

**DIRECTOR'S CASE PRACTICE AUDIT REPORT**  
**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT**  
**INTERIOR REGION**  
**Trail Community Services AGZ**

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**DIRECTOR'S CASE PRACTICE AUDIT REPORT  
INTERIOR REGION  
TRAIL COMMUNITY SERVICES (AGZ)**

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## **SECTION I: INTRODUCTION**

### **DIRECTOR'S CASE PRACTICE AUDIT REPORT INTERIOR REGION TRAIL COMMUNITY SERVICES (AGZ)**

#### **1. PURPOSE**

The purpose of case practice audits is to support practice to promote improved outcomes for children and families served by the Ministry. Through a review of a sample of cases, case practice audits help to confirm good practice and identify areas where practice requires strengthening.

The specific purposes of case practice audits are:

- to confirm good practice and enhance the development of best practice,
- to support the Ministry's service transformation initiatives
- to assess and evaluate practice in relation to current legislation and standards;
- to determine the current level of practice across a sample of cases;
- to identify cases where additional assessment and/or intervention is required;
- to identify barriers to service provision;
- to assist in identifying training needs;
- To provide information for use in updating and/or amending practice standards or policy.

This case practice audit is being conducted proactively by the Regional Director's office. Proactive case practice audits of district offices are systemically conducted on a regular cycle. Regions conduct case practice audits as an integral component of their quality assurance plan.

#### **2. METHODOLOGY**

The audit was conducted to meet provincial standards in accordance with Case Practice Audit Methodology and Procedures Document (April 2004). The specific audit tools used in conducting this audit are indicated below.

- Critical Measures Audit Tool for Child and Family Service Standards**
- Critical Measures Audit Tool for Child In Care Service Standards**

## **SECTION II: SERVICE DELIVERY**

### **3. COMMUNITY OVERVIEW**

Trail is located at the junction of Highway 3B and Highway 22, 626 Kilometers from Vancouver. It is easily accessed by car, bus and air. There is an airport at Castlegar and recently a small airport has been opened in Trail. There are a number of daily flights from both airports. Castlegar is known to be a challenging airport to fly in and out of if there is heavy cloud cover. The clouds seem to stick onto the surrounding mountains and flights can be delayed for days at a time during the fall and winter months.

Trail and the adjoining areas are tucked into the valleys surrounded by the Selkirk and Monashee mountains. There are a number of mighty rivers running through the Kootenays including the Columbia and the Kootenay rivers. The seven dams on these two rivers feed into a grid that powers a portion of BC with electrical power with some of the power also being sold to the USA.

Trail has a population of about 8,000 people and is also the city that serves the surrounding communities of Rossland, Warfield, Montrose and Fruitvale which adds an additional 10,000 people to this area of the Kootenay Boundary.

Trail uses the motto “The Home of Champions” in promoting the area. It has a history of producing many outstanding individuals in the fields of the arts, sports, industry and education. The Trail Smoke Eaters won the World Hockey Championship in 1939 and 1961. Trail continues to be a “hockey town” to this day.

Trail has a proud Italian heritage and is the home of a large Italian community. This does give the area a distinctive characteristic. . The district has a good number of excellent cooks known for their own Italian specialties and closely guarded family recipes, including the recipes for making wine.

In the early 1900’s many Italian families immigrated to Trail so that the men could work on building the railway. After completion of the railway many remained after family members’ secured employment with Cominco. The Cominco Smelter was first established to process the ore from the gold mines in Rossland.

Teck Cominco, as it is known today, is the home of the world’s largest lead and zinc smelter. It also remains the area’s main employer. The smelter is located in Trail and its buildings and smoke stacks dominate the city’s skyline. Besides being the largest employer, Cominco is a prominent supporter of many community activities and charities.

Trail and the surrounding areas offer an abundance of activities for families. Fishing on the Columbia River and the adjacent creeks and lakes, skiing on the mountains surrounding Rossland, mountain biking, hiking, hunting, snowmobiling, camping, hockey, figure skating, dancing, baseball and soccer are just some of the activities available to active community members.

Trail and the rest of the West Kootenays are a true “four season’s area” and for the most part, rural. It has hot summers and cold winters which in turn promotes both summer and

winter outdoor activities. Numbers of people have moved to the West Kootenays specifically for the lifestyle which offered the added bonus of low cost housing. The area has had, until very recently, some of the most affordable real estate prices in British Columbia. The West Kootenays seems to have been “discovered” within the last year and prices have increased from 30 to 40 % in the greater Trail area. This is making it difficult financially for low income families that have counted on the low cost of housing. The district now has more of an “aging” population and numbers of schools have been closed because of the decline of children residing in the area although the region still does have its share of young families. A number of these families live in poverty and a number of children, for a variety of reasons, present as children who are neglected. The closing of the school lunch programs was seen as a big loss to these children.

The Kootenay Boundary Regional Hospital is located in Trail. Besides the general medical doctors there are many doctors located close to KBRH who are specialists in their chosen field. It makes the area attractive to families and retirees. There is no formal SCAN service in this area. The closest SCAN services available are in either Kamloops or in Vancouver. The social workers say that the family physicians are cooperative and helpful in assisting when there is suspected child abuse or neglect.

Family Court services occur on a scheduled basis, in Rossland, Castlegar and Nelson. For Trail social workers and the families they service this can mean a drive of anywhere up to an hour one way if the matter gets scheduled for Nelson. Inclement winter weather can make this a difficult journey and the journey is even more difficult for the families living in poverty that have no means of transportation. Bus service in the region is limited.

**c) Service Delivery:**

The Interior Region includes three large areas within the province of British Columbia: Shuswap/Okanagan, Cariboo/Thompson and the East and West Kootenays. The Regional office is located in Kamloops and there are sub regional offices in Nelson and Kelowna. At the time of this audit the Regional Sr. Management Team consisted of a Regional Executive Director, a Director of Regional Operations, a Director of Child Welfare, a Director of Operations for Aboriginal Services and a Director of Corporate Services. Throughout the Region there are six Community Services Managers and 2 Aboriginal Services Managers. The Community Services Manager for the East and West Kootenays has his office in Nelson and has responsibility for the child welfare practice for Trail, AGZ. The Aboriginal Service Manager for the area has her office in Kelowna. The Trail Community Services Team (AGZ) consists of a Supervisor, five Social workers a youth probation officer, one full time CYMH clinician and two part time CYMH clinicians. Clinical support for CYMH clinicians is received from a supervisor in Nelson.

The Trail Community Services office provides service to children from birth to age nineteen. This includes all guardianship services, family services, youth agreements, youth justice and child and youth mental health services. The area served is Trail, Rossland, Warfield, Casino, Rivervale, Genelle, Montrose, Beaver

Valley, Fruitvale, Area A and Area B. Adoption services are provided by the adoption team located at the regional office in Nelson.

1/ Residential Services

Residential services are provided by the Resource Team, AET, located at the regional office in Nelson. Trail, AGZ, has a resource social worker from AET assigned to provide services to their office. The assigned resource social worker is a former member of the AGZ team which assists with him knowing well many of the families and children in care. The resource social worker meets with the AGZ team weekly to discuss planning and placement for children. Requests for placement are made directly to the resource social worker or a member of his team. The resource social worker and the child's social worker work as a team to match a home to the needs of a particular child. The resource social worker supports the care givers with day to day issues and assists or mediates when there are issues or conflicts about the care of the child in the foster home. The resource social worker is in the area served by Trail office at least three times a week to visit the current care givers, work on home studies and discuss recruitment and retention planning.

#### 4. STAFFING

- a) **Professional Staff Complement/Staff Turnover:** The Trail MCFD office is staffed by a supervisor, two administrative support staff, five child protection/family service social workers, one probation officer, one full time CYMH clinician and two half-time CYMH clinicians. Two psychiatrists see clients at AGZ; one once a week the other once a month. There are two regional MCFD staff that use the Trail office weekly to provide special services to the area.

At this time AGZ is fully staffed. A social worker was hired six weeks prior to the start of this audit to fill a position that had been vacant since May 2006. Turnover is minimal with most current staff committed to remaining at AGZ for the long term.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
DS	<del>26.5 years</del>	<del>B Ed.</del>	<del>26.5 years</del>	<del>Full</del>	Perm/FT
SW1	<del>7 years</del>	<del>BSW M ED</del>	<del>10 years 2 years SPMH</del>	<del>Full</del>	Perm/FT
SW2	<del>4 years</del>	<del>BSW B ED</del>	<del>17 years</del>	<del>Full</del>	Perm/FT
SW3	<del>3 years</del>	<del>BSW</del>	<del>3 years</del>	<del>Full</del>	Perm/FT
SW4	<del>1 year</del>	<del>BA Child- care</del>	<del>4.25 years</del>	<del>Full</del>	Perm/FT
SW5	<del>6 weeks</del>	<del>BSW</del>	<del>6 weeks</del>	<del>C5</del>	Perm/FT

- a) **Current Workload:** the caseload management report that was run on the first day of the audit (July 3, 2007) indicated forty three open Family Service files, twenty five open Child Service files, forty five closed in the last six month Family Service files and six closed in the last six months Child Service files. The following indicates the number of files open on each caseload at AGZ at the time of the audit.

AGZ~~201~~----had no files audited at this time. He was a new arrival at AGZ.  
AGZ~~202~~----5 FS----9CS  
AGZ~~203~~----17 FS  
AGZ~~204~~----7 FS----6 CS  
AGZ~~206~~----14 FS----10 CS

## 5. STAFF TRAINING

a) Ministry Training Program	Team Leader	SW 1	SW 2	SW 3	SW 4	SW5
Child Protection Worker (core)	✘	✘	✘	✘	✘	✘
Resources Worker						
Guardianship (core)					✘	
Adoption (core)	✘	✘		✘		
Clinical Supervision Level 1.	✘	✘				
Clinical Supervision Level 2	✘	✘				
Risk Assessment	✘	✘	✘	✘	✘	✘
Advanced Risk Assessment					✘	
Enhanced Neglect			✘		✘	
Cultural Awareness	✘	✘	✘		✘	
Integrated Case Management	✘	✘	✘			
Investigative Interviewing	✘	✘	✘			
FAS/E and NAS/E		✘	✘		✘	
Looking After Children	✘	✘	✘			
Substance Misuse						
Youth Alcohol & Drug						
Youth Suicide prevention			✘			
Youth agreements	✘	✘	✘	✘	✘	
District Supervisor module 1	✘					
District Supervisor Module 2	✘					
Leading the Way						

## 5. SUPERVISION/CONSULTATION

Supervision of staff occurs regularly and was ongoing as the work dictates. The Supervisor met with each social worker monthly to carry out case planning. Social workers are aware that the supervisor welcomes case discussion and consultation whenever it was needed. The supervisor had an open door policy. It was understood that intake and investigation requires daily consultation. The supervisor kept a file for each social worker and provided each with a form to document discussion topics, planning and outcomes. The form was used at each supervision session.

## 6. INTAKE AND TRACKING SYSTEMS

- a) **Investigations:** Two social workers did the intake and investigations on new reports of suspected child abuse and neglect. The family service social workers investigated the new reports on their open cases. The two intake and investigation social workers regularly back each other up with the rest of the team doing scheduled back up or intake to cover flex days, holidays and other absences from work.

The supervisor received a printed copy of the intake after the social worker had completed Risk Decision one (RD1)) and the copy was used to track the progress of the investigation. The supervisor kept a log of all intakes coming into the office . The decision to investigate involved both the social worker and the supervisor. The investigation social worker completed the intake to RD5 which was then approved by the supervisor before it was passed on to a family service social worker. To determine who would receive the file when it was ready for transfer the supervisor used the CMR and her knowledge of how difficult/complicated each case was. Cases are usually transferred at the weekly staff meeting and more often than not SWs will agree or ask to take certain cases. The investigation social worker was always clear with the family that a transfer was coming but would at times keep a case if it was determined to be of short service. Completion of RD6, the risk reduction service plan, was completed by the two social workers and the family.

- b) **Family Development Response: Not Audited at This Time**

- c) **Ongoing Family Service and Child Service:** Ongoing tracking and monitoring of family service and guardianship cases occurred at scheduled monthly meetings and as the case required. The Supervisor had a tracking sheet for each open file and used the CMR for knowing what work was still needed to be completed. The supervisor kept a file for each worker's caseload.

The social workers used the MIS to do list and CMRs to guide their work. Each worker fits the tools to their own system for tracking the individual cases. The social workers kept the supervisor apprised of any significant developments to a family or child's situation.

## 8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

There were no identified aboriginal groups or bands in the Trail office's catchment area. There were few aboriginal family service files or aboriginal children in care files on the AGZ caseloads. When the family or child was of aboriginal heritage and the band could be identified the band was contacted and informed of MCFD involvement with the family. The social workers worked through the regional aboriginal consultant, the Roots Project and with the child's band to develop cultural plans. If the band was not known by the family a search was completed. At the time of the audit the last search for a family's heritage was completed with the help of Ktunaxa-Kinbasket. There was a Métis office in Castlegar that AGZ contacted when a family or child was identified as Métis. In the greater Trail area there was an aboriginal child care worker that worked in the area schools to provide general cultural awareness and assistance to aboriginal children.

At the time of the audit a request was made of the Deputy Director of Aboriginal Services for the Interior Region, to assist the staff to know who to serve when a child or family's band was not known. At the time it was unknown who would receive the notice of involvement of MCFD and the notice of court hearings for an aboriginal child or family of unknown origin.

### SECTION III: AUDIT RESULTS

## 9. AUDIT SAMPLE

Current caseload management reports (CMR) of cases assigned to this office were identified on the Ministry computer system. Cases were then randomly selected for review as follows: There were fourteen (37%) open FS files audited, nine (20%) closed FS files audited, nine (36%) open CS files and three (50%) closed CS files audited for a total of thirty five files audited. Youth agreement, adoption and non-protection files were not included in this audit. Following is a list of the numbers of files audited from each caseload. Caseload ~~\_\_201~~ had no files audited as the social worker that was assigned to AGW

~~\_\_\_201~~ was new to the role of protection social worker and was being mentored and trained by the AGZ staff.

AGZ~~202~~\_\_\_\_\_4 FS----5 CS  
AGZ~~203~~\_\_\_\_\_4 FS  
AGZ ~~\_\_204~~-----10 FS---3 CS  
AGZ ~~\_\_206~~-----5 FS----4 CS

## 10. CRITICAL MEASURES AUDIT RESULTS

- A. CMAT CFS Narrative Summary
- B. CMAT CIC Narrative Summary

## 10A. CRITICAL MEASURES AUDIT - CHILD AND FAMILY SERVICES (CMAT-CFS)

### NARRATIVE SUMMARY

**Twenty three (23)** Family service files were audited. Overall compliance to the child and family services standards was 92.7%. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

#### 1. Screening and Best Approach to Service Delivery

##### CRITERIA

The Family Service file contains documentation indicating:

- (a) That the social worker receiving the information has obtained sufficient information from the caller to support an appropriate assessment.
- (b) That the social worker has reviewed the information provided by the reporter, ministry records and any additional information gathered in assessing whether the child may need protection as defined in s.13 of the CFCSA.  
That an Aboriginal service provider or delegated agency has been contacted when appropriate, when a request for service or a child protection report is received for an Aboriginal child.

Twenty three files were applicable to this critical measure with eighteen files being compliant. On four files documentation indicated that the family was aboriginal and there was no indication that the aboriginal community had been advised of MCFD involvement. On the remaining file there was no PCC on file and no summary of the MCFD involvement with the family.

#### 2. When a Child is at Immediate Risk of Harm

##### CRITERIA

The Family Service file contains:

- (a) An appropriate determination that the child may be at immediate risk of harm and documentation of adequate steps taken to see the child and ensure the child's immediate health and safety.
- (b) documentation of any circumstances in which the worker was unable to see the child in a time frame that would ensure the child's immediate health and safety, and therefore requested another person to initially see and/or interview the child.

This critical measure was applicable to eight files and the eight files were 100% compliant.

#### 3. Assessing a Child Protection Report and Determining the Most Appropriate Response

##### CRITERIA

The Family Service file contains documentation indicating:

- (a) That the social worker has determined an appropriate response to the report, conducting a child protection investigation only when alternative approaches would not ensure the child's safety.

The critical measure was applicable to all twenty three files and the files were 100% compliant.

#### 4. Family Development Response

*Not audited at this time*

#### 5. Determining Time Frame to Begin an Investigation

## CRITERIA

Where a determination has been made to investigate, the Family Service file contains a documented appropriate determination as to the time frame to begin the investigation and confirmation that the investigation was begun within that time frame.

The critical measure was applicable to twelve of the twenty three files audited. Eleven of the files were compliant the twelfth file had documentation to indicate that the investigation was to have started immediately. Documentation indicates it was two days before there was contact with the family.

## 6. Conducting a Child Protection Investigation

### CRITERIA

Where a determination has been made to investigate, the Family Service file contains:

- (a) Documentation that all relevant and necessary information related to the report, including existing case records and files, has been reviewed.
- (b) Documentation that information from people who may have relevant knowledge of the family and/or child has been obtained.
- (c) Documentation that the child's living situation has been directly observed.
- (d) where required by policy in specific circumstances:
  - Documentation that a medical examination of the child has taken place and a copy of the medical report is on file, or where a medical examination was not done, the reasons are documented.
  - Documentation that a child with capacity has given consent to medical treatment and has not received medical treatment without their consent unless so ordered under section 29 of the CF&CS Act or in compliance with other legislation. (Examples: An unconscious child who requires critical treatment and a parent/guardian is not available or required treatment under public or mental health legislation).
  - Documentation that the aboriginal community and/or identified delegated agency have been contacted and involved, according to established protocols.
  - Where a child is considered to be in immediate danger and the child or family cannot be located, there is documentation that the police were involved and information/action alerts were completed as required.
  - Where in the course of an investigation, a conclusion has been reached that a child does not need protection, there is documentation of any decision to discontinue the investigation and where required, of any alternative response chosen.

This critical measure was applicable to twelve of the twenty three files audited. Eleven files were compliant and on the one remaining file there was no documentation to indicate all the steps of an investigation were completed. There was no indication that the children's living situation was observed and no indication that the ~~grandparents~~ grandparents were interviewed. Information indicates that the ~~grandparents~~ \_\_\_\_\_ would have had information relevant to the investigation.

## 7. Seeing and Interviewing the Child and Family

### CRITERIA

Where a determination has been made to investigate, the Family Service file contains documentation that:

- (a) The child has been seen and, where developmentally appropriate, interviewed.
- (b) All other vulnerable children in the home have been seen and, where developmentally appropriate, interviewed.
- (c) The parent/s have been seen and interviewed.
- (d) If the child is aboriginal, the aboriginal community or agency is involved, if appropriate.

This critical measure was applicable to twelve of the twenty three files audited and the files were 100% compliant.

## 8. Concluding a Child Protection Investigation

### CRITERIA

The Family Service files documents:

- (a) A decision as to whether or not the child is in need of protection (as defined under section 13 of the CF&CS Act), which is consistent with the facts gathered during the investigation.
- (b) All necessary steps required to address the child's need for protection have been considered and implemented.

This critical measure was applicable to twelve of the twenty three files audited. Eleven of the files were compliant. On the twelfth file the home was never observed. One of the reported concerns was about ~~the condition of the home and the lack of food in the home~~. A home visit would be required to provide a more complete measure of the seriousness ~~of the neglect of the children.~~

## 9. Concluding a Child Protection Investigation in a Timely Manner

### CRITERIA

The Family Service file documents that the investigation was completed within 30 calendar days.

Nine of the twelve files audited to this measure were compliant. The three remaining files did not meet the thirty day time frame for completing an investigation.

## 10. Developing a Plan to Keep a Child Safe

### CRITERIA

The Family Service file contains:

- (a) A documented plan which:
  - Adequately addresses the child's safety needs.
  - Identifies the strengths of the child and family that mitigate the safety risks to the child.
  - Considers the child's needs for stability and continuity of relationships.
  - Considers the participation of extended family in keeping a child safe.
  - Identifies the time frames for a review of the plan.
- (b) Documentation that adequate services and strategies to address the child's safety needs were implemented in a timely manner.

**Note:** *This critical measure does not include the reassessment section of the CFS standard which is covered in Critical Measure # 11.*

Ten of the twenty three file audited were applicable to this critical measure and were 100% compliant.

## 11. Reassessing Plan to Keep a Child Safe and Ending Family Service Response

### CRITERIA

The Family Service file contains:

- (a) documentation on an ongoing and regular basis, of reassessments and any adjustments to the plan necessary to keep the child safe, or when significant changes in the circumstances of the family or child has occurred.
- (b) documentation that the plan to keep the child safe and any reassessments are reviewed with the child as appropriate, with those who have a role in keeping the child safe and wherever possible, with those involved in the plan development.
- (c) documentation that in all cases where a Protection Family Service Response has ended, the family service file contains an assessment that supports a conclusion that the parents are able to keep the child safe without further protection family services.

## Notes

1. Only those portions of CFS standard #17 above related to reassessment are relevant to these criteria.
2. Criteria (c) is cross-referenced to CFS standard #20 (Ending Child Protection Services to a Child and Family).

Two of the twenty three files audited were applicable to this critical measure and were 100% compliant.

## 12. Notification of Fatalities and Critical Injuries

### CRITERIA

The Family Service file contains documentation confirming:

- (a) that an initial report in the prescribed format has been submitted to the designated director within 24 hours of learning of a death or critical injury of a child who has received services within the past 12 months.
- (b) those reasonable efforts have been made to inform and offer support to the child's legal guardians and appropriate members of the child's family and extended family.
- (c) that community service providers and delegated agencies involved with the child have been informed of the incident.

One file was applicable to this critical measure and it was 100% compliant.

## 13. Supervisory Approval

### CRITERIA

The Family Service File contains documentation of circumstances requiring supervisory approval and documentation of approval including at a minimum when:

- (a) \* determining if an intake call or information is a protection report.
- (b) deciding on a response to a child protection report and an appropriate response time.
- (c) conducting and concluding a child protection investigation.
- (d) notifying the police.
- (e) determining whether a child needs protection.
- (f) developing an ongoing safety plan.
- (g) using the court process.
- (h) removing a child.
- (i) placing a child.
- (j) Reuniting a child with their family.
- (k) transferring responsibility for or ending services.

\*an exception to policy has been considered and approved.

Documentation indicated that all twenty three files that were audited were 100% compliant.

**Practice Strengths:** The family service files audited were of high compliance. Documentation was thorough and well organized on the file. When information was not immediately located it was easily found in the office filing system or in the social workers own records.

**Areas for Improved Practice:** There were no files that needed to be highlighted to the manager or supervisor. The one area of practice that requires review and action is the notification of aboriginal bands about the involvement of MCFD with aboriginal children and families. As noted earlier in the report this matter has been brought to the attention of the Deputy Director of Aboriginal Services for the Interior Region. The supervisor is committed in following up with the Deputy.

## NARRATIVE SUMMARY

*Twelve* child service files were audited. Overall compliance to the child service standards was 100%. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

### 1. Preserving the Identity of an Aboriginal Child in Care

#### CRITERIA

The Child Service file:

- (a) Indicates whether or not the child is Aboriginal.
- (b) Identifies the Aboriginal community or First Nation with which the child is affiliated, and contains documentation of the child's status and membership number, or of application for status as appropriate.
- (c) Indicates that the social worker has developed an understanding of the history and current circumstances of the child and family, by involving the child, the family, the child's Aboriginal community, any significant people in the child's life, and community members who have been or will be involved in the child's life.
- (d) Indicates that a cultural plan has been developed for the child within six months of the child coming into care, if the child is an Aboriginal child as defined in the CFCSA. (See Cultural Plan for Aboriginal Children in Care - Draft, November 2003)

The twelve child service files were 100% compliant. Documentation indicated the Aboriginal status of the child, involvement or attempts to engage with the aboriginal community, the significant people in the child's life and a cultural plan was in progress.

### 2. Assuming Responsibility for a Child in Care

#### CRITERIA

The Child Service file:

- (a) Contains a copy of the court order, adoption consent, voluntary care or special needs agreement, or other documentation confirming the child's legal status as a Child in Care, and documentation of citizenship and immigration status, if applicable.
- (b) Documents the nature and extent of involvement of the child's parents and other family members.
- (c) If the child is not aboriginal, identifies any unique cultural identity as applicable.
- (d) Indicates that the social worker understands the child's history and current circumstances and needs.

The twelve files audited were 100% compliant. Documentation indicated that the social worker had knowledge and understanding of the child's family circumstances and the child's needs. Court documents, medical documents and birth certificate were on file.

### 3. Ensuring a Child's Safety While in Care

#### CRITERIA

- (a) The Child Service file contains documentation confirming that the child has been placed in a living arrangement that addresses the child's identified needs, including safety needs, or that, in the case of a youth who refuses placement, all reasonable efforts have been made to assure such a placement.
- (b) The Child Service file contains documentation that all reports in connection with a child's safety have been adequately addressed; or that an adequate plan is in place to address them.

Twelve files were audited to this critical measure and all were 100% compliant. Documentation indicated that the social workers worked with the resource social worker to obtain a home to meet the children's needs. Any safety needs that had arisen were addressed as per standards and policies.

#### 4. Ensuring the Rights of a Child in Care

##### CRITERIA

The Child Service file contains documentation confirming:

- (a) That the child's care conforms to the rights defined by s. 70 of the CFCSA.
- (b) That the child has been informed of these rights, as appropriate to the child's age and developmental level.
- (c) in cases where the child reports that his or her rights have not been respected, that the social worker has met with the child and others involved to try to resolve the issues; that an appropriate dispute resolution process has been offered and promoted where required; that the child has been provided with information about the Office for Children and Youth, the Ombudsman, and other available community or provincial advocacy services; and that the child has been supported throughout the time required to resolve the issue.

The twelve files audited were 100% compliant. Documentation indicated that the social workers explained and reviewed with the children their Section 70 Rights on a regular basis. This could not be completed for the one youth who at the time of the audit            ~~was incarcerated.~~

#### 5. Involving a Child and Considering the Child's Views in Case Planning and Decision Making

##### CRITERIA

The Child Service file contains documentation confirming:

- (a) that the child has been involved as far as possible in the development and review of his or her plan of care, as appropriate to the child's age and developmental level.
- (b) that the caregivers and others with a significant relationship to the child have been involved in the development and review of the child's plan of care, as consistent with the child's views and best interests.
- (c) That appropriate steps have been taken to address any identified barriers to informing and involving the child in case planning, such as providing an interpreter or involving people who can promote a greater understanding of the child's views about cultural, identity, or other issues

The twelve files were 100% compliant to this measure. The social workers involved the children and/or significant people in their lives in planning and decision making.

#### 6. Maintaining Personal Contact with a Child in Care

##### CRITERIA

The Child Service file contains documentation that the social worker has had private in-person contact with the child at least every 90 days, and whenever there has been a change in placement, social worker, or other significant circumstances

This critical measure was 100% compliant on all twelve files. Documentation indicated that the social workers had contact with the children in the last ninety days and had consistent and ongoing alone and private contact with the child more than meeting the CS Standard.

#### 7. Meeting a Child's Need for Stability and Continuity of Lifelong Relationships

##### CRITERIA

The Child Service file contains documentation confirming:

- (a) that efforts have been made to promote continuity for a child in care by supporting contact with parents and family members, and other significant people in the child's life, where such contact is in the child's best interests; and by maintaining connections with the child's cultural heritage and identity.

- (b) That appropriate strategies have been planned and implemented to promote stability and continuity of lifelong relationships, including the exploration of maintaining existing relationships, re-establishing past relationships, and planning for the development of new lifelong relationships.

This critical measure was 100% compliant. Documentation indicated the social workers made every effort to meet the children's needs for stability and continuity.

## 8. Assessments and Planning for a Child in Care

### CRITERIA

- (a) The Child Service file contains an initial written plan of care, prepared within 30 days of a child's admission to care, which addresses:
- the overall goal for the child, including the establishment of stable and ongoing living arrangements
  - contact with parents and other family members, community, and others involved with the child, as appropriate
  - services required to implement the plan of care
  - the child's health care needs and appointments
  - the child's education
  - the child's involvement in social, recreational and spiritual instruction and activities
- (b) If the child has been in care for over six months, the Child Service file contains a thorough assessment of the child's needs, and a written plan of care. As appropriate, the child, the child's family, the caregiver, a representative of the child's Aboriginal community (if the child is Aboriginal), and other significant people in the child's life, are to be involved in the development of the plan of care. The plan of care should address the following:
- health, emotional, spiritual and behavioural development
  - educational and intellectual development
  - culture and identity
  - family, extended family, and social relationships
  - social and recreational involvement
  - social presentation and development of self-care skills related to assuming successful independent functioning
  - placement
- (c) The Child Service file contains documentation confirming that there has been a review of the child's written plan of care at least every 90 days while the child remains in care.

This critical measure was 100% compliant. A comprehensive assessment and plan or care was on file and was current. Documentation indicated that the files met the above criteria for assessment and planning.

## 9. When a Child is Missing or Has Run Away

### CRITERIA

The Child Service file contains documentation confirming:

- (a) that the designated director, the child's parent if appropriate, and others who may assist in locating the child, have been notified as soon as possible when a child in care is missing or has run away.
- (b) That the police have been notified and that appropriate identifying information has been provided to the police.
- (c) That an appropriate plan has been developed and implemented to locate the child.
- (d) If the child habitually runs away under circumstances that place him or her at high risk of harm that the plan of care has been reviewed to develop strategies to address the high-risk behaviour.
- (e) If the child has been located, that all interested parties have been notified and appropriate action has been taken according to MCFD policy.

This critical measure was applicable to two of the twelve files audited and was 100% compliant. In both cases a plan to locate the child was acted upon and the director and or police and significant people were notified.

## 10. Notification of Fatalities, Critical Injuries and Serious Incidents

### CRITERIA

The Child Service file contains documentation confirming:

- (a) That an initial report in the prescribed format has been submitted to the designated director within 24 hours of learning of a death, critical injury, or serious incident involving a child in care.
- (b) That reasonable effort have been made to inform and offer support to the child's legal guardians and appropriate members of the child's family and extended family.
- (c) That community service providers and delegated agencies involved with the child have been informed of the incident.
- (d) that the Public Guardian and Trustee has been notified of the death or critical injury of a child in care for whom the Public Guardian and Trustee is guardian of the estate; and that the Public Guardian and Trustee has been notified of any serious incident involving a child in care for whom the Public Guardian and Trustee is guardian of the estate, if that incident may affect the child's legal or financial interests.

There were no files applicable to this measure.

## 11. Planning for a Child Leaving Care

### CRITERIA

The Child Service file contains documentation confirming:

- (a) that appropriate preparation takes place when a child will leave care, including involving the child, relevant family members, caregivers, and other significant persons in planning for the transition; arranging for appropriate services to support the child and family after the child has left care; arranging for a medical examination if necessary or if requested by the child or family; and ensuring that the child and caregiver have the opportunity to discuss the transition.
- (b) that MCFD staff coordinate and monitor the transition from care to placement with parents or other out-of-care placement, ensuring that the child has all of his or her belongings; that the child and/or person assuming care have all necessary documentation and information; that the child and/or the person assuming care have information about the reinstatement of health care coverage; and, if applicable, that the person assuming care has been provided with information about application for or reinstatement of the Child Tax benefit.
- (c) That all youth in care are supported in developing self-care and independence skills.
- (d) That a youth's capacity for successful living in the community is assessed with the participation of others involved in the youth's plan of care.
- (e) That, prior to leaving care, a youth is provided with appropriate information and support in obtaining the necessities noted in the Standard Statement.
- (f) That, prior to leaving care, a youth is assisted in obtaining identification and personal records, and with information on how to request access to his or her files.

Seven of the twelve files audited were applicable to this measure and were 100% compliant. The social workers took the appropriate steps and also involved the foster parents in preparing the child to leave care.

## 12. Supervisory Approval

### CRITERIA

The Child Service file contains documentation of supervisory approval:

- (a) when placing a child;
- (b) when reuniting a child with his or her family;
- (c) when transferring responsibility for or ending services;
- (d) when a child's plan of care is developed;
- (e) When a child's plan of care is reviewed.

Twelve files were applicable to this measure and were 100% Compliant. Documentation indicates that the social workers obtained supervisory approval meeting the above criteria.

**Practice Strengths:** The audit of the twelve CS files was 100% compliant.

**Areas for Improved Practice:** NA

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Frankie Williams  
Auditor  
Interior Region

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Date

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Brendan Flynn  
Deputy Director  
Interior Region

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Date

## 11. AUDIT RECOMMENDATIONS

On November 1, 2007 members of the regional senior management team, the team leader at AGZ and the auditor convened in a teleconference during which practice was discussed and where it was confirmed that no recommendations for this audit were required. The audit was of high compliance and the supervisor was acknowledged for the excellent work of the team at Trail AGZ.

**Recommendations developed by:** John Waters, Director of Child Welfare, Nancy McComb, Director of Regional operations, Angus McKierahan, Community Services Manager, Brendan Flynn Deputy Director of Child Welfare and Robin Seefeldt, Supervisor of AGZ.

**AUDIT SIGN OFF:**

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**John Waters**  
**Director of Child Welfare**  
**Interior Region**

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**Date**

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**Provincial Director**

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**Date**

## **Directors Case Practice Audit – Trail Community Services AGZ**

Reviewed by the Provincial Director of Child Welfare – no further recommendations to add.

Marilyn Hedlund  
Provincial Director of Child Welfare

February 18, 2008

### **SECTION IV: APPENDICES - AUDIT DATA SUMMARIES**

#### **A. CRITICAL MEASURES AUDIT -CHILD AND FAMILY SERVICES (CMAT-CFS)**

## DATA SUMMARY

Office Code: AGZ

Total # of cases audited: 23

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery <b>CFS Standard #1</b>	18	78.3			5	21.7	
2	When a Child is at Immediate Risk of Harm <b>CFS Standard #11</b>	8	100			0	0.0	15
3	Assessing a Child Protection Report and Determining the Most Appropriate Response <b>CFS Standard #12</b>	23	100			0	0	0
4	Family Development Response <b>CFS Standard #14</b>	0	0			0	0	23
5	Determining a Time Frame to Begin an Investigation <b>CFS Standard #15</b>	11	91.7			1	8.3	11
6	Conducting a Child Protection Investigation <b>CFS Standard #15</b>	11	91.7			1	8.3	11
7	Seeing and Interviewing the Child and Family <b>CFS Standard #15</b>	12	100			0	0	11
8	Concluding a Child Protection Investigation <b>CFS Standard #16</b>	11	91.7			1	8.3	11
9	Concluding Investigation in a Timely Manner <b>CFS Standard #16</b>	10	83.3			2	16.7	11
10	Developing and Implementing a Plan to Keep a Child Safe <b>CFS Standard #17</b>	10	100			0	0	13
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response <b>CFS Standard #17</b>	2	100			0	0	21
12	Notification of Fatalities, Critical Injuries and Serious Incidents <b>CFS Standard #24</b>	1	100	0	0	0	0	22
13	Supervisory Approval <b>C&amp;FD Standard on Supervisory Approval</b>	23	100			0	0	
<b>Total Applicable Indicators: 150</b>		<b>140</b>	<b>93.3</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>6.7</b>	<b>149</b>

# = Number of applicable cases

% = Percent of total

**Rating Definitions:**

**C** Full compliance to the standard

**PC** Partial compliance: The intent of the standard is met but significant practice issues have not been addressed

**NC** Non-compliance to the standard's criteria requirements

**NA** Not applicable to the standard being measured.

### CRITICAL MEASURES AUDIT - CHILDREN IN CARE (CMAT-CIC)

**DATA SUMMARY**

Office Code: AGZ

Total # of cases audited: 12

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
<b>1</b>	Preserving the Identity of an Aboriginal Child in Care <b>CIC Service Standards #1 and #19</b>	12	100	0	0	0	0	
<b>2</b>	Assuming Responsibility for a Child in Care <b>CIC Service Standard #4</b>	12	100			0	0	
<b>3</b>	Ensuring a Child’s Safety While in Care <b>CIC Service Standard #5</b>	12	100			0	0	
<b>4</b>	Ensuring the Rights of a Child in Care <b>CIC Service Standard #6</b>	11	100			0	0	1
<b>5</b>	Involving a Child and Considering the Child’s Views in Case Planning and Decision Making <b>CIC Service Standard #8</b>	12	100	0	0	0	0	
<b>6</b>	Maintaining Personal Contact with a Child in Care <b>CIC Service Standard #9</b>	12	100			0	0	
<b>7</b>	Meeting a Child’s Need for Stability and Continuity of Lifelong Relationships <b>CIC Service Standard #10</b>	12	100	0	0	0	0	
<b>8</b>	Assessments and Planning for a Child in Care <b>CIC Service Standard #11</b>	12	100	0	0	0	0	
<b>9</b>	When a Child is Missing or Has Run Away <b>CIC Service Standard #14</b>	2	100			0	0	10
<b>10</b>	Notification of Fatalities, Critical Injuries and Serious Incidents <b>C&amp;FS Standard #24</b>	0	0	0	0	0	0	12
<b>11</b>	Planning for a Child Leaving Care <b>CIC Service Standards #15 and #16</b>	7	100			0	0	5
<b>12</b>	Supervisory Approval <b>C&amp;FD Standard on Supervisory Approval</b>	12	100			0	0	
<b>Total Applicable Indicators: 116</b>		<b>116</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28</b>

# = Number of applicable cases

% = Percent of total

**Rating Definitions:**

**C** Full compliance to the standard

**PC** Partial compliance: The intent of the standard is met but significant practice issues have not been addressed

**NC** Non-compliance to the standard’s criteria requirements

**NA** Not applicable to the standard being measured.

**Directors Case Practice Audit – Trail Community Services AGZ**

Reviewed by the Provincial Director of Child Welfare – no further recommendations to add.

Marilyn Hedlund  
Provincial Director of Child Welfare

February 18, 2008