

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INTERIOR REGION
FERNIE COMMUNITY SERVICES (AFK)

Field Work Completed: December 10, 2007
Report Completed: November 4, 2008

**DIRECTOR'S CASE PRACTICE AUDIT REPORT
INTERIOR REGION
FERNIE COMMUNITY SERVICES (AFK)**

TABLE OF CONTENTS

SECTION I: INTRODUCTION

PURPOSE-----pg.3

1. METHODOLOGY-----pg.3

SECTION II: SERVICE DELIVERY

2. COMMUNITY OVERVIEW-----pg.4

3. STAFFING-----pg.6

4. STAFF TRAINING-----pg.7

5. SUPERVISION/CONSULTATION-----pg.7

6. INTAKE AND TRACKING SYSTEMS-----pg.8

7. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES-----pg.8

SECTION III: CASE AUDITS

8. AUDIT SAMPLE-----pg.9

9. AUDIT RESULTS-----pg.10

 A. CMAT CFS Narrative Summary-----pg.10

 B. CMAT CIC Narrative Summary-----pg.15

11. AUDIT RECOMMENDATIONS-----pg. 20

SECTION IV: APPENDICES

APPENDIX 1: DATA SUMMARY – CMAT CFS-----pg. 21

APPENDIX 2: DATA SUMMARY – CMAT CIC-----pg. 22

SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT INTERIOR REGION FERNIE COMMUNITY SERVICES (AFK)

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 (check applicable).

- ✓ **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

A number of community profiles of Fernie and the Elk Valley can be found on the internet. The area was described as having a unique and colourful history. The Elk Valley and Fernie were first developed because of the abundant coal supplies. The first mine was reported to have opened in 1897 followed the next year by the arrival of the railway. With the start of the Crownsnest Pass Coal Company, the addition of the Railway and the lush forests, mining and forestry brought a bustling frontier life to the area. Like many other small towns in British Columbia the original sources and sites for the economy have all but died out and the abandoned mines and heritage sites offer exciting places for tourists and visitors to explore.

Today the main economic supports for Fernie and the Elk Valley remain mining and forestry along with healthcare, social services and tourism. Fernie and the Elk Valley offer spectacular scenery and year round outdoor activities for residents and visitors alike.

Fernie was described as having a bit younger population than the BC average. Fernie shows ages 15 to 49 at 55% compared to BC average at 51% for the same age group. This could speak to the lifestyle available in the area which features a world class ski resort and abundant opportunities for snow boarding, skiing and other winter sports. The seasons are pronounced in the East Kootenays and fishing, hiking, mountain biking, mountain climbing, camping and boating are just some of the activities that an individual or family can participate in. The sheer beauty of the area would be enough to inspire people to take up residence.

Fernie and the surrounding areas are easy to access. Highway 3 a major east/west connection passes through Fernie and connects drivers to Calgary within a few hours. Calgary, as a major Canadian city, has an international airport that connects with Cranbrook about an hour's scenic drive west from Fernie.

Fernie is a fast growing town and is showing some of the signs that can put pressure on a population during a "boom" time. Housing costs have risen rapidly and the cost of living makes it difficult to recruit staff for many service industry jobs. It is very difficult for lower income families to find appropriate housing. The community has its share of people who struggle with raising their children and the high cost of housing adds an additional stressor.

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 Fernie Community Services Team (AFK). The Aboriginal Service Manager for the area has her office in Kelowna. The Fernie Community Services Team (AFK), at the time of the audit, consisted of a Supervisor, 3.8 Social Workers a social work assistant, with one social work position being vacant. The CYMH clinician position was vacant for over a year. Staff at AFK said that the position could not be successfully filled and believed that part of the problem was that the community was fairly isolated. During this time if an urgent child mental health situation occurred the child was taken to the hospital. At the time of the audit a CYMH clinician was traveling from Cranbrook to offer some services.

The area served by AFK includes Fernie, Elkford, Sparwood and the area referred to as the “South Country” the largest community there being Jaffray . Like many areas in rural BC there are many little pockets of people scattered throughout the area. Very few of the rural homes actually have street addresses so familiarity with the area is a big part of providing child protection/family services.

- 1/ Residential Services –resource services were provided from the resource team located in Cranbrook. The AFK staff said that they know the foster parents in their area well and would place a child by directly contacting the foster parents. Planned placements were done through the resource unit in Cranbrook. The foster home list was updated every month. All pertinent information was available so that social workers were aware of who had room for additional children and who was available to provide relief care. The AFK team were inclusive in their practice and the sense or meaning of team included community partners such as foster parents.
- 2/ Service Transformation: The Fernie MCFD team presented as a very active and involved community partner. Most local training was done jointly with various community service providers and partners. Family support workers and childcare workers worked for one agency in the community. The agency was described as being very flexible offering services to families and children seven days a week and if needed twenty four hours a day. This auditor observed that this flexibility extended to the supervisor and the team at AFK.

The social workers at AFK along with their community partners had developed a program, “Keeping Kids Safe.” The program offered forums for parents and other interested people in the community. Community partners applied for funding through UBCM and received a grant for \$40,000. This allowed the development of a “Crystal Meth Awareness” program. The program reached out to the schools, to fire fighters, police personnel, public and mental health staff and parents.

Teens were targeted through presentations, posters, information cards with support phone numbers, t-shirts and a website. The information had been circulated throughout the Interior Region. The staff at AFK have been involved and taken a key role in developing the program.

4. STAFFING

a) **Professional Staff Complement/Staff Turnover:** At the time of the audit the Fernie team consisted of a Team Leader, 3.8 social workers with one social worker position being vacant. There was 1.75 administrative support positions and a SPO assistant position in the office.

The SPO assistant was seen as doing a “fantastic” job and the position was described as being invaluable part of the team. Vacant positions in the Fernie office are not easy to fill. The community and the local MCFD team does have a lot to offer but the isolation factor and the high cost of housing is a deterrent for many.

Position	Length of Time on Team	Educational	MCF Experience	Delegation	Status
	.	BSW		Full plus Adoption	P/FT
		BACYC		Full	P/FT
	.	BSW		Full	P/FT
		BSC		Full	P/.8
		BSW		Full	P/FT
	Vacant				
		Sp.Ed Ast. certificate		C2	P/FT
		OM Diploma		N/A	P/FT
				N/A	P/.75
		BA		N/A	Aux.
		.		N/A	Aux.

b) **Current Workload:** On the first day of the audit (November 19, 2007) the Case Management Report was run and it indicated that there were sixty two open Family Service files and sixty closed within the last six months. In addition there were thirty eight open Child Service files and ten files that had been closed within the last six months. The following indicated the number of files open on each caseload at AFK at the time of the audit.

AFK ----17 FS----5 CS

AFK ----16 FS----6 CS

AFK ----17 FS----10 CS
 AFK ----12 FS----17 CS (guardianship caseload)

STAFF TRAINING

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

5. SUPERVISION/CONSULTATION

Supervision was described by the social workers as being done “day by day.” They described the team leader as always being available and were clear that the expectation was that consultation on high profile cases was mandatory day or night. Supervision occurred for each worker on a weekly basis. The time was booked to go over files and the supervisor was credited with knowing the office cases “inside and out.” The supervisor said that she had complete trust in her team members and felt confident that any one social worker would be able to take any case. The supervisor checked in, knew how each social worker was doing and spent the time, if needed, to prioritize cases with them. The cooperation between the team members was apparent. The team members described each other as very supportive. Whenever a complicated and/or urgent matter came into the office, the team worked together to develop a response to the intake. When at AFK it was made clear to the auditor that “team” included the administrative support staff.

The social workers described the supervisor as being very supportive of staff attending training. They said that the supervisor was “great with personal career planning”. The work site was managed so that all social workers and administrative staff could take advantage of sought after training and were generously supported to prepare themselves to be the best they could be.

6. INTAKE AND TRACKING SYSTEMS

- a) **Investigations:** Intake scheduling was described as being flexible. The supervisor was credited with balancing the work for the team. The social workers that were interviewed said there was no in-fighting about the work/intake schedule. Staff worked cooperatively and backed each other up when requested and /or needed. The administrative support staff were an active part of the team and were described as excellent, supportive and helpful. The social work assistant assisted with many tasks and was described as amazing, well organized and “like a dog with a bone” when it came to resolving issues and securing information required by the social workers.
- b) **Family Development Response:** *Not audited at this time.*
- c) **Ongoing Family Service and Child Service:** The supervisor had developed her own detailed tracking system. The supervisor kept a file of all intakes and case tracking information which was updated every month. This system assisted with knowing who had which cases, the size of the caseloads and who had the most room for taking new intakes /files. All the intake control copies were kept in a file at the front of the office for easy access. The supervisor stated this enabled any member of the team to trace which social worker had “touched” an intake. The information in the file was discussed at the weekly intake meeting and this helped in weighing cases, caseloads and the decision about intake allocation. The information aided the supervisor in the weekly supervision and tracking sessions held with each social worker. Once a month the team met to discuss cases as a support to provide in depth case planning and to share their successes. The supervisor said that having all that experience in one room discussing a case makes for better outcomes and counteracts the possibility of “tunnel vision”. The team works with a shared understanding “never leave a child at risk and when making a tough decision to always err on the side of safety for the child”.

7. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

The social workers at Fernie AFK work in cooperation with Ktunaxa-Kinbasket, Métis Community Services, the Aboriginal Consultant and the Roots Project to provide the best plans for Aboriginal children. At the time of the audit the Fernie office provided services to the Tobacco Plains Band. There was no formal protocol in place although there was talk of developing a protocol with the band. The social workers follow the unwritten protocol of contacting the Band Council when an intake is received about a Tobacco

Plains Band family. The social workers consult with the Band Council members when doing an investigation that involves a Tobacco Plains family.

The Aboriginal children and families who lived in Fernie, and the surrounding communities were provided services by AFK. The standards for providing child and family services and doing investigations for aboriginal people guided the work of the Fernie team.

SECTION III: AUDIT RESULTS

8. AUDIT SAMPLE

There were thirty eight open child service (CS) files and sixty two open family service (FS) files at the time of the audit. Twenty percent of the open files were audited. Thirteen open FS and nine open CS were audited. Within the last six months there were sixty FS files that had been closed and ten CS files that had been closed. Twenty percent of the files were audited; five closed CS files and thirteen closed FS files

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

AFK ----3CS----7FS

AFK ----3CS----7FS

AFK ----6CS----6FS

AFK ----2CS----6FS

CRITICAL MEASURES AUDIT RESULTS

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

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

NARRATIVE SUMMARY

Twenty six (26) family service files were audited using the critical measures audit tool. Overall compliance to the critical measures was 95.4%. 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.

This critical measure was applicable to all 26 files and was 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.

This critical measure was applicable to three files. Two were compliant and the third one had documentation that indicated that the response should have been immediate. The child

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.

This critical measure was applicable to the 26 files audited. Documentation indicated that the social workers obtained sufficient information to adequately assess the report. The critical measure was 100% compliant.

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.

Sixteen files were applicable to this critical measure; fourteen were clearly documented and were compliant. On the two non-compliant files one contained documentation that indicated that the response would happen within five days. The subject child was and the call should have been to proceed immediately (the social worker did begin the investigation the day after the report was received). On the other non-compliant file the time frame documented was to begin the investigation within 24 hours. Documentation supported this time frame. The investigation did not begin until seven days after the report was received.

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.

Sixteen files were applicable to this critical measure and fifteen were compliant. On the one remaining file there was no documentation that indicated that the child's living situation had been viewed and there was no documentation to indicate that collaterals had been contacted.

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.

Sixteen files were applicable to this critical measure and fifteen were compliant. On the one remaining file the _____ was not 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.

Sixteen files were applicable to this critical measure and fifteen were compliant. On the one remaining file because steps of an investigation were not completed the critical measure is rated non-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.

Fourteen of the sixteen files applicable to this critical measure were compliant and were completed within 30 days. The two remaining investigations took 61 to 90 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.

Twelve files were applicable to be audited to this critical measure and the twelve were compliant.

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).

Two files were applicable to this critical measure and both were compliant.

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.

No files were 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.

Twenty six files were applicable to this critical measure and were 100% compliant.

Practice Strengths: This was an audit of high compliance. The auditor found that the files were well organized and clearly documented. The documentation on the files indicated that the team made every effort to offer the best service possible to the community and to work in cooperation with their community partners to provide that service. The documentation expressed respect for the people served even when the social workers had to make tough decisions about their lives. The Fernie team was open to learning from the audit and saw the audit as a means of acquiring objective feedback about their social work practice.

Areas For Improved Practice: there were no areas of low compliance.

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

NARRATIVE SUMMARY

Fourteen (14) child service files were audited using the critical measures audit tool. Overall compliance to the critical measures was 98.5%. 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 fourteen files audited to this critical measure were 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 fourteen files audited to this critical measure were 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 fourteen files audited to this critical measure were 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 fourteen files audited to this critical measure were 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 fourteen files audited to this critical measure 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

The fourteen files audited were compliant to this critical measure.

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 fourteen files audited were compliant to this critical measure.

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.

Twelve of the fourteen files audited were compliant to this critical measure. The other two files were partially compliant. Documentation indicated that regular reviews on the children's plans of care were not completed. There were yearly CPOCs on file for the two children. On one child's file there were brief plans of care, court plans of care and reviews of the plans on file. It was _____ after the initial plan of care before a comprehensive plan of care was completed for the child.

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.

No files were 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 was one file applicable to this critical measure and it was 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.

The seven files audited to this critical measure were 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 fourteen files audited to this critical were compliant

Practice Strengths: This was an audit of very high compliance. The files were clearly documented and well organized. The children were described in such a way that the reader had a “feeling” for who the child was when reading the file. The child, their family and their community were involved, as much as was possible, in developing a life plan for the child. Integrated case management was an integral part of the case planning at AFK.

Substance misuse is a growing problem in many of BC’s communities and Fernie is no exception. The team now works closely with Motherisk Laboratory of SickKids Hospital in Toronto. The hair of infants and children whose parents are highly suspect of drug use are sent to be tested. The majority of the results received show children with high levels of exposure to drugs. Motherisk documented in a report read by the auditor that the passive exposure to cocaine (often the substance being used by the parents) can effect the development, sleep and behaviour of children. The report added that “cocaine can cause significant toxicity in a child.... which can lead to dangerously elevated blood pressure, myocardial infarction, bleeding into the brain, seizures, coma and death”. The team at AFK has taken this threat to the children that they serve very seriously and are using the information provided through Motherisk to help with making timely decisions for children.

Areas For Improved Practice: There were no areas where improved practice was required.

Frankie Williams
Auditor
Interior Region

Brendan Flynn
Deputy Director
Interior Region

11. AUDIT RECOMMENDATIONS

On November 4, 2008 representatives from the Interior Region Management team and the Team Leader from AFK met to discuss the findings of the audit and to develop recommendations.

As noted by the auditor this audit reflected consistently high compliance to the critical measures.

1) Within thirty days of the sign off of this audit report the Director of Integrated Practice will commend the Team Leader and all staff at Fernie Community Service (AFK) for their excellent work as reflected by the finding of this audit.

2) Within sixty days of the sign off of this audit report the Team Leader at AFK and the Regional Delegation Manager will develop a delegation plan for the new staff hired at AFK.

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: AFK

Total # of cases audited 26

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	
1	Screening and Best Approach to Service Delivery CFS Standard #1	26	100			0	0	
2	When a Child is at Immediate Risk of Harm CFS Standard #11	2	66.7			1	33.3	23
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	26	100			0	0	0
4	Family Development Response CFS Standard #14	0	0			0	0	26
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	14	87.5			2	12.5	10
6	Conducting a Child Protection Investigation CFS Standard #15	15	93.8			1	6.3	10
7	Seeing and Interviewing the Child and Family CFS Standard #15	15	93.8			1	6.3	10
8	Concluding a Child Protection Investigation CFS Standard #16	15	93.8			1	6.3	10
9	Concluding Investigation in a Timely Manner CFS Standard #16	14	87.5			2	12.5	10
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	12	100			0	0	14
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	2	100			0	0	24
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24	0	0	0	0	0	0	26
13	Supervisory Approval C&FD Standard on Supervisory Approval	26	100			0	0	
Total Applicable Indicators:		167	95.4 %	0	0	8	4.6 %	163

= 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: AFK

Total # of cases audited: 14

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	14	100	0	0	0	0	
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	14	100			0	0	
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	14	100			0	0	
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	14	100			0	0	
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	14	100	0	0	0	0	
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	14	100			0	0	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	14	100	0	0	0	0	
8	Assessments and Planning for a Child in Care CIC Service Standard #11	12	85.7	2	14.3	0	0	
9	When a Child is Missing or Has Run Away CIC Service Standard #14	0	0			0	0	14
10	Notification of Fatalities, Critical Injuries and Serious Incidents C&FS Standard #24	1	100	0	0	0	0	13
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16	7	100			0	0	7
12	Supervisory Approval C&FD Standard on Supervisory Approval	14	100			0	0	0
Total Applicable Indicators:		132	98.5	2	1.5	0	0	34

= 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.