

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
North Region
Prince George Child & Family Services (QGF)

Field Work Completed: November 5-18, 2007
Report Completed: January, 2008

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**DIRECTOR'S CASE PRACTICE AUDIT REPORT
NORTH REGION
Prince George Child & Family Services (QGF)**

SECTION I: INTRODUCTION

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; and
- 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 the *Director's Case Practice Audit Methodology and Procedures Document* (June 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**
The current critical measures tool (April 2004) included 13 critical measures
- Critical Measures Audit Tool for Child In Care Service Standards**
The current critical measures tool (April 2004) included 12 critical measures

The audit of the Prince George Child & Family Service team was asked to include a minimum of 20-25% of open and closed family service cases and a minimum of 20-25% of open child service cases.

The auditor conducted field work from November 5 to 18, 2007. The auditor met initially with the team leader and the team to review the audit purpose and process.

During the audit, the team leader, 1 social worker and the supervisor of administrative services were interviewed with respect to the office system, the child welfare service delivery structure and services available in the community of Prince George.

Upon completion of the audit, the auditor met with the team and community services manager to provide an overview of general observations, patterns and themes relating to practice that were identified. The individual case reports were provided to the team leader and the community services manager at a later date for review. The individual case reports were detailed and thorough highlighting the life of each case reviewed during the audit.

Files were audited based on documentation found on the physical files.

SECTION II: PRACTICE IN THE COMMUNITY CONTEXT

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

3. SERVICE AREA

- a). **Geography:** Geographically, the north region spans the upper half of the province of British Columbia. Prince George is known as British Columbia's northern capital. It is centrally located; situated at the crossroads of Highway 97 (north-south) and Highway 16 (east-west) at the confluence where the Fraser and Nechako Rivers meet. The economy is driven primarily by the forest industry. Saw mills and pulp and paper mills are key sources of employment in this resource-based city. Government services and various post secondary institutions provide another key source of employment.

Prince George is centrally located in the north region and serves as hub for transportation services by air, rail and highway. In addition, access to specialized services in health care, treatment facilities, mental health services and social services is more readily available in the Prince George area than in other northern communities.

- b). **Demographics:** The north region is comprised of rural and urban communities with varying population size. The population of Prince George and immediate outlying areas is estimated to be around 83, 000 (2006 StatsCan census). MCFD district offices in Prince George cover the catchment area as far south as Hixon on Highway 97, north to Bear Lake, west until Cluculz Lake, and Highway 16 east up to and including Sinclair Mills and other communities in the northeast. Frequently encountered social problems amongst the client group that QGF serve include poverty, homelessness, seasonal employment or underemployment. Family issues necessitating MCFD involvement which affect both parent and youth populations include: serious mental health issues, addiction-related issues (occurrence of FASD in adult and youth population, polydrug misuse) family violence, and criminal/youth justice involvement. QGF also note that families they encounter are highly mobile and their home communities are often situated in provinces outside of BC or in communities other than Prince George. QGF has a number of active inter-provincial cases and the QGF team often handles requests for a buddy social worker to be assigned to an "out of region" case where assessment or protective services are required.
- c). **Service Delivery:** MCFD north region's management structure includes the regional executive director, director of operations, director of child welfare, and the community services manager who administers the delivery of child protection services and oversees ongoing and integrated child and family service delivery.

Historically, the Prince George child welfare service delivery model consisted of 5 child protection teams. Each team had capacity for 2 intake social workers, 4 family service social workers and a team leader. The Prince George child welfare service delivery model also

included specialized teams for: after hour response services, permanent planning services, adoption services, and resource development services.

From September 2004 onward, several restructuring of the child protection teams occurred. The current (November, 2007) service delivery model for child protection teams in Prince George include:

- Child & Family Service: Intake Services provided by 2 teams – QGB and QGD;
- Child & Family Service: Family Services provided by 3 teams – QGK, QGG and **QGF**;
- Child & Family Service: Family Development Response team – QGC, co-located at the Family Development Centre.

Specialized teams for: after hours response services, permanent planning services, adoption services, and resource development services remain unchanged.

The QGF team works in close partnership with other community service providers. The team leader reports that protocols are in place with the following community partners:

- RCMP: There is good cooperation with s. 98 requests when conducting an investigation.
- PGRH: Maternity & Delivery Unit: There is a good response when there is a hospital alert for a high risk pregnancy with MCFD involvement.
- PGRH/Mental health/Residential services: The team leader identified a need to have a hospital/community mental health protocol for children and youth in care who are affected by a severe mental disorder.
- Medical community: Generally, the medical community is cooperative in sharing information relating to suspected child abuse and neglect. In situations demanding specific expertise, local medical personnel or police refer to the SCAN Clinic in Prince George.
- A provincial protocol is in place when working with children and families associated with Carrier-Sekani Family Services, a partially delegated Aboriginal agency.

1/ Residential Services – The QGF team has access to the Prince George resource team via an assigned resource liaison worker (for planned placement needs in a Ministry approved resource) or a duty resource worker (for emergency placement needs in a Ministry approved resource). The Prince George resource team has direct responsibility to recruit, approve and support Ministry approved placements for children in care. Children and youth assigned to the QGF team require various types of placements to meet their needs. These placements include a range of foster homes (regular, level or restricted) and a number of residential resource facilities (group homes, assessment centres). Due to the needs of many of the children and youth, limited residential services are not uncommon and alternate placements are sought outside the perimeter of Prince George.

In situations where a planned placement is required for a child or youth from an identified First Nations community, the family service social worker contacts the designated agency/Band to explore First Nations placement options. If a placement cannot be secured then a Ministry approved foster home may be sought.

QGF reports, as a general practice, a preference for exploring out-of-care arrangements whenever feasible and utilizing Ministry approved residential services in emergency situations or as a last resort. Out-of-care arrangements for children and youth are placements with designated family or community/Band members arrived at with parental consent or via a family group conference setting. This enables extended

family members, the Aboriginal agency and Band to have input in planning for children and youth who are not able to return home.

QGF reports that they do not recall participating in annual reviews of foster homes or group home facilities within the last year.

2/ **Service Transformation** –A strategic plan for the north region was developed on July 2007. Throughout the transformation process to year 2010, three significant initiatives have been identified:

- i) building family and community capacity through the utilization of more strength-based, collaborative practices in child and family services
- ii) supporting the transition to Aboriginal governance
- iii) encouraging accreditation of services to all children, youth and families through inclusive decision-making, continuous quality improvement and meaningful engagement with staff and their communities.

Some innovative community projects in the Prince George area which support the three transformation initiatives include:

- 2005: A Family Resource Centre opened at South Fort George Elementary School. A multi-service partnership including MCFD, education, health and city sponsored groups formed the resource centre. Families are able to access both formal and informal supports in one central location. The majority of programs focus on early childhood intervention. A specialized program for children and families affected by fetal alcohol spectrum disorder, as well as an alternative school program for youth are co-located at the resource centre. This service model was so successful that another Family Resource Centre model is being developed at another elementary school location.
- 2005: a family response team (QGC) was formed in Prince George utilizing a strength-based approach in responding to child protection matters.
- November 2005: The Prince George Native Friendship Centre opened a youth village which includes shelter beds, emergency beds and transitional housing for youth. This initiative was a municipal and provincial partnership with funding provided by MCFD.
- February 2007: A three-way partnership formed with MCFD North region, University of Northern British Columbia and Carrier Sekani Family Services to deliver the Aboriginal Child Protection Recruitment Project. The goal of this project is to increase the recruitment and employment opportunities of First Nations social workers in the child welfare profession in the north region. To date, 9 Aboriginal students of this project completed a Bachelor of Social Work degree with a Child Welfare certificate and are employed by MCFD or delegated Aboriginal agencies in northern BC. This program is currently in its second year of operations with an enrolment of 7 students interested in First Nations child welfare services.
- 2007: Alternative Dispute Program: families have access to trained family group conference facilitators or certified mediators to resolve child welfare related disputes in the north region. This program is a timely alternative to relying on the court system to resolve all child welfare disputes. Carrier Sekani has several First Nations mediators trained in resolving child welfare disputes using the traditional clan system.

- 2007: MCFD is currently in the process of transferring responsibility for a number of First Nations child service files to Carrier Sekani Family Services for permanent planning and cultural planning purposes.

4. STAFFING

A. Professional Staff Complement/Staff Turnover

The QGF team consists of a full staff complement of one team leader and 7 full time social workers. The team leader has been leading the Family Service team in Prince George for years. His team was initially co-located at the Family Resource Centre. On May 2006, a restructuring of the child protection teams resulted in the QGF team relocating to the office location which they presently occupy. There were also changes in QGF team social work staff. Within the last 18 months, 3 social workers left the family service team due to staff reassignments and leaves. 3 newly delegated social workers were welcomed to the team and assumed existing caseloads. To date, one social worker has accepted an assignment as and was completing documentation requirements on her caseload.

At the time of the audit, all social work staff are fully delegated; one social worker with partial delegation recently obtained full child welfare delegation in November 2007.

The administrative support team is coordinated by 1 Supervisor of Administrative Services. She oversees the administrative support services of 5 teams which are co-located in one office building. The office support staff for QGF consists of 2 Team Assistants whose key responsibilities are providing assistance with documentation needs for cases, maintaining financial records, updating tracking systems for active cases, and filing. One Team Assistant is responsible for all court related documents and maintaining a tracking system for court-related cases. Additionally, she ensures that all documentation needs are complete for all incoming files and files being transferred outside the team for further planning. A newly assigned Team Assistant joined the team in and she supports the social work staff by performing most non-delegated services to children and families such as coordinating integrated case management meetings, assisting with section 96 requests from community agencies, transporting children-in-care, assisting with children's care plan.

B. Current Office Workload

The caseload management report was run on the first day of the audit (November 5, 2007) indicating the following office workload for QGF: 129 open family service cases and 61 open child service cases. Within the last 6 months, 11 family service files were closed and 15 child service files were closed.

The QGF caseload distribution
(November 5, 2007)

TL:	3 FS	----
SW1:	22FS	13CS
SW2:	21FS	6CS
SW3:	18FS	4CS
SW4:	18FS	7CS
SW5:	13FS	3CS
SW6:	17FS	12CS
SW7:	17FS	16CS

Total:	129FS	61CS

5. STAFF TRAINING

The QGF team leader has a . All 7 child protection social workers have . Please see charts for additional information on staff experience and education.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
TL				Full delegation	Full-time
SW1				Full delegation	Full-time
SW2				Full delegation	Full-time
SW3				Full delegation	Full-time
SW4				Full delegation	Full-time
SW5				Full delegation	Full-time
SW6				Full delegation	Full-time
SW7				Full delegation	Full-time Auxilliary

a) Ministry Training Program	Team Leader	SW1	SW2	SW3	SW4	SW5	SW6	SW7
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	x							
District Supervisor module 2								
Leading the Way								

The team leader reports that Employee Professional Development Plans and staff performance appraisals have not been completed due to the many staff changes that have occurred within the last year.

6. SUPERVISION/CONSULTATION

The community services manager is relatively new to the Prince George sub region. Since her arrival in she has initiated several practice forums for all team leaders in the Prince George area. A sub-regional team meeting was held for all team leaders to discuss common child welfare practice issues. The team leader and the acting team leader report that when a manager's consultation is needed on a case, the community service manager responds promptly by email or by phone.

The team leader provides supervision and clinical consultation with respect to the delivery of child and family services. The team leader reports that supervision occurs on a daily basis at key decision points throughout an investigation, throughout the course of an open protective or voluntary family service file, and throughout the course of an open child service file. The team leader exercises an open door policy with daily discussions around case practice. The team leader describes a 'hands on' approach in mentoring partially delegated or newly delegated social workers on the team. He will often accompany new social workers on home visits or co-chair integrated case management meetings for service planning. The team leader utilizes a coaching style of supervision with more senior child welfare practitioners.

When the team leader is away from the QGF office for an extended period of time, a senior practitioner assumes the acting team leader role. During this period, there is often consultation between the team leader and the acting team leader by email or phone on key decision points relating to particular complex or contentious cases.

7. INTAKE AND TRACKING SYSTEMS

- a) **Investigations:** New reports (intakes) are screened and investigated by the 2 Intake teams in Prince George. When there is a determination that a family would benefit from ongoing voluntary or protective family services, it is transferred to a Family Service team for ongoing case management.
- b) **Family Development Response:** One Prince George team works closely with the Intake team to provide a family development response to new reports. The FDR response is currently not audited.
- c) **Ongoing Family Service and Child Service** – The QGF team is one of 3 Family Service teams receiving files from the Intake teams for ongoing child and family services. Note: For an estimated period from June 2006 to October 2007, protective files transferred from the Intake teams to the Family Service teams did not contain an initial service plan informed by a comprehensive risk assessment for the family. A clause in the transfer summary noted that the family service social worker will complete a comprehensive risk assessment and risk reduction service plan within one month of the file transfer. The auditor was not able to locate a policy or practice directive which outlined when this practice became effective.

The QGF team leader reports that incoming new cases are assigned to a family service social worker depending on caseload size, level of delegation, experience and availability of the case manager. The team leader tries to balance caseloads whenever possible.

There is a rotating duty schedule, divided amongst team members, to deal with incoming intakes already assigned to a family service social worker. The duty social worker screens and assesses the intake and completes a prior contact check. The initial assessment of a report is made in consultation with the team leader. In situations when a family service social worker is not available to complete intakes on his/her assigned cases, the team leader will assign the report to the duty social worker to ensure that a child's immediate safety is addressed. QGF works closely with the Prince George After Hours response team to deal

with child welfare matters that require a response on weekends or after regular office work hours.

The team leader reports that he tracks all family service cases and children in care by utilizing case management reports and individual social worker case lists. During consultation the team leader documents case planning and refers to the information during future supervision sessions. The Team Assistant maintains a Bring Forward tracking system for all family service cases which are before the courts or under the jurisdiction of a court order.

The family service social worker manages the child service file for children that are in temporary care of the Director by agreement or by court order. The social worker enters all new admissions for children in care and has the responsibility for tracking care plans and reviews. The electronic system provides a 'to do' list that reminds the social worker that legal status and plans of care need to be updated. Information for the care plan is gathered over time from integrated case management meetings. The social worker states that if all professionals are not available information is collected and consolidated into the care plan document. More recently, a series of family group conferences are utilized in reviewing the family service plan and exploring out-of-care placements for children in care.

All children in care are informed of their rights upon removal. If a child is too young or displays cognitive challenges, the social worker reviews the rights with the caregiver and/or explains the rights at a level the child/youth can comprehend.

Once a Continuing Custody Order is obtained for a child or sibling group in care, the child service file is prepared for transfer to the Permanent Planning team or the Adoption team to explore permanent care options for the child or sibling group.

8. ABORIGINAL SERVICES

The following chart provides a breakdown of services provided to Aboriginal and Non-Aboriginal people by team QGF within the last 6 months.

Office QGF Children in Care - May 2007 to October 2007							
Aboriginal Status	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Average
Aboriginal	37	43	38	38	40	43	39.8
Non-Aboriginal	20	19	19	14	19	19	18.3
Total	57	62	57	52	59	62	58.2

Office QGF Open FS Files - May 2007 to October 2007							
Aboriginal Status	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Average
Aboriginal	56	56	59	61	63	63	59.7
Non-Aboriginal	66	65	66	67	68	69	66.8
Unknown	0	0	0	0	0	0	0.0
Total	122	121	125	128	131	132	126.5

Office QGF Protection Reports Recorded - May 2007 to October 2007							
Aboriginal Status	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Average
Aboriginal	4	6	5	4	7	5	5.2
Non-Aboriginal	3	7	5	5	4	0	4.0

Total	7	13	10	9	11	5	9.2
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Office QGF Total Intakes Recorded - May 2007 to October 2007							
Aboriginal Status	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Average
Aboriginal	4	7	6	4	7	5	5.5
Non-Aboriginal	4	8	5	6	4	0	4.5
Total	8	15	11	10	11	5	10.0

There is one aboriginal community, L'hedi Tenneh Band, situated about 20 kilometers (about half an hour's drive) east of Prince George. This reserve is covered exclusively by the QGK family service team in Prince George. The QGK team also covers 2 other northern Aboriginal communities, Tsey Keh Dene Band and Kwadacha Band, where there is fly-in access only from Prince George. Both of these bands have Band Offices located in Prince George and on reserve.

The following Aboriginal agencies are located in Prince George and can assist QGF families who identify themselves as First Nations or Metis ancestry.

- Prince George Carrier-Sekani Family Services:** Carrier-Sekani has C4 guardianship delegation. There are two sub-offices located in Burns Lake and Vanderhoof. Carrier-Sekani is in the process of obtaining C6 full child protection delegation. This partially delegated Aboriginal agency is able to provide Aboriginal foster home placements, family support services and guardianship services to children from the following affiliated Aboriginal communities: Burns Lake, Cheslatta, Lake Babine, Nadleh Whut'en, Nee Tahi Buhn, Skin Tyee, Stella'ten, Saik'uz, Takla Lake, Wet'suwet'en and Yekooche. A sample of family support services offered are: a Cultural Support worker, Child and Youth Lifeskills worker, a 16 week Strengthening Families parenting support group, Home Support workers to provide supervision, mentoring and transportation services.
- Prince George Native Friendship Centre:** This non-denominational Friendship Centre offers an assortment of services for First Nations people ranging from employment readiness programs, a Native Healing counselling centre, an alternative school based program for youths to several Aboriginal early childhood intervention initiatives. In addition, the Friendship Centre has operated a youth village since November 2005 which includes shelter beds, emergency beds and transitional housing for youth.
- Kikino Metis Child and Family Services:** This agency is a non-profit society that offers services to persons of Metis, First Nations and non-Aboriginal ancestry. Support services are offered through a holistic, strength-based Metis lens. Family support services include: Circle of Life, continuous intake of family support and/or advocacy services, Warrior Caregivers, an Aboriginal Father's parenting group, Spirit of the Grandmothers, an elders support program, and ROOTS, a collaborative initiative with MCFD to facilitate increased connections with Metis children and their families, community and culture.

SECTION III: CASE PRACTICE REVIEWS

9. AUDIT SAMPLE

The audit of the QGF Child and Family Service team included a minimum of 20-25% of closed family service files, 20-25% of open family service files and 20-25% of open child service files.

The caseload management reports were printed from the MCFD computer system on the first day of the audit and used to arrive at a sample number. On November 5, 2007 the case management report recorded:

- 11 family service files closed within the last 6 months (closed family service files from May 2007 to October 2007). **Two (2)** closed family service files were audited representing 20% of closed family service cases.
- 129 open family service cases. **Twenty six (26)** open family service cases were audited representing 20% of ongoing family service cases.
- 61 open child service cases. **Twelve (12)** open child service cases were audited representing 20% of open child service cases.

Cases were then randomly selected for review from each of the seven caseloads.

10. AUDIT RESULTS

- a) Child and Family Service Standards (CMAT – CFS)
 - Narrative Summary
- b) Children In Care Standards (CMAT – CIC)
 - Narrative Summary

10 (a) CRITICAL MEASURES AUDIT - CHILD AND FAMILY SERVICES (CMAT-CFS) NARRATIVE SUMMARY

Twenty eight (**28**) family service files were audited. Overall compliance to the child and family services standards was **75 %**.

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:

Compliance Ratings Per Critical Measure For Child & Family Service Cases

1. Screening and Best Approach to Service Delivery

The auditor 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 an Aboriginal service provider or delegated agency had been contacted where applicable.

- All 28 files audited were applicable to this critical measure. The files were 89% compliance. Non compliance was found in 3 files due to: incomplete or absence of a review of family history.
- 2. When a Child is at Immediate Risk of Harm**
- In reports where a child is at immediate risk of harm the auditor looked for documentation that adequate steps were taken to ensure the child's immediate health and safety, including a safety plan. If a child protection worker was not able to ensure that a child was seen immediately, the auditor would look for documentation describing alternative steps taken to ensure the child's immediate safety.
- 17 files were applicable to this critical measure. The files were 100% compliance.
- 3. Assessing a Child Protection Report and Determining the Most Appropriate Response**
- The auditor looked for documentation that demonstrated that the worker had obtained and collected sufficient information to assess a report and to determine the best child welfare response.
- 28 files were applicable to this critical measure. The files were 96% compliance. Non compliance was found in 1 case due to the initial use of "further assessment required" to assess a report containing s. 13 concerns.
- 4. Family Development Response**
- Not applicable.
- 5. Determining a Time Frame to Begin an Investigation**
- Where a determination has been made to investigate, the auditor looked for documentation that the time frame for beginning the investigation was appropriate to the report and confirmation that the investigation was initiated within the time frame specified.
- 27 files were applicable to this critical measure. The files were 89% compliance. Non compliance was found in 3 cases where an investigation was not initiated within the time frame specified.
- 6. Conducting a Child Protection Investigation**
- This critical measure outlines many of the activities involved in an investigation. This includes: all relevant information relating to the report has been reviewed, including information from people/professionals who have relevant knowledge of the family and that the child's living situation has been directly observed. All of the above steps need to be completed for compliance.
- 27 files were applicable to this critical measure. The files were 96% compliance. Non compliance was found in 1 case as the home environment was not directly observed.
- 7. Seeing and Interviewing the Child and Family**
- This critical measure requires that the social worker interviews the subject child, siblings, parents, and the Aboriginal community involved if applicable. Each investigation includes at a minimum: seeing the child and all other vulnerable children in the home, interviewing the child and all other children in the home, where developmentally appropriate and with supports if necessary, and seeing and interviewing the parents. All of the above steps need to be completed for compliance.
- 26 files were applicable to this critical measure. The files were 89% compliance. Non compliance was found in 3 cases where not all vulnerable children living in the home were interviewed.

8. Concluding a Child Protection Investigation

This critical measure requires the auditor 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.

- 27 files were applicable to this critical measure. The files were 100% compliance.

9. Concluding an Investigation in a Timely Manner

This critical measure requires that there is documentation that demonstrates the investigation was concluded within 30 calendar days. The documentation includes the sign off by the team leader.

- 27 files were applicable to this critical measure. The files were 26% compliance. Non compliance was found in 20 cases due to sign off exceeding 30 days.

10. Developing and Implementing a Plan to Keep a Child Safe

The auditor looked for documentation that reflected safety planning that 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 and consider the child's need for stability and the participation of family in keeping the child safe.

- 26 files were applicable to this critical measure. The files were 31% compliance. Non compliance was found in 18 cases due to the absence of an initial risk assessment after a finding that a child was in need of protection.

11. Reassessing Plan to Keep a Child Safe and Ending Family Service Response

The auditor looked for documented evidence that the plan to keep the child safe has been reviewed, as appropriate, with key players. In ending a protective service response, the auditor looked for documentation that indicated an assessment had been completed that indicated the parents were able to keep the child safe without protective services.

- 22 files were applicable to this critical measure. The files were 32% compliance. Non compliance was found in 14 open FS cases where a re-assessment of risk was not located prior to the expiry of a court order or when there were significant changes in family circumstances. In 1 protective FS case submitted for closure, a closing risk assessment was absent.

12. Notification of Fatalities and Critical Injuries and Serious Incidents

In circumstances where there is a death or critical injury of a child who has received services within the past 12 months or where there is a serious incident that may affect the immediate safety or health of a child in care, the auditor looked for a reportable circumstance report in which appropriate members of the child's family, the designated director, community service providers and delegated Aboriginal agencies are all notified of the incident.

- 3 files were applicable to this critical measure. The files were 67% compliance. Non compliance was found in 1 case where a reportable circumstance report was required.

13. Supervisory Approval

The auditor looked for documentation that reflected consultation with supervisors or managers 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, placement of a child, reunification, transferring responsibility for or ending services and exceptions to policy.

- 28 files were applicable to this critical measure. The files were 79% compliance. Non compliance was found in 6 cases where evidence of supervisory tracking was absent.

Additional Comments:

No family service files reviewed during the audit were flagged or brought to the attention of the team leader or community services manager.

Practice Strengths:

Generally, areas of high compliance were found in all critical measures relating to investigative practice (with the exception of CM#9: concluding an investigation in a timely manner).

In particular, full compliance (100%) was met in the following CFS critical measures:

- CM2: When a child is at immediate risk of harm
- CM8: Concluding a child protection investigation: in which the facts gathered were consistent with a determination whether a child is/is not in need of protection.

Areas For Improved Practice:

Areas of low compliance were found in the following CFS critical measures:

- CM9: Concluding a child protection investigation in a timely manner
- CM10: Developing and Implementing a plan to keep a child safe
- CM11: Reassessing a plan to keep a child safe and ending a family service response

10 (b) CRITICAL MEASURES AUDIT - CHILDREN IN CARE (CMAT-CIC) NARRATIVE SUMMARY

Twelve (12) child service files were audited. Overall compliance to the child service standards was **85%**.

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:

Compliance Ratings Per Critical Measure for Children In Care

1. Preserving the Identity of an Aboriginal Child in Care

In this critical measure the auditor looked for documentation that reflected whether a child in care was Aboriginal. 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, indication that the social worker understands the child's history and current circumstances. The auditor also looked for a cultural plan within the file that reflected the social worker's efforts in promoting the child's Aboriginal heritage.

- 12 files were applicable to this critical measure. Files were 83% compliance. Partial compliance was found in 2 cases where eligibility for status need to be verified for continuing custody wards.

2. Assuming Responsibility for a Child in Care

The auditor looked for confirmation of the child's legal status such as court orders, care agreements and an assessment of the child's history and current circumstances.

- 12 files were applicable to this critical measure. Files were 92% compliance. Non compliance was found in 1 case where a signed updated care agreement was not located on file.

3. Ensuring a Child's Safety While in Care

Where a child has been brought into care, the auditor looked for documentation to indicate that the child has been placed in a living arrangement that meets his or her needs, or for a child/youth refusing placement that reasonable efforts were made to ensure a placement. File information also indicates that there is an adequate plan in place to address a child's safety needs. The auditor looked for documentation to ensure the physical safety and emotional well-being of a child or youth in care.

- 12 files were applicable to this critical measure. Files were 100% compliance.

4. Ensuring the Rights of a Child in Care

The auditor viewed the documentation to ensure that the social worker has informed the child of the (s. 70) Rights of Children in Care, and that any reports that a child's rights may have been violated, have been addressed. The auditor looked for documentation that when a child or youth comes into care, he/she is informed of these rights and is 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.

- 12 files were applicable to this critical measure. Files were 75% compliance. Non compliance was found in 3 cases, as documentation was insufficient to discern whether the

child's section 70 rights had been reviewed and discussed since coming into the Ministry's care.

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 auditor looked for documentation that supported that the child and other significant individuals to the child were involved as fully as possible in the case planning process and that any possible barriers to involvement were identified and addressed.

- 12 files were applicable to this critical measure. Files were 100% compliance.

6. Maintaining Personal Contact with a Child in Care

The auditor looked for 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.

- 12 files were applicable to this critical measure. Files were 67% compliance. Non compliance was found in 4 cases where it was not clear from case documentation if personal contact was maintained, at minimum, every 90 days.

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

The auditor 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.

- 12 files were applicable to this critical measure. Files were 100% compliance.

8. Assessments and Planning for a Child in Care

The auditor 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 was developed for a child in care for over six months, and that the care plan contained the information outlined in CIC Service Standard #11. As well the auditor looked for information that indicated the care plan has been reviewed and updated every 90 days or more often when appropriate.

- 12 files were applicable to this critical measure. Full compliance was met in 6 of 12 cases for 50% compliance. Partial compliance was found in 3 cases where a plan of care was initiated but not completed. Non compliance was found in 3 cases where a plan of care was required but not located on file.

9. When a Child is Missing or Has Run Away

- Not applicable.

10. Notification of Fatalities, Critical Injuries and Serious Incidents

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

- Not applicable.

11. Planning for a Child Leaving Care

The auditor looked for documentation that appropriate preparation occurred when a child leaves care and that significant persons were involved in planning for the transition. In a case involving a youth leaving care, that the youth is supported in developing self-care and independence skills for successful living in the community.

- 1 file was applicable to this critical measure. The file was 100% compliance.

12. Supervisory Approval

The auditor 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 or reviewed. The Child and Family Development 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.

- 12 files were applicable to this critical measure. Files were 92% compliance. Non compliance was found in 1 case where evidence of supervisory tracking was absent.

Practice Strengths:

There were many strengths identified by the critical measures for children in care; generally, overall compliance to child service standards was high (85%).

In particular, full (100%) compliance was found in the following critical measures relating to guardianship practice:

- CM3: Ensuring a child's safety while in care
- CM5: Involving a child and considering the child's view in case planning and decision making
- CM7: Meeting a child's need for stability and continuity of lifelong relationships

Areas For Improved Practice:

An area of lower compliance was identified by the following critical measure:

- CM8: Assessments and planning for a child in care: all children in care (whether by agreement or by court order) require a plan of care that is up to date and reflective of their developmental needs and abilities.

11. AUDIT RECOMMENDATIONS

On March 31, 2008 members of the regional senior management team, the team leader(s) at QGF and the auditor met to discuss practice strengths and issues identified by the audit and to develop recommendations to strengthen practice issues. It was recognized that this was an audit of moderately high compliance but there were areas of practice which could be improved upon. There were no files that were brought to the attention of the team leader or community services manager.

Recommendations developed by the North Region:

1. The Community Services Manager is to share the results of the audit with all team members.
2. The Community Services Manager is to develop a plan with the team leader to increase the level of compliance for practice standards #18 and #21 (Developing and Implementing a Plan to Keep a Child Safe and Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response). The plan is to be submitted to the Director of Operations and the Director of Integrated Practice.
3. The Community Services Manager is to discuss with the team members the barriers to maintaining personal contact, and planning for, children in care. Once the barriers have been identified, the Community Service Manager is to prepare a plan to improve the compliance with these child service standards. The plan is to be submitted to the Director of Operations and the Director of Integrated Practice.
4. The Director of Integrated Practice will monitor the compliance to the planning for children in this office and submit a report to the Regional Executive Director on October 15, 2008.
5. Recommendation #1 to be completed by May 31, 2008, Recommendation #2 and #3 to be completed by June 30, 2008.

PRACTICE AUDIT SIGN OFF:

Denise Low
Regional Practice Analyst
North Region

Date

Robert Watts
Director of Integrated Practice
North Region

Date

Additional Audit Recommendations brought forward by the Regional Executive Director:
1.

Peter Cunningham
Regional Executive Director
North Region

Date

Additional Audit Recommendations brought forward by the Provincial Director:
1.

Marilyn Hedlund
Provincial Director of Child Welfare

Date