

ABORIGINAL SERVICES C4 GUARDIANSHIP PRACTICE AUDIT REPORT

Kw'umut Lelum Central Island Child & Family Services (IKB)

Field Work Completed February 26, 2007

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Kw'umut Lelum Central Island Child & Family Services Society (IKB)

1. PURPOSE

The purpose of the audit is to improve 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. 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 Case Practice Audit Tool developed by the Aboriginal Regional Support Services. 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

This was a common audit involving the Aboriginal Regional Support Services of the Ministry of Children and Family Development (MCFD) and the office of the Comptroller General (OCG). There were 4 auditors from the OCG.

Field work was conducted from February 19-24, 2007 and February 26, 2007 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 63 open child service files, 14 open family service files and 47 open resource files at the time of the audit. A sample size of 17 child service files, 5 family service files and 12 resource files were audited. In total, 34 (27%) of the 124 open files were audited. Cases were selected to ensure that a cross representation of files from each team member was reviewed. Only the work conducted by the agency during the last 3 years was audited.

Upon arrival at the agency, this auditor and the OCG auditors met with the executive director, case supervisor and available staff to review the audit purpose and process. Auditors were available to answer any questions from staff that arose during the audit process. Staff members were invited to meet with the auditors to discuss office systems and procedures. This auditor met with most staff members. At the conclusion of the audit, this auditor met with the case supervisor and available delegated staff and admin 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, this auditor also spoke on the telephone with 1 social worker, with whom this auditor had not met during the audit.

The auditors were also invited to join agency staff and the Elders' Committee for lunch. Several of the elders spoke after the luncheon and we had an opportunity to meet some of the elders.

3. AGENCY OVERVIEW

a) Delegation

Kw'umut Lelum Central Island Child & Family Services Society (the agency) is delegated at C4 Guardianship delegation. This level of delegation enables the delegated 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.

b) Demographics

In 1997, 9 communities of the Central Vancouver Island Coast Salish Nation formed the agency. The 9 communities are Qualicum, Nanoose, Snuneymuxw, Chemainus, Lyackson, Penelakut, Halalt, Lake Cowichan, and Malahat. Lyackson has its land base on Valdez Island, but no one is residing there currently. This community is totally urban based. Lake Cowichan is a very small community with only 4 houses. Penelakut, Snuneymuxw and Chemainus are the largest communities. The registered on Reserve population for these communities totals approximately 2,286 (Source: *Registered Indian Population by Sex and Residence 2005*, March 2005, Indian Affairs and Northern Development). The communities are located on the west coast of Vancouver Island and the total vehicle travelling time from north to south is approximately 1 ¼ hours. The travelling time from east to west is approximately ½ hours, depending on ferry schedules to and from Kuper Island. The agency is currently located on Halalt territory.

At the time of the audit, the organizational structure of the agency consisted of a Administration Unit, a Community Development Unit, and a Delegated Programs Unit. Positions in the Administration Unit included: a executive director, a executive secretary, a business manager, a finance manager, 2 administrative support staff, a maintenance/driver and a janitor/receptionist. Positions in the Community Development Unit included: a community development facilitator, a youth coordinator and a parenting program coordinator. Positions in the Delegated Programs Unit included: a casework supervisor, 6 social workers; 2 resource workers, a family group conference worker and a ROOTS worker. There were a total of 23 positions. Three of these positions (1 resource worker position, the family group conference worker position and the ROOTS worker position) are not permanent positions and staff are hired on a contract basis. It is expected that these contracted positions will continue in the new fiscal year.

In the Delegated Programs Unit, the casework supervisor, 5 social workers and 1 resource worker have C4 Guardianship delegation. One social worker and 1 resource worker have C3 Voluntary Services delegation. The family group conference worker and the ROOTS worker were not delegated. Only the work done by the delegated staff of the Delegated Programs Unit was audited.

There has been considerable turnover of staff. The current executive director has been with the agency for years and the case supervisor for years. However, before that, the agency had a number of executive directors and supervisors. There has also been considerable turnover in the position of finance manager. This auditor was advised that there have been 4 finance managers at the agency in the past 2 ½ years. The last person to fill this position left in February 2007, and the position is currently vacant. The executive secretary also left the position in February 2007, and this position is also currently vacant. There has also been a turnover of delegated staff, however, a number of the current staff have been with the agency for several years.

The agency works closely with the local Ministry of Children and Family Development (MCFD) located in Parksville, Nanaimo, Duncan and Victoria. Although the agency's main responsibility is to provide services to these communities, they also work with MCFD in relation to members residing outside these communities, whenever possible. In addition, the agency is in contact with other MCFD offices and/or other agencies involved with member children who are residing in various parts of B.C., other provinces and in Washington State. The agency assists in connecting these children with their families as well as being involved in cultural planning for them.

Services provided by the agency include youth programs, parenting programs, family group coordinator and roots program. Services provided by the Nation's Health Programs include drug and alcohol counseling, Healthy Babies program, immunizations, and Infant Development. Some of the larger communities also have programs including after-school program, suicide prevention, anti-violence programs, and summer programs. Other services in the area include medical and dental services, hospitals, RCMP, schools, fire department and recreational facilities. Most specialized medical services are provided in Nanaimo and/or Victoria.

In addition to the services mentioned above, agency staff volunteer their time in assisting with the Community Development Program, and in planning various events such as the annual Youth Conference, foster parents appreciation week, Elder's conference and foster children's Christmas party.

Most of the existing programs provided by the agency are focused on educating the communities and providing services through groups/workshops. Needless to say, these programs are needed and very valuable. However, many of the clients are not ready to participate in these services and require assistance/instruction on a one to one basis. The agency does not have any family support workers on staff who could address this needed service. All of the individual services to clients have to be contracted out. Funding is available for these services, but it is often difficult and time consuming for the social workers to locate trained individuals to provide this service. The casework supervisor stated that this need has been discussed a number of times at various agency meetings, but no action has been taken as yet to address this situation.

c) Professional Staff Complement

As already stated, the Delegated Programs Unit, which was audited, is responsible for providing child service, family service and resources for children in care to member communities. Staff in the Delegated Programs Unit, who are providing these services, consist of 1 case manager, 6 social workers, and 2 resource workers. The Administration Unit assists the Delegated Programs Unit in financial matters and in other administrative support. In addition to providing the ongoing services to member communities, staff are also available for intake on a rotation basis. Staff work closely together and assist each other whenever possible.

Further to the services described above, the agency began providing After Hours services in December 2006. A Deputy Director's Review was undertaken. One of the recommendations, from this Review, was for the agency to provide After Hours services. The agency responded to this recommendation and this program has now been implemented. Staff rotate, on a weekly basis, being available to assist MCFD in after hours investigations and/or provide needed support to the communities. Agency staff providing After Hours services, continue to receive supervision from the MCFD After Hours supervisor. Financial remuneration for staff providing the After Hours services has not as yet been finalized. This auditor was advised by the agency that it is the first C4 Guardianship aboriginal agency in the province to provide an After Hours program.

d) Supervision and Consultation

The Delegated Programs Unit meets as a team on a weekly basis. The agency as a whole, meets on a bi-weekly basis. In addition, the case supervisor attempts to meet with each staff individually on a monthly basis. However, this has not always occurred and attempts are being made to address this situation. Also, the case supervisor has an open door policy. The executive director is also available to discuss cases, if the need arises.

The case supervisor reports to the executive director and discusses matters with him. The executive director reports to the Board of Directors.

There is a 9 member Board of Directors responsible for the agency. This Board is made up of one member and one alternate from each of the 9 communities. There is also a Elders' Committee which is also made up of one member and an alternate from each of the communities. The communities have a Chief and Council who are responsible for the operation of the communities.

Workers also meet with MCFD staff and/or other professionals in their area on a fairly regular basis. A Transfer Committee is also in place, which meets to discuss the transfer of guardianship files from MCFD to the agency. Supervisors and staff, from both MCFD and the agency are present at these meetings. Once a decision has been made to transfer a file, the MCFD social worker introduces the agency social worker to the child, the child's family (if family is involved with the child) and caregiver.

4. STRENGTHS OF AGENCY

Agency staff are committed to serving their clients and the communities using a culturally sensitive approach. They are knowledgeable of the services available in/to the communities. They recognize the strengths and challenges facing each community. They attempt to work with the communities strengths and support the communities in the challenges they face. This commitment extends to the children living outside the communities as the agency attempts to be involved with children residing throughout B.C., in other provinces and in Washington State. The majority of the staff are First Nations, many being members of the communities served by the agency and have knowledge of the history and culture of the Nation.

Staff reported feeling supported by senior staff, both in doing the work of the agency as well as in dealing with their own families. If situations arose with their own families, which required them to be away from the office, this was understood and supported. Staff were very appreciative of this acceptance by management. Some staff also felt supported by the Board of Directors, who, they felt, had a good understanding of the agency's mandate.

The agency also promotes and financially provides for staff to attend training. Staff also reported that overall they have a good working relationship with the communities and are striving to improve this relationship. Staff further stated that they also have a good working relationship with MCFD and other agencies in the area. As well, the agency is not isolated and interacts with other agencies in the area.

A further strength is that workers felt that they were able to provide quality care to the children that they work with, as well as with the caregivers. A considerable number of children in continuing care are residing in long term placements. The agency's policy is to support children in existing resources, wherever possible, regardless of whether the

resource is aboriginal. Only if a child has to moved from a existing resource, would the agency focus on placing the child in an aboriginal resource.

Other strengths of the agency and agency's practices identified by the Delegated Programs staff include:

- Organization of physical files – the physical files were in good order, with documents being grouped into sections, in chronological order. Also, filing was up to date.
- Location of communities – most of the communities are located in a small geographic area and easily accessible. However, one community is located on Kuper Island and only accessible by boat. There are daily ferry sailings to and from the Island, but in the event of an emergency during the night, other transportation, i.e. police boat, would have to be located.
- Volunteer work by agency staff – some staff stated that volunteer work by staff (helping with Community Development Programs; planning foster parents appreciation events, youth conference, Elder's Conference, foster children's Christmas party) was very positive. It was an opportunity for staff to work together and participate together in these events.
- Website and newsletter - the agency has recently developed a website and a newsletter. The first newsletter was published in February 2007. The agency hopes this will assist in providing information regarding the agency.

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 resources - there are currently few aboriginal foster homes and it has been a challenge for the agency to locate more aboriginal foster homes. The agency is working towards locating 2 more foster homes from each of the 9 communities. To date, 12 homes have been located and the agency is hopeful to locate another 6 homes.
- Lack of stability of staff – over the years there has been a considerable turnover of staff. There were several executive directors and case supervisors before the current ones. Filing the position of finance manager has been difficult and there have been 4 finance managers in the past 2 ½ years, the latest one leaving in February 2007. Also, the position of executive secretary is currently vacant.
- Lack of family support workers on staff – there are no family support workers on staff to assist clients on a one to one basis. Funding is available for these services, but staff see it a challenge to locate trained individuals to provide this service.

- Educating communities, Chief and Council members and Board members re mandate of agency - at times, some communities, some Chief and Council members and some Board members are not familiar with the mandate of the agency. It is an ongoing process education people of the role and mandate of the agency.
- Interference. Part of the difficulty was that there was no existing complaint's process which needed to be followed when questioning a decision made by the agency. It was thought that a complaint's process would assist in addressing situations and resolving matters in a more constructive manner.
- Current office space - the current office is housed in several trailers which are filled to capacity. A decision has been made to build a new office. Several of the communities have offered land for the new office to be built on, and the agency is currently considering the various options available.
- General challenges facing the communities – some of the challenges facing the communities include drug and alcohol abuse, unemployment, shortage of housing, recovering from historic abuse and members suffering from Fetal Alcohol Syndrome.
- Members access to services outside community – a number of community members have limited access to transportation and it is a challenge for the agency to refer these members to services outside the community.
- Safety when visiting communities – most of the time safety has not been an issue when visiting the communities. However, most workers have felt threatened by clients, on at least one occasion. Staff expressed a concern re safety, as they often visit families on their own and cell phones were frequently unreliable.
- Staff doing volunteer work – some staff felt there was too high an expectation for them to be involved in planning various community activities. They felt it detracted from the mandated work of the agency.
- Agency moving to C6 Child Protection delegation – the 9 communities have instructed the agency to proceed with the new level of delegation. Numerous challenges will face the agency as it moves toward C6 delegation. Most of the staff have concerns regarding expanding the role and mandate of the agency, and the impact it will have on their work as well as on them personally.

6) DISCUSSION REGARDING THE THREE PROGRAMS AUDITED

As already stated, the audit reflects the work done by staff in the agency's delegated programs over the past 3 years.

a) Child Service Files

As already stated, 17 of the 63 open child service files were audited. A number of positive aspects found in the child service files included: a considerable number of children residing in long-term placements; siblings placed together whenever possible and when not placed together, efforts were made to maintain contact between them; providing child with medical and dental services.

Documentation missing from the child service files included: Comprehensive Plans of Care (CPOC); social workers relationship and contact with child; rights of children in care and discipline policy being discussed with children and caregivers. In regards to completing CPOC's, the agency has begun to complete CPOC's for children in care. On several files, current CPOC's existed, but as CPOC's had not been completed on a regular basis over the past 3 year, this auditor was not able to give "compliance" in rating this standard.

Regarding documenting the workers relationship and contact with child, all of the workers that this auditor spoke with stated they saw their children regularly. Some of the workers also attended various events in which the children also participated. They do not always have private conversations with the children during these events, but do connect with them and are able to observe their functioning. It would be helpful for workers to record these visits, so that the files reflect the work that is being done.

b) Family Service files

As already stated 5 the 14 open family service files were audited. A number of positive aspects in the family service files included: requests for service were appropriately dealt with; interagency coordination was recorded; referrals were documented; reports were received from those providing specific services to families. Documentation missing in family service files included: Support Services Agreements; reviews of family service plan; rationale for support services.

This auditor was advised that the agency works together with MCFD in providing services to the clients. Only the files open on MIS to the agency were audited. The agency has "dummy" files on the cases it shares with MCFD.

c) Resources files

As already stated, 12 of the 47 open resource files were audited. A number of the open resource files were MCFD homes in which the agency's children had been placed. MCFD continued to be responsible for these files. Only the files for which the agency was responsible were audited. It should be noted that a number of files had 2 resource file numbers on MIS, 1 for MCFD and 1 for the agency.

The positive aspects in the resource files included: many resources were seen as long term placements; most files had completed homestudies; caregivers participated in training; most files have signed agreements.

Documentation missing in resource files included: annual reviews of resources; written information on children provided to caregivers; orientation provided to caregivers.

7. COMPLIANCE TO THE PROGRAMS AUDITED

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

a) Compliance to Child Service Practice

Seventeen (17) of the 63 open child service files were audited. Overall compliance to the child service standards was **47%**. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship child service including:

- 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 degree of stability and continuity provided to the child while in care
- Informing the child and caregiver of the rights of children in care
- Informing the child and caregiver of appropriate discipline policy
- 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) – 1file (100%) compliant; 16 files not 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; 12 file not applicable.
5. **Standard 35: Interviewing the Child about his/her Care Experience** (AOPSI Standard 19) – 3 files (100%) compliant; 14 files not applicable.

6. **Standard 19: Case Closure for Children in Continuing Custody** (AOPSI Standard 20) – 1 file (100%) compliant; 16 files not applicable.
7. **Standard 20: Responsibilities to the Public Trustee** (AOPSI Standard 22) - 4 files (100%) compliant; 13 files not applicable.
8. **Standard 23: The Rights of Children in Care** (AOPSI Standard 23 Level 12) – 2 files (13%) compliant; 14 files (88%) non-compliant; 1 file not applicable.
9. **Standard 24: Process for Determining the Needs of the Child** (AOPSI Standard 24 Level 12) – 16 files (100%) compliant; 1 file not applicable.
10. **Standard 25: Biographical Information and Family History** (AOPSI Standard 26 Level 12) – 16 files (100%) compliant; 1 file not applicable.
11. **Standard 26: Development of the Comprehensive Plan of Care** (AOPSI Standard 3) – 17 files not applicable.
12. **Standard 27: Monitoring of the Child's Plan of Care** (AOPSI Standard 5) – 16 files (100%) non-compliant; 1 file not applicable.
13. **Standard 28: Informing the Child and Caregiver about Appropriate Discipline Standards** (AOPSI Standard 9) – 16 files (100%) non-compliant; 1 file not applicable.
14. **Standard 29: Deciding Where to Place a Child** (AOPSI Standard 10) – 3 files (60%) compliant; 2 files (40%) non-compliant; 12 files not applicable.
15. **Standard 30: Deciding to Move the Child in Care** (AOPSI Standard 12) – 3 files (75%) compliant; 1 file non-compliant; 13 files not applicable.
16. **Standard 31: Planning a Move for a Child** (AOPSI Standard 13) – 3 files (75%) compliant; 1 file non-compliant; 13 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) - no files applicable.
19. **Standard 34: Providing Initial and Ongoing Medical and Dental Care for a Child in Care** (AOPSI Standard 36 Level 12) – 16 files (94%) compliant; 1 file non-compliant.
20. **Standard 35: The Social Worker's Relationship and Contact with a Child in Care** (AOPSI Standard 6) – 1 file (6%) compliant; 16 files (94%) non-compliant.

21. **Standard 36: Case Transfer** (AOPSI Standard 39 Level 12) – no files 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) – 17 files (100%) non-compliance.
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) – 1 file (100%) compliant; 16 files not applicable.

b) **Compliance to Family Service Practice**

Five (5) of the open 14 family service files audited. The overall compliance was **60%**. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicator C4 Guardianship delegation 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) – 4 files (80%) compliance; 1 file non-compliant.
2. **Standard 4: Information and Referral for Services** (AOPSI Standard 4 Level 12) – 4 files (80%) compliant; 1 file non-compliant.
3. **Standard 5: Interagency Coordination** (AOPSI Standard 5 Level 12) – 4 files (100%) compliant; 1 file not applicable.
4. **Standard 6: Supervisory Approval Regarding Voluntary Services** (AOPSI Standard 6 Level 12) – 5 files (100%) compliant.
5. **Standard 7: Family Service Plan Rationale and Components for Support Services, Voluntary Care, and Special Needs Agreements** (AOPSI Standard 7 Level 12) – 2 files (40%) compliant; 3 files (60%) non-compliant.

6. **Standard 8: Support Service Agreements with Families** (AOPSI Standard 8 Level 12) – 1 file (100%) compliant; 4 files (80%) non-compliant.
7. **Standard 9: Voluntary Care Agreements** (AOPSI Standard 10 Level 12) – 1 file (100%) compliant; 4 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) – 1 file (20%) compliant; 4 files (80%) non-compliant.
10. **Standard 12: Review of the Family Service Plan** (AOPSI Standard 13 Level 12) – 2 files (40%) compliant; 3 files (60%) non-compliant.
11. **Standard 38: Children with Special Needs** (AOPSI Standard 38 Level 12) – no files applicable.

c) **Compliance to Resource File Practice**

Twelve (12) of the 47 open resource files were audited. Overall compliance to the resource standards was **58%**. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C4 Guardianship resources including:

- Application and orientation of caregiver
- Homestudy of caregiver
- Training of caregiver
- Signed Agreements 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 (20%) compliant; 6 files (80%) non-compliant; 5 files not applicable.
2. **Standard 15: Homestudy** (AOPSI Standard 15 Level 12) – 6 files (75%) compliant; 2 files (25%) non-compliant; 4 files not applicable.
3. **Standard 16: Training of caregivers** (AOPSI Standard 16 Level 12) – 10 files (100%) compliant; 2 files not applicable.
4. **Standard 17: Signed agreement with caregivers** (AOPSI Standard 17 Level 12) – 9 files (82%) compliant; 2 files (18%) non-compliant, 1 file not applicable.

5. **Standard 18: Providing information on the child** (AOPSI Standard 18 Level 12) – 3 files (38%) compliant; 5 files (63%) non-compliant; 4 files not applicable.
6. **Standard 19: Monitoring and reviewing homes** (AOPSI Standard 19 Level 12) – 1 file (12%) compliant; 7 files (88%) non-compliant; 4 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) – 1 file (100%) compliant; 11 files not applicable.
9. **Standard 22: Closure of the family care home** (AOPSI Standard 22 Level 12) – no files applicable.

Louise Reimer
 Contract Auditor
 March 15, 2007.

8. RECOMMENDATIONS

Present: , Kw'umut Lelum Child & Family Services
 , Kw'umut Lelum Child & Family Services
 Denise Connell, Acting Senior Analyst, Aboriginal Regional Support Services
 Jennifer Donison, Acting Practice Analyst, Aboriginal Regional Support
 Services

Date: August 28, 2007

In response to the audit report, Kw'umut Lelum Child & Family Services and Aboriginal Regional Support Services developed a draft set of recommendations. These recommendations were accepted by the agency and a teleconference was held on the above date to confirm these recommendations.

The recommendations below also include the response by the agency with regards to actions taken to date. The time frame for completion of the recommendations is December 31, 2007.

CS Files

1. The agency will develop a process to ensure that all plans of care for children in care files are brought up to date. Plans of care will include confirmation that the rights of children in care have been reviewed with the child and with the caregiver.

Agency Response: Realising that we had only a 46% or so compliance rating when the audit was being performed, we now have a 61.5% compliance rating as of June 20th. Indeed, we now are striving for 100% compliance no later than December 2007.

2. The agency will develop a process to ensure that private visits with children in care are documented and placed on the file. (This stems from the issue that some of the files that Louise looked at were not very well organized, i.e. workers notes did not have clear dates or specify with whom the contact occurred, where it occurred, etc. This is something which could also be incorporated into the plans of care).

Agency Response: Acknowledged. Current thoughts on this recommendation would be to hold an in-service with delegated staff to re-visit documentation standards respective to decision-trails, worker observations and the classic “W5” reporting.

Family Service Files

1. Family Support Services agreements will be placed on file and reviewed regularly. The agency will develop a system to ensure that family service files are regularly reviewed to ensure that goals of service are being met.

Agency Response: Acknowledged. Planning is to make greater use of the BF system within SWIS/MIS. Also to have closer reviews conducted when supervisor meets with worker for the purpose of one-on-one supervision.

Resource Files

1. The agency will develop an orientation package or training package to orient new caregivers to the agency, standards and to the community as per AOPSI.

Agency Response: Acknowledged. There is some effort afoot, in partnership with BC Federation of Aboriginal Foster Parents and, possibly, Caring For First Nations Children’s Society, to create culturally-centered orientation and training packages. This need appears to be a major undertaking to which the agency appreciates the involvement of other organizations. Observation: Since MCFD has a specific orientation booklet to present to caregivers, entitled Foster Parent Handbook – 4th Edition, created years ago, there should be the same type of handbook on the aboriginal side that reflects First Nation cultures.

2. The agency will develop a workplan to ensure that all caregiver homes are up to date on their annual reviews.

Agency Response: A manual BF system has been agreed upon to be implemented and utilized by the Resource team. This includes renewing caregiver agreements prior to expiry.

3. The agency will develop a process to ensure that written information on the child is provided to the caregivers when a child is placed in their home. A process will be developed to ensure that this information is placed on the caregivers file.

Agency Response: We have developed a conceptual “Placement Package” which when implemented will provide caregivers information necessary to be fully aware of child’s needs, history and family connections. We are also considering a formal sub-delegation form created for the purpose of social workers sub-delegating certain decision-making authority to caregivers on the basis of day-to-day living, e.g. allowing caregivers to decide on school-based activities, consent to emergent medical treatment, involvement in sporting or recreational activities.