

**ABORIGINAL SERVICES C6 CHILD PROTECTION PRACTICE AUDIT
REPORT**

Ktunaxa-Kinbasket Child and Family Services (LAB)

Field Work Completed: April 4, 2007
, Contract Auditor
April 23, 2007

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TABLE OF CONTENTS

1. PURPOSE.....	Page 1
2. METHODOLOGY	Page 1
3. AGENCY OVERVIEW	Page 2
a) Delegation	Page 2
b) Demographics.....	Page 2
c) Professional Staff Complement	Page 3
i) Office in Cranbrook	Page 4
ii) Office in Creston.....	Page 5
iii) Office in Invermere.....	Page 5
d) Supervision/Consultation.....	Page 6
4. STRENGTHS OF AGENCY	Page 6
5. CHALLENGES FACING AGENCY.....	Page 7
6. DISCUSSION OF THE PROGRAMS AUDITED	Page 9
a) Child Service Files.....	Page 9
b) Family Service Files	Page 9
c) Resource Files.....	Page 10
d) Investigation Files.....	Page 10
7. COMPLIANCE TO PROGRAMS AUDITED	Page 10
a) Compliance to Child Service Practice	Page 11
b) Compliance to Family Service Practice.....	Page 13
c) Compliance to Resource Practice	Page 14
d) Compliance to Investigation Practice	Page 15
8. RECOMMENDATIONS.....	Page 17

APPENDIX 1: AGENCY AUDIT COMPLIANCE REPORTS

APPENDIX 2: KKCFCS WORKLOAD REVIEW

ABORIGINAL SERVICES C6 CHILD PROTECTION PRACTICE AUDIT REPORT

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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 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; and
- To provide information for use in updating and/or amending practice standards or policy.

The audit is being conducted using the Aboriginal Case Practice Audit Tool. Audits of the 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 team of the Ministry of Children and Family Development (MCFD) and the Office of the Comptroller General (OCG). There were four auditors from the OCG and one auditor from MCFD.

Field work was conducted from March 26 –April 4, 2007 by one auditor. The practice audit was based out of the Cranbrook office and included a visit to the Creston office, but not a visit to the Invermere office. The computerized Aboriginal Case Practice Audit Tool (ACPAT) was used to collect the data, generate office summary compliance reports, and a compliance report for each file audited. A sample of 15 child service files, 29 family service files, 11 resource files and 13 investigation files were audited. Cases were randomly selected from a total of 106 open family service files, 51 open child service files and 40 open resource files. Some of the investigation files audited were closed files. In all, 68 files were audited. Cases were selected from each caseload in order to get an

equal representation of files from each worker. Only the work completed by Ktunaxa-Kinbasket Child and Family Services (the agency) during the last 3 years was audited.

On the second day of the audit, this auditor and the OCG auditors met with the executive director, three coordinators (supervisors) and available staff at the agency's main office to discuss the audit purpose and process. This auditor also met with staff from the two sub-offices to discuss the audit purpose and process. Staff members were invited to meet with this auditor to discuss office systems and procedures. This auditor met with a number of staff, including staff from the two sub-offices during the course of the audit. At the completion of the audit, a meeting occurred with available staff to discuss the general findings of the audit and the next steps of the audit process including the report and recommendations.

3. AGENCY OVERVIEW

a) Delegation

The agency is delegated at C6 Child Protection. This level of delegation enables the delegated agency to provide the following services:

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

b) Demographics

In July 1999, the agency began operating with C3 Voluntary Services delegation. In spring 2003, they obtained C4 Guardianship delegation and in June 2004, they obtained C6 Child Protection delegation.

There are 5 communities of the Ktunaxa Nation which are located in the East Kootenays. These communities are Lower Kootenay (Creston), Shuswap (Invermere), St. Mary's (Cranbrook), Akisqnuk (Invermere) formerly known a Columbia Lake, and Tobacco Plains (Fernie). Until June 2004, the agency provided C4 services to four of these communities – Lower Kootenay, Shuswap, St. Mary's, and Akisqnuk. They did not provide services to Tobacco Plains. In June 2004, the agency received C6 delegation and was mandated to provide services to all aboriginal people, on and off reserve, in the Cranbrook, Invermere and Creston area. KKCFCS commenced C6 work in Cranbrook in Summer 2004, in Creston Spring 2006, and in Invermere in Winter 2007. Services to Elk Valley continue to be the responsibility of MCFD in Fernie, other than in Tobacco Plains where services are coordinated with MCFD. It is estimated there are approximately

1,500 community members, on and off reserve, and approximately 3,000 aboriginal people residing in the East Kootenays (information provided by agency).

The Cranbrook office is the head office for the agency. The agency has had three offices located in Cranbrook, Invermere and Creston for a number of years. The communities and their corresponding catchment areas are in close proximity to their respective office, and minimum travel time is required to visit these areas. All three offices are located on band land.

The agency is governed by a Board of Directors, which consists of representatives from each of the five communities plus a member from the Métis community. There is also an Elders Advisory Committee, which has representation from each of the communities including a member from the Métis community.

c) Professional Staff Complement

The agency currently consists of an executive director, four coordinators (supervisors), eight social workers, one kinship care (resource) worker, seven family support workers, three reconnect workers, one justice worker, one director of finance, one office manager, one office manager mentor, seven administrative staff and one maintenance person. Two coordinators, two social workers and the office manager mentor are seconded to the agency from MCFD in Cranbrook. Two of the seconded staff came to the agency in 2002, the others in summer/fall 2004. All of the seconded MCFD staff are located in the head office. One of the seconded coordinators returned to MCFD during the audit, and another MCFD employee (from another office) came to the agency on a 6 month secondment.

All of the coordinators and social work staff are delegated at C6 Child Protection. The kinship care (resource) worker is delegated at C4 Guardianship. Only work done by the delegated staff was audited.

Prior to November 2006, there were three coordinators at the agency, who were based in the head office in Cranbrook. One coordinator was responsible for all of the delegated work in the three offices. Another coordinator was responsible for all of the non-delegated services. The third coordinator was responsible for assisting the agency with matters relating to delegation, establishing data bases and other developmental related issues.

In November 2006, the agency developed a new structure. Five multi-disciplinary teams were formed; three teams were based at the head office, and one team each in Invermere and Creston. The team in Invermere and two teams at the head office now have their own coordinators. One team at the head office and the team in Creston share a coordinator. The coordinators are responsible for the work of their teams, as well as for specific programs provided by the agency. For example, the coordinator in Invermere is responsible for the reconnect program and all reconnect workers report to her. Each coordinator is responsible for between 4 to 8 professional staff. The coordinator of one of

the teams at the head office is responsible for kinship care (resources) and any related work. This same coordinator is also responsible for the intakes received at the head office. Another coordinator at the head office is responsible for assisting the agency with various aspects of development, data bases, etc.

The agency is currently considering a further restructure. The plan under consideration is to form four teams, two teams at the head office and one each in Invermere and Creston. The agency hopes to establish a coordinator/social work position in Creston, so that the Creston team will have a coordinator on site. The coordinator who is currently responsible for one team at the head office and the Creston team would then become responsible for supporting all coordinators and providing ongoing support services to the agency. The plan is for the coordinators to continue to be responsible for their teams as well as specific program areas of the agency.

In addition to the services provided by the agency, services provided by the Nation's Health Programs include drug and alcohol counseling, infant development, headstart and immunizations. Other services in the area include medical and dental services, hospitals, RCMP, schools, fire department and recreational facilities.

i) Ktunaxa-Kinbasket Child and Family Services - St. Mary's band land in Cranbrook

As already stated, the agency's main office is located on St. Mary's land in Cranbrook. This office serves Cranbrook, Kimberley and the surrounding areas. Staff at this office consist of the executive director, the finance director, three coordinators, five social workers, one resource worker, five family support workers, one reconnect worker, one justice worker, one office manager, one office manager mentor, three administrative support and one maintenance person. There are three teams operating out of this office. Each team consists of a coordinator, social workers, family support workers, and specialized staff such as reconnection workers, FASD support worker, justice worker, etc. As already stated, one coordinator is responsible for a team at the head office as well as the office in Creston. One team has a reconnect worker who provides services to all three teams. One team also has a justice worker, who provides services to all of the offices. A resource worker also provides services for all the offices. The agency also has an art therapist on contract that is located in this office. This therapist provides services to all Ktunaxa-Kinbasket clients throughout the nation. The maintenance person is also very much a part of this office. In addition to the maintenance responsibilities, he interacts with those coming to visit and frequently prepares lunch for everyone who is around.

There is an assigned intake worker at this office and other staff (on all three teams) rotate providing back up. Social workers, resource worker, family support workers, the reconnect worker and justice worker all rotate providing back up. However, only those with appropriate delegation follow up with the intake.

Delegated staff at this office (both MCFD seconded staff and agency staff) also rotate being on call to MCFD After Hours. When the seconded MCFD staff are on call, they provide services for both MCFD and the agency. When agency staff are on call, they provide services only for the agency. Cranbrook MCFD staff continue to provide services for MCFD. This has been under review for the past two years and currently sits at the MCFD/BCGEU Article 29 committee. An effective alternative for provision of After Hours Services has been agreed to at a local level between MCFD and KKCFCS but due to contractual issues cannot be implemented.

The building in which the agency is housed is a large, open area building. There are a number of buildings located at the same site as the child and family services office, including a school, daycare and various community offices. A nurse is also co-located at this office and during the audit, a doctor began providing service with the plan for the doctor to be available on a weekly basis. This complex is across the street from the St. Eugene Resort, which includes a hotel, casino and golf course.

Community members are encouraged to stop by the office, visit and have a cup of coffee. During the audit, a number of people from the community were observed dropping in, bringing their children, visiting with people, playing chess and having coffee. It is hoped that as people become more familiar with the agency, they will more readily accept/seek the services offered by the agency. Confidentiality is a concern, but all staff are aware of this issue and efforts are being made to ensure that confidentiality is maintained.

Individual offices and the file room are locked when not in use.

ii) Ktunaxa-Kinbasket Child and Family Services - Lower Kootenay band land in Creston

This office began providing C6 Child Protection services in spring 2006. Staff at the Creston office consists of two social workers, two family support workers, a reconnect worker and two administrative staff. This office is supervised by a coordinator from the head office. One of the social workers will be assuming responsibility for the early childhood program, and the agency is in the process of hiring another worker to replace her. The plan is to hire a senior worker who will be the coordinator as well as carry a small caseload. The agency hopes to have a coordinator on site in the near future. This office has its own building and is located close to the band office.

iii) Ktunaxa-Kinbasket Child and Family Services - Akisqnuuk band land in Invermere

This office began providing C6 Child Protection services in January 2007. In preparation for assuming this responsibility, agency staff assisted MCFD in investigations during the past year. This office consists of a coordinator, one social worker, one family support worker and one reconnect worker. The office is seen as being understaffed and they are in the process of hiring another social worker, a half time family support worker and an administrative support person. In view of more staff being added to the office, the office is in the process of obtaining additional space in the building they are located. According

to staff, various services are located in same complex as the agency. This includes a doctor, who provides services to the communities 1 day per month.

A major difference in the communities in the Invermere area is that of employment. Staff stated that approximately 85% of the residents in these communities are employed. A further difference is that the birth rate is very low. Last year, only three children were born in the Akisqnuuk community and one child was born in the Shuswap community.

d) Supervision/Consultation

There are three teams in the Cranbrook office, each of whom has a coordinator. The office in Invermere has a coordinator, while the office in Creston is currently being supervised by a coordinator from the Cranbrook office. As has been mentioned, the plan is for the Creston office to have an on site coordinator in the near future. All of the coordinators are available to staff, either in person, via phone, cell phone or e-mail.

The coordinators stated they meet with their teams on a weekly basis, as well as regularly meeting with each worker individually. They also have an open door policy. The coordinators meet on a bi-monthly basis. The executive director periodically attends these meetings. The agency, as a whole, also meets on a monthly basis. There is also an annual agency meeting, which is attended by staff, Board members, members from the Board of Elders and community members.

There are also monthly meetings with resource caregivers which staff are encouraged to attend. It is a time for staff and caregivers to connect with each other, as well as to receive ongoing training. These meetings have been well attended by caregivers and staff.

4. STRENGTHS OF AGENCY

Agency staff are committed to serving their clients and the communities using a culturally sensitive approach. The agency's focus is on involving/supporting families and in reconnecting children with their families and community. Staff report there is a good working relationship between staff and they support/assist each other whenever possible. Staff also report feeling supported by senior staff and the executive director. They described the executive director as being flexible, approachable and respecting the mandated work of the agency. Staff stated the executive director seeks direction from staff regarding the delegated work of the agency. The agency also promotes and financially provides for staff to attend training.

Staff reported feeling supported by senior staff and executive director not only with regards to the work of the agency, but also 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. Staff also felt supported by the Board of Directors, who they felt, were doing their best for both the agency and its staff.

Staff also state they have a good working relationship with the communities they serve and are continually striving to improve these relationships. Staff are also beginning to form relationships with aboriginal people living outside the communities. They stated they have good working relationships with the MCFD offices and other agencies in the area. The agency is not isolated and interacts with other agencies in the general community. Also, the agency and Ktunaxa Nation in the East Kootenays provide a variety of services for families to engage in. These services greatly assist staff in their work with their clients.

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

- Stability of staff – a number of the staff have been with the agency for several years. There has not been a great turnover of staff.
- Seconded MCFD staff – both the executive director, seconded MCFD staff and agency staff felt it was important to have the seconded staff at the office during this time and saw this as a positive experience.
- Organization of physical files - the physical files were in good order with the documents being grouped into sections, in chronological order.
- Office Space – for the most part, the offices have adequate space.
- Prevention – much prevention work goes on as staff mingle with community members and those residing outside the communities, on an informal basis.

The Best Practices computer program has recently been implemented at the agency. The goal is to interface this program with MIS. Staff have found this program to be user friendly and have begun to use this program to document/record information on the files. With the implementation of the Best Practices database, documentation on the case files has increased significantly. Increased documentation and compliance to standards over the past six months is a strength. An additional benefit of the Best Practices database is the increased ability to share information to better serve clients and ensure critical safety information is accessible to required staff.

5. CHALLENGES FACING AGENCY

One of the challenges facing the agency is the adjustment of the communities to the agency now delivering C6 Child Protection services. Although the agency has provided support services to the communities for a number of years, providing C6 services is relatively new in Cranbrook and Creston and very new in Invermere. The communities are adjusting to this change. It has also been a challenge in educating the larger community on the role and mandate of the agency, including reaching the Métis community.

Staff advised there is a critical shortage of suitable caregivers. The agency is often competing with health or other agencies searching for caregivers. Several staff stated that many of the caregivers have had to deal with significant issues in their lives and require much support in order to provide the needed care for the children in their home. Only one worker carries a resource caseload with several other workers carrying a generalized caseload with some resource files. Additional resource staff is required to not only locate additional resources, but also to provide support to maintain the much needed resources.

The communities and areas served by the agency are relatively close to the agency offices. However, the three offices are not close to each other. The driving distance between the head office and the satellite offices is approximately one and a half hours. This can be a physical barrier, but it has also lead to satellite offices feeling left out. Staff at the satellite offices felt that some decisions were made without involving them.

The general challenges facing aboriginal people in the East Kootenays include drug and alcohol abuse, shortage of housing, unemployment, transportation, education, recovering from historic abuse and clients suffering from Fetal Alcohol Syndrome. A number of the children in care are also facing serious medical conditions resulting from drug/alcohol abuse. Additionally in the community of Invermere, there are concerns regarding safe water.

The following were other challenges which were identified during the course of the audit:

- Intake for aboriginal people residing outside the communities – all three offices report that intake for aboriginal people living outside the communities is much higher than expected.
- Agency under a microscope – some staff felt the agency was under a microscope and the larger community was critical of the work of the agency.
- Mental Health Services – some staff also stated that many of the clients suffer from depression, grief and trauma and need mental health services. The traditional mental health services have not been successful in meeting the client's needs. The agency is trying to assess and develop services that would better meet these needs.
- Computer program – the agency recently purchased the Best Practices Program and is in the process of attempting to interface this program with MIS. Although the Best Practices Program is seen as a user friendly program, it has been a challenge learning to use this program, and ensuring that the information is recorded in both the Best Practices and MIS programs.
- New programs/changes in existing programs – the agency is growing/evolving which has resulted new programs being developed and changes made to existing programs. This is seen as a positive move, but at the same time challenging to get these new programs up and running. It is also a challenge adjusting/keeping up to date with the changes being made in existing programs.

An additional challenge facing KKCFS is the rapid growth of the agency from one office, to three delegated offices. The agency has experienced rapid growth of staff from 5 or 6 to over 30 in 4 years, with a high percentage of staff being junior staff. In addition, the recruitment of quality and experienced staff at the coordinator level has been a challenge. There has also been a rapid growth of caseloads (i.e. Family Services workload in Cranbrook was 25% Aboriginal and 75% non Aboriginal at time of transfer and is now 50% Aboriginal and 50% non Aboriginal), where staff growth has not kept pace with the caseload growth. Contracted services have not transferred at equitable ratios for Aboriginal/non Aboriginal clientele. There is also no MCFD regional capacity to fund off reserve service work at levels comparable to MCFD East Kootenay offices.

6. DISCUSSION OF THE PROGRAMS AUDITED

The audit reflects the work done by the delegated staff at Ktunaxa-Kinbasket Child and Family Services over the past 3 years.

a) Child Service Files

A number of the positive aspects found in the child service files included: a number of children residing in aboriginal homes; children residing in long-term placements; efforts being made to connect/reconnect children with their families; support services provided to address needs of children in care; reports received from caregivers, family support workers and other professionals as to the child's functioning.

Documentation missing from the files included Comprehensive Plans of Care (CPOC); social workers relationship and contact with child; rights of children and discipline policy discussed with children in care and caregivers. In a number of files, current CPOC's existed, but as CPOC's had not been completed on a regular basis over the past 3 years, this auditor was not able to give "compliance" in rating this standard.

Regarding documenting the worker's relationship and contact with child, most of the workers this auditor spoke with stated they saw their children regularly. Many of the workers also attend various events in which the children also participate. They do not always have private conversations with the children during these events, but do connect with the children 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

A number of positive aspects in the family service files included: requests for service were appropriately dealt with and a family service rationale was recorded; support services were provided to families, and reports were received from those providing these services.

Documentation missing in family service files included: reviews of plan; risk assessments after receiving three protection reports in 1 year or before Supervision Orders expired and Support Service Agreements. There were a number of Support Service Agreements on file, but not on a consistent basis over the past 3 years.

c) Resource Files

The positive aspects in the resource files included: a number of the resources were aboriginal resources; a number of resources were seen as long-term placements; applications, orientation and training provided caregivers was on file; all files had signed agreements. It was evident from the files, that there was ongoing contact between the caregivers and the social workers. Considerable support was provided to the caregivers, which included daycare, respite care and counseling services.

Documentation missing in resource files included: annual reviews, written information on children provided to caregiver, and homestudies. In a number of files, the criminal records check had been completed some years ago and it would be helpful to have them updated. In regard to providing caregivers with written information about the children, staff stated that they usually provided caregivers with a “Snapshot” from the child’s file or a copy of the “Placement Request” at the time of placement. However, this was not documented on the file. It would be helpful to document the information provided to caregivers. The agency recently sent updated “Snapshots” on all children in care to their caregivers. The agency is to be commended for taking these steps to ensure that caregivers have up to date information on the children in their care. The agency also requested caregivers to review the discipline policy and advise the agency when they had done so. This is also seen as a forward step.

d) Investigation Files

Both open and closed files were audited. The positive aspects in the investigations files included: doing prior contact checks; assessment and emergency response; deciding whether to investigate; informing police; initial plans of investigating; seeing and interviewing the child and assessing child’s immediate safety.

Documentation missing included: supervisory consultation; seeing and interviewing parents; recording and reporting investigation results and time limit for investigation. Determining the investigation response time was appropriate but investigations were not always started in the required time period.

7. COMPLIANCE TO THE PROGRAMS AUDITED

One auditor audited the child service, family service, resource, and investigation files. The ‘not applicable’ scores were not included in the total.

a) Compliance to Child Service Practice

A total of fifteen (**15**) child service files were audited. Eleven (11) files were from the head office, and 2 files from each of the sub-offices. The following ratings combine the files from all three offices. Overall compliance to the child service standards was **65%**. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C6 Child Protection 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 child;
- Placement stability and deciding when and where to move a child;
- The degree of stability and continuity provided to the child in care;
- Informing the child and caregiver of the rights of children in care;
- Informing the child and caregiver of the appropriate discipline policy;
- 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)** – 5 files (42%) compliant; 7 files (58%) non-compliant; 3 files not applicable.
2. **Standard 24: Process for determining the needs of the child (AOPSI Standard 24 Level 12)** – 14 files (100%) compliant; 1 file not applicable.
3. **Standard 25: Biographical information and family history (AOPSI Standard 26 Level 12)** – 13 files (100%) compliant; 2 files 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; 10 files not applicable.
5. **Standard 27: Monitoring of the child's plan of care (AOPSI Standard 27-28 Level 12)** – 3 files (27%) compliant; 8 files (73%) non-compliant; 4 files not applicable.
6. **Standard 28: Informing the child and caregiver about appropriate discipline standards (AOPSI Standard 30 Level 12)** – 3 files (27%) compliant; 8 files (73%) non-compliant; 4 files not applicable.
7. **Standard 29: Deciding where to place a child (AOPSI Standard 31 Level 12)** – 11 files (100%) compliant; 4 files not applicable.
8. **Standard 30: Deciding to move the child in care (AOPSI Standard 32 Level 12)** – 7 files (88%) compliant; 1 file (13%) non-compliant; 7 files not applicable.

9. **Standard 31: Planning a move for a child** (AOPSI Standard 33 Level 12) – 6 files (75%) compliant; 2 files (25%) non-compliant; 7 files not applicable.
10. **Standard 32: Reportable circumstances** (AOPSI Standard 25 Level 12) – 1 file (100%) non-compliant; 14 files not applicable.
11. **Standard 33: When a child or youth is missing, lost or runaway** (AOPSI Standard 29 Level 12) – 5 files (100%) compliant; 10 files not applicable.
12. **Standard 34: Providing initial and ongoing medical and dental care for a child in care** (AOPSI Standard 36 Level 12) – 13 files (93%) compliant; 1 file (7%) non-compliant due to factors beyond the control of worker or supervisor; 1 file not applicable.
13. **Standard 35: the social worker's relationship and contact with a child in care** (AOPSI Standard 37 Level 12) – 6 files (43%) compliant; 7 files (50%) non-compliant; 1 file (7%) non-compliant due to factors beyond the control of worker or supervisor; 1 file not applicable.
14. **Standard 36: Interviewing the child about his or her care experience** (AOPSI Standard 34 Level 12) – 6 files (86%) compliant; 1 file (14%) non-compliant; 8 files not applicable.
15. **Standard 37: Case transfer** (AOPSI Standard 39 Level 12) – 3 files (100%) compliant; 12 files not applicable.
16. **Standard 38: File closure** (AOPSI Standard 40 Level 12) – 1 file (33%) compliant; 2 files (67%) non-compliant; 12 files not applicable.
17. **Standard 39: Recording and documentation of children in care files** (AOPSI Standard 12 Level 12) – 3 files (20%) compliant; 12 files (80%) non-compliant.
18. **Standard 40: Supervisory approval regarding guardianship** (AOPSI Standard 7) – 11 files (73%) compliant; 4 files (27%) non-compliant.
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) – 1 file (100%) non-compliant; 14 files not 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) – 3 files (100%) compliant; 12 files not applicable.

23. Standard 45: Responsibilities to the public trustee (AOPSI Standard 22 Level 13) – no files applicable.

b) Compliance to Family Service Practice:

Twenty nine (29) family service files were audited. Twenty two (22) files were audited from the head office, 5 files from the Creston office and 2 files from the Invermere office. The following ratings combine the files from all three offices. Overall compliance to the family service standards was **81%**. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C6 Child Protection family service including:

- Information and referral 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. Standard 1-3: Receiving requests for service (AOPSI Standard 1-3 Level 12)** – 29 files (100%) compliant.
- 2. Standard 4: Information and referral for services (AOPSI Standard 4 Level 12)** – 24 files (100%) compliant; 5 files not applicable.
- 3. Standard 5: Interagency coordination (AOPSI Standard 5 Level 12)** – 17 files (100%) compliant; 12 files not applicable.
- 4. Standard 6: Supervisory approval regarding voluntary services (AOPSI Standard 6 Level 12)** – 25 files (89%) compliant; 3 files (11%) non-compliant; 1 file not applicable.
- 5. Standard 7: Family service plan rationale and components for support services, voluntary care, and special needs agreements (AOPSI Standard 7 Level 12)** – 19 files (86%) compliant; 3 files (14%) non-compliant; 7 files not applicable.
- 6. Standard 8: Support service agreements with families (AOPSI Standard 8 Level 12)** – 9 files (45%) compliant; 11 files (55%) non-compliant; 9 files not applicable.

7. **Standard 9: Voluntary care agreements** (AOPSI Standard 10 Level 12) – 3 files (100%) compliant; 26 files not applicable.
8. **Standard 10: Special needs agreements** (AOPSI Standard 11 Level 12) – 5 files (83%) compliant; 1 files (17%) non-compliant; 23 files not applicable.
9. **Standard 11: File documentation** (AOPSI Standard 12 Level 12) – 15 files (52%) compliant; 14 files (48%) non-compliant.
10. **Standard 12: Review of the family service plan** (AOPSI Standard 13 Level 12) – 11 files (65%) compliant; 6 files (35%) non-compliant; 12 files not applicable.
11. **Standard 13: Children with special needs** (AOPSI Standard 38 Level 12) – no files applicable.

c) **Compliance to Resource Practice**

In total, eleven (**11**) resource files were audited. Nine (9) files were audited from the head office and 1 from each of the sub offices. The following ratings combine the files from all three offices. Overall compliance to the resource standards was **71%**. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators, C6 Child Protection 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;
- Investigating allegations of abuse or neglect of child in care in family care home;
- Quality of care review of 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) – 6 files (75%) compliant; 2 files (25%) non-compliant; 3 files not applicable.
2. **Standard 15: Homestudy** (AOPSI Standard 15 Level 12) – 5 files (63%) compliant; 3 files (38%) non-compliant; 3 files not applicable.
3. **Standard 16: Training of caregivers** (AOPSI Standard 16 Level 12) – 9 files (90%) compliant; 1 files (10%) non-compliant; 1 file not applicable.
4. **Standard 17: Signed agreement with caregivers** (AOPSI Standard 17 Level 12) – 10 files (91%) compliant; 1 file (9%) non-compliant.

5. **Standard 18: Providing information on the child** (AOPSI Standard 18 Level 12)
– 7 files (64%) compliant; 4 files (36%) non-compliant.
6. **Standard 19: Monitoring and reviewing homes** (AOPSI Standard 19 Level 12) –
3 files (38%) compliant; 5 files (63%) non-compliant; 3 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; 10 files not applicable.
9. **Standard 22: Closure of the family care home** (AOPSI Standard 22 Level 12) – 1 file (100%) non-compliant; 10 files not applicable.

d) Compliance to Investigation Practice

A total of thirteen (**13**) investigation files were audited. Both closed and open files were audited. Eleven (11) investigation files audited were from the head office. 2 investigation files audited were from the Creston office. The following ratings combine the files from both offices. Overall compliance to the investigation standards was **73%**. The files were audited for compliance to the Aboriginal Operational and Practice Standards and Indicators C6 Child Protection investigation practice including:

- 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 and 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) – 10 files (77%) compliant; 3 files (23%) non-compliant.
2. **Standard 47: Prior contact check and registration** (AOPSI Standard 6 Level 15)
– 13 files (100%) compliant.

3. **Standard 48: Assessment and emergency response** (AOPSI Standard 7 Level 15) – 12 files (92%) compliant; 1 file (8%) non-compliant.
4. **Standard 49: Deciding whether to investigate** (AOPSI Standard 8 Level 15) – 12 files (92%) compliant; 1 file (8%) non-compliant.
5. **Standard 50: Determining the investigation response time** (AOPSI Standard 10 Level 15) – 8 files (67%) compliant; 4 files (33%) non-compliant; 1 file not applicable.
6. **Standard 51: Informing the police** (AOPSI Standard 9 Level 15) – 5 files (100%) compliant; 8 files not applicable.
7. **Standard 52: Initial plan of investigation** (AOPSI Standard 11 Level 15) – 10 files (83%) compliant; 2 files (17%) non-compliant; 1 file not applicable.
8. **Standard 53: Steps in the investigation** (AOPSI Standard 12 Level 15) – 6 files (50%) compliant; 6 files (50%) non-applicable; 1 file not applicable.
9. **Standard 54: Protocol with MCFD and ancillary agencies** (AOPSI Standard 1 Level 15) – 3 files (100%) compliant; 10 files not applicable.
10. **Standard 55: Seeing and interviewing the child** (AOPSI Standard 13 Level 15) – 9 files (90%) compliant; 1 file (10%) non-compliant; 3 files not applicable.
11. **Standard 56: Arranging a medical examination of the child** (AOPSI Standard 14 Level 15) – 1 file (50%) compliant; 1 file (50%) non-compliant; 11 files not applicable.
12. **Standard 57: Seeing and interviewing the parent** (AOPSI Standard 15 Level 15) – 6 files (55%) compliant; 5 files (45%) non-compliant; 2 files not applicable.
13. **Standard 58: Assessing the child's immediate safety** (AOPSI Standard 16 Level 15) – 10 files (83%) compliant; 2 files (17%) non-compliant; 1 file not applicable.
14. **Standard 59: Deciding whether the child needs protection** (AOPSI Standard 17 Level 15) – 8 files (67%) compliant; 4 files (33%) non-compliant; 1 file not applicable.
15. **Standard 60: Action when the child or parent cannot be located** (AOPSI Standard 18 Level 15) – 1 file (50%) compliant; 1 file (50%) non-compliant; 11 files not applicable.

- 16. Standard 61: Recording and reporting the investigation results (AOPSI Standard 19 Level 15)** - 6 files (50%) compliant; 6 files (50%) non-compliant; 1 file not applicable.
- 17. Standard 62: Time limit for investigation (AOPSI Standard 20 Level 15)** – 4 files (33%) compliant; 8 files (67%) non-compliant; 1 file not applicable.
- 18. Standard 63: Taking charge (AOPSI Standard 21 Level 15)** – no file 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.
- 25. Standard 70: Transferring a family service case (AOPSI Standard 28 Level 15)** – no files applicable.

8. RECOMMENDATIONS

Present:

Services	, Coordinator, Ktunaxa-Kinbasket Child & Family
,	Coordinator, Ktunaxa-Kinbasket Child & Family
Services	Coordinator, Ktunaxa-Kinbasket Child & Family
,	former Coordinator, Ktunaxa-Kinbasket Child &
Services	Board Member, Ktunaxa-Kinbasket Child &
,	Board Member, Ktunaxa-Kinbasket Child &
Family Services	Business & Contract Manager, Ktunaxa-
,	Kinbasket Child & Family Services

Denise Connell, A/Quality Assurance Manager, Aboriginal Regional Support Services, MCFD
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Contract Auditor

Date: July 23, 2007

In response to the audit report, Ktunaxa-Kinbasket Child & Family Services has implemented an action plan in response to practice standards with low compliance. The agency action plan is provided below.

1) Children in Care Files – current activities and areas to be addressed

- a) KKCFCS has commenced documenting Standard 28: Informing the child and caregiver about appropriate discipline standards in January 2007 – compliance to standard has already increased
- b) Administrative staff are regularly forwarding information to caregivers
- c) KKCFCS is making copies of what caregiver has been provided and stamping copy of when sent out and by who
- d) KKCFCS developed and is using Kinship Care checklist that includes requirement/tick box to indicate caregiver has been informed of behavioural expectations

2) Resource Files – current activities

- a) KKCFCS has made significant improvements on Standard 14: Application and orientation. All potential caregivers are assessed according to AOPSI standards. An approval checklist has been developed and is being consistently utilized
- b) KKCFCS has adopted and is utilizing the SAFE home approach when completing homestudies
- c) KKCFCS now copies information provided to the caregiver regarding the child and makes note on the copy of who this is provided to and when

3) Investigation Files – current activities and areas to be addressed

- a) KKCFCS will ensure plans are documented as part of the investigation documentation
- b) KKCFCS will look at training for staff who conduct investigations
- c) KKCFCS working hard to develop strength based assessment model that we can incorporate assessment of risk into the training

4) For All File Types Ktunaxa-Kinbasket Child & Family Services will:

- a) Review AOPSI with all KKCFCS staff
- b) Continue to attempt to secure additional staffing resources from MCFD to achieve equity with MCFD District Offices in the East Kootenays

- c) Implementation of Best Practices Database – the Best Practice Database has been revised to meet a number of practice areas including, contact with children in care, contact type (including reviewing rights of children in care with caregivers and children in care), review recordings, consultations with coordinators (supervisors) and sharing of information.
- d) Revise the Kinship (Foster) Parent Annual Review form, including when rights of children in care are discussed with the caregiver

The following recommendations were developed in consultation with Ktunaxa-Kinbasket Child and Family Services and MCFD Aboriginal Regional Support Services Team. The timeframe for completion of the recommendations is three months.

KKCFS staff will use Best Practices to develop a recording format which will record documentation into the plans of care information.

APPENDIX 1: AGENCY AUDIT COMPLIANCE REPORTS

APPENDIX 2: KKCF WORKLOAD REVIEW