

**ABORIGINAL SERVICE LEVEL 15 or C6 PRACTICE AUDIT  
REPORT**

**Nlha'7Kapmx Child and Family Services (IEB)**

**Field Work Completed: March 10, 2006**

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# **ABORIGINAL SERVICES LEVEL 15 or C6 PRACTICE AUDIT REPORT**

## **Nlha'7Kampmx Child and Family Services (IEB)**

### **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. 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 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 as 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**

This was a common audit involving the Aboriginal Services Branch of the Ministry of Children and Family Development and the Office of the Comptroller General (OCG). There were 2 auditors from the OCG.

Field work was conducted from March 6-10, 2006 by one auditor. In addition, telephone conversations were held with several staff after the field work was completed. 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 56% was obtained. In all, 23 files were audited. These files were randomly selected from a total of 41 open files. Cases were selected to ensure that a cross representation of files from each team member was reviewed. Although the entire files being audited were perused, only the work done by the agency in the last 3 years was audited.

Upon arrival at Niha'7kapmx Child and Family Services (NCFS), both the auditors with the OCG and this auditor, met with the executive director, supervisor, and all available staff to review the audit purpose and process. The 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 the various office systems and procedures. This auditor met individually with 8 staff members, one being the supervisor. This auditor did not have the opportunity to meet individually with the executive director, due to weather conditions and the executive director's other commitments. At the completion of the audit, this auditor met with the supervisor and available staff to discuss the general findings of the audit as well as describe the next steps of the audit process including the report and the recommendations. The week following the completion of the field work, this auditor had a lengthy telephone discussion with the executive director. We discussed various aspects relating to the agency, and this auditor also advised the executive director of the general findings of the audit and the next steps in the audit process. This auditor also had telephone discussions with 3 former temporary supervisors.

The OCG auditors and this auditor also met with the Board of Directors of NCFS to review the audit purpose and process.

### **3. AGENCY OVERVIEW**

#### **a) Delegation**

NCFS is delegated at C6, or Full Child Protection. 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;
- Child protection;
- Temporary custody of children;
- Family Service;
- Children protection hearing and orders under the *Child, Family and Community Service Act*;
- Related Orders under the *Child, Family and Community Service Act*;
- Establishing and maintaining residential resources for children in care.

#### **b) Demographics**

NCFS was established in 1994 and immediately received C6 delegation. Niha'7kapmx Child and Family Services has been providing services to 6 bands in the Lytton area. These 6 bands are: Cook's Ferry, Kanaka Bar, Lytton, Nicomen, Siska, and Skuppah. The NCFS office is located on Skuppah Band land, which is 4 kilometers west of Lytton

on Highway 1. The band furthest away is only ½ hour drive from the office. The registered on reserve population for these 6 bands is approximately 1,258. (Source: *Registered Indian Population by Sex and Residence 2004*, March 2005, Indian Affairs and Northern Development). The agency provides services only to those band members residing on reserve. The exception to this is caregivers for children in care, who may live off reserve. The agency recruits caregivers both on and off reserve.

As already stated, NCFS provides child protection services, family services, guardianship services and resource services for children in care. One of the family support workers offers a group for children, which has been a great support for the children. This family support worker also plans a Wellness Program for 1 week during the summer. This program is held at the agency's office and is well attended by the community. In addition to providing useful information, this program is also seen as a means of connecting the agency to the community it serves. Another family support worker provides assistance to families with addiction issues. This family support worker also provides support to survivors of residential schools. A Child and Youth Mental Health worker from the Ministry of Children and Family Development (MCFD) in Ashcroft provides services to the Lytton area 1 day per week. This worker has an office in the same building in which the agency is located and maintains regular contact with agency staff. The bands provide additional services through band educational workers, financial assistance workers and housing coordinators. Band members are able to avail themselves of various services in Lytton, Kamloops and Merritt, which include mental health, public health, medical services, hospital, RCMP, drug and alcohol counseling, and family counseling. One band has a school on the reserve; the others send their children to schools off reserve.

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

The current staff positions of Nlha'7Kapmx Child and Family Services consist of 1 executive director, 1 supervisor, 2 social workers, 1 resource worker, 3 family support workers, 1 executive assistant, 1 financial administrator/office manager, and 1 administrative assistant.

A few years ago, NCFS had a much larger staff complement than it currently has. At that time, the agency had approximately 60 children in care. This number of children in care was reduced by returning children home and/or by reclassifying children who were listed as being in care, when they should not have been in care of the agency. At the time of the audit, there were 16 children in care. As a result of the reduction of number of children in care, funding provided to the agency was reduced.

Although several of the current staff have been with agency for a number of years, it has been difficult for NCFS to recruit and retain qualified staff. In the past 3 years, there have been 6 temporary supervisors, although for much of the time the agency was supervised by 3 temporary supervisors. One of these 3 supervisors, supervised both the agency and his MCFD home office for a number of months, spending alternate weeks at each office. He was, however, available by telephone. Another of these 3 supervisors was able to only spend 3 days per week at the agency. For periods of time, there was no

supervisor at all. Several staff worked for the agency for only short periods of time before leaving. Two social workers were . Another social worker left in October 2005 and one in February 2006.

A number of staff have also been/are on leave. A current social worker was on leave . The executive assistant and financial administrator/office manager have been on leave since September 2005 and are not expected back until September 2006. However, both come into the office several times each month to assist with the work.

Furthermore, for some months only one social worker had full delegation and was on call 24 hours a day/7 days a week. This was a very stressful time for this worker.

On the days when the administrative assistant or social workers are not in the office due to vacation, sick time, flex time or meetings out of town, additional people are brought in to cover for the absent staff. One of the Board members, who has social work training, usually covers for the social workers. In regards to After Hours consultation, the agency contacts the MCFD After Hours supervisor for issues arising during non office hours.

Some positive changes have begun to take place. A permanent supervisor and a social worker were hired in February 2006. The new supervisor just obtained full delegation in early March 2006. The plan is for the new social worker to also obtain full delegation in the near future. This will provide several staff who will be fully delegated and share the responsibility of After Hours, as well as assist with investigations as needed. The plan is for one social worker to have responsibility mainly for investigations, and the other social worker to have responsibility mainly for guardianship. Family services will be shared between them. Until now, the MCFD After Hours supervisor was contacted for consultation regarding situations arising during non office hours.

NCFS has a good working relationship with some of the bands, and the relationship with other bands is limited. The agency is hoping to develop good relationships with as many bands as possible. The agency also has a good working relationship with MCFD in Ashcroft, who provides services in this area. The agency is also developing relationships with MCFD in Kamloops, Merritt, Lillooet and Hope, as a number of the member bands have people residing in these communities and/or are obtaining services in these communities. Although the agency's main responsibility is to provide services to member bands, in special situations they will partner with MCFD in working with band members who are residing off reserve.

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

As already stated, there have been 6 temporary supervisors at the agency during the past 3 years. Each supervisor attempted to provide supervision as best as possible, but it was difficult to provide staff with consistent directions and expectations. With a permanent supervisor now having been hired, it is hoped that the office will stabilize and that staff will receive the needed ongoing supervision. The plan is for the supervisor to meet with

each staff individually on a regular basis as well as well as have an open door policy. Regular staff meetings have been ongoing and the plan is for these meetings to continue.

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

The following strengths of the agency and of the agency's practice were identified by staff at the agency:

- Positive working relationship with MCFD – NCFS has a close working relationship with MCFD in Ashcroft. The Agency is also beginning to develop relationships with MCFD in Lillooet, Kamloops, Merritt and Hope.
- Supportive staff – staff members are supportive of each other and assist each other when possible.
- Still operating – staff stated that although the agency has gone through some difficult times, it is still operating.
- Culturally sensitive in addressing situations – the agency attempts to address situations in a culturally sensitive manner.
- Positive working relationship with some bands – the agency has a good working relationship with some of the bands and is attempting to improve the situation with the other bands.
- Knowledge of community - most of the staff live on reserve, know the families on the reserves, and are knowledgeable of the services available in/to the community.
- Support programs – one of the family support workers runs a group for young children. Another family support worker provides assistance to families with addiction issues. This worker also provides support to residential school survivors. Clients have clearly benefited from these support programs.
- Agency has hands on approach – staff members try to provide direct service whenever possible and not just make referrals.
- Helping clients with expectations – staff assist clients in working toward their goals. Clients are not left to fend for themselves in this regard.
- Least intrusive measures used – the agency strives to use least intrusive measures when working families, yet maintaining the safety of children.
- Physical office space – the agency has exceptional office space. There are offices for all staff (plus extra offices), a family room, 2 meeting rooms, roomy file room, play room, full kitchen, storage rooms, a small gym with work out equipment, and showers.
- Small geographic area – in comparison to many aboriginal agencies, this agency's member bands are located in a relatively small geographic area and easily accessed.

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

The agency staff identified a number of challenges facing the agency. One challenge identified by some staff was the interference from bands/band workers, executive director, and some members of the NCFS Board of Directors. Staff stated that there has

been ongoing interference from some of the bands/band workers. At times the agency had not been able to withstand the pressures exerted on them and have given in to the band/band worker. Some staff also stated that a number of clients/band workers have routinely called the executive director directly, instead of the social workers to discuss their issues. The executive director entered into discussions with the clients/band workers regarding the issues instead of referring these calls to the workers. Staff are of the opinion that regardless of who receives the calls from the clients/band workers, these calls should be directed to them. During such discussions the executive director has, at times, made decisions directly affecting the case, without involving the worker. This left them feeling vulnerable and unsure of their role. Staff did not feel that clear boundaries existed between the executive director's position as an administrator of the agency and the delegated work of the agency. They also stated that the executive director has good administrative skills but does not have the necessary social work background and training needed to make decisions around protection matters.

The temporary supervisors that this auditor spoke with described the executive director as a great administrator and very committed to the agency. They stated they learned a great deal from her. They added that the executive director's main desire was to help the families/community, but that in assisting them, she at times, sidestepped set policies and procedures. They also stated that due to the situation of having no supervisor at times, the executive director, in all likelihood, periodically took on the role of supervisor by default. They saw the executive director as having good knowledge/skills in regards to working with families and dealing with political situations in the community, but that her knowledge relating to protection matters was more limited due to her lack of social work training and background. They stated they had not experienced interference from the executive director, but were aware that some staff had expressed this concern. It should be noted that these supervisors were experienced MCFD staff who had a good knowledge of protection legislation, policies, and practice. This auditor found that in 1 file audited, there was documentation as to the executive director overruling a decision that had been jointly made by social worker and supervisor. According to the file, there was no consultation with staff before the decision was made by the executive director.

From the executive director's perspective, she stated she did not interfere in the delegated work of the agency. She acknowledged that she frequently receives calls from the community, as she has lived in the community her whole life, has been part of the agency since it's inception, and people in the community know and trust her. She stated she listens to the client's concerns and focuses on the process in which decisions are made (i.e. having family meetings, etc.), but does not make decisions relating to the case itself. She stated she leaves those decisions to staff. She added that, when there had been conflict between the clients/bands and agency staff, she attempted to bring the two together, so that the focus would be on the issues at hand and not on the conflict that existed between them.

Another challenge staff identified was that some members of the Board of Directors interfered directly or indirectly when their own families were involved with the agency. The executive director stated she had no knowledge of Board interference in any cases.

A further challenge expressed by some staff included the lack of support by the executive director. Staff stated that issues of concern that been brought to her attention had not been followed up on, at least not to their knowledge. The executive director stated that, wherever possible, she attempted to address all issues of concern brought to her attention.

Another challenge was the apparent lack of information the Board had received regarding issues affecting staff. In the past, one supervisor had attended some Board meetings to relay staff information to the Board, but this stopped and no supervisor has attended any meetings for some time. They are uncertain as to the information the executive director provides the Board. Staff stated that a former social worker had been threatened

. The Board was advised of one occasion, but not of the other. When they heard of the second occasion, they had been upset that this had not been shared with them at the time of the incident. The executive director advised that she shares all relevant information with the Board and that the Board is aware of the various issues facing staff.

Lack of opportunity for team building was also seen as a challenge facing the agency. Staff stated that in the past there had been team building days, etc. which helped strengthen the agency. However, there has not been an opportunity for team building in the past few years.

The work environment was also seen as a challenge facing the agency. Staff saw the current work environment as uncertain and tense. It was not seen as a positive work situation.

The following challenges facing the agency and agency's practice were further identified by staff at the agency:

- Working relationship with bands – the agency has a fairly good working relationship with some bands, but not with others. The challenge is for the agency to develop good working relationships with as many member bands as possible.
- Recruiting and retaining qualified staff – it has been difficult for the agency to recruit and retain qualified staff. It is hoped that the current staff will stay for a period of time.
- Expectations of staff not always clear – staff indicated that expectations of them were not always clear. They stated it would be helpful to have clear work expectations.
- Staff lacking confidence – several of the former supervisors indicated that staff lacked confidence in doing the work. The agency's challenge is to assist staff in developing confidence.
- Lack of documentation on files – several of the former supervisors stated that the agency did not stress the importance of documentation on files. As a result, the documentation on files was limited.
- Clients threatening staff – various staff have been threatened by clients. This has been a difficult situation for those staff involved. It has also been a challenge for the agency to address this situation.

- Lack of opportunity for ongoing training – in the past there had been opportunity for further training, but this has not occurred recently. A number of staff stated they needed further training in a variety of areas, so as to improve their skills.
- Challenge of living and working in the same community – most agency staff belong to one of the member bands. It is a real challenge for them to live in the community, work with their own people, yet maintain clear boundaries.
- Focus not always on children – some of the bands focus more on the family than on maintaining the rights of children. It is a challenge for the agency to encourage the bands to maintain their focus on children.
- Recruiting and retaining foster homes – it is difficult to recruit and retain skilled foster homes. The agency currently has only 14 homes.
- Lack of existing protocols - staff advised there were no existing protocols with community partners. It is felt that if protocols existed, it would be easier to develop working relationships with these community partners.
- Lack of community understanding of role of agency – the community does not always understand the agency’s role, responsibility and mandate. The challenge for the agency is to provide ongoing education as to its role.
- Barriers in technology – The electronic system is frequently very slow/not functioning, making it difficult to access the needed information or enter information on the system. One of the supervisors this auditor spoke with stated she had never spent so much time trying to access the system. She said it was very frustrating spending hours each day attempting to access the system, and much of the time being unsuccessful.
- Variety of services needing to be offered – staff are of the view that the agency needs to be able to provide more prevention and other services to the community, not just protection.
- Decisions made without exploring situation – staff felt that at times decisions were made without obtaining all the necessary information.
- Bands expressing desire to withdraw from agency - at various times some of the bands have indicated their intention to withdraw from receiving services from the agency. Currently, one band has given a Notice of Intention to withdraw from the agency. The agency has one year to work with this band to resolve the issues at hand. The executive director stated she is in the process of working with this band to address their concerns. The band will make their final decision at end of the year.
- Transportation – many of the clients lack transportation and it is difficult for them to obtain services in centers where these services are offered.
- Poverty and addictions – a considerable number of band members are experiencing poverty and addictions issues and it is a challenge for the agency to help clients address these issues.

## **6. IDENTIFIED AREAS FOR IMPROVEMENT:**

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

- Completion of homestudy on resource files;
- Amalgamating child service and family service files

### **Child Service Files**

There was little documentation on the physical child service files. There was little documentation in relation to the workers relationship and contact with the child; consulting with supervisor in making case decisions; discussing the rights of the child with child and caregiver; and discussing the appropriate discipline policy with the child and the caregiver. The social workers and family support workers advised that there was contact between agency staff and the children. The workers also advised there was ongoing consultation with the supervisor. However, this was not reflected in the files.

Also, there was little documentation in regards to plans of care. In some of the files, the assessment section of the “Looking After Children” booklet had been completed, but not the plans of care section. There was also little recording on the files, so it was difficult to determine what planning was taking place for the children.

### **Resource Files**

Of the 8 Resource files that were audited, only 1 file had been opened since 2003. The other 7 files were opened before 2003. As the audit only dates back to 2003, the NA (Not Applicable) score was used for resource file Practice Standard 14 (Application and Orientation) and Practice Standard 15 (Homestudy), as these Standards were relevant at the time of opening the file. However, there were concerns regarding these 2 Standards not being met and therefore they are being mentioned in this report. In the majority of these files, there was no record of orientation provided to caregivers and no record of checking all the references before completing the homestudy. In some cases, there was no record of contacting any references. There was also no record of discussing the homestudy with the supervisor and having the supervisor sign the homestudy. There was little documentation on all the files relating to ongoing contact with the caregivers and providing caregivers with written information about the child placed in their care. The resource worker stated she had ongoing contact with the caregivers and kept a record of these contacts, however this was not reflected in the files.

### **Amalgamating Child Service and Family Service Files**

At the time of the audit, NCFS had begun to amalgamate the physical child service files and family service files, placing all the information from both files in the physical child services files. In some cases, there was no longer a physical family service file. Electronically, both the family service files and child service files continued to remain open on the system. In those cases where the child service file had been closed and the family service file remained open, this was reflected accurately on the electronic system. However, all the information relating to the open family service file would still be stored in the physical child service file. In situations where the client moved off reserve and MCFD or other Aboriginal delegated agencies continued to provide services, the physical

child service files would be sent to the requesting office. This system was begun by a previous temporary supervisor who had worked for the Aboriginal delegated agency in Williams Lake, where this was the practice. The newly hired permanent supervisor, who had also previously worked for the same delegated agency in Williams Lake, was familiar with this practice and continued with the amalgamation process of these files.

The reason given for this process was to ensure that the focus was and continues to remain on the child and not solely on the family. This auditor commends the agency for striving to be child focused, not only when the child is in the care of the agency but also after the child is no longer in the care of the agency. However, there are concerns regarding the amalgamation of these files. These concerns include:

1. Ensuring that the electronic system is accurate, as the physical files do not correlate with the electronic files. It would be easy for staff to get confused as there are no physical family service files.
2. In cases where there are several child service files, how would it be determined into whose child service file the information would be placed? Unless the information was copied and placed in all of the child service files, one could foresee the information being placed in different files and no one file having all the information.
3. In situations where a family moved off reserve and services continued to be provided by either MCFD or other Aboriginal delegated agencies, the Ministry or delegated agency would receive the physical child service file(s) which contained the family service information. They would then have to open a physical family service file and retrieve the appropriate information from the child service file(s) and place it in the opened family service file. The new supervisor stated that this was indeed what had occurred in Williams Lake. MCFD in Williams Lake had requested a family service file from the agency in Williams Lake and had received such a child service file. MCFD had been upset and had complained to the agency about this file situation. As all of MCFD and most of the delegated Aboriginal agencies maintain physical family service and child service files, frustration would develop as the receiving office would have to create a new file and ensure that appropriate information be placed into this new file.
4. Providing information to family members under the *Freedom of Information and Protection of Privacy Act* (FOIPPA). This auditor discussed this situation with a staff member of the Information, Privacy and Records Unit (of the Information and Infra Structure Services Branch) who provide information under FOIPPA. This staff person was quite concerned about this practice. The reasons for concern included: a) when a person requests his/her file, the first file this Unit searches for is the family service file. Only after it has been established that a child service file exists, do they search for the child service file. Information from the child service file is usually only released to the person whose file this is. All family members (to whom the family service file pertains) are eligible to receive information from the family service file, but usually only the person whose name is on the child service file, is eligible to receive information from that file. This would mean that if family members (who did not have child service files) requested information, they would not receive any information as there was no family

service file. b) After files have been closed for a certain number of years, the files are usually off-sited. As no files exist, none can be off-sited. In situations where MCFD or other appropriate agencies/ministries require the family service file (reviews, civil suits, etc.), the request is made to another Unit in the Information and Infra Structure Services Branch, who locate and retrieve these closed files and provide them to the requesting ministry/agency. As there would be a listing of a closed family service file on the electronic system, this Unit would try to locate this file. As no physical file exists, they would not be able to locate such a file. A major search would have to be undertaken to attempt to locate this file. Even though a child service file exists with this information, it would be viewed as the family service file being missing. It would be interpreted as MCFD or the agency or both having misplaced/lost the file.

Although recommendations are usually made upon completion and joint approval of the audit report, in view of these concerns this auditor recommended to both the supervisor and executive director that the amalgamation of files cease until the matter can be further discussed. Both accepted this recommendation and agreed to withhold any further amalgamation of files for the time being.

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

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

**Eight (8)** child service files were audited. There were a total of 16 open child service files. Overall compliance to the child service standards was 36%. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, Level C6 child service including, but not 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 degree of stability and continuity provided to the child while in care
- Informing child and caregiver of the rights of children in care
- Informing child and caregiver of appropriate discipline policy
- Initial and ongoing medical and dental care for children in care
- Interviewing child about his/her care experience
- The level of file documentation

The following provides a breakdown of the compliance ratings:

1. **Standard 23: The rights of children in care** (AOPSI Standard 23 Level 12) – 8 files (100%) non-compliant.
2. **Standard 24: Process for determining the needs of the child** (AOPSI Standard 24 Level 12) - 7 files (88%) compliant; 1 file (13%) non-compliant.

3. **Standard 25: Biographical information and family history** (AOPSI Standard 26 Level 12) – 7 files (100%) compliant; 1 file not applicable.
4. **Standard 26: Development of the comprehensive plan of care** (AOPSI Standard 3 Level 13) – 1 file (20%) compliant; 4 files (80%) non-compliant; 3 files not applicable.
5. **Standard 27: Monitoring of the child's plan of care** (AOPSI Standard 27-28 Level 12) – 3 files (100%) non-compliant; 5 files not applicable.
6. **Standard 28: Informing the child and caregiver about appropriate discipline standards** - (AOPSI Standard 30 Level 12) – 8 files (100%) non-compliant.
7. **Standard 29: Deciding where to place a child** (AOPSI Standard 31 Level 12) – 4 files (50%) compliant; 4 files (50%) non-compliant.
8. **Standard 30: Deciding to move the child in care** (AOPSI Standard 32 Level 12) – 1 file non-compliant; 7 files not applicable.
9. **Standard 31: Planning a move for a child** (AOPSI Standard 33 Level 12) – 2 files non-compliant; 6 files not applicable.
10. **Standard 32: Reportable circumstances** (AOPSI Standard 25 Level 12) – 1 file compliant; 7 files not applicable.
11. **Standard 33: When a child or youth is missing, lost or runaway** (AOPSI Standard 29 Level 12) – no files applicable.
12. **Standard 34: Providing initial and ongoing medical and dental care for a child in care** (AOPSI Standard 36 Level 12) – 5 files (63%) compliant; 3 files (38%) non-compliant.
13. **Standard 35: the social worker's relationship and contact with a child in care** (AOPSI Standard 37 Level 12) – 1 files compliant (13%); 7 files (88%) non-compliant.
14. **Standard 36: Interviewing the child about his or her care experience** (AOPSI Standard 34 Level 12) – 1 file non-compliant; 7 files not applicable.
15. **Standard 37: Case transfer** (AOPSI Standard 39 Level 12) – 2 files compliant; 6 files not applicable.
16. **Standard 38: File closure** (AOPSI Standard 40 Level 12) – no files applicable.

17. **Standard 39: Recording and documentation of children in care files** (AOPSI Standard 12 Level 12) – 8 files (100%) non-compliant.
18. **Standard 40: Supervisory approval regarding guardianship** (AOPSI Standard 7) – 2 files (29%) compliant; 5 files (71%) non-compliant; 1 file not applicable.
19. **Standard 41: Assessment of risk prior to returning a child in continuing care to his/her home** (AOPSI Standard 14 Level 13) – no files applicable.
20. **Standard 42: Assessment of risk when a continuing custody order is to be cancelled** (AOPSI Standard 15 Level 13) – no files applicable.
21. **Standard 43: Permanency planning** (AOPSI Standard 16 Level 13) – no files applicable.
22. **Standard 44: Preparation for independence** (AOPSI Standard 17 Level 13) – 1 file compliant; 7 files not applicable.
23. **Standard 45: Responsibilities to the public trustee** (AOPSI Standard 22 Level 13) – no files applicable.

**b) Compliance to Family Service File Practice**

**Three (3)** family service files were audited. There were a total of 7 open family service files. Several of these open family service files (not audited) had been amalgamated with the child service files (see note entitled “Amalgamation of Family Service and Child Service Files” in report). Overall compliance to the family service standards was 56%. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, Level C6 family service including, but not limited to:

- Information and referral of service
- Supervision 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) – 3 files (100%) compliant.
2. **Standard 4: Information and referral for services** (AOPSI Standard 4 Level 12) – 2 files (67%) compliant; 1 file (33%) non-compliant.

3. **Standard 5: Interagency coordination** (AOPSI Standard 5 Level 12) – no files applicable.
4. **Standard 6: Supervisory approval regarding voluntary services** (AOPSI Standard 6 Level 12) – 1 file (33%) compliant; 2 files (67%) 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) – 2 files (67%) compliant; 1 file (33%) non-compliant.
6. **Standard 8: Support service agreements with families** (AOPSI Standard 8 Level 12) – 1 file compliant; 2 files not applicable.
7. **Standard 9: Voluntary care agreements** (AOPSI Standard 10 Level 12) – 1 file compliant; 2 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 (33%) compliant; 2 files (67%) non-compliant.
10. **Standard 12: Review of the family service plan** (AOPSI Standard 13 Level 12) – 1 file compliant; 2 files not applicable.
11. **Standard 13: Children with special needs** (AOPSI Standard 38 Level 12) – no files applicable.

### c) Compliance to Resources Practice

**Eight (8)** resource files were audited. There were a total of 16 open resource files. According to the electronic print out, a number of resource files were listed as “pending”, however, these are actually open files and not pending files. An error was made when entering these files on the electronic system and the agency has not as yet been able to electronically correct the status of these files. Overall compliance to the resource standards was 34%. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, Level C6 resources including, but not limited to:

- 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
- Investigating allegations of abuse or neglect of child in family care home
- Quality of Care review of a family care home

- Closure of family care home

The following provides a breakdown of the compliance ratings:

1. **Standard 14: Application and orientation** (AOPSI Standard 14 Level 12) – 1 file non-compliant; 7 files not applicable.
2. **Standard 15: Homestudy** (AOPSI Standard 15 Level 12) – 1 file non-compliant; 7 files not applicable.
3. **Standard 16: Training of caregivers** (AOPSI Standard 16 Level 12) – 3 files (43%) compliant; 4 files (57%) non-compliant; 1 file not applicable.
4. **Standard 17: Signed agreement with caregivers** (AOPSI Standard 17 Level 12) – 6 files (75%) compliant; 2 files (25%) non-compliant.
5. **Standard 18: Providing information on the child** (AOPSI Standard 18 Level 12) – 7 files (100%) non-compliant; 1 file not applicable.
6. **Standard 19: Monitoring and reviewing homes** (AOPSI Standard 19 Level 12) – 2 files (29%) compliant; 5 files (71%) non-compliant; 1 file 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 non-compliant; 7 files not applicable.
9. **Standard 22: Closure of the family care home** (AOPSI Standard 22 Level 12) – no files applicable.

#### d) Compliance to Investigation Practice

**Four (4)** investigation files were audited. Of the investigation files audited, 3 files were closed and 1 file was open. Overall compliance to the investigation standards was 49%. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, Level C6 investigation practice including, but not limited to:

- Supervisory consultation regarding child protection
- Prior contact check and registration
- Assessment and emergency response
- Deciding whether to investigate and if so determining the response time
- Initial plan and steps in investigation
- Seeing and interviewing the child and the parents
- Assessing child's immediate safety and deciding whether child is in need of protection

- Recording and reporting the investigation results
- Time limits for investigations to be completed
- Developing risk assessment and risk reduction plans
- Reassessing risk
- Obtaining Supervision Orders and removing children subject to Supervision Orders.

The following provides a breakdown of the compliance ratings:

1. **Standard 46: Supervisory consultation regarding child protection** (AOPSI Standard 4 Level 15) – 2 files (50%) compliant; 2 files (50%) non-compliant.
2. **Standard 47: Prior contact check and registration** (AOPSI Standard 6 Level 15) - 2 files (50%) compliant; 2 files (50%) non-compliant.
3. **Standard 48: Assessment and emergency response** (AOPSI Standard 7 Level 15) – 3 files (75%) compliant; 1 file (25%) non-compliant.
4. **Standard 49: Deciding whether to investigate** (AOPSI Standard 8 Level 15) – 3 files (75%) compliant; 1 file (25%) non-compliant.
5. **Standard 50: Determining the investigation response time** (AOPSI Standard 10 Level 15) – 3 files (75%) compliant; 1 file (25%) non-compliant.
6. **Standard 51: Informing the police** (AOPSI Standard 9 Level 15) – 1 file compliant; 1 file non-compliant; 2 files not applicable
7. **Standard 52: Initial plan of investigation** (AOPSI Standard 11 Level 15) – 3 files (75%) compliant; 1 file (25%) non-compliant.
8. **Standard 53: Steps in the investigation** (AOPSI Standard 12 Level 15) – 1 file (25%) compliant; 3 files (75%) non-compliant.
9. **Standard 54: Protocol with MCFD and ancillary agencies** (AOPSI Standard 1 Level 15) – no files applicable.
10. **Standard 55: Seeing and interviewing the child** (AOPSI Standard 13 Level 15) – 2 files (50%) compliant; 2 files (50%) non-compliant.
11. **Standard 56: Arranging a medical examination of the child** (AOPSI Standard 14 Level 15) – no files applicable.
12. **Standard 57: Seeing and interviewing the parent** (AOPSI Standard 15 Level 15) – 2 files (50%) compliant; 2 files (50%) non-compliant.
13. **Standard 58: Assessing the child's immediate safety** (AOPSI Standard 16 Level 15) – 1 file (25%) compliant; 3 files (75%) non-compliant.

14. **Standard 59: Deciding whether the child needs protection** (AOPSI Standard 17 Level 15) – 1 file (25%) compliant; 3 files (75%) non-compliant.
15. **Standard 60: Action when the child or parent cannot be located** (AOPSI Standard 18 Level 15) – 1 file non-compliant; 3 files not applicable.
16. **Standard 61: Recording and reporting the investigation results** (AOPSI Standard 19 Level 15) – 2 files (50%) compliant; 2 files (50%) non-compliant.
17. **Standard 62: Time limit for investigation** (AOPSI Standard 20 Level 15) – 1 file (25%) compliant; 3 files (75%) non-compliant
18. **Standard 63: Taking charge** (AOPSI Standard 21 Level 15) – no files applicable.
19. **Standard 64: Risk assessment** (AOPSI Standard 22 Level 15) – no files applicable
20. **Standard 65: Risk reduction** (AOPSI Standard 23 Level 15) – no files applicable
21. **Standard 66: Reassessing risk** (AOPSI Standard 26 Level 15) – no files applicable
22. **Standard 67: Supervision orders** (AOPSI Standard 24 Level 15) – no files applicable
23. **Standard 68: Removing a child who is subject to a supervision order** (AOPSI Standard 25 Level 15) – no files applicable.
24. **Standard 69: Where a child or family is missing** (AOPSI Standard 27 Level 15) – no files applicable
24. **Standard 70: Transferring a family service case** (AOPSI Standard 28 Level 15) – no files applicable

Louise Reimer  
Contract Auditor  
April 8, 2006.

## 8. RECOMMENDATIONS

**APPENDIX 1: AGENCY AUDIT COMPLIANCE REPORTS**