

DIRECTOR'S CASE PRACTICE AUDIT REPORT
FRASER REGION
BURNABY INTEGRATED YOUTH TEAM
(HGF)

Field Work Completed: October 10, 2007
Report Completed: March 17, 2008

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SECTION I: INTRODUCTION

1. PURPOSE

The purpose of case practice audits is to support practice principles that promote improved outcomes for children and families. 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 four year cycle. All regions are expected to conduct regional case practice audits in accordance with the Quality Assurance Standards for case practice audits.

2. METHODOLOGY

The audit was conducted to meet provincial standards in accordance with the Director's Case Practice Audit Methodology and Procedures Document (July 2004). The specific audit tools used in conducting this audit were:

- Critical Measures Audit Tool for Child and Family Service Standards (May, 2004)
- Critical Measures Audit Tool for Child in Care Service Standards (May, 2004).

Two practice analysts (one lead and one associate) conducted the fieldwork between September 4 and October 10, 2007. The lead analyst reviewed three caseloads and the associate analyzed one caseload.

The audit purpose, process and the relevant audit tools were discussed with the Team on August 24, 2007. During the audit, the practice analyst interviewed the Team Leader (TL) and social work staff in a group meeting.

At the conclusion of the fieldwork, two meetings were held. One meeting was with the TL and available social work staff. The other was held with the TL and Community Service Manager (CSM) regarding more case specific issues.

SECTION II: COMMUNITY CONTEXT

3. SERVICE AREA OVERVIEW

a) **Geographic:**

Burnaby is a large community that is bordered to the west by Vancouver, to the south, the Fraser River, to the north, Burrard Inlet and to the east, Coquitlam (north side) and New Westminster (south side).

b) **Demographic:**

The population of Burnaby was approximately 195,000 in 2006 (Statistics Canada). The Burnaby community has evolved from a predominately suburban community to an urban centre that supports a variety of businesses, recreational and educational facilities.

c) **Service Delivery:**

The HGF team provides integrated services to youth and their families. They conduct investigations (new reports) if the file is already open at HGF.

The Regional Office is located in Surrey. The Fraser Region management structure consists of:

- The Regional Executive Director
- Director of Operations
- Director of Corporate Services
- Director of Integrated Practice
- Manager of Service Quality
- Manager of Practice Development
- Finance Manager
- Manager of Human Resources
- Manager of Collaborative Practice
- 13 Community Service Managers (includes Aboriginal services, Resources and After Hours),
- Four Project officers
- Four Associate Community Service Managers (at the time of this report)

SQD provides After Hour services for this team and is located in New Westminster

i) **Residential Services**

The staff reported that there are not enough residential resources for youth. There are two receiving and assessment facilities, Esau House and Valley House. Other resources are available

via the Orenda service network and Aunt Leah's group home. Specifically, Aunt Leah's group home services young, unwed teens.

(ii) Out-of-Care Options

The team reported that Family Development Response (FDR) and Section 54.1 are consistently used in case planning. The philosophy of the team is to provide services to youth and families in a supportive, voluntary manner whenever possible. The principles of collaboration, integration and client-centered services were noted in the files reviewed.

(iii) Service Re-Design/Plan

The Regional Leadership Team (RLT), Ministry staff and a wide variety of community groups and tables were involved with the theme's development, the evaluation of the Region's transformation progress, building partnerships of trust and respect and providing support to community leaders in the transformation process. The following are some of the activities underway:

Client Engagement:

- Fraser Region, Youth Advisory
- Residential Resources
- Presumption in favour of collaborative planning and decision making initiatives
- Continuous Quality Improvement (CQI)

Staff Engagement:

- Fraser Regional Training
- Executive Mentor Groups
- CQI
- Staff Appreciation

Community Engagement:

- Fraser Region Interim Aboriginal Authority
- Aboriginal participation in the collaborative process
- Ethno cultural initiatives
- Early Childhood Development
- Collaborative partnerships

Note: a document called "Celebrating Success" provides more detailed information

4. STAFFING

Team	MCF YEARS	Time on Team	EDUCATION	DELEGATED
				Full
				Full
				Partial
				Full
				Full

Current Workload:

The HGF team consists of five and a half youth justice FTEs, one Family Development Response worker (FDR), two guardianship workers, two family service workers and one vacant position. The administrative support consists of one Office manager, two team assistants and one vacant position (OA2).

There are three youth probation officers and a youth conference facilitator assigned to this team. The youth probation officers are located off-site at the Youth Psychiatric Forensic Clinic in Burnaby.

According to the Case Management Report the following files were open:

FS Files: 70
 CS Files: 25

Total files audited
 FS files 17
 CS files 15

Total 32

HGF201 - FDR files

**The FDR and Youth Agreement files were not eligible because there are no applicable audit tools for those services. The sample percentage was increased from 20% to 50% to reach a better statistical representation of the open files at HGF by the analyst and the Manager of Service Quality. The CSM and TL were in agreement.

5. STAFF TRAINING

Ministry Training Program	Team Leader	SW 1	SW 2	SW 3	SW 4
Child Protection – Core					
Resources					
Guardianship – Core					
Adoption – Core					
Clinical Supervision 1					
Clinical Supervision 2					
Risk Assessment – Core					
Advanced Risk Assessment					
Family Development Response					
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					
Enhanced Neglect					
Leading the Way					
Other: Risk management					

6. SUPERVISION/CONSULTATION

The TL and social workers at HGF report that supervision occurs monthly and caseload reviews occur. This monthly review is documented in the TL's tracking system and includes the date of the review, status of the case, case process, development of an ongoing plan and the date of the next review. As well, consultation and /or approvals are provided daily, depending on the circumstances.

The CSM is co-located therefore is accessible to the TL when consultation and approvals are needed.

7. INTAKE AND TRACKING SYSTEMS

All new intakes are transferred to HGF from other Burnaby offices (HGB and HDL) or from offices out of region and province if the family lives in the HGF service delivery area.

8. ABORIGINAL SERVICES:

HGF does not service Aboriginal families.

SECTION III: CASE PRACTICE REVIEWS

9. AUDIT SAMPLE

As noted in the Terms of Reference letter sent to the CSM and TL on August 22, 2007, the audit sample size included a minimum of 20% of open Family Service and Child Service files. The size of the sample was changed at the beginning of the review to 50% so that the audit results were more representative of the open caseloads per worker. This change to the methodology and procedure was approved by the Manager of Service Quality and communicated by email to the relevant TL and CSM.

10. A NARRATIVE SUMMARY- CHILD AND FAMILY SERVICES

Seventeen Family Service files were audited. Overall compliance to the Child and Family Services Standards was **56.8%**. 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:

DATA SUMMARY

Office Code: HGF

Total Number of Cases: 17

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.

= Number of applicable cases

% = Percent of total

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to	10	58.8%			07	41.2%	--

	Service Delivery <i>CFS Service Standard #1 & #12</i>							
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11 & #13</i>	04	50.0%			04	50.0%	09
3	Assessing a Child Protection Report and Determining the Most Appropriate Response <i>CFS Service Standard #12</i>	13	81.3%			03	18.8%	01
4	Family Development Response <i>CFS Service Standard #14</i>	--	--			--	--	17
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	06	75.0%			02	25.0%	09
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	02	22.2%			07	77.8 %	08
7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	02	22.2%			07	77.8%	08
8	Concluding a Child Protection Investigation <i>CFS Service Standard #17</i>	05	55.6%			04	44.4%	08
9	Concluding an Investigation in a Timely Manner <i>CFS Service Standard #17</i>	03	33.3%			06	66.7%	08
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #18</i>	04	57.1%			03	42.9%	10
11	Reassessing a Plan to Keep a Child Safe and Ending Family Service Response <i>CFS Service Standard #18 & #21</i>	05	71.4%			02	28.6%	10
12	Notification of Fatalities, Critical Injuries and Serious Incidents <i>CFS Service Standard #25</i>	--	--			02	100%	15
13	Supervisory Approval <i>CFD Standard on Supervisory Consultation & Approval</i>	13	76.5%			04	23.5%	
Total Applicable Indicators: 118		67	56.8%	--	--	51	43.2%	103

1. SCREENING AND BEST APPROACH TO SERVICE DELIVERY

The analyst looked for documentation, which demonstrated the following: sufficient information was gathered and the family history was reviewed, requests for service were adequately assessed, services offered and/or provided were appropriate and the least disruptive available, and where applicable, an aboriginal service provider or delegated agency had been contacted.

Applicable files – 17

Compliance – 58.8%

Regional Compliance – 79.3%

Provincial Compliance - 85.1%

There were seven files found to be non-compliant. The reasons for non-compliance were the MCFD history was not reviewed nor relevant information sought. More information needed to be gathered.

2. WHEN A CHILD IS AT IMMEDIATE RISK OF HARM

In reports where a child is at immediate risk of harm, the analyst looked for documentation that adequate steps were taken to see the child and ensure the child's immediate health and safety, including a safety plan. If a child protection social worker was not able to ensure that a child was seen immediately, the analyst looked for documentation describing alternative steps taken and who was asked to see the child instead to ensure his/her immediate safety.

Applicable Files – 8

Compliance – 50.0%

Regional – 70.5%

Provincial – 84.9%

There were four files found to be non-compliant because an immediate risk of harm was not present and an immediate safety plan did not ensure that the immediate risk to the child had been reduced.

3. ASSESSING AND DETERMINING THE MOST APPROPRIATE RESPONSE TO CHILD PROTECTION REPORTS

The analyst looked for documentation that demonstrated the worker had collected sufficient information to make a decision about the type of response and, that the decision to provide a specific response was supported by the information.

Applicable files – 16

Compliance – 81.3%

Regional – 85.8%

Provincial - 85.1%

There were three files found to be non-compliant. There was insufficient information found in the file to substantiate a sec. 13 concern and a coding of support services was chosen when a sec.13 issue existed.

4. FAMILY DEVELOPMENT RESPONSE

When a Family Development Response (FDR) option has been selected the analyst looked for documentation detailing the rationale for providing a FDR, a completed assessment, a plan for supporting the family and keeping the child safe.

Currently this measure cannot be reviewed.

5. DETERMINING THE TIME FRAME TO BEGIN AN INVESTIGATION.

Where a determination has been made to investigate, the analyst looked for documentation determining that the time frame for beginning the investigation was appropriate to the report and confirmation that the investigation commenced within that time frame.

Applicable files – 8

Compliance – 75%

Regional – 65.9%

Provincial – 80.9%

There were two files found to be non-compliant because the investigation did not commence within the chosen time frame.

6. CONDUCTING A CHILD PROTECTION INVESTIGATION

This critical measure outlines many of the activities involved in an investigation. These include: documentation that all relevant information relating to the report has been reviewed, documentation that information from people who have relevant knowledge of the family has been obtained, documentation that the child's living situation has been directly observed, etc.

Applicable files – 9

Compliance – 22.2%

Regional Compliance - 57.1%

Provincial Compliance – 65.9%

There were seven files found to be non-compliant because home visits were not done and there was insufficient collateral information sought.

7. SEEING AND INTERVIEWING THE CHILD AND FAMILY

This critical measure requires that the worker sees, and whenever possible, interviews the subject child, siblings, parents, and if applicable, the family's aboriginal community.

Applicable files – 9

Compliance – 22.2%
Regional – 61.7%
Provincial - 68.2%

There were seven files found to be non-compliant because the parents and/or siblings were not interviewed.

8. CONCLUDING A CHILD PROTECTION INVESTIGATION

This critical measure requires the analyst to review whether or not the decision about the child needing protection is consistent with the facts that were gathered during the investigation and that all steps required to address the child's safety needs have been considered and implemented.

Applicable Files – 9
Compliance – 55.6%
Regional Compliance – 62.8%
Provincial Compliance – 71.1%

There were four files found to be non-compliant. In each of these files not all steps of the investigative process were completed.

9. CONCLUDING A CHILD PROTECTION INVESTIGATION IN A TIMELY MANNER

This critical measure requires that there is documentation that demonstrates child protection investigations are concluded within 30 calendar days. The completion date is determined by the date of supervisory sign-off.

Applicable files – 9
Compliance – 33.3%
Regional Compliance – 34.8 %
Provincial Compliance – 43.7%

There were six files found to be non-compliant because the investigation was not completed within 30 days.

10. DEVELOPING AND IMPLEMENTING A PLAN TO KEEP A CHILD OR YOUTH SAFE

The analyst looked for documentation that reflected safety planning occurred after there was a “finding” that the child was in need of protection. This plan should include an assessment of needs, risks, and strengths, review mechanisms, consider the child's need for stability and the participation of family in keeping the child safe.

Applicable files – 7
Compliance – 57.1%
Regional Compliance – 74.1%
Provincial Compliance - 63.8%

There were three files found to be non-compliant because the planning process did not involve all of the relevant parties.

11. REASSESSING A PLAN TO KEEP A CHILD SAFE AND ENDING A FAMILY SERVICE RESPONSE

The analyst looked for documented evidence that the plan to keep the child safe had been reviewed as appropriate with the involved parties. When ending a protective FS case, the analyst looked for documentation that a re-assessment had been completed which supported the decision.

Applicable files – 7
Compliance – 71.4%
Regional Compliance – 63.4%
Provincial Compliance - 45.9%

There were two files found to be non-compliant. In one case, the reassessment of the plan did not include all of the prior risk factors initially identified. In the other, the risk level was not appropriately addressed in the planning documentation found on file.

12. NOTIFICATION OF FATALITIES AND CRITICAL INJURIES (REPORTABLE CIRCUMSTANCES)

The analyst looked for documentation to confirm in the case of a fatality or critical injury, the designated Director was notified and that the appropriate people were notified and offered support in a timely way.

Applicable files – 2
Compliance- 0%
Regional Compliance - 22.7%
Provincial Compliance - 30.4%

There were two files found to be non-compliant. In one file a youth had made a serious threat of self-harm and in the other, there was information in the file to confirm that the youth was consistently engaging in high risk behaviours. In both of these cases the Director should have been notified by submitting an initial reportable circumstance report (IRC).

13. MANAGEMENT AND SUPERVISORY CONSULTATION

During this audit the analyst was looking for documentation that reflected consultation with a TL or CSM at all critical points: assessing reports, decision on a response time, conducting and concluding an investigation, notifying police, determining a child's need for protection,

developing an ongoing safety plan, the court process, removal of a child, reunification, and transferring responsibility for ending family services.

Applicable files – 17

Compliance – 76.5%

Regional Compliance – 85.8%

Provincial Compliance - 86.4%

There were four files found to be non-compliant. In each of these files, the documentation did not confirm that the TL had been consulted at the key decision points.

PRACTICE STRENGTHS:

The following are the FS case practice strengths:

- The documentation format for Integrated Case Management meeting minutes was well organized, user friendly and contained relevant information in a reliable manner
- The social workers are visible and involved in the local community
- The Comprehensive Risk Assessments that were completed were thorough and used effectively as “living documents” thus facilitating compliance to documentation requirements
- Creative, flexible and significant efforts found in file documentation to stabilize high-risk youth
- Effective use of diverse support networks of community services to support planning

AREAS FOR IMPROVED PRACTICE:

There were a number of areas where case practice was not documented in the files. This documentation would have been initiated by an intake worker on another team; however, it was the responsibility of HGF to update the information.

Specifically, those areas that require strengthening are:

- Incomplete and out of date information about the family, its membership, functioning and history
- Documentation of supervisory approval incomplete in some key areas including the Comprehensive Risk Assessment
- Some service plans did not reflect the change in service goals, especially when the plan for the child was identified as return to parent but a Continuing Custody Order had been granted
- Workers used similar plans for a family that had proven to be unsuccessful in the past
- Service planning did not always include all family members and/or a rationale provided
- Support Services Agreements and Voluntary Care Agreements did not consistently contain a comprehensive service plan that related to the child protection concerns identified

- Snapshots were outdated and, in some cases, contained inaccurate information

10.B CRITICAL MEASURES AUDIT TOOL - CHILD IN CARE SERVICE STANDARDS

Office Code: HGF
Rating Definitions:

Total # of cases audited: 15

- C** Full compliance to the standard
PC Partial compliance: The intent of the standard is met but significant practice issues have not been addressed
NCF Non-compliance to the standard for reasons beyond the control of the social worker or supervisor
NC Non-compliance to the standard's criteria requirements
NA Not applicable to the standard being measured.

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care <i>CIC Service Standard #1 & CFS Service Standard #20</i>	02	13.3%	01	6.7%	12	80.0%	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	13	86.7%			02	13.3%	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	14	93.3%			01	06.7%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	01	07.7%			12	92.3%	02
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	11	73.3%	02	13.3%	02	13.3%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	03	20.0%			12	80.0%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	11	73.3%	02	13.3%	02	13.3%	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	05	33.3%	05	33.3%	05	33.3%	

9	When a Child is Missing or Has Run Away <i>CIC Service Standard #14</i>	02	28.6%			05	71.4%	08
10	Notification of Fatalities, Critical Injuries and Serious Incidents <i>CFS Service Standard #25</i>	01	16.7%	01	16.7%	04	66.7%	09
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 & #16</i>	10	83.3%			02	16.7%	03
12	Supervisory Approval <i>CFD Standard on Supervisory Consultation & Approval</i>	10	66.7%			05	33.3%	
Total Applicable Indicators: 158		83	52.5%	11	07.0%	64	40.5%	22

NARRATIVE SUMMARY - CHILD SERVICES

Fifteen (15) Child Service files were audited. Overall compliance to the child service standards was **52.5%**. 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

In this critical measure, the analyst looked for documentation that reflected whether a child in care was aboriginal or not. In the case of an aboriginal child, the documentation identifies: the Band and/or Community; the child's status and membership number, or application for status; the worker understands the child's history and current circumstances; and a cultural plan for the child.

Applicable Files – 15

Compliance – 13.3%

Partial Compliance- 13.3%

Regional Compliance - 72.1`%

Provincial Compliance – 80.5%

There were 12 files found to be non-compliant because the cultural information was confusing and/or inaccurate.

2. ASSUMING RESPONSIBILITY FOR A CHILD IN CARE

The analyst looked for confirmation of the child's legal status such as court orders, care agreements, citizenship and immigration documents and an assessment of the child's history, current circumstances and needs. This measure also requires documentation that indicates the nature and extent of involvement of family members.

Applicable files – 15
Compliance – 86.7%
Regional – 84.4%
Provincial - 89.8%

There were two files that were found to be non-compliant because court orders and/or the legal status was not confirmed.

3. ENSURING A CHILD’S SAFETY WHILE IN CARE

Where a child has been brought into care, the analyst looked for documentation to indicate that the child has been placed in a living arrangement that meets their needs, or for a child/youth refusing placement reasonable efforts were made to ensure a placement. File information should also indicate that there is an adequate plan in place to address a child’s safety needs.

Applicable files – 15
Compliance – 93.3%
Regional – 87.9%
Provincial - 91.8%

There was one file non-compliant because documentation did not confirm the safety needs.

4. ENSURING THE RIGHTS OF A CHILD IN CARE

The analyst assessed the file for evidence that the child’s care conforms to their rights as defined by Section 70 CFCS Act, the SW has informed the child of the Rights of Children in Care, and that any reports that a child’s rights may have been violated, have been addressed. The analyst looked for documentation that when a child or youth comes into care, they are informed of these rights and are assisted in the understanding of these rights, according to the child’s or youth’s developmental abilities. Furthermore, the review of these rights with the child or youth occurs on a regular basis.

Applicable files – 13
Compliance – 7.7%
Regional – 62.8%
Provincial – 56.9%

There were 12 files found to be non-compliant due to insufficient documentation that addressed this measure.

5. INVOLVING A CHILD AND CONSIDERING THE CHILD’S VIEWS IN CASE PLANNING AND

DECISION MAKING

In planning and making decisions for a child, the analyst looked for documented evidence that the child and others with significant relationships to the child were involved as fully as possible in the process, and that any possible barriers to involvement were identified and addressed. The analyst also looked for planning aimed to facilitate the involvement of a child or youth in care in case planning by:

- including the child or youth in all stages of the planning process, according to the child's or youth's developmental abilities;
- consulting with the child or youth throughout ongoing discussions and planning reviews
- encouraging the child or youth to fully express his or her views, and supporting him or her in doing so;
- including caregivers and others who have a significant relationship to the child or youth, consistent with the child's or youth's views and best interests, and informing the child or youth of all care plans and decisions, according to the child's or youth's developmental abilities.

Applicable Files – 15

Compliance – 73.3%

Partial Compliance – 13.3%

Regional Compliance – 73.8%

Provincial Compliance - 78.6%

There were two files found to be non-compliant because the file documentation did not confirm that the child/youth's perspective was included in the planning.

6. MAINTAINING PERSONAL CONTACT WITH A CHILD IN CARE

The analyst looked for documentation that demonstrates the child has had private, in-person contact with their Social Worker as per CIC standard #9. Frequency of contact with a child is based on his or her level of vulnerability, developmental needs and visibility in the community, and is consistent with the goals of the plan of care. The analyst looked for documentation that the social worker has private and direct contact with the child every 90 days.

Applicable files – 15

Compliance – 20%

Regional Compliance - 53.3%

Provincial Compliance - 63.5%

There were 12 files found to be non-compliant because the documentation did not confirm that the social worker had direct and private contact with the child in care every 90 days.

7. MEETING A CHILD'S NEED FOR STABILITY AND CONTINUITY OF LIFELONG RELATIONSHIPS

The analyst looked for documentation to demonstrate that efforts had been made to promote continuity for the child by supporting contact with significant people in the child's life and

maintaining connections to the child's cultural heritage and identity. As well, the analyst looked for evidence of strategies that were implemented to promote stability and continuity of lifelong relationships and planning for the development of new lifelong relationships. According to CIC Service Standard #10, throughout the time a child is in care, the social worker should make it a priority to promote the stability and continuity of lifelong relationships for the child, by:

- actively supporting the child in maintaining positive attachments with parents, siblings, extended family, friends, caregivers and others, consistent with the child's best interest;
- making every effort to prevent unnecessary delays in decision making by using collaborative planning and alternative dispute resolution processes to reach agreements on developing and implementing the plan of care;
- reunifying the child with family or extended family, or if that is not possible, developing an alternative out-of-care living arrangement that will provide the opportunity to maintain and develop lifelong relationships; and
- exploring on an ongoing, regular basis whether reunification with family or extended family is possible.

Applicable files – 15

Compliance – 73.3%

Partial-Compliance – 13.3%

Regional Compliance – 83.3%

Provincial Compliance - 85.7%

There were two files found to be non-compliant because the documentation did not confirm that the life long relationships were maintained in the plan of care. Two other files contained some documentation; however, it was not thorough enough to meet this critical measure.

8. ASSESSMENTS AND PLANNING FOR A CHILD IN CARE

The analyst looked for documentation that an initial plan of care was prepared within the first 30 days of a child entering care, a more comprehensive plan of care for a child in care for over six months and that the plans contained the information outlined in CIC Standard 11. As well the analyst looked for information that indicates the plan is reviewed when appropriate.

Applicable files – 15

Compliance - 33.3%

Partially Compliance - 33.3%

Regional – 47.6%

Provincial – 44.9%

There were five files found to be non-compliant and five that were partially-compliant because of insufficient documentation.

9. WHEN A CHILD IS MISSING OR HAS RUN AWAY (REPORTABLE CIRCUMSTANCE)

In circumstances where children are missing or have run away, the analyst looked for documentation indicating that the appropriate individuals had been notified, a plan was developed and implemented, and in cases of habitual running away the plan of care was reviewed and strategies developed to address the behaviour. When a child or youth is missing or has run away, notification should be made as soon as possible to:

- the designated director, if the child or youth is at high risk of harm;
- the child's or youth's parent, unless this compromises the child's or youth's safety;
- other people who may be able to play a role in locating the child or youth.

Applicable files - 7

Compliant files - 28.6%

Regional Compliance - 49.0%

Provincial Compliance - 66.9%

There were five files found to be non-compliant due to lack of notification to the Director (submission of an IRC).

10. NOTIFICATION OF FATALITIES, CRITICAL INJURIES AND SERIOUS INCIDENTS (REPORTABLE CIRCUMSTANCES)

In circumstances where there is a death or critical injury of a child in care or there is a serious incident that may affect the immediate safety or health of a child in care, appropriate members of the child's family, the designated director, community service providers, and delegated agencies are all informed of the incident.

A critical injury is defined as an injury that may result in the child's death or may cause serious or permanent impairment of the child's health, as determined by a medical practitioner. Serious incidents are circumstances involving a child who:

- is in life-threatening circumstances, including illness or serious accident;
- is lost, missing or continually running away to a situation that places him or her at high risk of death or injury;
- is missing for more than 10 days;
- is a victim of abuse or neglect by an approved caregiver, caregiver's staff or caregiver's child;
- is the victim of abuse or neglect by a care provider or care provider's family in an out of care placement;
- has been exposed to a high-risk situation or disaster which may cause emotional trauma;
- has been involved in crimes of violence or major property damage;
- has been abducted.

Applicable files – 6

Compliant files - 16.7%

Partially Compliant Files - 16.7%

Regional Compliance - 31.5%%

Provincial Compliance – 45.3%

There were four files found to be non-compliant. In these files the youth were involved in high risk behaviours for over one year (i.e. drug use, trafficking in illegal drugs, prostitution, etc).

11. PLANNING FOR A CHILD LEAVING CARE

The analyst looked for documentation that appropriate preparation takes place when a child leaves care, including involving the child, relevant family members, caregivers, and other significant persons in planning for the transition and arranging for appropriate services to support the child and family after the child has left care. In a case involving a youth leaving care, that all youth in care are supported in developing self-care and independence skills and 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.

Applicable files - 12

Compliant files – 83.3%

Regional Compliance - 80.4%

Provincial Compliance – 77.7%

There were two files non-compliant. In these files there was insufficient documentation to confirm that the children were adequately prepared to live independently once they left MCFD care.

12. SUPERVISORY APPROVAL

The analyst looked within the Child Service file for documentation of supervisory approval when a child was placed, when reuniting a child with his or her family, when transferring responsibility for or ending services and when a child's plan of care is developed. The Child and Family Development Service Standard on Supervisory Consultation and Approval ensures that supervisory consultation is obtained in all significant circumstances and at all decision points relating to service delivery.

Applicable files – 15

Compliant files - 66.7%

Regional Compliance – 80.8%

Provincial Compliance - 82.1%

There were five files found to be non-compliant. In three files where there was insufficient information to confirm that the supervisor had been consulted throughout the life of the file; one file consisted of sporadic email records that confirmed supervisory involvement/approval and, another, the CPOC was not signed.

PRACTICE STRENGTHS:

There were five CS Critical Measures that had significant compliance:

- 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
- Planning for a Child Leaving Care

AREAS FOR IMPROVED PRACTICE:

The CS critical measures that require strengthening are:

- Preserving the Identity of an Aboriginal Child in Care
- Ensuring the Rights of a Child in Care
- Maintaining Personal Contact with a Child in Care
- Assessments and Planning for a Child in Care
- When a Child is Missing or has Run Away (reportable circumstance)
- Notification of Fatalities, Critical injuries and Serious injuries (reportable circumstances)

Sandra Fournier
Regional Practice Analyst

Date

Henry Grayman
Manager of Service Quality

Date

11. RECOMMENDATIONS

Date: November 23, 2007

Present:

Burnaby CSM
HGF Team Leader
Manager of Service Quality
Regional Practice Analyst

Within the next 6 months:

1. The Burnaby CSM will develop a new model for youth intake and youth response in order to raise the practice to meet service standards.
2. A Practice Analyst will review the current audit process in 2008 with team leaders and staff in the Burnaby community who may be unfamiliar with the audit purpose, intent and process.
3. The HGF FS and CS files will be re-audited within 12 months.



Bruce McNeill
Director of Integrated Practice
Fraser Region

Date

Additional (Executive) Recommendations (if any):

Within the next 12 months:

The Burnaby Youth Team has now a different model of Service delivery. The CSM will describe:

- a. How specifically the new model will improve services to clients.
- b. How in the new model youth will be better engaged.
- c. How both a. and b. above will be measured.

Les Boon
Regional Executive Director
Fraser Region

Date

Additional (Executive) Recommendations (if any):

Marilyn Hedlund,
Provincial Director of Child Welfare

Date