

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INTERIOR REGION
Cranbrook (AFB)

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**DIRECTOR’S CASE PRACTICE AUDIT REPORT
INTERIOR REGION**

CRANBROOK (AFB)

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SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT INTERIOR REGION CRANBROOK (AFB)

1. The Purpose

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

The specific purposes of case practice audits are:

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

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

2. METHODOLOGY

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

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

SECTION II: SERVICE DELIVERY

3. COMMUNITY OVERVIEW

Cranbrook the largest city of the Rocky Mountain Region is located near the junction of Highway 95A and Highway 3. Thirty two kilometers southeast is the town of Kimberley that boasts a world class ski hill.

Cranbrook like many of the interior BC communities offers many opportunities for the active outdoor enthusiast. It is an area where depending on the season people can golf, fish, hike, swim, camp bike, ski, skate, play hockey and snowmobile.

Cranbrook, like most of BC's cities and towns, has a colourful history filled with stories of many interesting characters. The city of Cranbrook came into existence with the arrival of the Crowsnest Railway. The Railway has stayed, enabling Cranbrook to exist as a central supply hub for the East Kootenays.

The land was inhabited for thousand of years by the Ktunaxa (*pronounced "Too nah hah"*) Aboriginal people. BC history books describe the Ktunaxa people as hunters, fishers and gatherers who sustained themselves through traveling the area in their pursuit of food. The Ktunaxa people are still a very important part of the population of the Columbia Basin. The Newsletter for the Native Plant Society of BC described the Ktunaxa Nation as being made up of seven different bands, five located in the Kootenay Region. The Ktunaxa-Kinbasket is the delegated child welfare agency that provides services for a number of the bands. This agency will be described in more detail further in the report.

Cranbrook currently has a population of about 25,000 people with a total surrounding population just under 80,000. The Cranbrook MCFD office provides services to Cranbrook, east to Wardner and the Jaffray Bridge, north to Wasa/Fort Steele and south to Moyie/Yahk. A regional hospital is located in Cranbrook and offers full medical services including a psychiatric ward. The area has twelve schools in addition to two alternate schools and a Home Schooling Program.

BC Stats indicates that Cranbrook has a slightly higher rate of children in care than the BC average, a lower infant mortality rate but a slightly higher teen pregnancy rate. Most indicators put forward by BC Stats described Cranbrook slightly on the positive side compared to the average BC community. There appeared to be a benefit to families living in the Cranbrook area.

Service Delivery:

The Interior region includes three large areas within the province of British Columbia: Shuswap/Okanagan, Cariboo/Thompson and the East and West Kootenays. The Regional

office is located in Kamloops and there are sub regional offices in Nelson and Kelowna. At the time of this audit the Regional Sr. Management Team consisted of a Regional Executive Director, a Director of Regional Operations, a Director of Integrated Practice, a Director of Operations for Aboriginal Services, and a Director of Corporate Services. Throughout the Region there are six Community Services Managers and two Aboriginal Services Managers. The Community Services Manager for the East and West Kootenays has his office in Nelson and has responsibility for the child welfare practice for Cranbrook, AFB. The Aboriginal Service Manager for the area has her office in Kelowna.

The Cranbrook AFB team shares their work space with another MCFD team, AEC. AEC provides youth probation and resource services to Cranbrook, Creston and Fernie. AFB is responsible for the child protection, guardianship and family services in Cranbrook and the surrounding area. At the time of the audit AFB had a team leader, five generalist social workers, a social worker that screened and assessed calls, provided youth and parent/teen conflict services and an auxiliary who was also providing all aspects of child welfare and family services.

1/ Residential Services – residential resource services are provided by the Cranbrook team AEC. The social worker requesting a placement contacts the intake resource social worker and provides a “heads up” that a request for placement is imminent. The resource social worker then follows up with the placement request form, attaching the child’s “snapshot” containing essential information about the child. Having both teams in the same location assists the ongoing planning for the children in care. The resource team provides an emergency home list that is updated weekly. This list is also provided to assist the staff during after hours services. After hours response to the community is scheduled by use of a rotating list of social workers and the social worker scheduled for on call carries a beeper.

2/ Service Transformation –At the time of the audit there were no unique projects occurring in Cranbrook.

4. STAFFING

Professional Staff Complement/Staff Turnover: At the time of the audit the team consisted of a team leader, six social workers and an auxiliary social worker who was covering the caseload of one of the previously mentioned six social workers. That person was on medical leave. The team leader described the team as a mature team and most had been on the team for a number of years. The team was described as stable and there had been very little turnover of staff.

| Position | Length of Time on Team | Educational | MCF Experience | Delegation | Status |
|----------|------------------------|-------------|----------------|------------|--------|
| | | BA-Dipl | | Full | P/FT |

| | | | | | |
|--|--|--------------|--|------|------|
| | | Crim | | | |
| | | BSW | | Full | P/FT |
| | | BSW | | Full | P/FT |
| | | BSW | | Full | P/FT |
| | | BA | | Full | P/FT |
| | | BA BSW MA | | Full | P\FT |
| | | BSW | | Full | P\FT |
| | | BSW | | Full | AUX. |

Current Workload: the caseload management report that was run at the time of the audit (January 7, 2008) listed thirty nine open child service files and sixty eight family services files. During the six months prior to the audit sixty nine family service files were closed and eight child service files were closed. The following indicates the number of files open on each caseload at the time of the audit:

AFB-----4 CS----13 FS
 AFB-----5 CS----8 FS
 AFB-----4 CS----10 FS
 AFB-----7 CS----10 FS
 AFB-----7 CS----15 FS
 AFB-----7 CS----12FS

5. STAFF TRAINING

| | | | | | | | | |
|-------------------------------------|---|---|---|---|---|---|---|---|
| a) Ministry Training Program | | | | | | | | |
| Child Protection Worker (core) | X | X | X | X | X | X | X | X |
| Resources Worker | | X | | | | | | |
| Guardianship (core) | | X | | | X | | | |
| Adoption (core) | | X | | X | X | X | X | |
| Clinical Supervision Level 1. | X | | | | | | | |
| Clinical Supervision Level 2 | | | | | | | | |
| Risk Assessment | X | X | X | X | X | X | X | X |
| Advanced Risk Assessment | X | X | X | X | X | | X | X |
| Enhanced Neglect | | | X | | | | | |
| Cultural Awareness | X | X | X | X | X | X | X | X |
| Integrated Case Management | X | X | X | X | X | X | X | X |
| Investigative Interviewing | X | X | X | X | X | X | X | X |
| FAS/E and NAS/E | | X | | | | X | X | |
| Looking After Children | X | X | | | X | X | X | X |
| Substance Misuse | | | | | | | | |

| | | | | | | | | |
|------------------------------|---|---|--|---|---|---|--|---|
| Youth Alcohol & Drug | | | | | X | | | |
| Youth Suicide prevention | X | | | X | | | | |
| Youth agreements | X | X | | | X | X | | X |
| District Supervisor module 1 | X | | | | | | | |
| District Supervisor mod. 2 | | | | | | | | |
| Leading the Way | | | | | | X | | |

- 5 **SUPERVISION/CONSULTATION:** Supervision on an informal basis occurred daily with formal sessions scheduled with each social worker once a month. Supervision/consultation for intake and assessment occurred daily after the intake social worker loaded the caller’s information on the system. The team leader was described as “very solid” and very available to the team. The two teams at the Cranbrook work site met on a monthly basis and also when the need for a meeting was identified.

6. INTAKE AND TRACKING SYSTEMS

- a) **Investigations:** The intake social worker kept a log and entered every report/call to the office. The team leader printed the caseloads every Monday morning and reviewed the “to do” list for weekly discussions with the staff. When the intake social worker had entered the intake on the system, consulted with the team leader about the intake\ assessment, the team leader assigned the case. The intake worker put a copy on the receiving social worker’s shelf and followed up with an e-mail. The social worker then consulted with the team leader about the investigation plan before proceeding. If a matter was assessed as requiring an immediate response the team leader, if available, would take the intake to the social worker. If the team leader was not available the intake social worker would take the request to a social worker for an immediate response. The supervisor would be contacted by cell phone for consultation or the covering team leader would be consulted.
- b) **Family Development Response:** *NOT AUDITED AT THIS TIME.*
- c) **Ongoing Family Service and Child Service:** When a social worker was assigned an intake that file was kept for the life of that case. When an intake was received on an open FS file the social worker who had conduct of the file was given the new intake. The team leader had a file for each social worker and kept case consultation notes and control copies of all intakes in the files. Along with that file information the team leader used case management reports, caseload printouts, and MIS information to track the family service and child service files with the social workers. The team leader would track the status of CRAs, RRSPs, CPOCs, and case recordings, following up with the social workers after printing out the information on Monday mornings.

8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

Services to Aboriginal children and families were all provided by Ktunaxa-Kinbasket a delegated agency. The Cranbrook office described the working relationship as positive and found Ktunaxa-Kinbasket to be a cooperative community partner. Ktunaxa provided child protection, family services and guardianship services to all Aboriginal people in the area, on and off reserve. If a call about an Aboriginal family or child came in to the MCFD office it was referred immediately to Ktunaxa by phone and then followed up with an e-mail. If the heritage of the family was in question MCFD and Ktunaxa social workers would go together to determine who would be servicing the family.

SECTION III: AUDIT RESULTS

9. AUDIT SAMPLE

There were thirty nine open Child Service (CS) files and sixty eight open Family Service (FS) files at the Cranbrook office at the time of the audit. The Youth Agreements that were open as part of the CS files listed were not audited. Thirty open CS files were appropriate to audit. Ten (33%) open files, along with 3 of the 8 closed within the last 6 months CS files were audited for a total of 13 CS files. Nineteen (27%) of the sixty eight open FS files were audited along with fourteen FS files that had been closed within the last six months. There was a total of thirty three FS files audited.

Current caseload management reports of cases assigned to this office were identified on the ministry computer system. Cases were then randomly selected for review as follows:

AFB-----7 FS----2 CS
AFB-----5 FS
AFB-----4 FS----3 CS
AFB-----7 FS----2 CS
AFB-----5 FS----4 CS
AFB-----5 FS----2 CS

10. CRITICAL MEASURES AUDIT RESULTS

- A. CMAT CFS Narrative Summary
- B. CMAT CIC Narrative Summary

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

NARRATIVE SUMMARY

Thirty three (33) family service files were audited using the critical measures audit tool. Overall compliance to the critical measures was **96.3%**. Information for determining compliance was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

1. Screening and Best Approach to Service Delivery

CRITERIA

The Family Service file contains documentation indicating:

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

The thirty three files applicable to this critical measure were 100% compliant.

2. When a Child is at Immediate Risk of Harm

CRITERIA

The Family Service file contains:

- (a) an appropriate determination that the child may be at immediate risk of harm and documentation of adequate steps taken to see the child and ensure the child's immediate health and safety.
- (b) documentation of any circumstances in which the worker was unable to see the child in a time frame that would ensure the child's immediate health and safety, and therefore requested another person to initially see and/or interview the child.

Six of the seven files applicable to this critical measure were compliant. On the seventh file documentation indicated that the child could have been at immediate risk. The time frame selected was to respond within five days. The more appropriate time frame would have been for an immediate response. The auditor noted that the response to the concern did start the day after receiving the report.

3. Assessing a Child Protection Report and Determining the Most Appropriate Response

CRITERIA

The Family Service file contains documentation indicating:

- (a) that the social worker has determined an appropriate response to the report, conducting a child protection investigation only when alternative approaches would not ensure the child's safety.

Thirty one of the thirty three files applicable to this critical measure were compliant. Information on those files was clearly documented and the standards for assessment met. On one of the two non-compliant files a youth was

never interviewed. The decision was for no further action but before this had been determined the should have been interviewed. On the second non-compliant file it was twenty two days before the immediate safety assessment was completed and twenty two days before the children were seen. Documentation supported the decision to proceed with an investigation.

4. Family Development Response

Not audited at this time

5. Determining Time Frame to Begin an Investigation

CRITERIA

Where a determination has been made to investigate, the Family Service file contains a documented appropriate determination as to the time frame to begin the investigation and confirmation that the investigation was begun within that time frame.

Fourteen files were applicable to this critical measure and eleven were compliant. Three files were rated as noncompliant and on all three the timing of the response was not appropriate. Two responses were well over the five day response time and one file had documentation that indicated the response should have been immediate because of the vulnerability of the infant.

6. Conducting a Child Protection Investigation

CRITERIA

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

- (a) documentation that all relevant and necessary information related to the report, including existing case records and files, have been reviewed.
- (b) documentation that information from people who may have relevant knowledge of the family and/or child has been obtained.
- (c) documentation that the child's living situation has been directly observed.
- (d) where required by policy in specific circumstances:
 - documentation that a medical examination of the child has taken place and a copy of the medical report is on file, or where a medical examination was not done, the reasons are documented.
 - documentation that a child with capacity has given consent to medical treatment and has not received medical treatment without their consent unless so ordered under section 29 of the CF&CS Act or in compliance with other legislation. (examples: a unconscious child who requires critical treatment and a parent/guardian is not available, or required treatment under public or mental health legislation).
 - documentation that the aboriginal community and/or identified delegated agency, have been contacted and involved, according to established protocols.
 - where a child is considered to be in immediate danger and the child or family cannot be located, there is documentation that the police were involved and information/action alerts were completed as required.
 - where in the course of an investigation, a conclusion has been reached that a child does not need protection, there is documentation of any decision to discontinue the investigation and where required, of any alternative response chosen.

Fourteen files applicable to this critical measure were 100% compliant.

7. Seeing and Interviewing a Child and Family

CRITERIA

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

- (a) the child has been seen and, where developmentally appropriate, interviewed.
- (b) all other vulnerable children in the home have been seen and, where developmentally appropriate, interviewed.
- (c) the parent/s have been seen and interviewed.
- (d) if the child is aboriginal, the aboriginal community or agency is involved, if appropriate.

Thirteen of the fourteen files applicable to this critical measure were compliant. On the one remaining file the child in the home was seen but never interviewed.

8. Concluding a Child Protection Investigation

CRITERIA

The Family Service file documents:

- (a) a decision as to whether or not the child is in need of protection (as defined under section 13 of the CF&CS Act), which is consistent with the facts gathered during the investigation.
- (b) all necessary steps required to address the child's need for protection have been considered and implemented.

The fourteen files applicable to this critical measure were 100% compliant.

9. Concluding a Child Protection Investigation in a Timely Manner

CRITERIA

The Family Service file documents that the investigation was completed within 30 calendar days.

The fourteen files applicable to this critical measure were compliant.

10. Developing a Plan to Keep a Child Safe

CRITERIA

The Family Service file contains:

- (a) a documented plan which:
 - adequately addresses the child's safety needs.
 - identifies the strengths of the child and family that mitigate the safety risks to the child.
 - considers the child's needs for stability and continuity of relationships.
 - considers the participation of extended family in keeping a child safe.
 - identifies the time frames for a review of the plan.
- (b) documentation that adequate services and strategies to address the child's safety needs were implemented in a timely manner.

Note: *This critical measure does not include the reassessment section of the CFS standard which is covered in Critical Measure # 11.*

The ten files applicable to this critical measure were compliant. This team was diligent in completing CRAs and the resulting RRSPs.

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

CRITERIA

The Family Service file contains:

- (a) documentation on an ongoing and regular basis, of reassessments and any adjustments to the plan necessary to keep the child safe, or when significant changes in the circumstances of the family or child has occurred.
- (b) documentation that the plan to keep the child safe and any reassessments are reviewed with the child as appropriate, with those who have a role in keeping the child safe and wherever possible, with those involved in the plan development.
- (c) documentation that in all cases where a Protection Family Service Response has ended, the family service file contains an assessment that supports a conclusion that the parents are able to keep the child safe without further protection family services.

Notes

1. Only those portions of CFS standard #17 above related to reassessment are relevant to this criteria.
2. Criteria (c) is cross-referenced to CFS standard #20 (Ending Child Protection Services to a Child and Family).

The three files applicable to this critical measure were 100% compliant. The social workers with conduct of these files completed CRAs and completed a review before the children were returned to their parents.

12. Notification of Fatalities and Critical Injuries

CRITERIA

The Family Service file contains documentation confirming:

- (a) that an initial report in the prescribed format has been submitted to the designated director within 24 hours of learning of a death or critical injury of a child who has received services within the past 12 months.
- (b) that reasonable efforts have been made to inform and offer support to the child's legal guardians and appropriate members of the child's family and extended family.
- (c) that community service providers and delegated agencies involved with the child have been informed of the incident.

There were no files applicable to this critical measure.

13. Supervisory Approval

CRITERIA

The Family Service File contains documentation of circumstances requiring supervisory approval and documentation of approval including at a minimum when:

- (a) * determining if an intake call or information is a protection report.
- (b) deciding on a response to a child protection report and an appropriate response time.

- (c) conducting and concluding a child protection investigation.
- (d) notifying the police.
- (e) determining whether a child needs protection.
- (f) developing an ongoing safety plan.
- (g) using the court process.
- (h) removing a child.
- (i) placing a child.
- (j) Reuniting a child with their family.
- (k) transferring responsibility for or ending services.

*an exception to policy has been considered and approved.

The thirty three files applicable to this critical measure were 100% compliant.

Additional Comments:

Practice Strengths: this was an audit of high compliance.

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

NARRATIVE SUMMARY

Thirteen (13) child service files were audited using the critical measures audit tool. Overall compliance to the critical measures was **91.9%**. Information for determining compliance was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

1. Preserving the Identity of an Aboriginal Child in Care

CRITERIA

The Child Service file:

- (a) indicates whether or not the child is Aboriginal.
- (b) identifies the Aboriginal community or First Nation with which the child is affiliated, and contains documentation of the child's status and membership number, or of application for status as appropriate.
- (c) Indicates that the social worker has developed an understanding of the history and current circumstances of the child and family, by involving the child, the family, the child's Aboriginal community, any significant people in the child's life, and community members who have been or will be involved in the child's life.
- (d) Indicates that a cultural plan has been developed for the child within six months of the child coming into care, if the child is an Aboriginal child as defined in the CFCSA. (See Cultural Plan for Aboriginal Children in Care - Draft, November 2003)

The thirteen files audited were applicable to this critical measure and 100% compliant

2. Assuming Responsibility for a Child in Care

CRITERIA

The Child Service file:

- (a) contains a copy of the court order, adoption consent, voluntary care or special needs agreement, or other documentation confirming the child's legal status as a Child in Care, and documentation of citizenship and immigration status, if applicable.
- (b) documents the nature and extent of involvement of the child's parents and other family members.
- (c) if the child is not Aboriginal, identifies any unique cultural identity as applicable.
- (d) indicates that the social worker understands the child's history and current circumstances and needs.

The thirteen files audited to this critical measure were compliant. Documentation on the files indicated that the social workers knew the children and the children's family histories.

3. Ensuring a Child's Safety While in Care

CRITERIA

- (a) The Child Service file contains documentation confirming that the child has been placed in a living arrangement that addresses the child's identified needs, including safety needs, or that, in the case of a youth who refuses placement, all reasonable efforts have been made to assure such a placement.
- (b) The Child Service file contains documentation that all reports in connection with a child's safety have been adequately addressed; or that an adequate plan is in place to address them.

The 13 files audited to this critical measure were 100% compliant.

4. Ensuring the Rights of a Child in Care

CRITERIA

The Child Service file contains documentation confirming:

- (a) that the child's care conforms with the rights defined by s. 70 of the CFCSA.
- (b) that the child has been informed of these rights, as appropriate to the child's age and developmental level.
- (c) in cases where the child reports that his or her rights have not been respected, that the social worker has met with the child and others involved to try to resolve the issues; that an appropriate dispute resolution process has been offered and promoted where required; that the child has been provided with information about the Office for Children and Youth, the Ombudsman, and other available community or provincial advocacy services; and that the child has been supported throughout the time required to resolve the issue.

Twelve of the thirteen files audited to this critical measure were compliant. On the one file where there was non-compliance there was no documentation to indicate that the child had been explained her rights. The rest of the critical measures on this file were 100% compliant.

5. Involving a Child and Considering the Child's Views in Case Planning and Decision Making

CRITERIA

The Child Service file contains documentation confirming:

- (a) that the child has been involved as far as possible in the development and review of his or her plan of care, as appropriate to the child's age and developmental level.
- (b) that the caregivers and others with a significant relationship to the child have been involved in the development and review of the child's plan of care, as consistent with the child's views and best interests.
- (c) That appropriate steps have been taken to address any identified barriers to informing and involving the child in case planning, such as providing an interpreter or involving people who can promote a greater understanding of the child's views about cultural, identity, or other issues

On twelve of the thirteen files the children had been involved in planning and decision making. On the one remaining file there was no documentation that indicated that the child had been involved in case planning and decision making. The remaining critical measures on this file were compliant.

6. Maintaining Personal Contact with a Child in Care

CRITERIA

The Child Service file contains documentation that the social worker has had private in-person contact with the child at least every 90 days, and whenever there has been a change in placement, social worker, or other significant circumstances

Twelve of the thirteen files audited to this critical measure were compliant. Documentation on those files indicated regular and frequent contact between the child and their social worker. On the one file that was found to be non-compliant documentation

indicated some contact between the social worker and the child. The contact was not frequent enough to meet the CS standard.

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

CRITERIA

The Child Service file contains documentation confirming:

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

The thirteen files applicable to this critical measure were 100% compliant.

Documentation on the file indicated that the social workers were diligent in seeking out family for the children and spent time and effort promoting the contact.

8. Assessments and Planning for a Child in Care

CRITERIA

- (a) The Child Service file contains an initial written plan of care, prepared within 30 days of a child's admission to care, which addresses:
 - the overall goal for the child, including the establishment of stable and ongoing living arrangements
 - contact with parents and other family members, community, and others involved with the child, as appropriate
 - services required to implement the plan of care
 - the child's health care needs and appointments
 - the child's education
 - the child's involvement in social, recreational and spiritual instruction and activities
- (b) If the child has been in care for over six months, the Child Service file contains a thorough assessment of the child's needs, and a written plan of care. As appropriate, the child, the child's family, the caregiver, a representative of the child's Aboriginal community (if the child is Aboriginal), and other significant people in the child's life, are to be involved in the development of the plan of care. The plan of care should address the following:
 - health, emotional, spiritual and behavioural development
 - educational and intellectual development
 - culture and identity
 - family, extended family, and social relationships
 - social and recreational involvement
 - social presentation and development of self-care skills related to assuming successful independent functioning
 - placement
- (c) The Child Service file contains documentation confirming that there has been a review of the child's written plan of care at least every 90 days while the child remains in care.

Six of the thirteen files audited to this critical measure were compliant, six had partial compliance and one was non-compliant. On the six partially compliant files all had completed and current CPOCs in place but the reviews of the plans of care were inconsistently documented. On the one non-compliant file there were some plans of care documented but no initial plan of care that documented fully the plan of care for the child. There were domains that are required on a plan of care missing.

9. When a Child is Missing or Has Run Away

CRITERIA

The Child Service file contains documentation confirming:

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

There were two files applicable to be audited to this critical measure. The two files were 100% compliant.

10. Notification of Fatalities, Critical Injuries and Serious Incidents

CRITERIA

The Child Service file contains documentation confirming:

- (a) that an initial report in the prescribed format has been submitted to the designated director within 24 hours of learning of a death, critical injury, or serious incident involving a child in care.
- (b) that reasonable efforts have been made to inform and offer support to the child's legal guardians and appropriate members of the child's family and extended family.
- (c) that community service providers and delegated agencies involved with the child have been informed of the incident.
- (d) that the Public Guardian and Trustee has been notified of the death or critical injury of a child in care for whom the Public Guardian and Trustee is guardian of the estate; and that the Public Guardian and Trustee has been notified of any serious incident involving a child in care for whom the Public Guardian and Trustee is guardian of the estate, if that incident may affect the child's legal or financial interests.

There was one file applicable to this critical measure and it was 100% compliant.

11. Planning for a Child Leaving Care

CRITERIA

The Child Service file contains documentation confirming :

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

Three files were applicable to this critical measure and were 100% compliant. Documentation indicated ongoing and thoughtful planning for the children getting ready to leave care.

12. Supervisory Approval

CRITERIA

The Child Service file contains documentation of supervisory approval :

- (a) when placing a child;
- (b) when reuniting a child with his or her family;
- (c) when transferring responsibility for or ending services;
- (d) when a child's plan of care is developed;
- (e) when child's plan of care is reviewed.

The thirteen files audited were 100% compliant to this critical measure. Documentation on the files indicated that the supervisor was thoroughly involved in the planning and decision making for the children being serviced by AFB.

Additional Comments:

Practice Strengths: the files reviewed for this office indicated that the team took seriously their responsibility to the children in their care. Documentation indicated that the team sought out the services locally and within province that were required to meet the individual needs of their children in care. Integrated case management was a tool commonly used to enhance the planning for the children.

Areas For Improved Practice: the one area that requires some improvement is the documentation of the reviews of the plans of care for children. This was discussed and addressed at the exit meeting between the auditor and the team.

Frankie Williams
Auditor
Interior Region

Date

Brendan Flynn
Deputy Director of Child Welfare
Interior Region

Date

11. AUDIT RECOMMENDATIONS

As noted previously the overall compliance to the critical measures was very high.

1) Within 30 days of receiving a signed off copy of this audit report the Director of Integrated practice for the Interior Region will commend the team leader and the staff in Cranbrook for their outstanding work as reflected by this audit.

2) It is acknowledged that there is current planning for all children in care at AFB. Within ninety days of receiving a signed off copy of this audit report the team leader at AFB will advise the Community Services Manager that she has met with all her social workers to ensure that all the reviews of plans of care have been documented.

Barry Fulton
Director of Integrated Practice
Interior Region

Date

SECTION IV: APPENDICES - AUDIT DATA SUMMARIES

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

DATA SUMMARY

Office Code: AFB

Total # of cases audited: 33

| | CRITICAL MEASURES | C | | PC | | NC | | NA |
|-------------------------------------|--|-----|------|----|---|----|------|-----|
| | | # | % | # | % | # | % | |
| 1 | Screening and Best Approach to Service Delivery CFS Standard #1 | 33 | 100 | | | 0 | 0 | |
| 2 | When a Child is at Immediate Risk of Harm CFS Standard #11 | 6 | 85.7 | | | 1 | 14.3 | 26 |
| 3 | Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12 | 31 | 93.9 | | | 2 | 6.1 | 0 |
| 4 | Family Development Response CFS Standard #14 | 0 | 0 | | | 0 | 0 | 33 |
| 5 | Determining a Time Frame to Begin an Investigation CFS Standard #15 | 11 | 78.6 | | | 3 | 21.4 | 19 |
| 6 | Conducting a Child Protection Investigation CFS Standard #15 | 14 | 100 | | | 0 | 0 | 19 |
| 7 | Seeing and Interviewing the Child and Family CFS Standard #15 | 13 | 92.9 | | | 1 | 7.1 | 19 |
| 8 | Concluding a Child Protection Investigation CFS Standard #16 | 14 | 100 | | | 0 | 0 | 19 |
| 9 | Concluding Investigation in a Timely Manner CFS Standard #16 | 14 | 100 | | | 0 | 0 | 19 |
| 10 | Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17 | 10 | 100 | | | 0 | 0 | 23 |
| 11 | Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17 | 3 | 100 | | | 0 | 0 | 30 |
| 12 | Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24 | 0 | 0 | 0 | 0 | 0 | 0 | 33 |
| 13 | Supervisory Approval C&FD Standard on Supervisory Approval | 33 | 100 | | | 0 | 0 | |
| Total Applicable Indicators: | | 182 | 96.3 | 0 | 0 | 7 | 3.7 | 240 |

= Number of applicable cases %= Percent of total

Rating Definitions:

C Full compliance to the standard

PC Partial compliance: The intent of the standard is met but significant practice issues have not been addressed

NC Non-compliance to the standard's criteria requirements

NA Not applicable to the standard being measured.

CRITICAL MEASURES AUDIT - CHILDREN IN CARE (CMAT-CIC)

DATA SUMMARY

Office Code: AFB

Total # of cases audited: 13

| | CRITICAL MEASURES | C | | PC | | NC | | NA |
|-------------------------------------|--|------------|-------------|----------|------------|----------|------------|-----------|
| | | # | % | # | % | # | % | # |
| 1 | Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19 | 13 | 100 | 0 | 0 | 0 | 0 | |
| 2 | Assuming Responsibility for a Child in Care CIC Service Standard #4 | 13 | 100 | | | 0 | 0 | |
| 3 | Ensuring a Child's Safety While in Care CIC Service Standard #5 | 13 | 100 | | | 0 | 0 | |
| 4 | Ensuring the Rights of a Child in Care CIC Service Standard #6 | 12 | 92.3 | | | 1 | 7.7 | 0 |
| 5 | Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8 | 12 | 92.3 | | | 1 | 7.7 | |
| 6 | Maintaining Personal Contact with a Child in Care CIC Service Standard #9 | 12 | 92.3 | | | 1 | 7.7 | |
| 7 | Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10 | 13 | 100 | 0 | 0 | 0 | 0 | |
| 8 | Assessments and Planning for a Child in Care CIC Service Standard #11 | 6 | 46.2 | 6 | 46.2 | 1 | 7.7 | |
| 9 | When a Child is Missing or Has Run Away CIC Service Standard #14 | 2 | 100 | | | 0 | 0 | 11 |
| 10 | Notification of Fatalities, Critical Injuries and Serious Incidents C&FS Standard #24 | 1 | 100 | 0 | 0 | 0 | 0 | 12 |
| 11 | Planning for a Child Leaving Care CIC Service Standards #15 and #16 | 3 | 100 | | | 0 | 0 | 10 |
| 12 | Supervisory Approval C&FD Standard on Supervisory Approval | 13 | 100 | | | 0 | 0 | |
| Total Applicable Indicators: | | 113 | 91.9 | 6 | 4.9 | 4 | 3.3 | 33 |

= 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.