

**ABORIGINAL SERVICES LEVEL 12/C3 PRACTICE AUDIT REPORT**

**Gitxsan Child and Family Services Society (IQG)**

**Field Work Completed August 18, 2006**

# **ABORIGINAL SERVICES LEVEL 12/C3 PRACTICE AUDIT REPORT**

## **Gitxsan Child and Family Services Society (IQG)**

<b>1. PURPOSE</b>	Page 3
<b>2. METHODOLOGY</b>	Page 3
<b>3. AGENCY OVERVIEW</b>	Page 4
a) Delegation	Page 4
b) Demographics	Page 4
c) Professional Staff Complement	Page 5
d) Supervision/Consultation	Page 6
<b>4. STRENGTHS OF AGENCY</b>	Page 7
<b>5. CHALLENGES FACING AGENCY</b>	Page 8
<b>6. DISCUSSION OF THE PROGRAMS AUDITED</b>	Page 9
a) Family Service Files	Page 10
b) Child Service Files	Page 10
c) Resource Files	Page 10
<b>7. COMPLIANCE TO THE PROGRAMS AUDITED</b>	Page 11
a) Compliance to Child Service Practice	Page 11
b) Compliance to Family Service Practice	Page 12
c) Compliance to Resource File Practice	Page 14
<b>8. RECOMMENDATIONS</b>	Page 15

# **ABORIGINAL SERVICES LEVEL 12/C3 PRACTICE AUDIT REPORT**

## **Gitxsan Child and Family Services Society (IQG)**

### **1. PURPOSE**

The purpose of the audit is to improve and support child service, guardianship, family service and investigative practice. 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. As this is the first 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 adequate level of service;
- To assist in identifying training needs;
- To provide information for use in updating and/or amending practice standards of policy.

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

### **2. METHODOLOGY**

Field work was conducted from August 14 – 18, 2006 by one auditor. 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. There were a total of 17 open family service files, 1 open child service file and 1 open resource file at the time of the audit. Thirteen of the 17 open family service files were audited. In view of the small number of open child service and resource files, some closed files were audited as well. The 1 open and 5 closed child service files were audited and the 1 open 5 closed resource files were audited. In total 25 files were audited. The agency also had 5 pending resource files, all of which were reviewed but not audited. Only the work conducted by the agency during the last 3 years was audited.

During the course of the audit, the auditor met with the executive director, the team leader, 3 social work staff, the social work team assistant and the executive assistant to review the audit purpose and process as well as to discuss office systems and procedures. At the conclusion of the audit, a meeting occurred with the executive director and

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 recommendations process. The week following the audit, the auditor also spoke on the telephone with 1 social worker, who was on vacation and not available during the audit.

### **3. AGENCY OVERVIEW**

#### **a) Delegation**

Gitxsan Child and Family Services Society (the agency) was formed in 1999 and received Level 12/C3 delegation in 2002. In 2004, the agency received Level 13/C4 delegation. The agency, however, has not as yet begun to do Level 13/C4 work. They are currently doing the work at Level 12/C3, and therefore the audit was conducted at Level 12/C3. Conducting the audit at Level 12/C3 was acceptable to all involved. Level 12/C3 delegation enables the agency to provide the following services:

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

#### **b) Demographics**

Gitxsan Child and Family Services Society is located on Gitxsan land in Hazelton. Hazelton is often referred to as “Old Hazelton”, so as to distinguish it from the town of New Hazelton, which is 7 km south of Hazelton. Hazelton is situated between Smithers and Terrace and approximately 3 km north off Highway 16. The distance between Hazelton and Smithers is 75 km, and the distance between Hazelton and Terrace is 140 km. The agency provides services to 6 communities. These communities are Gitanmaax, Gitanyow, Gitsegukla, Gitwangak, Glen Vowell, and Kispiox. These communities are located in relative close proximity to the agency and all are accessible by road. Travelling times to these communities varies from 15 minutes to 1 hour. All of these communities are part of the Gitxsan Nation. There are approximately 3127 registered on reserve band members for these 6 communities (statistics for June 2006, provided by the agency). The agency has its own building and there is sufficient space for present staff.

The agency works with the local Ministry of Children and Family Development (MCFD) in Hazelton, which is located just down the road from the agency. Although the agency’s main responsibility is to provide voluntary services to these communities, they also work with MCFD in relation to Gitxsan people living outside these communities. In addition, the agency is in contact with other MCFD offices and/or other agencies involved with Gitxsan children in foster care who are residing in various parts of B.C. as well as in Alberta and Manitoba. The agency assists in connecting these children with their families as well as being involved in cultural planning for them. The agency advised there are approximately 49 Gitxsan children in foster care.

The agency has developed some of its own resources through the family facilitators program as well as through contracting with 2 family support workers. However, one of the family support workers has been on leave for several months and it is unclear if and/or when this worker will be returning to this position. Also, in the past, in addition to providing training and workshops, the family facilitators also worked directly with families. Their mandate was recently changed and their focus is now on prevention through workshops and training. They no longer work directly with families. Some staff saw the family facilitator's discontinuance of direct work with families as a major loss, although, at the same time recognizing the importance of prevention programs.

The agency is also able to utilize the services of Child and Youth Mental Health, which is provided through MCFD. The worker in this program works out of the MCFD Smithers office and travels to Hazelton to provide this service. Alcohol and drug services are available in each community. Public health and some mental health services are also provided in the communities. Mental health services are also available in Smithers and Terrace. Staff advised there are often waiting lists for these services. Agency staff also works in conjunction with the social development workers from each of communities. The larger communities also have workers responsible for housing. All of the communities, except for Glen Vowell, have schools located in their communities. These schools provide education up to grade 7. For grades 8 –12, the children are bused to Hazelton. The RCMP for the area is located in New Hazelton. Other services in the area include medical and dental services, a hospital, and a fire department. Specialized medical services are available in Smithers and Terrace.

Protocols are in place with the local school, hospital and the Northern Aboriginal Agencies. Protocol discussions are underway with the RCMP and the communities. There is a protocol in place with MCFD, which is currently being revised.

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

At the time of the audit, the agency consisted of a executive director, a team leader, a community development coordinator, a family facilitator coordinator, 4 social workers, 6 family facilitators, a executive assistant, a social work assistant, a office administrator, and a receptionist/secretary – a total of 18 staff. There is also a finance administrator, who is working for the agency through contracted services. As already stated, the agency also contracts with 2 family support workers to provide services to families and children.

The family facilitators are located in the 6 communities and work specifically in their assigned communities. As already stated, in the past these facilitators provided training and workshops as well as working directly with families and children. This program has changed somewhat and the focus now is more on prevention through training and workshops.

The agency has had a considerable changeover of staff over the past 6 years. There have been approximately 6-7 team leaders. Some team leaders were hired by the agency, others were seconded from MCFD. The current team leader has been with the agency . There have also been a number of social workers over the years. Two of the current 4 social workers joined the agency . The other 2 workers have been with the agency for and years. During the course of the audit, the worker who has been with the agency for years, to take a position . At times, due to various reasons, there was only 1 social worker in the office that was responsible for the entire caseload. There has also been a turnover among the administrative support staff. The receptionist/secretary just went on leave and is being replaced with an auxiliary person. The executive assistant joined the agency ago. In the past, the work of the administrative support staff was generalized. Four months ago, a restructuring took place and each administrative support staff was assigned a specific area of work. The current social work assistant has been with the agency for years, but has only been in the current position for . All of the social workers, although they may have been with agency for only a short period of time, have extensive experience in working with families and children in other agencies or ministries. The team leader and three social workers have Level 13/C4 delegation. The other social worker is scheduled for delegation training in fall 2006.

Currently, all of the open files are listed under the caseload numbers of the two social workers who have been with the agency the longest. The plan is for the new social worker that is delegated, to take responsibility for some of these cases. The new social worker that is not delegated is currently working under the leadership of one of the delegated workers. This worker is looking forward to the delegation training and being able to assume more responsibility once the training is completed. Intake has been covered on a rotation basis by the delegated social workers. However, as already stated, one of the workers has now from the agency, so further changes may be made by the agency.

#### **d) Supervision/Consultation**

The agency has a number of meetings that involve most or all of the agency's staff. One such meeting is the annual meeting between the Board of Directors and agency staff, which is held in Terrace. The purpose of this meeting is for Board and staff to meet each other and to allow for input regarding future planning for the agency. Another meeting involving most staff is a weekly meeting where the focus is on checking how each person is doing, providing updates on events/programs occurring in each of the communities, discussing new initiatives, etc. There are also monthly management meetings. The management team consists of the executive director and team leader/coordinators. The executive director stated she also meets weekly with the team leader/coordinators.

There are also weekly intake meetings between the agency's social workers and MCFD to discuss cases involving Gitxsan clients. The team leader and social workers have not as yet developed scheduled meetings, but meet as the need arises. The plan is to develop

scheduled meetings as well as individual meetings between team leader and social workers.

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

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

- Commitment of staff – the agency's staff are committed to serving their clients and communities.
- Freedom for creativity – staff stated they are able to provide services in a creative manner.
- Culturally sensitive approach – the agency's practice is to be culturally sensitive in assisting families and communities.
- Staff supportive of each other – for the most part, staff are supportive of each other and assist each other whenever possible.
- Staff feeling as part of the team - having various meetings involving most/all agency staff assists staff in feeling part of a team.
- Majority of staff is First Nations - the majority of staff is First Nations. Several of the staff, including the executive director and team leader, are members of the Gitksan Nation and know the history, culture and language of the Nation. Some staff stated that being able to work with their own people was a real strength.
- Facilitators locally based – the family facilitators are locally based and provide services in the communities in which they reside.
- Organization of physical files – the physical files were in good order with the documents being grouped into sections, in chronological order. Also, filing was up to date.
- Services provided – the agency and other organizations provide a variety of services for families to engage in. These services greatly assist staff in their work with clients.
- Good working relationship with communities – for the most part, the agency has a good working relationship with the communities and the communities' development workers, and is striving to strengthen this relationship.
- Small geographic area – in comparison to many aboriginal agencies, the communities this agency serves are located in a relatively small geographic area and easily accessed.
- Sufficient office space – the agency has it's own building and there is sufficient space for current staff.
- Board of Directors – the Board consists of 6 members, one from each community. Some staff stated the Board is devoted and relatively knowledgeable about the work of the agency.
- Involved with Gitksan children in care - the agency is involved with Gitksan children in care residing in various parts of B.C. as well as in other provinces.
- No safety issues – there have been no safety issues with agency staff visiting the communities.

- Team Leader has good relationship with the communities – although the team leader has only been with the agency for \_\_\_\_\_, she advised she has a good working relationship with the communities. She is a member of the Gitksan Nation and the communities know her as she has worked with them in various capacities in the past.
- Agency’s interaction with other agencies – the agency is not isolated and interacts with a variety of agencies.
- Reorganization of administrative support staff - in the past, the work of the administrative support staff was more generalized. Four months ago, reorganization took place and each administrative support staff was assigned a specific area of work. This was seen as a positive change by the administrative support staff, in that the work is now more focused and more work is being completed.

## 5. CHALLENGES FACING AGENCY

The following challenges facing the agency and agency’s practice were identified by staff during the course of the audit:

- Lack of foster homes – there is a real shortage of foster homes. At the time of the audit, the agency had just approved it first foster home. There are several Gitksan foster homes in the area, but they are fostering for MCFD.
- Lack of stability of staff – over the years there has been a considerable turnover of staff. At the present time there is a full complement of staff, however one social worker has \_\_\_\_\_, so this position will need to be filled.
- Staff not supported by executive staff – some staff felt that executive staff was not always supportive of work being done.
- Board of Directors - some staff stated that not all board members are familiar with the work mandated the agency. It is seen as a challenge educating board members regarding the mandated work of the agency.
- Providing services in a traditional method without compromising the safety of children - it can be a challenge providing services in a traditional method while at the same time ensuring the safety of children.
- Development of protocols – although the agency has developed protocols with some agencies, it has been a challenge developing protocols with other agencies and the 6 communities. Staff felt that once the protocols are in place, they would have an easier time working with the agencies and communities.
- Aiming for all Gitksan staff – some staff stated the agency is aiming to employ staff who are members of the Gitksan Nation. Although this can be seen as a strength, it can also be a challenge. Finding qualified staff is certainly a challenge. Working with one’s own people can also be stressful and demanding.
- Educating communities re mandate of agency - at times the communities expect the agency to perform functions it is not mandated to provide. It is an ongoing process educating the communities of the role and mandate of the agency.

- Working relationship with MCFD – over the years, there has not always been a good working relationship between the agency and MCFD. The agency is making efforts to develop a closer relationship with MCFD.
- Training – some staff felt there was not enough training being offered them. In the past there was more training, but recently, it has been the executive director and the Board who has attended the training, not the staff.
- Working relationship between the communities and MCFD – the relationship between the communities and MCFD has at times been strained. The agency is making efforts to assist in developing better relationships between the communities and MCFD.
- Limitations of agency – staff stated that at times it is frustrating having to advise clients that their concerns/requests cannot be met by the agency and that a referral will have to be made elsewhere. It can be a challenge working within the limitations of the agency’s mandate.
- MIS a real problem – there are ongoing problems in accessing the MIS system. This has made it difficult to enter or retrieve information that is needed to do the work.
- Moving to Level 13/C4 work – the agency is looking forward to accepting work at Level 13/C4. They are currently in discussion with MCFD regarding moving to this next level.
- New staff in agency – a number of new staff have joined the agency in past few months. Although these staff have experience in related work, it is still a challenge bringing them up to speed in relation to the work of the agency.
- Challenges facing communities – some of the challenges the communities are facing include alcohol abuse, drug abuse and sexual abuse. The agency is attempting to assist the communities in addressing these issues.
- Clients accessing services outside of communities – many of the clients have limited transportation, and it is a challenge for the agency to refer clients to services outside of their communities.
- Services offered by family facilitators – in the past the family facilitators provided training and workshops as well as working directly with families. The focus of their work has changed and they no longer work directly with families. Some staff saw this a major loss of service and it will be a challenge to find services that will work directly with families.

## **6) DISCUSSION REGARDING THE THREE PROGRAMS AUDITED**

As already stated, the audit reflects the work done by the agency over the past 3 years. In the family service program, all of the files audited were open files. In the child service and resource programs there were only 2 open files, so the majority of files audited were closed files. Lack of documentation on some of the physical files was an issue, however, an improvement in documentation was noted.

### **a) Family Service Files**

As already stated 13 of the 17 open family service files were audited. In a number of family service files audited, documentation not located on the files included family service plans, Support Service Agreements, reviews of family service plan, and reports from service providers/agencies to whom families had been referred for service.

### **b) Child Service Files**

As already stated 1 open child service file and 5 closed child service files were audited. In the open child service file and several of the closed child services files, voluntary care/special needs agreements were entered into for the purpose of providing respite for these children. In 2 files, respite resources were not available when the agreements were entered into. In fact, respite resources were never located in these 2 files. In 1 case, the voluntary care agreement was renewed even though no resource was available.

Furthermore, child service files were opened for children receiving respite services. Respite services are seen as support services to the family and therefore can be provided through the family service files. It is not necessary to open child service files in these situations.

In the cases where children were placed into a resource, not all documentation was located on the child service physical files. Documentation not located on some of the files included the development of a comprehensive plan of care, informing the child and the caregiver of rights of children in care and discipline policy, deciding where to place a child and planning a move for the child, social worker's contact with the child, providing medical and dental care for the child, and interviewing the child about his/her in care experience.

### **c) Resource Files**

There had been concerns expressed regarding the pending resource files and whether they were being dealt with in a timely manner. This auditor reviewed, but did not audit, the 5 pending resource files. Appropriate documentation was located on all the files. The oldest file had been open only since March 2006, with the other files having been opened since then. On all of the files, the agency had provided the prospective caregivers with the necessary information/documentation and the agency was either waiting for the completed documents to be returned or was in the process of undertaking the next steps in the approval process. From the information available in the files, it appears these files were being dealt with in a timely manner.

There had also been concerns expressed regarding the closure of resource files and whether they had been appropriately closed. As already stated, 1 open and 5 closed resource files were audited. In all of the closed resource files audited, no homestudies had been completed and reasons for closing these files were documented. These reasons included

From the information available on the files, it appears these files were appropriately closed.

It should be noted that as only 1 of the resource files audited had been approved, the statistical information obtained from auditing these resource files was very limited.

## **7. COMPLIANCE TO THE PROGRAMS AUDITED**

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

### **a) Compliance to Child Service Practice**

**Six (6)** Child Service files were audited. One child service file was open, 5 were closed. The overall compliance was 49%. These files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, Level 12/C3 child service including:

- The rights of children in care;
- Process for determining the needs of the child;
- Biographical information and family history;
- Development and monitoring of child's plan of care;
- The level of contact with child;
- Placement of child;
- Initial and ongoing medical and dental care for children in care;
- Preparation for independence;
- Interviewing child about his/her care experience;
- Recording and documentation of children in care files.

The following provides a breakdown of the compliance ratings:

1. **Standard 22: The rights of children in care** (AOPSI Standard 23 Level 12) – 4 files (100%) non-compliant; 2 files not applicable.
2. **Standard 23: Process for determining the needs of the child** (AOPSI Standard 24 Level 12) – 6 files (100%) compliant.
3. **Standard 24: Biographical information and family history** (AOPSI Standard 26 Level 12) – 6 files (100%) compliant.
4. **Standard 25: Development of the comprehensive plan of care** (AOPSI Standard 3 Level 13) – 2 files (50%) compliant; 2 files (50%) non-compliant; 2 files not

applicable.

5. **Standard 26: Monitoring of the child's plan of care** (AOPSI Standard 27-28 Level 12) – 3 files (75%) compliant; 1 file non-compliant; 2 file not applicable.
6. **Standard 27: Informing the child and caregiver about appropriate discipline standards** (AOPSI Standard 30 Level 12) – 4 files (100%) non-compliant; 2 files not applicable.
7. **Standard 28: Deciding where to place a child** (AOPSI Standard 31 Level 12) – 4 files (100%) non-compliant; 2 files not applicable.
8. **Standard 29: Deciding to move the child in care** (AOPSI Standard 32 Level 12) – 1 file non-compliant; 5 files not applicable.
9. **Standard 30: Planning a move for a child** (AOPSI Standard 33 Level 12) - 4 files (100%) non-compliant; 2 files not applicable.
10. **Standard 31: Reportable circumstances** (AOPSI Standard 25 Level 12) – no files applicable.
11. **Standard 32: When a child or youth is missing, lost or runaway** (AOPSI Standard 29 Level 12) – 2 files compliant; 4 files not applicable.
12. **Standard 33: Providing initial and ongoing medical and dental care for a child in care** (AOPSI Standard 36 Level 12) – 1 file (25%) compliant; 3 files (75%) non-compliant; 2 files not applicable.
13. **Standard 34: The social worker's relationship and contact with a child in care** (AOPSI Standard 37 Level 12) – 2 files (50%) compliant; 2 files (50%) non-complaint; 2 files not applicable.
14. **Standard 35: Interviewing the child about his or her care experience** (AOPSI Standard 34 Level 12) – 3 files (100%) non-compliant; 3 files not applicable.
15. **Standard 36: Case transfer** (AOPSI Standard 39 Level 12) – no files applicable.
16. **Standard 37: File closure** (AOPSI Standard 40 Level 12) – 5 files (100%) compliant; 1 file not applicable.

**b) Compliance to Family Service Practice**

**Thirteen (13)** of the 17 open family service files were audited. The overall compliance to the family service standards was 53%. The files were audited for compliance to the Aboriginal Operations and Practice Standards and Indicators Level 12/C3 family service including:

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

The following provides a breakdown of the compliance ratings:

1. **Standards 1 – 3: Receiving Requests for Services** (AOPSI Standard 1-3 Level 12) – 12 files (92%) compliant; 1 file non-compliant.
2. **Standard 4: Information and Referral for Services** (AOPSI Standard 4 Level 12) – 12 files (92%) compliant; 1 file non-compliant.
3. **Standard 5: Interagency Coordination** (AOPSI Standard 5 Level 12) – 2 files non-compliant; 11 files not applicable.
4. **Standard 6: Supervisory Approval Regarding Voluntary Services** (AOPSI Standard 6 Level 12) – 8 files (62%) compliant; 5 files (38%) non-compliant.
5. **Standard 7: Family Service Plan Rationale and Components for Support Services, Voluntary Care, and Special Needs Agreements** (AOPSI Standard 7 Level 12) – 5 files (38%) compliant; 8 files (62%) non-compliant.
6. **Standard 8: Support Service Agreements with Families** (AOPSI Standard 8 Level 12) – 4 files (32%) compliant; 8 files (67%) non-compliant; 1 file not applicable.
7. **Standard 9: Voluntary Care Agreements** (AOPSI Standard 10 Level 12) – no files applicable.
8. **Standard 10: Special Needs Agreements** (AOPSI Standard 11 Level 12) – 1 file non-compliant; 12 files not applicable.
9. **Standard 11: File Documentation** (AOPSI Standard 12 Level 12) – 3 files (23%) compliant; 10 files (77%) non-compliant.
10. **Standard 12: Review of the Family Service Plan** (AOPSI Standard 13 Level 12) – 4 files (36%) compliant; 7 files (64%) non-compliant; 2 files not applicable.
11. **Standard 38: Children with Special Needs** (AOPSI Standard 38 Level 12) – no files applicable.

### c) Compliance to Resource File Practice

Six (6) resource files were audited. One resource file was open and had been approved. The other 5 resource files were closed and had not been approved. The statistical information obtained from auditing these resource files was very limited. These files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, Level 12/C3 resources including:

- 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) – 4 files complaint; 2 files not applicable.
2. **Standard 15: Homestudy** (AOPSI Standard 15 Level 12) – 1 file non-compliant; 5 files not applicable.
3. **Standard 16: Training of caregivers** (AOPSI Standard 16 Level 12) – 1 file compliant; 5 files not applicable.
4. **Standard 17: Signed agreement with caregivers** (AOPSI Standard 17 Level 12) – no files applicable.
5. **Standard 18: Providing information on the child** (AOPSI Standard 18 Level 12) – 1 file compliant; 5 files not applicable.
6. **Standard 19: Monitoring and reviewing homes** (AOPSI Standard 19 Level 12) – no files 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**

Louise Reimer  
Contract auditor  
September 8, 2006.