

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INTERIOR REGION
CLEARWATER - EHE

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INTERIOR REGION
CLEARWATER TEAM - EHE**

TABLE OF CONTENTS

SECTION I: INTRODUCTION

1. PURPOSE.....p.3
2. METHODOLOGY.....p.3

SECTION II: SERVICE DELIVERY

3. COMMUNITY OVERVIEW.....p.4
4. STAFFING.....p.5
5. STAFF TRAINING.....p.6
6. SUPERVISION/CONSULTATION.....p.6
7. INTAKE AND TRACKING SYSTEMS.....p.6
8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES.....p.7

SECTION III: CASE AUDITS

9. AUDIT SAMPLE.....p.7
10. AUDIT RESULTS.....p.9
 A. CMAT CFS Narrative Summary
 B. CMAT CIC Narrative Summary
11. AUDIT RECOMMENDATIONS.....p.22

SECTION IV: APPENDICES

APPENDIX 1: DATA SUMMARY – CMAT CFS
APPENDIX 2: DATA SUMMARY – CMAT CIC

SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT INTERIOR REGION CLEARWATER TEAM - EHE

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: Clearwater, located 134 kilometers north of Kamloops on Highway 5, is the largest community in the North Thompson Valley. The predominant industry is forestry, although Clearwater also has a thriving tourism sector with the main attraction being Wells Gray Provincial Park. The park encompasses 522,000 hectares, with five major lakes, two large river systems, numerous spectacular waterfalls and countless prominent topographical features.

b) Demographics: Clearwater has a local population of 4,960 and a service area of 6,000 in the North Thompson Valley. The community has recorded significant growth in the past two decades partly attributed to retirement from larger centers. Closure of the Weyerhaeuser Pulp Mill four years ago, however, has impacted employment and there are not a lot of other jobs for younger workers. Other impacts to the local economy were the closure of the Bear Creek Camp Correctional Center and the Ministry of Employment and Income Assistance office. Education is available from kindergarten to grade twelve as well as limited post-secondary opportunities. The community has a hospital (which is a large employer) and medical clinic that also services the surrounding area. Emergency services include a fire department, police detachment and a search and rescue operation. Recreational opportunities are plentiful in the area. Clearwater has a court house which holds court twice per month. All *Child, Family and Community Service Act* matters are held in Kamloops court.

c) Service Delivery: The interior region covers three large areas of the province: 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, a Director of Corporate Services, and a Director of Aboriginal Services. Within the region there are six Community Services Managers and two Aboriginal Services Managers.

A satellite EHE office operates in the community of Barriere and is co-located with the Yellowhead Community Services Agency.

1/Residential Services – Clearwater does not have a group home or receiving home for children who are brought into care. EHE currently has fourteen family care homes, one level 3, five level 2, two restricted homes, and five regular homes. There are two specialized contracts in Kamloops with Axis. The few foster homes that are available are typically long term resource providers. Placements are generally arranged with extended family and within the community when possible.

The main service provider: Yellowhead Community Services is contracted for one child care worker as well as for adult mental health. The agency offers a Sexual Abuse Intervention program and a Stopping the Violence program. In addition, Interior Health (IHA) provides a drug and alcohol counselor. Public Health and Child and Youth Mental Health are services also available for residents of Clearwater.

2/ Service Transformation – In the move towards transformation, one position within the team will be the family group conference coordinator. The team has recently used Kith and Kin agreements with two families and has been successful with a different care model to offer families. EHE has access to a community tool chest that the Yellowhead Community Services agency and workers are planning to use for joint training ventures. Once the summer vacation season has passed the team will be restructured to have two workers responsible for the intake / investigation functions. Responsibilities for family service, guardianship, adoption, and resources will be divided between the other three workers.

4. STAFFING

a) Professional Staff Complement/Staff Turnover: There are five social workers and one team leader at EHE with little turn over in staffing reported.

Position	Education	Length of Time on Team	Length of Time with MCFD	Delegation Level	Status (Perm/aux)
Team Leader				C6	
SW1				C6	
SW2				C6	
SW3				C6	
SW4				C6	
SW5				C6	

b) Current Workload

At the beginning of the audit (April 23, 2007) caseload management reports were printed for each of the caseloads. The following is a listing of FS and CS files assigned by caseload.

- EHE: Twenty-five (25) FS / Eight (8) CS
- EHE: Five (5) FS / Six (6) CS
- EHE: One (1) FS / No CS
- EHE: Ten (10) FS / Nine (9) CS
- EHE: One (1) FS / No CS
- EHE: Two (2) FS / Six (6) CS ()
- EHE: Twelve (12) FS / Eleven (11) CS
- EHE: One (1) FS / No CS ()

5. STAFF TRAINING

	Team Leader	SW 1	SW 2	SW 3	SW 4	SW 5
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a) Ministry Training Program						
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 team leader describes an open door policy to supervision. Incoming intakes are reviewed at the time they are received between the supervisor and social worker. There is a high level of consultation - not only with the supervisor - but in her absence other team members will review cases and offer assistance. Scheduled supervision sessions occur periodically to discuss case planning. The team leader indicated that she also regularly reviews case management reports (CMR) and files, and tracks intakes on the MIS system as additional means of supervision.

7. INTAKE AND TRACKING SYSTEMS

a) Investigations:

At the time of the audit, social workers carry a generalized caseload with a rotating intake (duty) schedule. The duty worker is responsible for the incoming file and maintains it through to closure. This could involve conducting an investigation, removal if necessary, protective family services, and possibly guardianship for a period of time or until the child reaches the age of majority. The file remains with the worker for continuity of service delivery. EHE does not have a call out or on call arrangement; therefore, After Hours proceeds through the list of workers to find one who is available to respond.

b) Family Development Response:

At this time Family Development Response is not being offered at EHE. The workers at EHE have been trained in the response; however, have not been able to offer many families developmental responses largely due to work load issues. Workers are supportive of FDR and intend on being able to fully integrate it in their practice. The child care workers have also been trained in the response and EHE is confident that with their assistance more families will be offered a family development response.

c) Ongoing Family Service and Child Service:

Social Workers all carry a general caseload distributed by who is able to take on a new task. The supervisor uses the MIS system to review open cases and uses the system to advise workers as to what needs to be done on the files. The team will eventually shift to have 3.5 social workers doing guardianship, resources, intake and family service. This will be achievable because of the number of children/youth who are aging out of care, children are in foster to adopt situations, and children have been transferred out of our community. The family service caseload is decreasing due to a large amount of files that are in the process of being closed off which should have been closed some time ago.

8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

The North Thompson is the traditional home of the North Thompson Indian Band - Simpcw and the Chuchua Aboriginal people (a division of the Shuswap) with many reminders of their ancient relationship with the land around Clearwater. A protocol agreement has been arranged with the North Thompson Indian Band for Secwepemc Child and Family Services (C&FS) to be notified when a Simpcw member receives child welfare services. Ministry investigations are conducted in conjunction with a representative from Secwepemc (C&FS).

Clearwater does not offer direct services for Aboriginal or Métis people; however, there is a First Nation's support worker in both the elementary and high school. Families of Aboriginal heritage are referred for services to the Kamloops Indian Friendship Center and / or the Interior Métis Child and Family Services, although it may not be convenient to travel to Kamloops to access these services or for the agency workers to travel to Clearwater. Clearwater has involved the Kamloops ROOTS worker to assist in developing cultural plans where applicable. Social workers at EHE indicated that they also develop cultural plans for Aboriginal children.

SECTION III: AUDIT RESULTS

9. AUDIT SAMPLE

The terms of reference letter, which was distributed prior to the start of the Clearwater 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 (April 23, 2007) were used to identify files for the audit. On that date there were fifty-seven (57) open family services files, forty (40) open child service files, and twenty-five (25) family service files that had been closed in the past six months.

A 25.77% random sample was taken from the fifty-seven (57) open FS files resulting in fourteen (14) files audited. A 27.5% random sample of the forty (40) open CS files was taken resulting in eleven (11) files audited. A 28% random sample of closed FS files was taken resulting in seven (7) files being audited. Combining the sample percentages of 25.77%, 27.5% and 28% provides a mean sample size of 27.09%. The sample sizes represented from each worker were not evenly distributed given the variation in the caseload numbers.

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

- EHE: Six (6) FS / Two (2) CS
- EHE: One (1) FS / Two (2) CS
- EHE: Zero (0) FS / Zero (0) CS (same worker as EHE)
- EHE: Two (2) FS / Two (2) CS
- EHE: One (1) FS / Two (2) CS (part-time worker)
- EHE: Three (3) FS / Four (4) CS

10. CRITICAL MEASURES AUDIT RESULTS

A. CMAT CFS Narrative Summary

B. CMAT CIC Narrative Summary

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

NARRATIVE SUMMARY

Twenty One (21) Family Service files were audited. Overall compliance to the child and family services standards was **69.1 %**. 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 all twenty-one of the cases that were audited. Sixteen (76.2%) had documentation that met the criteria for compliance. In all cases sufficient information was gathered to continue with the assessment of the report. Prior contact checks were consistently completed. In the five cases that did not satisfy all of the above criteria for compliance there was some documentation indicating that the family had Aboriginal or 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 four files that were audited. All (100%) of the applicable files had documentation that reflected that an appropriate response was provided to ensure immediate safety of the child. In certain cases, the RCMP and an After Hours worker were contacted to assist with the reports of a child in immediate danger.

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 the files that were audited. Twenty-one (100%) of the files had documentation that met the criteria for compliance to this critical measure.

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.

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 the twenty one files that were audited. Twenty (95.2%) of the files had documentation that met the criteria for compliance to this critical measure. In the one case that did not meet the criteria the report was given a five day response, however, the file documentation indicates that a response did not commence until eighteen days following the date the report was received.

6. Conducting a Child Protection Investigation

CRITERIA

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

- (a) documentation that all relevant and necessary information related to the report, including existing case records and files, has been reviewed.
- (b) documentation that information from people who may have relevant knowledge of the family and/or child has been obtained.
- (c) documentation that the child's living situation has been directly observed.
- (d) where required by policy in specific circumstances:
 - documentation that a medical examination of the child has taken place and a copy of the medical report is on file, or where a medical examination was not done, the reasons are documented.
 - documentation that a child with capacity has given consent to medical treatment and has not received medical treatment without their consent unless so ordered under section 29 of the CF&CS Act or in compliance with other legislation. (examples: 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.

This critical measure was applicable to the twenty-one files that were audited. Fourteen (66.7%) of the files had documentation that met the criteria for compliance to this critical measure. In the seven cases that did not satisfy all of the above criteria, four cases had no documentation that a home visit occurred. In four cases key collaterals to the investigation were not contacted. Of the non-compliant cases two required additional medical information, two required reviews of ministry records, and

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 twenty-one files that were audited. Sixteen (76.2%) the files had documentation that met the criteria for compliance to this critical measure. In the five cases that did not satisfy all of the above criteria, four cases had no file documentation that the child was seen and / or interviewed. In one case there was no documentation that the parent was interviewed. In another case the parent was interviewed over the telephone although it would have been more appropriate for the interview to have been conducted in person.

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 twenty-one files that were audited. Twelve (57.1%) of the files had documentation that met the criteria for this critical measure. In the nine files that that did not satisfy all of the above criteria for compliance, seven cases were given non-compliance as the investigations were considered incomplete. Of the incomplete investigations in two cases the child was not interviewed, in one case the child was not seen, and in another case the parent was not interviewed. In two cases the medical records were not reviewed. The auditors did not concur with the findings in two of the cases given that there was not enough information gathered and / or the family history should have been taken into consideration. In order to receive a compliance rating for this critical measure all

of the minimum steps to an investigation (as reflected in critical measures #6 and #7) must have been met as well as the documentation needed to support the protection finding. Although the auditors may have concurred with the findings, two cases automatically received a non-compliant rating as they were non-compliant in critical measure #6 and #7.

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 twenty files that were audited. The auditors 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. Five (25%) of the cases had documentation that the investigations were completed within thirty calendar days. Three cases were concluded between 31- 45 days with two of the cases indicating that the majority of the work had been completed; however, there was a delay in the sign-off. Three cases were concluded between 61-90 days with an apparent delay in the sign-off on two files. Non-compliance was given to nine cases that were over 90 days with six of the cases indicating a delay in the sign off. Two of the nine cases appear to be signed off over twelve months from the date the report was received.

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.

This critical measure was applicable to ten of the files that were audited. Two (16.7%) of the cases had documentation that met the above noted criteria for compliance. Ten files were given a non-compliance rating as there was no CRA and RRSP completed. Both documents are required when a child is found in need of protection to assess risk factors and the planning to reduce / eliminate risk. One case had a partial CRA completed; however, there was no RRSP on the file.

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.

This critical measure was applicable to ten of the files that were audited. Two (20%) of the cases had documentation that reflected that there had been a review of the planning and the risk assessed. In the eight 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 only one (100%) case that was audited and there was documentation that reflected compliance 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.

This critical measure was applicable to all of the cases that were audited. There was documentation on all 21 (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 assessing child protection reports, determining an appropriate response, and consulting the team leader in case decision making. These three critical measures received 100% compliance. The majority of the cases audited (95.2%) determined the appropriate time frame to begin an investigation.

Areas for Improved Practice:

The outcome of the audit identified less satisfactory compliance in documentation related to conducting a child protection investigation. It was noted that many of the investigations were not thorough or completed. Key collaterals were not called, criminal records not requested, and parents and children were not seen and /or interviewed. In two cases the parent was interviewed over the phone whereas an interview in person would have been more appropriate. There were cases that had no documentation that ministry records or medical records were reviewed. There was little documentation that assessment of risk (CRA) and plans to assess risk (RRSP) were undertaken, and that reviews of the services or a review of risk had occurred.

Concluding a child protection investigation in a timely manner received a low compliance rating (57.1%) although noted this may be a reflection of a delay in the sign off rather than when the investigation was actually completed.

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

NARRATIVE SUMMARY

Eleven (11) child service files were audited. Overall compliance to the child service standards was **87.7%**. 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 ten (90.9%) of the cases that were audited

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 all the cases audited. All eleven (100%) of the files had documentation that met the criteria for compliance to this critical measure.

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 all of the files that were audited. All eleven (100%) of the files had documentation that met the criteria for this critical measure.

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 all of the files audited. Nine (81.8%) of the cases had documentation to meet the criteria for this critical measure. In two cases there was no documentation that the child / youth's rights under Sec 70 were explained to them or in the case of very young children, to someone who has a significant relationship to them on an annual basis during the past three years.

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

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 all the cases audited. Eight (72.7%) of the files had documentation that reflected that a social worker had personal contact with the child away from the foster home every three months over the past three years. Three cases had no documentation that indicated that the child was seen alone and in private every ninety days. One file had documentation that the foster parent was seen frequently, however, there was no reference that the child was seen.

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

CRITERIA

The Child Service file contains documentation confirming:

- (a) that efforts have been made to promote continuity for a child in care by supporting contact with parents and family members, and other significant people in the child's life, where such contact is in the child's best interests; and by maintaining connections with the child's cultural heritage and identity.
- (b) that appropriate strategies have been planned and implemented to promote stability and continuity of lifelong relationships, including the exploration of maintaining existing relationships, re-establishing past relationships, and planning for the development of new lifelong relationships.

This critical measure was applicable to all the files that were audited. All eleven (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 all the cases that were audited. Seven (63.6%) of the files had documentation that met the criteria for compliance to this critical measure. The auditors were 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 auditors were also looking for documentation that the *plans of care* had been reviewed on a regular basis (approximately every ninety days). Three of the files had some documentation that reviews had or were taking place, however, the documentation did not conform to the requirements as outlined by the practice standard; therefore, were non-compliant. One file was given partial compliance as there was a completed CPOC and LAC; 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).

9. When a Child is Missing or Has Run Away

CRITERIA

The Child Service file contains documentation confirming:

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

This critical measure was applicable to one of the cases that were audited. The one file (100%) 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 not applicable to the eleven (100%) cases that were audited.

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 six of the files that were audited. Four (66.7%) of the cases met the above noted criteria for this critical measure. The auditors were looking for documentation that reflected what was being done to move the children out of foster care.

In one of the files there was no RRSP documented that would help identify what changed in the family that would make it safe for the youth's return. The other file received non-compliance to this critical measure as there did not appear that sufficient steps were taken to prepare / support the parent resuming care of her child.

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 all the cases that were audited. Ten (90.9%) of the cases had documentation that met the criteria. For one case there was no copy on the file of the investigation report which resulted in the removal as it would identify if there was team leader consultation at the that time. The team leader signed the recording and the CPOC, however, there was no indication that the team leader was involved in the reviews.

Additional Comments:

Practice Strengths:

There were several areas that resulted in 100% compliance to the critical measures. These included assuming responsibility for a child in care, ensuring a child's safety while in care, involving a child and considering the child's view in case-planning and decision making, meeting a child's need for stability and continuity of lifelong relationships, and the completion of "reportables" where applicable.

Areas for Improved Practice:

The audit identified many critical measures that received a high compliance rating; however, the auditors recognized common areas for improved practice. 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 auditors look for are CRA's, CPOC's, assessments and review recordings. In two cases there did not appear to be sufficient planning for when the child / youth were leaving foster care. Standards require that the social worker is to have private in-person contact with the child at least every ninety days. This may be occurring although the worker may not be recording the contact. As well, 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.

Two cases were identified to be reviewed by the team leader and social worker.

1). This case requested that the team leader and social worker review the file to determine if the Ministry has legal authority and possibly consult with Legal Services for further clarification.

2). The auditor is suggesting that the plan for independence and/or CPOC be completed and that an Independent Living Agreement be renewed. If the plan is to rescind the CCO, the worker will need to make the application to the Provincial Court.

Cynthia Walker
Auditor
Interior Region

Date

Brendan Flynn
Deputy Director
Interior Region

Date

11. AUDIT RECOMMENDATIONS

On October 5, 2007 members of the regional management team, the Team Leader at EHE, and the auditors convened in a teleconference during which practice issues identified by the audit were discussed and recommendations for addressing the issues were proposed.

1) During the teleconference call the Team Leader advised that since the audit EHE has initiated a procedure to involve the Aboriginal Bands and Métis Child and Family Services when reports are received by the office.

By December 1, 2007 the team leader will advise the regional Deputy Director of Aboriginal Services of the support received by those offices and discuss the necessity for additional supports to Aboriginal children and Families involved with the MCFD office.

2) The Team Leader advised the recommendation development committee that she has directed staff to consistently use "notepads" during the assessment stage of a child protection investigation.

The intent is to allow staff the opportunity to better assess new protection reports and to conduct investigations only when appropriate. The projected outcome is that there will be fewer investigations at EHE and that there will be greater compliance to standards pertaining to completing investigations, and completing investigations in a timely manner. By March 1, 2008 the CSM will review this practice with the Team Leader and advise the regional Director of Child Welfare about progress made toward achieving the projected outcome.

3) In addition to #2 the Team Leader has and will continue to use case management checklists as a part of her regular supervision to ensure consistency in completing all required steps of child protection investigations. The Team Leader will also continue to use CMR (case management reports) and MIS as part of her supervision practice. The projected outcome is that there will be greater compliance to the standard pertaining to completing investigations. By March 1, 2008 the CSM will review this practice with the Team Leader and advise the regional Director of Child Welfare about progress made toward achieving the projected outcome.

4) By November 1, 2007 there will be a change to the service delivery model to a specialized model which will include the following: one FGC (family group conference) position, two guardianship / adoption positions, two generalized caseload positions, and one .5 resource position. One worker will continue to do the probation interviewing. It is expected that these changes will improve the workload distribution and have intake investigations given precedence. By February 1, 2008 the CSM will advise the regional Director of Child Welfare of the progress being made toward operationalizing the plan.

5) By February 1, 2008 the Team Leader will advise the Community Services Manager that the Child Protection Consultant has met with the team to provide a practical plan for conducting risk assessments and reviews of risk planning (*CFS Standard # 17*).

Recommendations developed by:

John Waters, Director of Child Welfare

Nancy McComb, Director of Regional Operations

Brendan Flynn, A/Deputy Director of Child Welfare

Howard Kirkham, Cariboo Chilcotin Community Services Manager

Susan Murray, Team Leader

Cynthia Walker, Auditor

AUDIT SIGN OFF:

John Waters
Director of Child Welfare
Interior Region

Date

SECTION IV: APPENDICES - AUDIT DATA SUMMARIES

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

DATA SUMMARY

Office Code: EHE

Total # of cases audited: 21

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	%	#	
1	Screening and Best Approach to Service Delivery CFS Standard #1	16	76.2%			5	23.8%	
2	When a Child is at Immediate Risk of Harm CFS Standard #11	4	100%			0	0.0%	17
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	21	100%			0	0.0%	0
4	Family Development Response CFS Standard #14	0	0.0%			0	0.0%	21
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	20	85.2%			1	4.8%	0
6	Conducting a Child Protection Investigation CFS Standard #15	14	66.7%			7	33.3%	0
7	Seeing and Interviewing the Child and Family CFS Standard #15	16	76.2%			5	23.8%	0
8	Concluding a Child Protection Investigation CFS Standard #16	12	57.1%			9	42.9%	0
9	Concluding Investigation in a Timely Manner CFS Standard #16	5	25.0%			15	75.0%	1
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	2	16.7%			10	83.3%	9
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	2	20.0%			8	80.0%	11
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24	2	20.0%	0	0.0%	0	0.0%	20
13	Supervisory Approval C&FD Standard on Supervisory Approval	21	100%			0	0.0%	
Total Applicable Indicators:		134	69.1%	0	0.0%	60	30.9%	79

= 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: EHE Total # of cases audited: 11

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	10	90.9%			1	9.1%	
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	11	100%			0	0.0%	
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	11	100%			0	0.0%	
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	9	81.8%			2	18.2%	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	11	100%	0	0.0%	0	0.0%	
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	8	72.7%			3	27.3%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	11	100%	0	0.0%	0	0.0%	
8	Assessments and Planning for a Child in Care CIC Service Standard #11	7	63.6%	1	9.1%	3	27.3%	
9	When a Child is Missing or Has Run Away CIC Service Standard #14	1	100%			0	0.0%	10
10	Notification of Fatalities, Critical Injuries and Serious Incidents C&FS Standard #24	0	0.0%	0	0.0%	0	0.0%	11
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16	4	66.7%			2	33.3%	5
12	Supervisory Approval C&FD Standard on Supervisory Approval	10	87.7%			1	9.1%	
Total Applicable Indicators:		93	87.7%	1	0.9%	12	11.3%	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 Practice Audit for Clearwater – EHE

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

Marilyn Hedlund
Provincial Director of Child Welfare

November 30, 2007