

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INTERIOR REGION
VERNON ABORIGINAL SERVICES - DWE

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SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT INTERIOR REGION VERNON ABORIGINAL SERVICES- DWE

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 (check applicable).

- ✓ **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

a) Geographics: Vernon lies in the northern end of the Okanagan Valley, by the Okanagan, Kalamalka and Swan Lakes. Three provincial highways connect in Vernon: Highway 97 which passes through Vernon, Highway 97A which begins in Vernon, and Highway 6 which ends in Vernon. The City of Vernon, in conjunction with the District of Coldstream and the North Okanagan Regional District operates the Vernon Regional Transit System. Greyhound Canada is available in Vernon for out-of-town destinations. Vernon's airport has no scheduled commercial air service; however, the Kelowna International Airport is located approximately forty kilometers south on Hwy 97.

b) Demographics: The City of Vernon is the largest city in the North Okanagan Regional District with a population of 35,944 (2006), while its metropolitan region, Greater Vernon, has a population of 55,418 (2006). The projected increase in population will be approaching 100,000 over the next twenty years. The North Okanagan's employment base has grown in the manufacturing, retail and service sectors, as well as agri-businesses. Construction, transportation and primary industry have seen marginal decreases. Tourism continues to grow as a major contributor to the economy. Vernon is currently served by fourteen elementary schools and five high schools.

c) Service Delivery: The Interior region covers three large areas of the Province of BC: Shuswap/Okanagan, Cariboo/Thompson and the East and West Kootenays. The regional office is located in Kamloops and there are sub regional offices in Kelowna and Nelson. At the time of this audit the regional senior management team consists of a Regional Executive Director, a Director of Regional Operations, a Director of Child Welfare, Director of Corporate Services, and a Director of Aboriginal Services. Within the region there are six Community Services Managers and two Aboriginal Services Managers. The Aboriginal Services Manager for the Okanagan is responsible for the Aboriginal services in Vernon.

1/Residential Services: There is an identified shortage of resources in the Vernon area along with few Aboriginal foster homes. Of the limited resources, some are being occupied by out of province transfers. In addition, there has been a loss of community care beds. Vernon has a group / treatment-based resource [Mara House] and a Safe House operating through Aboriginal funding. Respite homes have been used for temporary placements when necessary. Providing placements for youth can be a challenge with youth 'couch surfing' when no other options are available. Priority is always given to place siblings together.

2/ Service Transformation: Vernon Aboriginal Services relocated in February 2007 to the third floor of a private sector building. There are no security features such as glass partitions or keypad locked doors in the reception area. The ROOTS and Family Group

Conference and Youth Agreement contractors are co-located with DWE. The office is called "The Gathering Place" and offers a welcoming atmosphere for the team, foster parents, children and the families that are receiving services. The Gathering Place offers the board room, kitchen and family room for community Elders to hold their regular meetings, in addition to hosting other community and service events.

4. STAFFING

a) Professional Staff Complement/Staff Turnover: DWE workers carried generalist caseloads until the spring of 2007, when the caseloads were divided into 2

Guardianship caseloads and 3 Intake/Family Service caseloads. does not carry a caseload. Two additional positions, 1 Intake/Family Service and 1 Guardianship/Youth Services were added to the team in September 2007. These positions were filled in early October and the staff members were at core training during the audit. Transition to a team of 4 Intake/Family Service, 2 Guardianship, 1 Youth Agreement/Guardianship and 1 Kinship worker began in November 2007. There is one part-time contractor designated for a Youth Agreement's pilot project which came into effect in November 2007. The ROOTS worker has been in this position for two years, and the Family Group Conference worker who was contracted during the summer of 2007. The team leader provides supervision to these two individuals. As of July 2007 the office has two administrative staff. Previous to this workers provided front-end relief coverage, which they continue to do as support during flex and vacation days.

Position	Education	Length of Time on Team	Length of Time with MCFD	Delegation Level	Status
Team Leader				Full	Reg
guardianship				Full	Reg
ltk/fs/YAG				Full	Reg
ltk/fs				Partial	Reg
guardianship				Full	Reg
ltk/fs				Full	Reg
kinship				Partial	Reg
ltk/fs				Partial	Reg
				Partial	Reg
SAS				C1	Reg
Admin				C1	Reg

b) Current Workload

At the beginning of the audit (October 29, 2007) caseload management reports were printed for each of the caseloads. The following is a listing of FS and CS files assigned by caseload.

- : 25 CS
- : 14 CS / 14 FS
- : 17 CS / 8 FS
- : 28 CS
- : 19 CS / 15 FS
- : no case load

5. STAFF TRAINING

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

6. SUPERVISION/CONSULTATION: The team leader has an open door as-needed practice of supervision. At the beginning of the day the team leader checks in with each worker for updates and consultation. The team leader seeks out new workers to provide a greater degree of supervision and mentoring. When the team leader is away from the office arrangements are made with another team leader to provide consultation or a contact number is made available. Planning, reviews of planning, and approvals are documented on a tracking sheet as well as through emails and worker case notes. A document log is maintained for each worker.

7. INTAKE AND TRACKING SYSTEMS: Intakes are recorded on notepads by the DWE screener. DWE currently only completes new intakes for families from the Okanagan Band and Aboriginal Youth Agreements. All other new (no open file) intakes are completed on an intake team (DHB) and are only forwarded to DWE if it is a youth

agreement or file transfer for ongoing services. Cases are assigned by the team leader and the worker completes the intake and keeps the file for continuity. The team leader has a tracking sheet to log intakes and to ensure they are completed as required. A new tracking document is also being used. New intakes are discussed as soon as possible after receiving them or for urgent action, immediate discussion takes place. Prior to moving into DWE's new location in February 2007 there was a more consistent method of tracking. Since the move the team leader has only been able to meet individually with each worker for a full caseload review on two occasions.

DWE has also initiated a tracking form that identifies decisions and planning conducted in collaboration with the Okanagan Indian Band. This form is placed on the file.

a) Investigations: When the worker receives a call the team leader is consulted at all risk decision points. The decision to investigate is generally at the team leader / worker level and documented on the intake. Bands are not always contacted at the time a call is received; however, they are called soon after an intake is received and generally within twenty-four hours. In many cases it is the Band who is reporting the concerns.

b) Family Development Response: At this time Family Development Response is not being offered at DWE.

- 8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES:** DWE provides services to the Okanagan Indian Band (OKIB), urban Aboriginals, Métis, and Inuit. The geographic area includes the following surrounding communities: Cherryville, Falkland, and Armstrong (north); Lavington and Lumby (east); Valley of the Sun (south); and Predator Ridge (west).

SECTION III: AUDIT RESULTS

9. AUDIT SAMPLE

The terms of reference letter, which was distributed prior to the initiation of the Vernon office audit, identified an audit sample of approximately 20 – 25% of open family and child service files, and approximately 20 – 25% of closed family service files within the last six months to be audited.

The Caseload Management Reports (CMR) printed from the MCFD computer system prior to the first day of the audit, October 29, 2007 was used to identify files for the audit. On that date there were forty six (46) open family services files, ninety four (94) open child service files, and nine (9) closed family service files that had been closed in the past six months.

A 17.391% random sample was taken from the forty six open FS files resulting in eight (8) files audited. A 21.276% random sample of the ninety four open CS files was taken resulting in twenty (20) files audited. A 44.444% random sample of closed FS files was taken resulting in four (4) files being audited. Combining the sample percentages of 17.391%, 21.276% and 44.444% provides a mean sample size of 27.037%.

The FS and CS files were randomly selected from each caseload as follows:

- : Five (5) CS
- : Three (3) CS / Four (4) FS
- : Two (2) CS / Four (4) FS
- : Six (6) CS
- : Four (4) CS / Four (4)

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 (12) Family Service files were audited. Overall compliance to the family service standards was **81.1%**. 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.

This critical measure was applicable to the twelve cases that were audited. Eleven (91.7%) had documentation that met the criteria for compliance. In these cases sufficient information was gathered to continue with the assessment of the report. Prior contact checks were consistently completed. In the one case that did not satisfy all of the above criteria for compliance there was some documentation indicating that the family had Métis heritage, however, there was no documentation indicating that this was pursued.

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 five files that were audited. All five (100%) of the applicable files had documentation that reflected that an appropriate response was provided to ensure immediate safety of the child.

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.

This critical measure was applicable to all twelve files that were audited. All twelve (100%) of the files had documentation that met the criteria for compliance to this critical measure.

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.

This critical measure was applicable to eleven files that were audited. All eleven (100%) of the files had documentation that met the criteria for compliance to this critical measure.

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:
- (e) 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.
- (f) 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).
- (g) documentation that the aboriginal community and/or identified delegated agency have been contacted and involved, according to established protocols.
- (h) 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.
- (i) 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 eleven files that were audited. All eleven (100%) of the files had documentation that met the criteria for compliance to this critical measure.

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.

This critical measure was applicable to the eleven files that were audited. All eleven (100%) of the files had documentation that met the criteria for compliance to this critical measure.

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 critical measure was applicable to the eleven files that were audited. Eleven (100%) of the files had documentation that met the criteria for this critical measure.

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.

This critical measure was applicable to eleven files that were audited. The conclusion of an investigation is determined by the date the team leader signs the investigation report. The auditor tried to determine when the actual work in the investigation was being completed in order to clarify whether investigations were actually taking a long time to complete or if it was a matter of delays in sign-off. None of the cases had documentation that the investigations were completed within thirty days. Three cases were concluded between 31- 45 days. Four cases were concluded between 46-60 days with an apparent delay in the sign-off. Non-compliance was given to four cases that were over 90 days.

10. Developing a Plan to Keep a Child Safe

CRITERIA

The Family Service file contains:

- (a) a documented plan which:
- (b) adequately addresses the child's safety needs.
- (c) identifies the strengths of the child and family that mitigate the safety risks to the child.
- (d) considers the child's needs for stability and continuity of relationships.
- (e) considers the participation of extended family in keeping a child safe.
- (f) identifies the time frames for a review of the plan.
- (g) 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.*

This critical measure was applicable to nine of the files that were audited. Two (22.2%) of the cases had documentation that met the above noted criteria for compliance. Seven files were given a non-compliance rating as, although there were CRAs completed, none of the files had RRSPs. Both documents are required when a

child is found in need of protection to assess risk factors and the planning to reduce / eliminate risk.

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).**

This critical measure was applicable to five of the files that were audited. Three (60.0%) of the cases had documentation that reflected that there had been a review of the planning and the risk assessed. In the two cases that did not meet the above noted criteria for compliance there was no documentation that reflected that there had been a review of the planning and that risk was reassessed.

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 effort has 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.

This critical measure was applicable to one case that was audited and there was documentation that reflected compliance (100%) to the above noted criteria.

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.
- (l) an exception to policy has been considered and approved.

This critical measure was applicable to twelve of the cases that were audited. There was documentation on twelve (100%) files that reflected that the team leader was consulted at the required times.

Additional Comments:

Practice Strengths:

There were several areas that demonstrated practice strengths as indicated by documentation. Areas that met high compliance included:

- *Screening and Best Approach to Service Delivery.* The audit determined that sufficient information was gathered and a PCC was conducted on eleven of the files reviewed. The files contained confirmation that the Bands or Métis Association were invited to participate in planning. Where services were offered or provided, they were as least disruptive as possible.
- *When a Child is at Immediate Risk of Harm.* In the five cases that determined there was risk of immediate harm, the files contained an appropriate response to ensure safety.
- *Assessing Child Protection Reports and Determining the most Appropriate Response.* The Section 13 concerns were supported by the information gathered. The auditor concurred that based on the concerns and the facts that were gathered, the investigation was justified. In all twelve cases the response time assigned was applicable to the reported concerns.
- *Determining the Time Frame to Begin an Investigation.* Of the six files that this critical measure applied to, all had documentation to show that the investigations were prioritized appropriately and started within the timelines.
- *Conducting a Child Protection Investigation.* The auditor looked for documentation that all relevant information was reviewed, the living situation was observed, pertinent collaterals were contacted, and the Aboriginal or Métis community were invited to participate. Eleven files received compliance for this measure.
- *Seeing and Interviewing the Child and Family.* Compliance was given to eleven applicable files. The subject child, siblings, and parent(s) were seen and interviewed. There was file documentation that indicated the interviews were investigative in nature.
- *Concluding a Child Protection Investigation.* This critical measure looked for file documentation that all necessary steps required to conduct an investigation were considered and the decision as to whether or not the child was in need of protection was consistent with the facts that were gathered. In eleven cases the protection finding was consistent with the facts gathered. Steps to address the safety needs were considered and implemented.
- *Supervisory Approval.* All of the files had documentation that reflected supervisory consultation at critical points. For example, the files contained evidence that the supervisor was involved during the decision to respond, determining whether a need for protection existed, developing and reviewing safety plans, and concluding an investigation.

Areas for Improved Practice:

The outcome of the audit identified areas where compliance to the standards requires further strengthening.

- *Developing and Implementing a Plan to Keep a Child Safe.* To meet compliance after a protection finding both a Comprehensive Risk Assessment and Risk Reduction Service Plan are required. Of the nine cases this measure applied to, seven had Comprehensive Risk Assessments completed; however, no Risk Reduction Service Plans were documented.
- *CM # 9 Concluding a Child Protection Investigation in a Timely Manner* did not receive full compliance. Although the work may have been completed within the 30 day time frame, the conclusion of the investigation was determined by the date the Team Leader signed off the report. The audit determined that seven files were concluded between 46 and >90 days from when the investigation commenced. Further considerations for the delays in completing investigations have been identified in Appendix 3 (page 25).
- *CM # 11 Reassessing Plan to Keep a Child Safe and Ending a Family Service Response* noted that two of the five files this measure applied to had no documentation that there had been a review of the planning and that risk was reassessed.

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

NARRATIVE SUMMARY

Twenty (20) Child Service files were audited. Overall compliance to the child service standards was **73.7%**. 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. 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)

This critical measure was applicable to twenty of the cases that were audited. In all twenty (100%) of the cases the child's Aboriginal or Métis heritage was identified.

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.

This critical measure was applicable to twenty cases audited. Nineteen (95.0%) of the files had documentation that met the criteria for compliance to this critical measure. One file required a copy of the Order following an adjournment expiry date approximately four months earlier.

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.

This critical measure was applicable to twenty of the files that were audited. Nineteen (95.0%) of the files had documentation that met the criteria for this critical measure. One file required information regarding the original decision to place the child at a resource.

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.

This critical measure was applicable to twenty of the files audited. Six (30.0%) of the cases had documentation to meet the criteria for this critical measure. In fourteen cases there was no indication that the Section 70 Rights were reviewed and documented on an annual basis.

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 critical measure was applicable to all the files that were audited. Nineteen (95.0%) of the files had documentation that met the criteria for compliance to this critical measure. Partial compliance was given to one file as there was documentation that the child's views were not considered, nor were the parents and extended family as they were difficult to contact. One relative was contacted and the Band served at the time of the removal, although not involved in planning.

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 applicable to twenty of the cases audited. Six (30.0%) of the files had documentation that reflected that a social worker had personal contact with the child approximately every ninety days or other significant circumstances. Fourteen cases had no documentation that indicated that there was contact with the child as required.

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

CRITERIA

- (a) The Child Service file contains documentation confirming:
- (b) 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.
- (c) 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 applicable to twenty of the files that were audited. All twenty (100%) of the files had documentation that met the criteria for compliance to this critical measure.

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 applicable to twenty of the cases that were audited. Three (15%) of the files had documentation that met the criteria for compliance to this critical measure. The auditor was looking specifically for a Comprehensive Plan of Care - CPOC – (assessments and plans of care) or Looking After Children – LAC booklets (assessments and plans of care) completed within the last three years. The auditor was also looking for documentation that the plans of care had been reviewed on a regular basis (approximately every ninety days). Partial compliance was given to nine (45.0%) as there was some documentation that planning and reviews of planning were taking place; however, there was no documentation that there was a thorough review assessment (as required every six months) or review of the plan of care (as required every three months). Eight files received non-compliance as there were no CPOCs, LACs, or documentation that reviews of planning were taking place.

9. When a Child is Missing or Has Run Away

CRITERIA

- (a) The Child Service file contains documentation confirming:
- (b) 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.
- (c) that the police have been notified and that appropriate identifying information has been provided to the police.
- (d) that an appropriate plan has been developed and implemented to locate the child.
- (e) 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.
- (f) 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 three of the cases that were audited. Three (100%) files had documentation that met the criteria for this critical measure.

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 has 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.

This critical measure was applicable to one of the cases that were audited. One (100%) case had a completed reportable on file and the family had been notified.

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.

This critical measure was applicable to two of the files that were audited. The two (100%) of the cases met the above noted criteria for this critical measure. The auditor was looking for documentation that reflected what measures were being undertaken to move the child out of foster 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 child's plan of care is reviewed.

This critical measure was applicable to twenty of the cases that were audited. Nineteen (95.0%) of the cases had documentation that met the criteria. For one case there was no documentation could be located on the file that supervisory consultation has been occurring.

Additional Comments:

Practice Strengths:

There were several areas identified in the audit that resulted in full compliance to the critical measures. These included:

- *Preserving the Identity of an Aboriginal Child in Care.* All of the files audited identified the child's cultural heritage and that the Band or Métis Association was contacted. Many of the files had cultural packages / presentations, ROOTS involvement, and the child participating in community and family cultural activities.
- *Assuming Responsibility for a Child in Care.* Nineteen files had a true copy of the child's legal order and other relevant court documents. For the ten CCO files, the Public Guardian and Trustee, Band, and parent(s) were notified. One relevant file contained an exemption to adoption policy.
- *Ensuring a Child's Safety While in Care.* This critical measure looked for documentation identifying why the home was chosen. Nineteen of the files indicated that the homes provided safety and met the child's needs as well as cultural requirements. Efforts were made to place sibling groups together in their community.
- *Involving a Child and Considering the Child's View in Case-Planning and Decision Making.* The nineteen files that this measure applied to contained evidence that the child and others with significant relationships to the child were involved in planning and decision making. Family involvement in planning was noted through Family Group Conferences and Voluntary Care Agreements. Other participation in planning may have included the foster parent, Band, school, medical and community service providers.
- *Meeting a Child's Need for Stability and Continuity of Lifelong Relationships.* Full compliance was given to this measure as there was documentation, as noted, that the sibling groups were placed together, and where applicable, contact with parents and extended family was being supported. Family Group Conferences and ROOTS involvement were taking place to explore other placement options. The CIC's were connected to their communities through activities. Many of the files noted that Life Books were in progress.
- *Reportable Circumstances.* The three files had confirmation that the appropriate individuals were notified and a plan for safety was developed and implemented.

- *Planning for a Child Leaving Care.* Both of the files identified that preparation for moving out of care was taking place. One child was transitioning to reside with a relative under Sec. 54.1 following a plan that was developed through a Family Group Conference. A Family Group Conference, planning meeting, and the assignment of a Kith and Kin worker indicated that preparations were taking place to move another child out of care.
- *Supervisory Approval.* The files contained documentation that the supervisor was involved in planning and decision making. For example, this was evident through supervisory sign-off on recordings and co-correspondence, CPOC's, CRA's, VCA's, and case notes.

Areas for Improved Practice:

The audit identified many critical measures that received a high compliance rating in the Child Service files; however, the auditor recognized areas where practice requires strengthening.

- A child / youth is to be informed of their Sec 70 rights when initially brought into care and these rights are to be reviewed and documented on an annual basis. As well, the file should contain a report if the child's rights have been violated and what measures taken to address them (CM # 4 *Ensuring the Rights of a Child in Care*).
- Standards indicate that the social worker is to have private in-person contact with the child at least every ninety days and during certain circumstances (CM # 6 *CIC Maintaining Personal Contact with the Child in Care*). This may be occurring although the worker may not be recording the contact.
- Many of the files lacked specific documentation that was required for the critical measures. When assessing and planning for children in care the documents that the auditor looked for were LAC's, CPOC's, assessments and review recordings (CM # 8 *Assessments and Planning for a Child in Care*). Nine cases were given a partial compliance rating as the files contained some of the required documentation of assessments and / or planning although not sufficient enough to meet the full criteria for *CIC Service Standard # 11*.

Cynthia Walker
Auditor
Interior Region

Date

Colleen Lucier
Deputy Director of Aboriginal Services
Interior Region

Date

11. AUDIT RECOMMENDATIONS

On January 25, 2008 members of the regional management team, the team leader at DWE, 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 as follows:

- 1) The Deputy Director of Aboriginal Services, Aboriginal Child Protection Consultant, and the Team Leader will review the service delivery model at DWE. The review will determine if the model promotes improved Aboriginal services and increased compliance to Standards. By December 1, 2008 the Aboriginal Services Manager will advise the Deputy Director of Aboriginal Services, Director of Operations, Aboriginal Services, and Director of Child Welfare of the effect that the changes to service delivery and the increase in staffing have had on improving compliance.
- 2) Effective immediately the Team Leader will integrate into her supervision sessions a review of all open investigations beyond the 30 day completion timeline to ensure child safety and identify barriers to completion. After an additional 15 days, if investigations remain incomplete, the Team Leader will meet individually with staff to confirm progress in keeping children safe and completing investigations in a timely manner. By April 1, 2008 the Aboriginal Services Manager will advise the Deputy Director of Aboriginal Services, Director of Operations, Aboriginal Services, and the Director of Child Welfare that scheduled supervision is occurring and investigations over 30 days are being tracked for continuing efforts to complete in a timely manner.
- 3) By April 1, 2008 the Aboriginal Services Manager will confirm with the Deputy Director of Aboriginal Services, Director of Operations, Aboriginal Services, and the Director of Child Welfare that every child service file will have notation that the child/youth was seen alone and apart from his/her caregivers and that the Section 70 Rights were reviewed.
- 4) Effective immediately the Team Leader will review with the team the effectiveness of the CPOC document and its ability to improve compliance to CIC Service Standard # 11. The Team Leader may request that the Aboriginal Child Protection Consultant assist in reviewing this document with the workers. By April 1, 2008 the Team Leader will advise the Deputy Director of Aboriginal Services, Director of Operations, Aboriginal Services, and the Director of Child Welfare that the document is in use by the office and the worker's evaluation of the document as it relates to Aboriginal services.

Recommendations developed by:

John Waters, Regional Director of Integrated Services
Glenn Moffat, Regional Director of Operations, Aboriginal Services
Colleen Lucier, Deputy Director of Aboriginal Services
Brendan Flynn, Deputy Director of Child Welfare
Patti Toleman, Aboriginal Services Manager
Julie Scott, Team Leader
Jacques Goutier, Aboriginal Child Protection Consultant
Cynthia Walker, Regional Auditor

AUDIT SIGN OFF:

John Waters
Regional Director of Integrated Practice
Interior Region

Date

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

DATA SUMMARY

Office Code: DWE

Total # of cases audited: 12

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery CFS Standard #1	11	91.7%			1	8.3%	
2	When a Child is at Immediate Risk of Harm CFS Standard #11	5	100%			0	0.0%	7
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	12	100%			0	0.0%	0
4	Family Development Response CFS Standard #14	0	0.0%			0	0.0%	0
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	11	100%			0	0.0%	1
6	Conducting a Child Protection Investigation CFS Standard #15	11	100%			0	0.0%	1
7	Seeing and Interviewing the Child and Family CFS Standard #15	11	100%			0	0.0%	1
DWE 8	Concluding a Child Protection Investigation CFS Standard #16	11	100%			0	0.0%	1
9	Concluding Investigation in a Timely Manner CFS Standard #16	0	0.0%			11	100%	1
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	2	22.2%			7	77.8%	3
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	3	60.0%	0	0.0%	2	40.0%	7
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24	1	100%	0	0.0%	0	0.0%	11
13	Supervisory Approval C&FD Standard on Supervisory Approval	12	100%			0	0.0%	0
Total Applicable Indicators: 111		90	81.1%	0	0.0%	21	18.9%	45

= 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: DWE

Total # of cases audited: 20

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	20	100%	0	0.0%	0	0.0%	
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	19	95.0%			1	5.0%	
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	19	95.0%			1	5.0%	
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	6	30.0%			14	70.0%	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	19	95.5%	1	5.0%	0	0.0%	
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	6	30.0%			14	70.0%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	20	100%	0	0.0%	0	0.0%	
8	Assessments and Planning for a Child in Care CIC Service Standard #11	3	15.0%	9	45.0%	8	40.0%	
9	When a Child is Missing or Has Run Away CIC Service Standard #14	3	100%			0	0.0%	17
10	Notification of Fatalities, Critical Injuries and Serious Incidents C&FS Standard #24	1	100%	0	0.0%	0	0.0%	19
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16	2	100%			0	0.0%	18
12	Supervisory Approval C&FD Standard on Supervisory Approval	19	95.0%			1	5.0%	0
Total Applicable Indicators: 186		137	73.7%	10	5.4%	39	21.0%	54

= 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 – Vernon Aboriginal Services - DWE

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

Marilyn Hedlund
Provincial Director of Child Welfare

June 22, 2008