

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

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

INVERMERE (AFD)

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SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT INTERIOR REGION INVERMERE (AFD)

1. PURPOSE

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

The specific purposes of case practice audits are:

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

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

2. METHODOLOGY

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

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

SECTION II: SERVICE DELIVERY

3. COMMUNITY OVERVIEW

Invermere was first established in 1810 as a trading post and today it is known as a thriving tourist centre. Invermere is located on the shores of Lake Windermere and is surrounded by the Rocky Mountains to the east and the Purcell Mountains to the west. Invermere is a fast growing community, its reputation for stunning scenery well known and well deserved. Invermere is located in the Columbia Valley, also known as the Windermere Valley, and situated within easy driving distance of two spectacular hot springs. The community offers extensive year round outdoor recreation.

Historically Invermere, formerly named Copper City, had mining, agriculture and lumber as its main industries. Signs of this past, especially of mining, are scattered about the surrounding communities. Currently tourism and the real estate industry drive the economy of this beautiful little city. The influx of people moving to the area, as both permanent and part time residents, has greatly increased the cost of living in Invermere and the surrounding areas. It has become difficult for employers to find people to fill vacant positions, especially for the lower paying jobs. Staff at AFD said that it is very difficult for the average wage earner to get into the housing market in Invermere due to inflated housing costs. It is even more challenging for low income families to find any suitable accommodation.

Invermere has a population of about 3,500 people and BC stats indicated there was a visible minority population of 2.3% compared to BC's overall visible minority population of 21.6%. According to BC health indices and BC stats the children that reside in the "Windermere Valley" are at lower risk of harm than the BC average. Invermere is just one of many communities in the Columbia Valley but it is the market centre for the population of about 9,000 Columbia Valley residents. Tourism BC states that the population figures almost triple during the summer months with visitors and the return of seasonal home owners.

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 Invermere (AFD). The Aboriginal Service Manager for the area has her office in

Kelowna. The Invermere Community Services Team (AFD) was comprised of a supervisor, two social workers who do all aspects of a child protection caseload, an adoption social worker. The Invermere supervisor also supervises the adoption team in the Kootenays.

The Invermere Community Services office provides service to children from birth to age nineteen. This included all guardianship services, family services and youth agreements. The office serviced the population, south to Canal Flats, north to Spillmacheen up to the edge of the Rockies. The town of Invermere is located in the Rocky Mountain Trench. On occasion a report has come into the office that requires the social worker to venture into the “wilderness”.

Unlike other areas of the province, the supervisor stated that most of the families that they saw were employed. This was a challenge for staff for making appointments and also for the community family service workers. The services needed to be provided after work hours which meant evenings or weekends for most families. This could cause difficulties when arranging required support services for children and families. The supervisor mentioned that most support workers (who generally have families) did not wish to work evenings or weekends. He added that despite the challenges the Director of Family Resources was very responsive and supportive and that working together to provide services to the community was a shared goal.

1/ Residential Services – Residential/Resource services were offered from the East Kootenay Resources team that was supervised by a Cranbrook MCFD team leader. All referrals were sent to a designated resource social worker who worked part time in the Invermere office. The social workers confirmed this worked well for them. The resource social worker participated as part of the Invermere team and knew the community, the families and the children serviced by the local office.

2/ Service Transformation –At the time of the audit there were no innovative projects occurring in the service area.

4. STAFFING

- a) **Professional Staff Complement/Staff Turnover:** At the time of the audit the staffing situation at Invermere was at full compliment with the exception of Child and Youth Mental Health (CYMH). At the time the community was without a CYMH clinician and the social workers were saying that the service was “sorely missed”. There had been a full time clinician in the past and then various visiting clinicians but no one in the position at the time of the audit. CYMH services for the East Kootenays were supervised from Cranbrook. The Youth Probation officer travels to Invermere every two weeks and also was supervised from Cranbrook.

There had been a vacant social worker position in the Invermere office for many months but that position was filled. From until there was just the one social worker in Invermere. It seemed that the cost of living, especially affordable housing, was a real deterrent to filling the position.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
		BA MFA		Full Adoption	FT
		BPE		Full	FT
		BSW		Full	FT
		BA		Adoption	FT
					FT
					¼ time regular

- b) **Current Workload:** The caseloads for Invermere (AFD) were run at the time of the audit. The caseload reports indicated twenty five open Family Service files and four open Child Service files. There were thirty eight Family Service files that were closed in the last six months and four Child Service files that had been closed within the last six months. The following indicates the number of files open on each caseload at the time of the audit

AFD-----15 FS-----1CS

AFD-----10 FS-----1 CS

AFD-----2 CS—adoption caseload---these two files were not audited.

5. STAFF TRAINING

a) Ministry Training Program			
Child Protection Worker (core)	X	X	X
Resources Worker		X	
Guardianship (core)	X	X	
Adoption (core)	X	X	
Clinical Supervision Level 1.	X	X	
Clinical Supervision Level 2	X		
Risk Assessment	X	X	X
Advanced Risk Assessment		X	

Enhanced Neglect	X		
Cultural Awareness	X	X	X
Integrated Case Management	X	X	X
Investigative Interviewing	X	X	X
FAS/E and NAS/E	X	X	X
Looking After Children	X	X	
Substance Misuse			
Youth Alcohol & Drug			
Youth Suicide prevention	X	X	
Youth agreements	X	X	X
District Supervisor module 1	X		
District Supervisor mod. 2			
Leading the Way	X		

6. SUPERVISION/CONSULTATION

Supervision for this team was reported to be very flexible and the supervisor easily accessible. The social worker on intake logged the reports and consulted with the supervisor daily. Consultations for urgent intakes were discussed with the supervisor as soon as possible, as were any other urgent case matters. The team met every week and all open intakes were tracked and discussed at that time. The supervisor met with each social worker for individual supervision every two months. The larger group which included the office manager, adoption social worker and the probation officer met every month.

INTAKE AND TRACKING SYSTEMS

- a) **Investigations:** the supervisor used a copy of the intake for tracking the investigations and a colour coded tracking sheet that he found to be helpful. The supervisor had a file for each worker and all intakes for that worker were kept in the file until completed and signed off.
- b) **Family Development Response: Not audited at this time.**
- c) **Ongoing Family Service and Child Service:** Any intake on an open family service file was given to the worker with conduct of the file. The supervisor used case management reports from the system and again had a colour coded tracking system in place. The categories were: protective family service, family development response, child services, court proceedings and voluntary service files. The final column in each category was for supervisor sign off which indicated the work was completed. Consultation occurred as needed or required by the file or was discussed in a planning session every two months.

8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

Between January and April 2007 the aboriginal services files at AFD were transferred to the Aboriginal Agency Ktunaxa/Kinbasket. This agency was fully delegated and provided

all services to aboriginal people in the area living both on and off reserve. There was a protocol in place between Ktunaxa/Kinbasket and the Invermere office that described the parameters of their working relationship. When an intake/report came into AFD a prior contact check was completed. If it was known the family was aboriginal, the information was sent on the computer system to Ktunaxa/Kinbasket with a follow up phone call to alert them. If there was some uncertainty about the aboriginal heritage of the identified family living off reserve the social workers from the two services would see the family together. This was the procedure in the past, before the agency received full delegation, and was described as always working well. The supervisor said there was good cooperation and a healthy working relationship between AFD and Ktunaxa/Kinbasket.

SECTION III: AUDIT RESULTS

9. AUDIT SAMPLE

Current caseload management reports (CMR) of cases assigned to this office were identified on the Ministry computer system at the time of the audit. Cases were then randomly selected for review as follows: there were twenty five (25) open family service files and eight files (32%) were audited. There were thirty five (35) closed within the last six months family service files and twelve files (35%) were audited. There were two open child service files appropriate to audit and both were audited and two closed within the last six months child service files that were appropriate to audit and both were audited. 100% of the child services files both open and closed that were appropriate to audit were audited.

The selection was as follows:

AFD---open FS-5--- closed FS-7 – closed CS-2

AFD---open CS-1

AFD---open FS-5---closed FS-3—open CS-1

10. CRITICAL MEASURES AUDIT RESULTS

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

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

NARRATIVE SUMMARY

Twenty (20) family service files were audited using the critical measures audit tool. Overall compliance to the critical measures was 88.4%. 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.

Of the twenty files audited nineteen were compliant. This indicated that the social workers were gathering sufficient information from the caller and completing a prior contact check enabling them to complete an appropriate assessment. On the one non-compliant file there was no documentation that the social worker reviewed the family history.

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.

Two files were applicable to this critical measure and the files were 100% compliant.

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.

Nineteen of the files audited were compliant which indicated that the social workers consulted with the supervisor and that the responses chosen were appropriate to the situation. The one file that was not compliant was a situation of family violence reported by the RCMP. The situation warranted an investigation and the response documented on the file was to offer support services. This file was discussed with the supervisor.

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.

This critical measure was applicable to five files. The files were 100% compliant.

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.

Documentation indicated that the steps of an investigation were completed and the five files were 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.

During the investigations documentation indicated that for each investigation the child and family were seen and where appropriate 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.

On the five files where there were completed investigations four were compliant and one was non-compliant. Documentation on the four compliant files indicated the steps taken, the risk to the child and whether the child was found in need of protection. On the fifth file there was a lack of documented information on the risk to the child and it was six months after the investigation before the CRA was completed.

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.

Two of the investigations were completed within 30 days. Three investigations were over the 30 day investigation time limit; one taking between 46 to 60 days to complete and the other two between 31 to 45 days to complete.

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.*

Of the five files applicable to this CM four were non-compliant. On the one compliant file a RRSP was developed and entered as part of the court ordered supervision order. Of the four non-compliant files the concerns were as follows:

- 1) There was no RRSP developed from the CRA. The auditor found that although some of the concerns had been addressed a number had not been. The file was brought to the attention of the supervisor and he took action immediately.
- 2) On this file there was a CRA on file but no documented RRSP to indicate what steps were being taken.
- 3) Documentation on this file indicated documentation to indicate that or addressed with the adults in the family. There was no had been adequately assessed
- 4) Documentation on this file indicated that after the initial contact with the family there was no follow up to find out if the plan put in place by the parents and their family did in fact happen.. The file was closed after an incomplete response by MCFD.

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.

Two files were applicable to be audited for this critical measure. One file was compliant and one file was non-compliant. On the compliant file two CRAs were completed and a plan developed for reducing the risk and ending the contact with the family. On the non-compliant file there was no documented follow up with the family. The reported concern indicated that a follow up by the social worker would have been the appropriate step.

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.

One file was applicable to be audited for this critical measure and it was 100% compliant.

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

Practice Strengths: the documentation indicated that conducting child protection investigations were thoroughly completed. The social workers made efforts to seek agreement and work cooperatively with families. The files were well organized and information easily located.

Areas For Improved Practice: the auditor brought to the supervisor's attention four cases where the documentation was not clear if appropriate plans had been developed to keep a child safe. Also brought to the supervisor's attention was a file that needed follow up to locate a mother and her children. The supervisor responded immediately to the concerns.

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

NARRATIVE SUMMARY

Four (4) child service files were audited using the critical measures audit tool. Overall compliance to the critical measures was 97.4%. 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 files audited were 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 files audited were 100% compliant.

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 files audited 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.

The files audited 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

The files audited were 100% 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

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

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 four files audited to this critical measure were 100% compliant.

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.

The files for this critical measure were 100% compliant.

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 no files audited applicable to this critical measure.

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 were no files applicable to this critical measure.

11. Planning for a Child Leaving Care

CRITERIA

The Child Service file contains documentation confirming :

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

Two of the files audited were applicable to this critical measure and the files were 100% compliant.

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 four files audited to this critical measure were 100% compliant.

Practice Strengths: this was an audit of very high compliance. The documentation on the files indicated a commitment to offering children in care the best service possible. The social

workers endeavor to meet a child's need for stability and development or continuity of lifelong relationships. The files indicated that the social workers knew the children in their care.

Areas For Improved Practice: there were no areas of case practice that were identified as needing improvement.

Frankie Williams
Auditor
Interior Region

Date

Brendan Flynn
Deputy Director of Child Welfare
Interior Region

Date

11. AUDIT RECOMMENDATIONS

On November 4, 2008 members of the regional senior management team and the team leader at Invermere convened in a teleconference during which practice issues identified by the audit were discussed and recommendations for addressing the issues were proposed.

- 1) Within thirty days of the recommendation development meeting the Team Leader at Invermere will review the cases that were flagged by the auditor in CFS critical measure #10 to see if there was documentation that indicated appropriate action was taken.
- 2) Within thirty days of the sign off of this audit report the Team Leader at Invermere will advise the Community Services Manager that risk has been assessed on all open family service files where a child has been found in need of protection and that there is documentation on the files that the plans to reduce risk have been reviewed.
- 3) Within thirty days of the sign off of this audit report the Director of Integrated Practice for the Interior Region will commend the Team Leader and staff of the Invermere office for their outstanding work as reflected by this audit.

AUDIT SIGN OFF:

Barry Fulton
Director of Integrated Services
Interior Region

Date

SECTION IV: APPENDICES - AUDIT DATA SUMMARIES

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

DATA SUMMARY

Office Code: AFD **Total # of cases audited:** 20

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery CFS Standard #1	19	95			1	5	
2	When a Child is at Immediate Risk of Harm CFS Standard #11	2	100			0	0	18
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	19	95			1	5	0
4	Family Development Response CFS Standard #14	0	0			0	0	0
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	5	100			0	0	15
6	Conducting a Child Protection Investigation CFS Standard #15	5	100			0	0	15
7	Seeing and Interviewing the Child and Family CFS Standard #15	5	100			0	0	15
8	Concluding a Child Protection Investigation CFS Standard #16	4	80			1	20	15
9	Concluding Investigation in a Timely Manner CFS Standard #16	2	40			3	60	15
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	1	20			4	80	15
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	1	50			1	50	18
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24	1	100	0	0	0	0	19
13	Supervisory Approval C&FD Standard on Supervisory Approval	20	100			0	0	
Total Applicable Indicators: 95		84	88.4%	0	0%	11	11.6	165

= 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: AFD Total # of cases audited: 4

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	4	100	0	0	0	0	
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	4	100			0	0	
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	4	100			0	0	
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	4	100			0	0	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	4	100	0	0	0	0	
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	4	100			0	0	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	4	100	0	0	0	0	
8	Assessments and Planning for a Child in Care CIC Service Standard #11	4	100	0	0	0	0	
9	When a Child is Missing or Has Run Away CIC Service Standard #14	0	0			0	0	4
10	Notification of Fatalities, Critical Injuries and Serious Incidents C&FS Standard #24	0	0	0	0	0	0	4
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16	2	100			0	0	2
12	Supervisory Approval C&FD Standard on Supervisory Approval	4	100			0	0	
Total Applicable Indicators: 38		38	100%	0	0%	0	0%	10

= 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.