

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INTERIOR REGION
WILLIAMS LAKE FDR TEAM – EHJ

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SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT INTERIOR REGION WILLIAMS LAKE FDR TEAM- EHJ

1. PURPOSE

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

The specific purposes of case practice audits are:

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

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

2. METHODOLOGY

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

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

SECTION II: SERVICE DELIVERY

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

3. COMMUNITY OVERVIEW

a) Geographic's: The City of Williams Lake is located in the interior of British Columbia approximately 550 kilometers north of Vancouver, BC and 240 kilometers south of Prince George, BC. Highway 97 is used when traveling from the north or south. Williams Lake is accessible by air and BC Railway provides passenger service through the Fraser River Canyon from the coast to this interior community. Williams Lake is also accessible by bus with regular daily routes. Geographic distances are a consideration, as families served live in Horsefly, Likely and to the north, McLease Lake. Roads can be gravel, or in need of repair and driving conditions can be dangerous or non accessible if four wheel drive is not available. Winter conditions can be harsh with blinding snow, icy road conditions, and wildlife on the highway. Cell phones do not work in outlying areas.

b) Demographics: Williams Lake has a population of 11,153, and 19,720 in the neighbouring area creating an immediate service area of 30,873. Williams Lake services two regional districts; the Cariboo Regional District, population 65,659 and the Central Coast District population 3,781. The main industries include forestry, agriculture, tourism, and mining.

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 region 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 Aboriginal Services, and a Director of Corporate Services. Within the region there are six Community Services Managers and two Aboriginal Services Managers.

1/ Residential Services: Williams Lake has capacity for 101 placements and 91 are currently full. Several of homes cannot have more children placed due to the high needs of children in those homes. EHJ currently has 1.5 resource social workers to provide foster homes and resources to support placements for three child welfare teams in Williams Lake. For all three teams there are 129 children in care, and this does not include requests for respite which are for children who are not in care but needing foster home placements.

The 1.5 resources social workers responsibilities include but are not limited to recruitment, home studies, placements, respite and relief, monitoring and creating contracts for foster homes and specialized resources, support to foster homes, training (18 hour orientation etc), attending ICM meetings for the children in care, placement meetings, foster home protocols, and annual reviews. Child protection social workers and the family group conferencing coordinator are often needed to take on some of the resource pressures, in addition to their work.

EHJ reports that in 2007 there will have been fifteen exceptions to the standards of which three were to extend timelines for home studies. The north region is in process of obtaining approval to send a resource worker to complete a restricted foster home for a youth who is in the Williams Lake community as EHJ cannot complete it.

Level 1: nine

Level 2: 13

Level 3: 8

2/ Service Transformation – EHJ provides a family development response as an integral component to their service delivery model. Community meetings and meetings with families are arranged to discuss, implement, and integrate collaborative practice with service providers and other provincial ministries (some are identified below but not all):

- School District, RCMP, Victim Services, Pregnancy Outreach, Noopa, Boys and Girls club, CMHA, MEIA, AXIS Family Resources, Child Development Centre, Foster Parents, Women’s Contact Society, Interior Health Authority (Mental health and addictions clinicians, street Nurse)

It is the strength of this team and community that EHJ strives to work collaboratively together to support families.

4. STAFFING

a) Professional Staff Complement/Staff Turnover:

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Leader				full	Permanent
SW 1				Full	Permanent
SW 2				full	Permanent
SW 3				full	Permanent
SW 4				full	Permanent
SW 5				full	Permanent
SW 6				full	Permanent
SW 7				full	Permanent
SW 8				partial	Permanent ¾ time
SAS				n/a	permanent
OA2				n/a	Aux.
OA2				n/a	Permanent
OA2				n/a	Aux.

Considerations: EHJ has not had a full compliment of administrative staff for approximately three years creating a backlog of filing, etc. In the spring of 2007 EHJ was able retain an auxiliary administrative support person which has helped to address the back log of filing and admin work. One social worker is currently on secondment as an A/Team Leader in Smithers.

b) Current Workload: At the beginning of the audit (October 9, 2007) caseload management reports were printed for each of the caseloads. The following is a listing of the FS and CS files assigned by caseload.

- : Ten (10) FS / Two (2) CS
- : Fourteen (14) FS / Eight (8) CS
- : Nine (9) FS
- : Two (2) FS / Three (3) CS
- : Nineteen (19) FS / Eight (8) CS
- : Fourteen (14) FS / Five (5) CS
- : One (1) FS

5. STAFF TRAINING

a) Ministry Training Program	Team Leader	SW 1	SW 2	SW 3	SW 4
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 mod.1					
District Supervisor mod.					
Leading the Way					

6. SUPERVISION / CONSULTATION: Clinical supervision and consultations occurs every morning during intake meetings. This comprises of individual as well as team discussion. Case consultation and intake consultation also occurs every Wednesday morning at the team meeting. Every six weeks the team leader aims to meet individually with the social workers to review their casework. Resource social workers discuss placement and placement options as they occur. Admin staff and the SAS meet on their own and with the team leader to review service goals.

7. INTAKE AND TRACKING SYSTEMS: Intakes are tracked through an intake tracking system, which is a hard copy binder, not electronic so it can be accessed even if the computer system is down. There is a spread sheet which identifies each call made to the office, and each after hours report received. Also tracked are the date, type of

call, who took the call and where the notepad was sent. Every Wednesday at team meetings the team leader prints caseload management reports for each social worker to review their intakes. This is to ensure follow-up, and prevent drop off of notepads unless the notepad was made in error and a decision made to let the notepad drop off.

File transfers are tracked separately by the team leader in folders as well with the social workers. There are three resource binders - one for tracking contracts, one for tracking exemptions to policy, placements, and restricted home studies, and a third binder is used for tracking individuals interested in becoming foster parents.

- a) **Investigations:** When the worker receives a call the team leader is consulted at all risk decision points. This is done on a daily basis and with urgent calls it is done immediately or as soon as possible, or with an alternate team leader should the regular team leader be at training etc.
- b) **Family Development Response:** Intake is tracked in a tracking log, and entered on MIS as either a notepad and/or a FS file is opened. Policy and procedures are followed for intakes. The role of community is dependent upon the type of call and what community partner would be best utilized with the specific family.
- c) **Ongoing Family Service and Child Service:** The team leader meets informally with social workers throughout the day to discuss planning for children in care and their biological parents or foster parents. The team leader formally reviews court decisions and recommendations, interventions on Wednesday team meetings and individual case planning reviewed every six weeks if possible. File transfers are discussed via the team leader to ensure that they have completed the intakes, CPOC, RD 5 & 6, transfer recording, and court documents are up to date. A transfer meeting is arranged between the receiving and sending social worker, and if possible to have the family present at the meeting. (Geographic distances may have impact on this). Courtesy supervision is provided while waiting for the file transfer process to be completed. File transfers between regions and provinces receive CSM approval as required.

8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

EHJ is a non-Aboriginal Team and does not provide services to the Aboriginal communities.

SECTION III: AUDIT RESULTS

9. AUDIT SAMPLE

The terms of reference letter, which was distributed prior to the initiation of the Williams Lake (EHJ) 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 on October 9, 2007 were used to identify files for the audit. On that date there were sixty-three (63) open family services files, thirty two (32) open child service files, and forty-nine (49) closed family service files that had been closed in the past six months.

A 15.873% random sample was taken from the 63 open FS files resulting in ten (10) files audited. A 28.125% random sample of the 32 open CS files was taken resulting in nine (9) files audited. A 20.408% random sample of closed FS files was taken resulting in ten (10) files being audited. Combining the sample percentages provides a mean sample size of 21.468%.

It should be noted that the sample size of family service files was affected by the low number of child protection investigations managed at this office. EHJ offers a family development response (FDR) to most child protection reports. This audit tool does not presently have the capacity to audit FDR.

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

- : Two (2) FS / One (1) CS
- : Four (4) CS
- : One (1) FS
- : One (1) FS / One (1) CS
- : Two (2) FS / Three (3) CS
- : Four (4) FS

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 (20) Family Service files were audited. Overall compliance to the child and family services standards was **88.7% %**. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

1. Screening and Best Approach to Service Delivery

CRITERIA

The Family Service file contains documentation indicating:

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

This critical measure was applicable to all twenty of the cases that were audited. All of the files (100%) 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.

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 three files that were audited. All three (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 twenty files that were audited. The twenty (100%) 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) 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 six files that were audited. All six (100%) of the files had documentation that showed the response started within the determined time line.

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 six files that were audited. Three (50%) of the files had documentation that met the criteria for compliance to this critical measure. In the three cases that did not satisfy all of the above criteria, two cases indicated that a home visit did not occur. In one case key collaterals to the investigation were not contacted.

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 six files that were audited. All six (100%) 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 six files that were audited. Three (50%) of the files had documentation that met the criteria for this critical measure. Of the three files that that did not satisfy all of the above criteria for compliance, two investigations were considered incomplete and one file the auditor did not concur with the finding that the children were not in need of protection.

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 the six 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. Two (33.3%) files met the criteria for this critical measure. Two files were completed between 31- 45 days and the remaining two files indicated completion was over 90 days.

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 three of the files that were audited. Two (66.7%) of the cases had documentation that met the above noted criteria for compliance. One file was given a non-compliance rating as there was no risk reduction service plan completed. Both CRA and RRSP 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.

This critical measure was applicable to one of the files that were audited. The one (100%) case had documentation that reflected that there had been a review of the planning and the risk assessed.

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 none of the cases that were audited.

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 twenty of the cases that were audited. There was documentation on all twenty (100%) of the files that reflected that the team leader was consulted at the required times.

Additional Comments:

EHJ offers a family development response which is not audited at this time; therefore, the collaborative practice that is taking place is not entirely captured with this audit tool. It was noted that the families who are receiving services through this approach are developing better relationships and satisfaction with the local office. Upon observation the files were typically smaller in volume and number of intakes indicating less need to become re-involved with the Ministry after ending services.

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 all the twenty files reviewed. Where services were offered or provided, they were as least disruptive as possible.
- *When a Child is at Immediate Risk of Harm.* In the three files 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 given the nature of the concerns the investigation was justified. In all twenty 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 correctly and started within the timelines.
- *Seeing and Interviewing the Child and Family.* Full compliance was given to the six applicable files. The subject child, siblings, and parents were seen and interviewed. The interviews were investigative in nature.
- *Reassessing a Plan to Keep a Child Safe.* There was documentation on the one file this measure applied to indicating approval was obtained to end the family service response.
- *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.

- In CM #6 *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 (where applicable) the Aboriginal community was invited to participate. In two files a home visit did not appear to have taken place and in one file the auditor felt that certain collaterals would have been beneficial to the investigation.
- CM # 8 *Concluding a Child Protection Investigation* 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.
- CM # 9 *Concluding a Child Protection Investigation in a Timely Manner* did not receive high compliance. Although the work may have been completed within the 30 day time frame, the conclusion of the investigation is determined by the date the Team Leader signs off the report.

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

NARRATIVE SUMMARY

Nine (9) child service files were audited. Overall compliance to the child service standards was **87.4%**. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

1. 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 nine of the cases that were audited. In all nine (100%) of the cases the files had documentation that the child was identified as non-Aboriginal in heritage.

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 the nine cases audited. Nine (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 nine of the files that were audited. Nine (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 nine of the files audited. Eight (88.9%) of the cases had documentation to meet the criteria for this critical measure. In one case there was no documentation that the Section 70 rights were reviewed 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. All nine (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 nine of the cases audited. Seven (77.8%) of the files had documentation that reflected that a social worker had personal contact with the child as required by *CIC Service Standard # 9*. Two cases had no documentation that indicated that the child was seen alone and in private within every ninety day period.

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 nine of the files that were audited. Nine (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 nine of the cases that were audited. One (11.1%) 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 when the standards were introduced. The auditor was also looking for documentation that the **plans of care** had been reviewed on a regular basis (approximately every ninety days). Eight 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 *CIC Service Standard # 11*; therefore, could only be given partial compliance.

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.
- © 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

This critical measure was applicable to two of the cases that were audited. Two (100%) files had documentation that met the criteria for this critical measure.

. 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 two of the cases that were audited. Two (100%) files had documentation that met the criteria for this critical measure.

11. Planning for a Child Leaving Care

CRITERIA

The Child Service file contains documentation confirming:

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

This critical measure was applicable to two of the files that were audited. Two (100%) of the cases met the above noted criteria for this critical measure. The auditor was looking for documentation that reflected what was being done to move the child[ren]

out of foster care and if there were sufficient steps taken to prepare / support the parent resuming care of the child[ren].

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 nine of the cases that were audited. Nine (100%) of the cases had documentation that met the criteria.

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.* Eight of the files were able to identify the child as non-Aboriginal in heritage. The other file was identified as Métis and cultural information was provided.
- *Assuming Responsibility for a Child in Care.* All nine files had a true copy of the child's legal order and other relevant court documents. For the five CCO files, the Public Guardian and Trustee was notified. One file contained an exemption to adoption policy. Family involvement in planning was noted through Family Group Conferences and VCA's.
- *Ensuring a Child's Safety While in Care.* This critical measure looked for documentation identifying why the home was chosen. Eight of the files indicated that the homes provided safety and met the child's needs. 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 nine 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. This 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 that efforts were being made (where applicable) to maintain contact with parents and extended family. FGC's were taking place to explore other placement options. The CIC's were connected to their communities through activities. All of the files noted that Life Books were in progress.
- *Reportable Circumstances.* The two 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 independent living was taking place and start up funds issued. One file contained a

personal support plan. The youth's were provided life skills and had gained work experience.

- *Supervisory Approval.* All of the files had 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; however, the auditor recognized common areas for improved practice.

- 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 (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 was looking for were CRA's, CPOC's, assessments and review recordings (CM # 8 *Assessments and Planning for a Child in Care*). Eight 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*.

Brendan Flynn
Deputy Director
Interior Region

Date

Cynthia Walker
Auditor
Interior Region

Date

11. AUDIT RECOMMENDATIONS

On February 14, 2008 members of the regional management team, the team leader at EHJ, 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:

The Community Services Manager advised that he has been tracking open intakes through various system tools (MIS, MARS) to obtain an accurate account of the percentage of intakes open beyond the thirty day time frame. This information has been discussed at monthly meetings with the Cariboo network Team Leaders to determine what might be attributing to the delays in completion. The Community Services Manager has also been using this process of data collection for tracking CPOCs and examining factors that might be barriers to completion of this document by workers.

1) By March 31, 2008 the Child Protection Consultant will meet with the Team Leader to review the criteria for completion of investigations in a timely manner. The purpose is to reduce the length of time intakes remain open once investigations are concluded and allow for services to be continued through the family service file. The Community Services Manager will confirm with the Director of Integrated Practice that this meeting has taken place.

2) The Team Leader has agreed that within thirty days she will meet with the team to review the requirement of conducting a home visit when investigating a child protection report. The Team Leader will advise the team that an exemption to conducting a home visit must be obtained from the Community Services Manager and documented on the file.

3) By April 15, 2008, the Team Leader will meet with the team to discuss review planning for CPOCs. The Guardianship Consultant and the Child Protection Consultant may provide the team available tools and checklists that will assist worker's capacity to complete reviews of planning. The Community Services Manager will advise the Director of Integrated Practice that this meeting has occurred and that the team has adopted a system to increase compliance in assessments and planning for children in care.

Recommendations developed by:

John Waters, Director of Integrated Practice
Brendan Flynn, Deputy Director of Child Welfare
Howard Kirkham, Community Services Manager
Elsa Felker, Team Leader
Mary Plummer, Child Protection Consultant
Cynthia Walker, Auditor

AUDIT SIGN OFF:

John Waters
Director of Integrated Practice
Interior Region

Date

SECTION IV: APPENDICES - AUDIT DATA SUMMARIES

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

DATA SUMMARY

Office Code: EHJ

Total # of cases audited: 20

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery CFS Standard #1	20	100			0	0.0%	0
2	When a Child is at Immediate Risk of Harm CFS Standard #11	3	100			0	0.0%	17
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	20	100			0	0.0%	0
4	Family Development Response CFS Standard #14	0	0.0			0	0.0%	20
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	6	100			0	0.0%	14
6	Conducting a Child Protection Investigation CFS Standard #15	3	50.0%			3	50.0%	14
7	Seeing and Interviewing the Child and Family CFS Standard #15	6	100%			0	0.0%	14
8	Concluding a Child Protection Investigation CFS Standard #16	3	50.0%			3	50.0%	14
9	Concluding Investigation in a Timely Manner CFS Standard #16	2	33.3%			4	66.7%	14
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	2	66.7%			1	33.3%	17
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	1	100%			0	0.0%	19
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24	0	0.0%	0	0.0%	0	0.0%	20
13	Supervisory Approval C&FD Standard on Supervisory Approval	20	100%			0	0.0%	0
Total Applicable Indicators: 97		86	88.7%	0	0.0%	11	11.3%	163

= 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: EHJ

Total # of cases audited: 9

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	9	100%	0	0.0	0	0.0%	
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	9	100%			0	.0.0%	
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	9	100%			0	0.0%	
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	8	88.9%			1	11.1%	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	9	100%	0	0.0	0	0.0%	
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	7	77.8%			2	22.2%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	9	100%	0	0.0	0	0.0%	
8	Assessments and Planning for a Child in Care CIC Service Standard #11	1	11.1%	8	88.9	0	0.0%	
9	When a Child is Missing or Has Run Away CIC Service Standard #14	2	100%			0	0.0%	7
10	Notification of Fatalities, Critical Injuries and Serious Incidents C&FS Standard #24	2	100%	0	0.0	0	0.0%	7
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16	2	100%			0	0.0%	7
12	Supervisory Approval C&FD Standard on Supervisory Approval	9	100%			0	0.0%	0
Total Applicable Indicators: 87		76	87.4%	8	9.2%	3	3.4%	21

= 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 – Williams Lake FDR Team - EHJ

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

Marilyn Hedlund
Provincial Director of Child Welfare

June 18, 2008