
- Supervisors approval regarding voluntary service
- Family Service Plan and components for support
- Review of Family Service Plan
- Support Service Agreements with families
- Voluntary and Special Need Agreements
- File documentation

The following provides a breakdown of the compliance ratings:

1. **Standard 1-3: Receiving requests for service** (AOPSI Standard 1-3 Level 12) – 10 files (100%) compliant; 1 file not applicable.
2. **Standard 4: Information and referral for services** (AOPSI Standard 4 Level 12) – 10 files (100%) compliant; 1 file not applicable.
3. **Standard 5: Interagency coordination** (AOPSI Standard 5 Level 12) – 4 files (100%) non-compliant with a factor; 7 files not applicable.
4. **Standard 6: Supervisory approval regarding voluntary services** (AOPSI Standard 6 Level 12) - 10 files (100%) compliant; 1 file not applicable.
5. **Standard 7: Family service plan rationale and components for support services, voluntary care, and special needs agreements** (AOPSI Standard 7 Level 12) – 10

files (100%) compliant; 1 file not applicable.

6. **Standard 8: Support service agreements with families** (AOPSI Standard 8 Level 12) – 2 files (33%) compliant; 4 files (67%) non-compliant; 5 files not applicable.
7. **Standard 9: Voluntary care agreements** (AOPSI Standard 10 Level 12) – 2 files (50%) compliant; 2 files (50%) non-compliant; 7 files not applicable.
8. **Standard 10: Special needs agreements** (AOPSI Standard 11 Level 12) - no files applicable.
9. **Standard 11: File documentation** (AOPSI Standard 12 Level 12) – 3 files (27%) compliant; 8 files (73%) non-compliant.
10. **Standard 12: Review of the family service plan** (AOPSI Standard 13 Level 12) - 1 file (20%) compliant; 4 files (80%) non-compliant; 6 files not applicable.
11. **Standard 13: Children with special needs** (AOPSI Standard 38 Level 12) - no files applicable.

C) COMPLIANCE TO RESOURCE FILE PRACTICE

Seventeen (16) resource files were audited. Overall compliance to the resource standards was **21%**. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, Level 13 or C4 resources including, but not limited to:

The following provides a breakdown of the compliance ratings:

- Application and orientation of caregiver
- Homestudy of caregiver
- Training of caregiver
- Signed Agreement with caregiver
- Providing caregiver with written information regarding child
- Monitoring and reviewing homes.

The following provides a breakdown of the compliance ratings:

1. **Standard 14: Application and orientation** (AOPSI Standard 14 Level 12) - 1 file (17%) compliant; 5 files (83%) non-compliant; 7 files not applicable.
2. **Standard 15: Homestudy** (AOPSI Standard 15 Level 12) - 1 file (20%) compliant; 4 files (80%) non-compliant; 8 files not applicable.
3. **Standard 16: Training of caregivers** (AOPSI Standard 16 Level 12) -7 files

(100%) non-compliant; 6 files not applicable.

4. **Standard 17: Signed agreement with caregivers** (AOPSI Standard 17 Level 12) - 6 files (55%) compliant; 5 files (45%) non-compliant; 2 files not applicable.
5. **Standard 18: Providing information on the child** (AOPSI Standard 18 Level 12) - 1 file (17%) compliant; 5 files (83%) non-compliant, 7 files not applicable.
6. **Standard 19: Monitoring and reviewing homes** (AOPSI Standard 19 Level 12) - 7 files (100%) non-compliant; 5 files not applicable.
7. **Standard 20: Investigating allegations of abuse or neglect of children in care in family care homes** (AOPSI Standard 20 Level 12) - no files applicable.
8. **Standard 21: Quality of care review of a family care home** (AOPSI Standard 21 Level 12) - no files applicable.
9. **Standard 22: Closure of the family care home** (AOPSI Standard 22 Level 12) – no files applicable.

8. RECOMMENDATIONS

Present: Julie Dawson, Director, Aboriginal Services Branch
Gary McDermott, Deputy Director, Aboriginal Services Branch
Denise Connell, Practice Analyst, Aboriginal Services Branch
Laurie Chapman, Practice Analyst, Aboriginal Services Branch
Steven Knudson, Executive Director, Secwepemc Child and Family Services
Trina Redman, Supervisor, Secwepemc Child and Family Services

Date: June 20, 2006

The following recommendations were developed in consultation with Secwepemc Child and Family Services, and MCFD Aboriginal Services Branch. A written response to the audit report will be provided within 30 days to MCFD Aboriginal Services Branch.

1. Secwepemc Child and Family Services will develop a work plan to address the outstanding areas of compliance. The work plan will include actions already taken by the agency to address the outstanding areas, as well the actions which will be undertaken to address the remaining areas of non-compliance. The work plan will include a timeframe for completion.
2. MCFD Aboriginal Services Branch will conduct a re-audit of the agency in September 2006. The re-audit will be of a limited scope and focus specifically on Child Service and Resource practice.

Julie Dawson
Director, Aboriginal Services Branch
Ministry of Children & Family
Development

Steven Knudsen
Executive Director
Secwepemc Child & Family Services

9. APPENDIX 1: AGENCY AUDIT COMPLIANCE REPORTS