

**DIRECTOR'S CASE PRACTICE AUDIT REPORT**  
**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT**

**North Region**

**Terrace Guardianship Team--QMW**

**Field Work Completed: February 15, 2008 to February 19, 2008**  
**Report Completed: March 2008**

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**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 In Care Service Standards**

The current critical measures tool (April 2004) included 12 critical measures for the Child Service Standards.

The audit of the Terrace guardianship team was asked to include a minimum of 20-25% of open child service cases.

The auditor conducted field work from February 15 to February 19, 2008. The auditor met with the clinical team leader, team leader and the guardianship team to review the audit purpose and process. The community services manager was not available.

During the audit, the team leader, 1 social program officer assistant and the supervisor of administrative services were interviewed with respect to office system, service delivery structure and community resources. With input from the team leader a guardianship social worker was not interviewed due to their recent arrivals and the social program officer has been a constant on the team.

At the conclusion of the audit, the auditor spoke via video conference with the community services manager (attended portion of meeting), clinical team leader, team leader, guardianship team and met with director of integrated practice and deputy director. An overview of the audit results was provided. General observations, patterns and themes were identified and reviewed. Both the team leader and the community services manager were provided with the case reports of the files that were audited. The individual case records provide a bulk of information highlighting the practice strengths and gaps over the last several years.

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

## **SECTION II: COMMUNITY CONTEXT**

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

### **3. SERVICE AREA**

#### **a) Geographic:**

The Terrace Guardianship team—QMW is located in the Northwest region of Northern British Columbia. It is known as the regional centre for the area. It is located at the junction of 3 major highways—the Trans Canada Highway 16 (east-west) Highway 37 (south-north) and Nisga'a Highway (into Nass Valley). In relation to Prince George Terrace is approximately 581 km west on Highway 16. In size Terrace is approximately 4,222.84 square hectares, including the airport lands.

Services are provided to the area of Terrace which includes:

- East—Up to and just before Kitwanga;
- West—Up to and including Kitsumkalum;
- North—Up to and including Stewart.

The First Nations communities/villages located in Terrace and the surrounding area includes:

- Two Bands—Kitsumkalum & Kitselas
- Nisga'a Lisims Government—4 villages
  - Gingolx (Location: Kincolith)

- Gitlakdamix (Location: New Aiyansh)
- Lakalzap (Location: Greenville)
- Gitwinksihlkw (Location: Canyon City)

Due to the geographical area travel can be difficult at times particularly during the winter season. The Terrace Guardianship team is located in the Terrace district office. The structure of the Terrace district office includes:

- Child and Family Service—Intake and family service are provided by 2 teams—QML and QMB;
- Resources;
- Youth probation;
- Two Nisga'a social workers are co-located.

#### **b) Demographics:**

It is estimated that Terrace's market population including the communities of Kitimat, Prince Rupert and Stewart is approximately 70,000. According to the 2006 Census, Terrace's population is approximately 11,320 while the greater area is estimated at 18, 585. Majority of the greater area population 12,680 falls in between the ages of 15 and 64. As per the 2006 Census agglomeration there are:

- 2,020 married couples with children;
- 1,535 married couples with no children;
- 290 common-law couples with children;
- 585 common-law couples without children.

Further to the 2006 Census agglomeration the total populations' identity is dispersed as:

- 3,780 Aboriginal identity population;
- 2,895 North American Indian;
- 685 Métis;
- 25 Inuit;
- 14,670 Non-Aboriginal identity populations.

From the total population as per the 2006 Census agglomeration it is reported that:

- Non immigrant population is 16,385;
- Immigrant population is 2,050. Immigrant population and period of immigration is:
  - 175 between 2001 and 2005;
  - 55 between 1996 and 2000;
  - 170 between 1991 and 1995;
  - 1,650 prior to 1991.

Historically Terrace's labour market has primarily been in the area of forestry, fishing and mining. It is reported that this is changing and the labour market is more diversified.

### **c) Service Delivery:**

The north region comprises of 4 sub-regions:

- Northwest which includes Terrace, Kitimat, Prince Rupert, Dease Lake and Queen Charlottes Island;
- Prince George, Mackenzie, McBride/Valemount and Quesnel;
- Nechako/Bulkley Valley which includes Burns Lake, Vanderhoof, Fort St. James, Smithers/Houston and Hazelton;
- Peace Liard which includes Dawson Creek, Fort St. John, Fort Nelson and Chetwynd.

Each sub-region has a designated community services manager. The community services manager oversees the delivery of child and family services. The community services manager reports to the director of operations. The director of operations, the director of integrated practice and managers for child and youth mental health and aboriginal services all report to the regional executive director. A copy of the north region's organizational chart can be viewed in appendix A

### **Residential Services**

The Terrace guardianship team—QMW has access to the resource team as they are physically located in the same district office. The resource team has direct responsibility to recruit, approve and support placements. Should a placement be required the guardianship worker contacts the assigned liaison social worker from the resource team who secures a Ministry approved resource.

The type of Ministry approved resources range from contracted residential resources and family care homes that may be designated as regular, level 1, 2 and 3 or restricted. Due to the needs of many of the children and youth in the Director's care limited resource options are not uncommon. As a result alternative arrangements may be sought outside the perimeter of the Northwest area. At this time 8 children/youth are placed outside of the Terrace area. It is worthy to recognize that 5 out of the 8 children/youth placed outside of Terrace are residing with relatives.

The Ministry approved resources are utilized as a last resort. The Ministry promotes and expects other placement options, such as out of care options to be explored. In situations where placement is required for an Aboriginal child or youth the identified First Nations community/village and/or identified delegated agency will be contacted to be included in planning and placement exploration.

Specifically to the Terrace guardianship team—QMW is responsible for children/youth that are in the Director's care via Continuing Custody Order. The guardianship team strives to secure permanency for a child or youth in care. The team works in a collaborative fashion with the Aboriginal communities and/or identified delegated agencies to explore permanency for children in care. As well extended family and/or family friends are consulted and explored as potential options. The guardianship team also provides support to the child's current caregiver.

### **Service Transformation:**

The Ministry has been moving forward with a transformation plan that is designed to change service delivery by increasing accessibility, building new relationships and establishing a Provincial Office that supports the regions within the province of BC.

The transformation plan is evolving. The north region continues to shift practice by:

- Being more flexible and less restrictive when working with Aboriginal families and communities;
- Aligning practice with what is needed by the communities;
- Reducing bureaucracy and relinquishing control;
- Working with service providers and staff within the Ministry to ensure that all are aware of the focus of the Ministry.

The transformation plan includes a number of teams that focus on the following areas:

- Transformation leadership to development group;
- Youth advisory council;
- Elders advisory council;
- Transformation reference group.

Provincially the transformation team includes: Regional Executive Directors, Assistant Deputy Ministers and Ministry Executives. In the north region the transformation team is to be represented by the Regional Executive Director and 2 Aboriginal Services Managers. One of the Aboriginal Services Manager will be leading the Elders Advisory.

The last update with respect to service transformation was released in February 2007. Achieved progress includes:

- Inauguration of the Elders Advisory Council;
- Inauguration of the Youth Advisory Council;

- Establishment of 2 interim Aboriginal authorities (Vancouver Island and Fraser);
- Initial steps taken on developing the new integrated case management system in partnership with the Ministries of Labour and Citizen Services and Employment and Income Assistance;
- Establishment of an integrated policy department for the ministry;
- A different level of engagement with service providers and stakeholders;
- A stronger focus on employees and recognizing the strength of the employees;
- The level of trust with the Leadership Council and Métis Nation of BC has grown and work in collaboration;
- Establishment of an Aboriginal Regional Support Services Team who work closely with Aboriginal communities to develop a service delivery system for Aboriginal children and families by Aboriginal Peoples and organizations;
- The hiring of additional front line staff with a particular effort on attracting Aboriginal staff;
- Establishment of the Provincial Reference Group to assist MCFD in the transformation process. The group comprises approximately 150 members (MCFD staff, service providers, advocacy groups, university representatives, Aboriginal planning committees, local government and other social policy ministries).

As well on February 01, 2007, the Ministry provided a new release advising MCFD, northern delegated agencies represented by Carrier Sekani Family Services and the University of Northern British Columbia formed a partnership in order to deliver the Aboriginal Child Protection Recruitment Project.

In May of 2007, 9 Aboriginal students completed the Child Welfare certificate. The Child Welfare certificate compliments the individual's Bachelor of Social Work degree and provides employment opportunities with MCFD and delegated agency offices in northern BC. The north region continues to support the Aboriginal Child Protection Recruitment Project. The Terrace office continues to support and participate in this initiative.

Additionally the Terrace sub region has been establishing family group conferencing.

#### 4. STAFF TRAINING

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

Additional identified training for the team leader included: .

One guardianship social worker did not provide training information.

#### 5. SUPERVISION/CONSULTATION

The team leader supervises the guardianship team—QMW as well as an integrated child and family services team in Kitimat. The team leader’s time is divided between the 2 offices. Specifically to the guardianship team the team leader reports she provides both supervision and clinical consultation.

The team leader reports that supervision/consultation is provided on an on-going basis. The team leader reports that she exercises an “open door” policy and staff can consult on an as needed basis. At this time supervision/consultation is best described as informal as regular scheduled individual meetings have been difficult to arrange due to staffing issues and time constraints.

To further compliment the current informal structure the team leader has plans to incorporate formal supervision in April 2008. The team leader and staff have discussed a plan whereby individual supervision agreements between the supervisor and guardianship worker will be developed and reviewed every 3 months.

Additionally team QMW meets monthly. During team meetings staff has an opportunity to discuss a variety of issues with a focus on case and permanency planning for children. Team meetings also create a forum for staff to debrief and support one another. Every second week the entire Terrace district office meets in order to address any office issues.

Should the team leader be away from the office for brief periods of time she can be accessed by telephone. For an extended period of time away the team leader may make arrangements with another team leader or senior social worker within the sub region to cover.

Supervision for the team leader is provided by the clinical team leader. Supervision is provided on an informal and formal basis. The team leader can consult on an as needed basis. Formally the team leader and clinical team leader meet biweekly as per the individual supervision agreement they developed.

## **6. GUARDIANSHIP AND TRACKING SYSTEMS**

As the guardianship team is designed to work with children in care via continuing custody order they are not responsible for the intake function.

The team leader tracks casework activities by utilizing case management reports coupled with individual caseload printouts and the "to do" list that is generated from the Ministry's internal electronic system. When a case consult occurs the team leader documents the information and places it in a folder that is designated to each guardianship social worker. This allows the team leader to easily access the information for future reference.

Additionally the social program officer assistant in consultation with the team leader has historically tracked information that included the child's name, date of birth, band membership and dates of plans of care on a spread sheet. The social program officer assistant reported that the spread sheet was reviewed and updated on a weekly basis but it is currently behind.

The team leader expects the guardianship social workers to be able to identify the plan for the child or youth on their caseload. The team leader expects staff to meet regularly with the child and youth in care on a monthly basis. As well, when the guardianship social worker is planning for a child in care she expects that the child is involved along with significant others.

The process for file transfers includes the team leaders connecting to discuss arrangements. The QMW team leader then assigns the case to a guardianship social worker. The guardianship and child protection social workers connect. Arrangements are made for the child or youth and caregivers to meet the guardianship social worker.

## **7. STAFFING**

The QMW team is designed for 1 team leader, 2 permanent full time guardianship social workers and 1 social program officer assistant. At the time of the audit the team consisted of the team leader, 2 permanent full time social workers, 1 auxiliary social worker and 1 social program officer assistant.

The current team make-up of QMW is temporary. Two of the social workers are on temporary assignments as they are backfilling 1 vacancy and 1 medical leave since October 2007. As well the auxiliary social worker is new to the Ministry as she was hired.

Within the past year the QMW did not have a permanent team leader until Prior to \_\_\_\_\_, the team leader position was filled by senior social workers on an acting capacity. As well during the past year 2 senior guardianship social workers left QMW for other opportunities within the Ministry.

The team leader further described that staffing issues had particularly been a challenge from September 2007 to January 2008. For majority of this time QMW functioned with a team leader and social program officer assistant. The lack of delegated and introduction of new staff created an increase in duties and responsibilities for the team leader. Case load management was shifted as a social worker joined QMW in November 2007. As a result service delivery to children and youth was impacted as intervention was crisis orientated.

The team leader further reported changes are inevitable as another staffing transition will be occurring. A senior guardianship social worker is expected to return from leave in March 2008. There are plans for the vacant position to be filled on a permanent basis in the near future.

The administrative support consists of 1 supervisor of administrative services and 3 permanent full time and 2 auxiliary clerical positions that consist of:

- Two clerk 9 positions that are designated as 1 team assistant and 1 financial clerk. The team assistant position has been vacant for approximately 3 months due to a temporary assignment as a social program officer assistant. The financial clerk is responsible for financial transactions with respect to children in care and provides clerical support;

- One office assistant position is primarily responsible for reception duties along with file transfers and other administrative support;
- Two auxiliary office assistant positions provide administrative support on an on call basis.
- 

Position	Length of Time on Team	Education	MCFD Experience	Delegation	Status
Team Leader				Full	Full time
Guardianship SW				Full	Full time
Guardianship SW					Aux

As depicted in the chart above the team leader and guardianship social workers have completed. One social worker has also completed. One guardianship worker did not provide the information.

### Current Workload

When the audit commenced on February 15, 2008, the caseload management report for QMW showed the team had 41 open child service files. The caseload was divided . It was observed that 2 cases were assigned to QMW800. These 2 cases had recently been transferred from another office and caseload assignment was pending. It was further observed that during the audit process caseload QMW202 was changed to QMW203. Caseload QMW 202/203 was responsible 18 child service files while QMW206 was assigned 21 cases.

## 8. ABORIGINAL SERVICES

The guardianship team—QMW provides services to both non-aboriginal and Aboriginal children and youth. The Aboriginal children and youth who are served by QMW are members of Haida, Hagwilget, KITASOO, Nak'azdli and Gitksan. QMW does not provide service to children and youth who are members of the Nisga'a Lisims Government and Northwest Internation Family Services Society.

There is a Provincial Protocol in place with both Nisga'a Family and Child Services and Northwest Internation Family Services Society. The social workers display knowledge in regards to the protocol agreements in place.

The relationship the team has with the First Nation communities/villages and/or delegated agencies is said to be positive. The community services manager has an expectation that children are connected to their communities and are able to visit in situations where distance is an issue.

Furthermore some other services available in the Terrace area include:

- Kermode Friendship Centre
  - Health and Education;
  - Early childhood Education;
  - ARDN (Fetal alcohol spectrum disorder) assessments;
  - Youth R.E.S.P.E.C.T. t Program;
  - Tutoring for grades 1 to 12
  
- K'SAN House Society
  - Children Who Witness Abuse
  
- Skeena Family Resources
  - Adolescent Health Program;
  - Life Skills Program;
  - Special Services to Children;
  - Boys and Girls groups;
  - Outreach
  
- Terrace Child Development Centre
  - Therapy (speech/language, occupational and physiotherapy);
  - Supported Child Care and Infant Development;
  - Building Healthier Babies;
  - Preschool
  
- Northwest Counselling Services
  - Youth Forensic Counselling;
  - Family Counselling
  
- Employment Resources Centre and Youth Opportunity
  - Provides youth 16 – 29 with employment readiness and assistance with job searchers;
  - Youth specific workshops

The following chart provided a breakdown of services provided to Aboriginal and non-Aboriginal children and youth in the last 6 months.

<b>Office QMW Children in Care - August 2007 to January 2008</b>							
<b>Aboriginal Status</b>	<b>Aug-07</b>	<b>Sep-07</b>	<b>Oct-07</b>	<b>Nov-07</b>	<b>Dec-07</b>	<b>Jan-08</b>	<b>Average</b>
Aboriginal		37	36	36	30	32	34.2
Non-Aboriginal		11	11	11	9	9	10.2
Total		48	47	47	39	41	44.4

**SECTION III: CASE PRACTICE REVIEWS**

**9. AUDIT SAMPLE**

The audit of the Terrace Guardianship team QMW included a minimum of 25% of the number of open Child Service cases.

The caseload management report was printed from MCFD computer system prior to the commencement of the audit and used to arrive at a sample number. The case management report recorded 41 open child service cases. Twelve out of the 41 open child service cases were audited, representing 28 % of open child service cases. Additionally staff had the opportunity to identify 1 file per caseload that they would like audited. As a result 2 files were selected.

The child service sample was representative of Continuing Custody Orders.

Child service cases represent a stratified sample.

Overall compliance to the child service standards was 61%. Information for determining compliance to the service standards was based on documentation.

## **10. CRITICAL MEASURES AUDIT**

### **Practice Strengths:**

The below bullets reflect areas of strength that were found within the child service files.

- Good work in preserving the identity of an Aboriginal child. In some case documentation included remarkable information about a child's Aboriginal heritage. As well many genograms were located on the child service files;
- Guardianship social workers did well in assuming responsibility for children in care as well as ensuring a child has been placed in a living arrangement that meets his or her needs;
- Guardianship social workers promoted and encouraged stability and continuity of lifelong relationships for a child in care;
- Staff understood the importance of permanency planning and strived to secure permanency for a child in care;
- Staff supported children in care as well as their caregivers;
- Guardianship workers were strong in advocating for children in care.

### **Areas for Improved Case Practice:**

- Ensuring documentation reflects children/youth in care are advised of their Rights of Children in Care on a regular basis;
- Plans of Care to be completed and documented;
- Ensuring reportable circumstances are completed and submitted to the designated Director;

- Ensuring documentation captures a solid transition plan for a youth who is moving towards independence and discharged from care;
- Ensuring documentation reflects supervisory consultation/approval.

**Additional Comment:**

Two cases were brought to the team leader's attention with respect to planning.

A narrative summary and explanation of the ratings for each critical measure is provided below:

**1. Preserving the Identify 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.

- Compliance was met in 10 of 12 cases for 83% compliance. Partial compliance was found in 2 cases Band and/or identified delegated agency participation in planning did not appear to be clearly documented.

**2. Assuming Responsibility for a Child in Care**

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

- Compliance was met in 12 of 12 cases for 100% compliance.

**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 a child/youth refusing placement 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.

- Compliance was met in 11 of 12 cases for 92% compliance. Non-compliance was found in 1 case where documentation did not appear to support if a child's needs were being met by the living arrangement.

#### **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 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, they are informed of these rights and are assisted in the understanding of these rights, according to the youth or child's developmental abilities. Furthermore, the review of these rights with the child or youth occurs on a regular basis.

- Non-compliance was found in 12 of 12 cases where documentation did not support the Rights of Children in Care were reviewed.

#### **5. Involving a Child and Considering the Child's View in Case Planning and Decision Making**

In planning and making decision 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.

- Compliance was met in 8 of 12 cases for 66% compliance. Partial compliance was found in 2 cases and non-compliance was found in 2 cases where documentation did not appear to support that the child and other significant individuals were involved in the process of case planning.

#### **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.

- Compliance was met in 8 of 12 cases for 67 % compliance. Non-compliance was found in 4 cases where ongoing personal contact with a child in care did not occur.

#### **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.

- Compliance was met in 11 of 12 cases for 92%. Partial compliance was found in 1 case where it was not clear if the child in care had been connected with extended family.

## **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 within six months and that the care plan contained the information outlined in the CIC Service Standard number 11.

- Compliance was met in 3 of 12 cases for 25% compliance. Partial compliance was found in 2 cases where plans of care were in progress. Non-compliance was found in 7 cases where documentation did not reflect evidence of plans of care.

## **9. When a Child is Missing or Has Run Away**

In circumstances where children are missing or have run away, the auditor 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.

- N/A

## **10. Notification of Fatalities, Critical Injuries and Serious Incidents**

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 services providers, and delegated agencies have been informed of the incident.

- Compliance was met in 2 of 6 cases for 33% compliance. Non-compliance was found in 4 cases where a reportable circumstance was not completed/submitted to the designated director with respect to a critical injury or serious incident.

## **11. Planning for a Child Leaving Care**

The auditor looked for documentation that appropriate preparation occurs 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 independent 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.

- Non-compliance was found in 3 of 3 cases where planning and preparation for youth to transition from the director's care toward independence was not clearly captured in the documentation.

## **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. 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.

- Compliance was met in 6 of 12 cases for 50% compliance. Non-compliance was found in 6 cases where supervisory approval/consultation was not completed or not clearly documented.

### **CRITICAL MEASURES AUDIT - CHILDREN IN CARE (CMAT-CIC) DATA SUMMARY**

Office Code: QMW

Total # of cases audited: 12

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care <b>CIC Service Standards #1 and #19</b>	10	83%	2	17%	0	0%	
2	Assuming Responsibility for a Child in Care <b>CIC Service Standard #4</b>	12	100%					
3	Ensuring a Child's Safety While in Care <b>CIC Service Standard #5</b>	11	92%			1	8%	
4	Ensuring the Rights of a Child in Care <b>CIC Service Standard #6</b>	0	0%			12	100%	
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <b>CIC Service Standard #8</b>	8	66%	2	17%	2	17%	
6	Maintaining Personal Contact with a Child in Care - <b>CIC Service Standard #9</b>	8	67%			4	33%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <b>CIC Service Standard #10</b>	11	92%	1	**%	0	0%	
8	Assessments and Planning for a Child in Care <b>CIC Service Standard #11</b>	3	25%	2	17%	7	58%	
9	When a Child is Missing or Has Run Away <b>CIC Service Standard #14</b>	0				0		12
10	Notification of Fatalities, Critical Injuries and Serious Incidents <b>C&amp;FS Standard #24</b>	2	33%			4	67%	6
11	Planning for a Child Leaving Care <b>CIC Service Standards #15 and #16</b>	0	0%			3	100%	9
12	Supervisory Approval <b>C&amp;FD Standard on Supervisory Approval</b>	6	50%			6	50%	
<b>Total Applicable Indicators:</b>								

# = 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.

**11. AUDIT RECOMMENDATIONS**

*Recommendations developed by the North Regional Executive Committee:*

1. The Community Service Manager to review the results of the audit with all team members. In particular, the Community Service Manager is to discuss the critical importance of social workers discussing, and documenting, children's rights with their children in care and ensuring that their planning is documented. Recommendation is to be completed by September 30, 2008.
2. The Community Service Manager is to ensure that the team leader establishes a regular, and maintained, tracking system for all children in care managed by the team. As well, the Community Service Manager is to ensure that all regular supervision that is noted in the written commentary of the audit is reflected on the files. Recommendation is to be completed by September 30, 2008.
3. The Deputy Director is to arrange for training/mentoring on planning for the guardianship social workers on this team. Recommendation is to be completed by November 30, 2008.
4. The Community Service Manager is to ensure that the two cases brought to the attention of the team leader have been reviewed and case planning is on track. Recommendation is to be completed by July 31, 2008.

**PRACTICE AUDIT SIGN OFF:**

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**Corinne Lucyk  
Regional Analyst  
North Region**

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**Date**

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**Robert Watts  
Director of Integrated Practice  
North Region**

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**Date**

**Additional Audit Recommendations brought forward by the Regional Executive Director:**

**1.**

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**Peter Cunningham**  
**Regional Executive Director**  
**North Region**

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**Date**

**Additional Audit Recommendations brought forward by the Assistant Deputy Minister**

**1.**

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**Sandra Griffin**  
Assistant Deputy Minister

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**Date**