

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
Interior Region
Vernon Integrated Youth Services (DEC)

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SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT Interior Region Vernon Integrated Youth Services (DEC)

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

This section describes significant community characteristics and factors that contribute to the practice context of the office.

3. COMMUNITY OVERVIEW

Vernon is situated between the north end of Okanagan Lake, Swan Lake, and Kalamalka Lake in the north Okanagan valley. The Vernon "area" has a population of approximately 62,700. The Youth Services Office DEC is situated in the town of Vernon but also services Armstrong, Lumby, Cherryville and all spots in between. The community of Armstrong has an estimated population of 11,000. Armstrong is well known as a forward thinking agricultural community and boasts a large annual fall fair.

The area of the north Okanagan is a four season vacation destination. Tourism is an important part of the economics of the north Okanagan area. The skiing, fishing, boating, hiking, golfing, cycling, sunning on beaches and the wine tours are about a four hour drive from Vancouver.

There is a full service hospital in Vernon and a twenty bed extended care facility in Armstrong. The area is policed by the RCMP and there are a number of RCMP detachments in the north Okanagan. There is a strong working relationship between the RCMP, medical and hospital staff and MCFD. This relationship assists all in providing better services to our youth.

There are many areas that are still very rural in the north Okanagan but Vernon itself is getting the "feel of a big city". Along with the increased population have arrived many of the bigger city problems. The staff of DEC has noticed the increase in cases where drug abuse and violence are serious concerns.

Like many other Ministry staff they voice concern for the increase in the violence in families, and the increase of drug and alcohol abuse amongst the young people to whom they offer service.

Service Delivery:

The Interior Region covers three large areas of the province: Cariboo/Thompson, Shuswap/Okanagan and the East and West Kootenays. The regional office is located in Kamloops; however, there are sub-regional offices in Kelowna and Nelson. At the time of this audit the senior regional management team consists of a Regional Executive Director, a Director of Regional Operations, a Director of Child Welfare and an Acting Director of Aboriginal Services. Within the region there are six Community Services Managers, and two Aboriginal Services Managers. The CSM for the north Okanagan is responsible for services offered by MCFD staff in Vernon, Revelstoke, Golden and Salmon Arm.

The team leader of the Vernon Youth Team describes the team as stable and dedicated to providing the best service they can to the youth of the area.

The intake and screening function in Vernon is done by the Intake Investigation Team DHB. The screener gives the reports to a designated social worker on the youth team. The youth team social workers said that the screener does an excellent job and that 98% of the calls that come to them are priority three or four reports requiring an assessment.

There are times when the assessment turns into an investigation and the Youth Team does the investigation doing some parallel planning with the Investigation Team.

DEC is responsible for guardianship services to youth in continuing care, ages thirteen to nineteen. They also provide Support Services for Youth and Youth Agreements. Ongoing family services are not provided through this office; the client is the child.

There is a designated social worker that does the street outreach work. He is well known "on the street" if not always by name at least by face. He has a tight working relationship with the RCMP and other community service providers. After Hours is a call out system in Vernon and this designated worker often does the After Hours call outs for situations involving youth. The Vernon Youth Team works with many high risk youngsters and has a weekly meeting scheduled with other community services providers involved with high risk youth.

a. Residential Services

Residential services are provided by the Vernon Resource Team DEH. The youth team social workers describe having a good relationship with the resource team social workers.

The DEC social workers expressed some concern that there is a lack of clarification between the roles and responsibilities of the guardianship social worker and the resource social worker. They expressed a concern that the child's social worker is not always consulted when dual placements occur in foster homes. They would like more consultation between the resource social worker and the guardianship social worker when planning placements in foster homes.

b. Service Transformation

The Vernon Integrated Youth Team works closely with the community and other service providers to provide services to youth. Community forums on Sexually Exploited Youth have been presented by the Youth Team. Other community projects and/or committees are the Safe Community Project, Homelessness/Poverty Committee and ongoing public forums on drug use.

A play about sexually exploited youth, "Fines Lines" was presented in Vernon. It was well attended, well received and social work staff held discussion forums after each performance.

4. STAFFING

a. Professional Staff Complement/Staff Turnover:

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Youth SW				Full	
Youth SW				Full	
Youth SW				Full	
Team Leader				Full	

b. Current Workload

At the time of the audit the case management report indicated seventy five open files at DEC, twenty one CS and fifty four FS. There were twenty one FS files that had been closed within the last seven months. Approximately 25% to 30% of the files were audited. Caseload DEC carries all the Youth Agreement Files and the Services to Youth Files and fewer of the CCO Files. This caseload also carries the only FS files. Caseload and provide the majority of the guardianship services to the youths in continuing care.

DEC 17 CS Files

DEC 19 CS Files 21 FS Files

DEC 18 CS Files

5. STAFF TRAINING

a) Ministry Training Program	Team Leader	SW 1	SW 2	SW 3
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 mod. 2				
Leading the Way				

6. SUPERVISION/CONSULTATION

The supervisor meets with each social worker

. For the intake

worker supervision and consultation takes place

7. INTAKE AND TRACKING SYSTEMS

a. Investigations: The investigations are primarily the responsibility of the Vernon Intake Investigation Team DHB. After screening, the priority three and four intakes concerning a youth are sent to the designated social worker at DEC. These come as a memo and are reviewed daily with the team leader. If after further assessment an

investigation is required the Youth Team usually continues on to do the investigation. The youth SW responsible for intake is experienced in doing child protection investigations as is the team leader.

If the family involved includes younger children it is immediately sent back to the Investigation Team for investigation. Parallel investigation and planning will occur if it is considered to be the best response to the concerns. The work flow and cooperation between the teams is described as working well.

The team leader uses the intake reports and intake status reports for tracking.

b. Family Development Response: there were no Family Development Response files audited for this report.

c. Ongoing Family Service and Child Service – the team leader meets with the intake social worker on the team xxxxxxxxxxxxxxxxxxxxxxxx. Regular supervision of cases is scheduled with each worker xxxxxxxxxxxxxxxx. The case management report is used for tracking cases and for assisting in the distribution of new cases.

. Family service is not ongoing with this team but may be opened briefly as part of the assessment period.

8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

Aboriginal services to children and families in the greater Vernon area are provided by the Aboriginal Services Team DEE. This team provides child protection investigation services to the Okanagan Indian Band plus child and family services including guardianship to aboriginal people living on and off reserve in the Vernon, Armstrong, Lumby, Cherryville area. The Okanagan Indian Band does not have delegation. The intakes and investigations for off reserve aboriginal families that do not belong to the Okanagan Band are the responsibility of DHB the Intake and Investigation Team. All matters for aboriginal people not belonging to the Okanagan Band that require ongoing service are transferred to DEE.

There is a written protocol in place between the MCFD and the Okanagan Indian Band. Services to the Métis are coordinated with Métis Services out of Kelowna. The Vernon Aboriginal Family and Children Services staff work closely and in cooperation with the local Friendship Centre to provide a variety of services to aboriginal families in the area.

There are exceptions made for aboriginal youth that could benefit from the services of the youth team. The team leaders of DEE and DEC discuss the needs of the youngster and a decision is made on which team best can meet the youth's needs. Usually this is to provide services to very high risk youth and for Youth Agreements.

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 seventy five open files, twenty one FS and fifty four CS files. Of the twenty one open FS files most would be open for a brief time to begin the services to the youth and only five were coded as protection files. There were sixteen FS files that had been closed within the last seven months. Approximately 25% to 30 % of the open files and the files closed within the last seven months were audited. Social worker DEC carried the only FS caseload on the team and this is reflected in the audit. The other two social workers on the team have a child service/guardianship caseload. The children in care files were selected randomly for auditing taking 25% of the files from the three caseloads.

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

Twelve family service files were audited. Overall compliance to the child and family services standards was **85.4 %**. 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.

Twelve of the files audited were compliant to the critical measure. **The measure was 100% compliant.**

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.

There was only one file where the child was seen as being at immediate risk of harm. It was five days before the child and family was contacted. The reasons for the delay were documented.

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.

Eleven of the twelve files audited were compliant and the one remaining file was determined to not have the most appropriate response. The child appeared to have been abandoned by parents . There was no investigation where one would have been required.

4. Family Development Response

CRITERIA

Where a Family Development Response option has been selected, the Family Service file contains:

- (a) documentation of the decision to provide a family development response.
- (b) a completed assessment which identifies the family's strengths and risk factors and the community services the family has agreed to accept in order to meet the needs.
- (c) an appropriate determination that the nature of the harm and level of risk to the child may be adequately addressed through a Family Development Response.
- (d) a documented plan to support the family that adequately addresses the child's health and safety throughout the process.
- (e) appropriate conclusions and plan revisions, based on regular reassessments, as to whether the risks identified can effectively be addressed through the Family Development Response and if the services continue to meet the family's needs.
- (f) documentation that in the event of a determination that the Family Development Response does not continue to ensure the child's health or safety (Section 13 of the CF&CS Act), that a report is made to a delegated social worker.

In all cases where a Family Development Response has ended, the Family Service file contains either an assessment that supports a conclusion that the parents are able to keep the child safe (Section 13 of the CF&CS Act) without further F.D.R. services, or documentation of the commencement of a child protection investigation.

No family development response files were audited.

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.

Two files were applicable to this critical measure. One was compliant. The other file had a five day time frame to begin the investigation and documentation indicates this time frame was not met. It was sixteen days before an investigating social worker was assigned to the investigation.

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, have 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: a 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.

Two files were applicable to this critical measure and both were compliant.

7. Seeing and Interviewing a 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.

Two files were applicable to this critical measure. One was compliant. Documentation on the other file indicates _____ and _____ were never interviewed in person and the home was never observed.

8. Concluding a Child Protection Investigation

CRITERIA

The Family Service file 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 measure was applicable to two of the twelve files audited. One file was compliant and on the other non-compliant file the investigation was never completed.

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.

Two files were applicable to this CM and both were non compliant. In one case there was documentation to indicate that the intake was completed but was ever signed off by the team leader. In the other case the investigation took over sixty one days. Documentation does indicate that it was very difficult to complete the investigation because _____ avoided the social worker. It appears that other family members assisted _____ in this. The social worker made extended efforts to contact _____

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.*

There were two files applicable to this critical measure.
This CM was 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 this criteria.
2. Criteria (c) is cross-referenced to CFS standard #20 (Ending Child Protection Services to a Child and Family).

There were no files that were applicable to this critical measure.

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) that 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.

There were no files applicable to this CM.

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.

Eleven of the twelve files audited to this CM were compliant. The one non-compliant file had no documentation that the supervisor had been consulted during the first steps in the investigation/intake. Documentation does indicate that the supervisor of the youth team DEC had been consulted on this file.

Many of the CFS files audited did not proceed to an investigation because of the circumstances and ages of the youth. Of the files audited there was one file where documentation indicated that an investigation should have occurred. The youngster had been abandoned by parents and there is indication that was in need of protection. This file was brought to the attention of the team leader and the CSM and appropriate steps were put in place to address the practice concern.

Practice Strengths: Areas of high compliance

This is an audit that indicates high compliance on most measures. The dedication of the team and their concern for the welfare of the youths they see is evident through documentation and observable through the interactions in the MCF Office.

Areas For Improved Practice:

There were no obvious areas that called for improved practice.

This auditor did have a concern on one file where an investigation should have occurred but it didn't happen. The did receive service which seemed appropriate, and it is likely that the outcome for the child, if the matter had been investigated, would have been similar. Still it remains important that we not dismiss the need to investigate because of the age of the child. It is important to look at all the information available, complete a thorough assessment and consider that a child protection investigation could be the best way to get the "whole picture". This could also help the youth with understanding where the responsibility lies and assist them with making a healthier adjustment to not living at home.

10B. CRITICAL MEASURES AUDIT - CHILDREN IN CARE (CMAT-CIC)

NARRATIVE SUMMARY

Twelve child service files were audited. Overall compliance to the child service standards was **87.3 %**. 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)

Of the twelve files audited to this critical measure ten were compliant. Of the two that weren't there was no information to indicate whether the child was aboriginal or not.

2. Assuming Responsibility for a Child in Care

CRITERIA

The Child Service file:

- (a) contains 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.

This critical measure was 100% compliant.

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.

Eleven of the twelve files audited were compliant. The one file of concern showed documentation while residing in a foster home. The file lacks clear documentation of the steps taken to ensure the child's safety while in the home and the follow up by the social worker. The foster parent's documentation on file about the incident was excellent.

4. Ensuring the Rights of a Child in Care

CRITERIA

The Child Service file contains documentation confirming:

- (a) that the child's care conforms with 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.

Ten of the files audited were compliant to this critical measure. Of the two remaining files there was no documentation to indicate that the youths had their rights explained or reviewed within the last twelve months.

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

This CM was 100% compliant. This was an excellent result considering that many of the youths are at times resistant to planning and especially being involved in using the Ministry plans of care.

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.

Of the twelve files audited ten were compliant to this CM. Of the two files that were audited as non-compliant it is the lack of documentation of the previous social workers not the current youth worker. Both files indicate that the current social worker is meeting with the children as per standards.

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 life long relationships.

This again is an excellent result with 100% compliance. Documentation indicates that this Youth Team makes extended efforts to promote continuity for the children in their care.

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 behavioral 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

Six of the files audited were compliant to this critical measure. Five had partial compliance and one was not compliant. The five partial compliant files indicated current planning in place but historically the planning has not met standards. The one non-compliant file had

no current plan of care and documentation indicates that assessment and planning for this youth has not met the standard. The youth has returned to the care of his father (he remains a CCO) and there is no documentation on file to indicate how this decision was reached.

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 CM was 100% compliant.

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 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.
- (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 two files that indicated that a notification and an initial report would have been required in the circumstances described. One was compliant. On the other file documentation indicates that for one youth there were two incidents that required a report. There was no documentation to indicate that the required reports were completed.

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.

The seven files audited for this critical measure were 100% compliant.

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 child's plan of care is reviewed.

Of the twelve files audited one lacked the documentation to indicate consultation with the supervisor prior to transfer to the Youth Team. There is documentation to indicate consultation with the current supervisor is compliant and meets the standards.

Practice Strengths: Areas of high compliance:

It was evident during this audit that the whole team takes the responsibility for youth to heart. When a youngster walks in the door they are greeted by the front office staff in a welcoming, friendly manner. Despite some very serious concerns about the youth's lifestyles, their at times less than acceptable behaviour, all are treated with respect for who they are. There is an expectation also that the youths be held accountable for their behaviour both in the office and in the community. This can make for some "strong" conversations at times between social worker and client.

Documentation indicates that the staff at DEC makes extensive efforts to engage the youth in planning. There is an effort made to equip the youth with decision making skills with a goal of increasing their success with independence.

Areas For Improved Practice:

The audit was of high compliance and documentation indicates good practice. One aspect, documentation of a child's history speaks to a need for improvement. This is not an area of improvement that the youth teams hold alone. This area of practice speaks to the life of a file,

from the moment we bring a child into care until the child leaves care. The CS files often lack a clear picture of why the child came into care and the reasons why they did not return to the care of their families. The social, family and medical history is often much too brief for a youngster that has spent many years in care. The youth would gain much by having their story documented. The auditor recognizes that to gather this information will be time consuming and the information for some children may no longer be available. This emphasizes the need to begin gathering and documenting information when the child first comes into care.

Additional Comments: Practice Strengths:

This audit found many practice strengths for the Vernon Integrated Youth Team. The narrative section of the audit report documents those. What it does not show is the cooperation and support amongst the team members. This attitude towards the work and the service to youth extends through the Administrative staff to the team leader. The feeling is certainly one of "Team". The team leader says that this philosophy and practice includes the community partners and the youth themselves.

2006-10-13

Frankie Williams
Auditor

John Waters
Deputy Director of Child Welfare

11. AUDIT RECOMMENDATIONS

On May 26, 2006 members of the regional senior management team, the team leader at (DEC), and the auditor convened in a teleconference during which practice issues identified by the audit were discussed and recommendations for addressing the issues were proposed.

Recommendations developed by the following team of the Interior Region:

Rick Childerhose, Director of Child Welfare, John Waters, Deputy Director of Child Welfare, Nancy McComb, Director of Operations, Kemp Redl, A/Community Services Manager and Brendan Flynn, Manager of Audit and Quality Assurance

Audit Recommendations for Vernon Integrated Youth Services (DEC)

Recommendations for Vernon Integrated Youth Services (DEC)

Child and Family Services

Critical measures numbers 3, 5 and 7 are the numbers where there was less than one hundred percent compliance. The team leader and the manager have reviewed with the staff the three files out of twelve where there was non-compliance. The requirements of a child protection investigation were reviewed with the staff at DEC and the intake and investigation team in Vernon. The team leader has put a tracking system in place that will ensure that all child protection investigations will meet standards before the team leader signs off as completed. The non-compliance was low, one file for each measure, and there are no specific recommendations.

Children in Care Services

Critical measures numbers 1, 3, 4, 6, 8 and 10 are the measures where there was less than one hundred percent compliance. The Interior Region has hosted a regional guardian conference that highlighted the necessity, requirement and responsibility of MCFD to plan for their children in care. In addition the Director of Operations has hosted a regional conference for team leaders which focused on tracking systems and promoting planning for children in care. The CSMs are following up on these initiatives in their respective areas. Follow up to these initiatives will be on the agenda for the manager's regular meetings and results will be reported to the regional Director of Child Welfare.

Specific Recommendations:

#1-Critical measure #1: Preserving the Identity of an Aboriginal Child in Care.

By November 15, 2006 the Community Services Manager will report to the director of child Welfare that each aboriginal child in care has a cultural plan on their file and that the child's band will have current information about the child.

#2-Critical measure #3: Ensuring a Child's Safety While in Care.

By November 15, 2006 the Community Services manager will advise the regional Director of Child Welfare that a tracking system is in place that reviews the planning for a child in care to ensure that the appropriate steps have been taken to ensure the child is safe while in care.

#3-Critical Measure # 4: Ensuring the Rights of Children in Care.

By November 15, 2006 the community services Manager will advise the Regional Director of Child Welfare that a tracking system is in place for ensuring that the rights of a child in care are regularly reviewed with each child.

#4- Critical measure # 5: Maintaining Personal Contact with a Child in Care.

By November 15, 2006 the Community Services manager will advise the regional Director of Child Welfare that a tracking system is in place for ensuring that all children in care are seen at a minimum of once every ninety days and that all visits are documented on the child's files.

#5-Critical Measure #8: Assessments and Planning for a child in Care.

Within forty-five days of receiving this audit report the community Services manager will advise the regional Director of Child welfare that each child has a current plan of care documented on file.

#6-Critical measure # 10: Notifications of Fatalities, critical injuries and Serious Incidents.

Within 30 days of receiving this audit report the Community Services Manager will review with Vernon Youth Team the requirements (CFS Standard # 25) for immediately notifying the Director of Child Welfare of the death, or critical injury or serious incident involving a child.

#7-Critical measure #12: Supervisory Approval.

One of the twelve files audited to this Critical measure was non-compliant. The supervisor has reviewed this file and has added supervisory approval to his tracking system.

AUDIT SIGN OFF:

Rick Childerhose

**Director of Child Welfare
Interior Region**

Date: _____

Provincial Director

Date: _____

SECTION IV: APPENDICES - AUDIT DATA SUMMARIES

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

13.DATA SUMMARY

Office Code: DEC

Total # of cases audited: 12

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery CFS Standard #1	12	100%			0	0.0%	
2	When a Child is at Immediate Risk of Harm CFS Standard #11	0	0%			1	100%	11
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	11	91.7%			1	8.3%	0
4	Family Development Response CFS Standard #14	0	0%			0	0%	12
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	1	50.%			1	50%	9
6	Conducting a Child Protection Investigation CFS Standard #15	2	100%			0	0%	10
7	Seeing and Interviewing the Child and Family CFS Standard #15	1	50%			1	50%	10
8	Concluding a Child Protection Investigation CFS Standard #16	1	50%			1	50%	11
9	Concluding Investigation in a Timely Manner CFS Standard #16	0	0%			2	100%	10
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	2	100%			0	0%	10
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	0	0%			0	0%	12
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24	0	0%	0	0%	0	0%	12
13	Supervisory Approval C&FD Standard on Supervisory Approval	11	91.7%			1	8.3%	
Total Applicable Indicators:		41	83.7%	0	0%	8	16.3%	106

= 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: DEC

Total # of cases audited: 12

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	10	83.3%	0	0%	2	16.7%	
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	12	100%			0	0%	
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	11	91.7%			1	8.3%	
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	10	83.3%			2	16.7%	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	12	100%	0	0%	0	0%	
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	10	83.3%			2	16.7%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	12	100%	0	0%	0	0%	
8	Assessments and Planning for a Child in Care CIC Service Standard #11	6	50%	5	41.7%	1	8.3%	
9	When a Child is Missing or Has Run Away CIC Service Standard #14	1	100%			0	0%	11
10	Notification of Fatalities, Critical Injuries and Serious Incidents C&FS Standard #24	1	50%	0	0%	1	50%	10
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16	7	100%			0	0%	5
12	Supervisory Approval C&FD Standard on Supervisory Approval	11	91.7%			1	8.3%	
Total Applicable Indicators: 118		103	87.3%	5	4.2%	10	8.5%	26

= 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 Audit Report – Vernon Integrated Youth Services Team - DEC

Reviewed by the Provincial Director of Child Welfare – the following recommendation is being added to this report.

1. That the Team Leaders from the Vernon Integrated Youth Team (DEC) and the Vernon Resource Team (DEH) meet to discuss and resolve the issue identified in this audit of clarity of roles and responsibilities between the two teams by February 2007.

Marilyn Hedlund
Provincial Director of Child Welfare

May 2, 2007