

**DIRECTOR'S CASE PRACTICE AUDIT REPORT**  
**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT**  
**INTERIOR REGION**  
**VERNON FAMILY SERVICES - DED**

**Field Work Completed: November 14, 2008**  
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## **SECTION I: INTRODUCTION**

### **DIRECTOR'S CASE PRACTICE AUDIT REPORT INTERIOR REGION VERNON FAMILY SERVICES - DED**

#### **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 (September 2007). 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

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

### **3. COMMUNITY OVERVIEW**

**A) Geographics:** Vernon is a city in the south-central region of British Columbia. Three provincial highways can be found in Vernon: Highway 97 which passes through Vernon, Highway 97A which begins in Vernon, and Highway 6 which ends in Vernon. Vernon is served by the Vernon Regional Airport in the Okanagan Landing area. Currently, the airport has no scheduled air service, and is primarily used by civilian aircraft. The greater Vernon area is also served by the Kelowna International Airport located approximately 40 kilometers south on Hwy 97. Greyhound Canada serves Vernon for out-of-town destinations from their downtown bus terminal.

**B) Demographics:** The City of Vernon has an approximate population of 35,944, while its metropolitan region, greater Vernon, has an approximate population of 55,418. With this population, Vernon is the largest city in the North Okanagan Regional District. Vernon is currently served by School District 22 which includes fourteen elementary schools and five high schools. Okanagan College, a multi-campus full degree granting college, offers post-secondary education. There is a full service hospital in Vernon and a twenty bed extended care facility in nearby Armstrong, BC. The area is policed by the RCMP and there are a number of RCMP detachments in the north Okanagan. There is a strong working relationship between the RCMP, medical and hospital staff and the ministry. The north Okanagan's employment base has grown in the manufacturing, retail and service sectors, as well as agri-businesses. Construction, transportation and primary industry have seen marginal decreases. Tourism continues to grow as a major contributor to the economy.

**C) Service Delivery:** The Interior Region covers three large areas of the province: Shuswap/Okanagan, Cariboo/Thompson and the east and west Kootenays. The regional office is located in Kamloops and there are sub regional offices in Kelowna and Nelson. At the time of this audit the Regional Sr. Management Team consists of a Regional Executive Director, a Director of Regional Operations, a Director of Integrated Practice, Director of Corporate Services, and a Director of Operations, Aboriginal Services. Within the Region there are six Community Services Managers and two Aboriginal Services Managers.

**1/Residential Services** – The Vernon district office has one resource team, which also contains guardianship workers. The resource social workers within this team are responsible for recruitment of foster homes and home studies, placement requests, providing support to foster parents and managing issues within the foster home. When a child requires a foster home placement the DED social worker informs the resource social worker who is on duty that day either through a verbal discussion or by sending a referral document. (The referral document outlines the current circumstances and information related to the child's needs and family situation.) Once the resource social

worker finds, what they believe to be the most appropriate match, they inform the DED social worker who then meets with the foster parent and places the child. The resource team also meets every Tuesday to discuss placement issues and requests. DED social workers are asked to attend the Tuesday meetings to be part of the discussion regarding placing of their CIC's.

Over the last year DED and the resource team have developed a liaison function between the two teams in order to facilitate clearer communication and DED's greater involvement in placement options and over all placement issues.

**D) Service Transformation** – In 2003 the development of the Aboriginal team and the amalgamation of the family service teams initiated service transformation. In regards to practice shifts, DED moved to a more collaborative planning approach with the addition of a FGC coordinator. As part of DED's practice shift the team has embraced alternative dispute resolution principles in utilizing FGC, mediation and ICM's To date DED has conducted seventy-six successful FGC's and just over fifty mediations. In addition to a more collaborative approach DED is involving parents, extended family, foster parents, service providers and community supports in more ICM planning meetings.

A Family Development Response implementation was piloted in the spring of 2006. This was a pilot done in collaboration between DED, the intake team and a community partner (North Okanagan Youth and Family Services Society - NOYFSS). The pilot ran for just over six months. It had a number of successes; NOYFSS felt that the FDR team created an especially close partnership between MCFD and NOYFSS. Due to staffing changes the pilot has not continued.

Just recently Vernon is looking to expand the FGC coordinator's role by having youth transition conferences, and conducting case planning conferences (a FGC style family meeting at the intake stage.)

#### 4. STAFFING

##### a) Professional Staff Complement/Staff Turnover:

Position	Length of Time on Team	Education	Length of Time with MCFD	Delegation Level	Status Perm/aux
		BSW / MA		FULL	REG
		BSW / MSW		FULL	REG
		BSW		FULL	REG
		BSW / BA		PARTIAL	REG FLOAT
		BSW		FULL	REG
		BSW		FULL	REG

##### b) Current Workload:

At the beginning of the audit on November 3, 2008 caseload management reports were printed for each of the caseloads. The following is a listing of FS and CS files assigned by caseload.

DED: Five (5) CS files	Sixteen (16) FS files
DED: Six (6) CS files	Twenty-six (26) FS files
DED: Six (6) CS files	Thirteen (13) FS files
DED: Eight (8) CS files	Sixteen (16) FS files
DED: Ten (10) CS files	Nineteen (19) FS files
DED: Eleven (11) CS files	Ten (10) FS files

**5. STAFF TRAINING**

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

**6) SUPERVISION/CONSULTATION:** Prior to, \_\_\_\_\_ the Team Leader position within the DED office was fairly transient having four different Team Leaders over a period of one year. Supervision during this period was believed to be more of an open door policy with little tracking or structured supervision in place given the constant reconstructing within the office and teams. In \_\_\_\_\_ the permanent team leader position was filled. The current Team Leader of the DED team indicated that he meets with each worker on a bi-weekly basis to discuss ongoing practice and

caseload issues. During these meetings the Team Leader prints off the caseload management report and completes a partial to full caseload review with the worker. Discussion is focused on both case practice issues/philosophy and on the children and families the social worker is working with. This supervision is tracked using an excel spreadsheet. The tracking consists of open intakes, the last recording on the file, risk assessments and planning, CPOC's, court dates and support services. In addition to the structured supervision the Team Leader provides an open door policy and will leave contact numbers if he is going to be away from the office.

The Community Service Manager (CSM) is responsible for the supervision of the Team Leader. The DED Team Leader states regular supervision has occurred with the CSM over the past several months. The DED Team Leader has appreciated the openness of the CSM and the availability to meet and discuss staffing issues. The CSM is also available to consult with the Team Leader and social workers on a case by case basis.

## **7) INTAKE AND TRACKING SYSTEMS**

**1. Investigations:** The DED team is responsible for intake and investigation on open family service files assigned to their caseload. The DED team receives calls regarding the families they are working with, assesses these reports, and completes the investigation/assessment and intake. When a call is received to the DED district office the administrative support person screens the call to identify which team the call should be forwarded to.

Each DED worker is assigned a duty day on a rotating schedule in order to receive and respond to the intake calls on all the DED's open caseloads for that day. When a DED worker is on duty they are expected to be in the office or arrange for another worker to cover their shift if they have to leave.

The Team Leader monitors the tracking of intakes and investigations through an intake tracking form. Tracking also occurs by the Team Leader entering each intake onto an excel spreadsheet and is monitored during regular case reviews and through the caseload management reports which the Team Leader prints off weekly. The Team Leader expects each worker to consult at all risk decision points and that each intake is loaded onto the MIS system within twenty-four hours of receiving the call.

**2. Ongoing Family Service and Child Service:** Family and child service files are tracked by the Team Leader during regular scheduled case load reviews and the Team Leader enters each new file transferred in and out of the office on an excel spreadsheet. These files are also tracked through the MIS system with caseload management reports.

There are two main transfer points for family service and child service files. Files are either transferred in to the DED team or out of the DED team's responsibility. File transfer occurs when a family moves communities (either to or from the Vernon area), or when the intake and investigation team has opened a family and/or child service file and it is determined that ongoing family service or guardianship responsibility is required.

There is an office protocol in place for when a file is being transferred to the DED team from the intake and investigation team. This protocol involves an email sent from the intake/investigation team's Team Leader to the DED Team Leader outlining the investigation, the nature of the concerns and the current status of the file (either protection or non-protection or children in care or in a placement with other). The DED Team Leader then decides based on caseload size which DED worker will be assigned the file. Once the file has been assigned the two workers meet to discuss the family, the present issues and tasks to be completed (i.e. court prep, visitation, etc). The intake and investigation social worker then introduces the DED worker to the family and/or child, transfers the file to the DED Team Leader's caseload and then the DED Team Leader transfers the file to the DED worker's case load. This process assists the Team Leader in tracking all file transfers, as he will record the date the file transfer was requested and the date when the file is assigned and transferred into the DED team.

When a continuing custody order is granted for a child service file managed by the DED team, the child service file is transferred to the guardianship team. The protocol for this transfer is similar to the above process and requires a completed CPOC and transfer recording.

**8) SERVICES TO ABORIGINAL CHILDREN AND FAMILIES:** The Vernon MCFD district contains an Aboriginal protective family service team. This team consists of four protection social workers and one Team Leader. The Aboriginal team is responsible for all intake and investigations, protective and supportive family service, guardianship responsibilities and adoption responsibilities for all Aboriginal and Métis families in the Vernon area. (With the exception of families registered to the Spallumcheen Indian Band as this Band has their own bi-law and protective service authority). There are local protocols in place with the Métis community and the Okanagan Indian Band. There is also a draft protocol in progress with the Friendship Centre. The Aboriginal team works closely with the local Bands. The Band social worker or a delegate participates in all intake calls, home visits and ongoing planning with families. If a voluntary family service file is open with this team the service is generally transferred to the band or Friendship Centre. The Aboriginal Team Leader indicates that there are positive working relationships throughout this process and that there is openness in sharing all relevant information.

### **SECTION III: AUDIT RESULTS**

#### **9. AUDIT SAMPLE**

The terms of reference letter, which was distributed prior to the initiation of the Vernon Family Services - DED audit identified an audit sample of approximately 20 – 25% of open family and child service files, and approximately 20 – 25% of closed family service and child service files within the last six months to be audited.

The Caseload Management Reports (CMR) printed from the MCFD computer system prior to the first day of the audit, November 3, 2008, were used to identify files for the audit. On that date there were one hundred and eight open family services files, forty-six open child service files, nineteen closed family service files, and fifteen closed child service files that had been closed in the past six months.

An 18.52% random sample was taken from the one hundred and eight open FS files resulting in twenty files audited. A 26.09% random sample of the forty-six open CS files was taken resulting in twelve files audited. A 21.05 % random sample of closed FS files was taken resulting in four files being audited. A 20.00% random sample was taken from the closed CS files resulting in three files being audited. Combining the sample percentages of 18.52%, 26.09%, 21.05%, and 20.00% provides a mean sample size of **21.42%**.

The FS and CS files were randomly selected from each caseload as follows:

<b>Worker</b>	<b>FS open</b>	<b>FS closed</b>	<b>CS open</b>	<b>CS closed</b>
	3	3	2	1
	2			
	5		1	
	2	2	1	3
	4		2	
			4	
	2		1	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-four (24)** Family Service files were audited using the critical measures audit tool. Overall compliance to the critical measures was **88.9 %**. Information for determining compliance was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

#### 1. 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 twenty-four of the cases that were audited. Twenty-two (91.7%) had documentation that met the criteria for compliance. In these cases sufficient information was gathered to continue with the assessment of the report. Prior contact checks were consistently completed. In the two cases that did not satisfy all of the above criteria for compliance one file had documentation indicating that the family had Aboriginal heritage, however, there was no documentation indicating that this was pursued. The other file had no documentation that a PCC or history review took place.

#### 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 eight files that were audited. All eight (100%) of the applicable files had documentation that reflected that an appropriate response was provided to ensure immediate safety of 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 twenty-three files that were audited. Twenty-two (95.7%) of the files had documentation that met the criteria for compliance to this critical measure. The one file that received non-compliance was changed from an INV to OSP. It was the auditor's opinion that the INV should have been completed.

### **4. Family Development Response**

#### **CRITERIA**

*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 twenty-two files that were audited. Twenty-two (100%) of the files had documentation that met the criteria for compliance to this critical measure.

### **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, has 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:
- (e) 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.
- (f) 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: an unconscious child who requires critical treatment and a parent/guardian is not available or required treatment under public or mental health legislation).

- (g) documentation that the aboriginal community and/or identified delegated agency have been contacted and involved, according to established protocols.
- (h) 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.
- (i) 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.

This critical measure was applicable to twenty-one files that were audited. Twenty-one (100%) of the files had documentation that met the criteria for compliance to this critical measure.

## **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.

This critical measure was applicable to twenty-one files that were audited. Twenty-one (100 %) of the files had documentation that met the criteria for compliance to this critical measure.

## **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.

This critical measure was applicable to twenty files that were audited. Twenty (100%) of the files had documentation that met the criteria for this critical measure.

## **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.

This critical measure was applicable to twenty-one files that were audited. The conclusion of an investigation is determined by the date the Team Leader signs

the investigation report. The auditor tried to determine when the actual work in the investigation was being completed in order to clarify whether investigations were actually taking a long time to complete or if it was a matter of delays in sign-off. Nine (42.9%) of the cases had documentation that the investigations were completed within thirty days. The following is a breakdown in the cases completed over 30 days:

2 were concluded between 31- 45 days

2 were concluded between 46 – 60 days

2 were concluded between 61 – 90 days

6 were concluded over 90 days

\*\* Note: Of the twelve non-compliant cases, seven of these investigations were conducted at DED.

## 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.*

This critical measure was applicable to nineteen of the files that were audited. Fourteen (73.7%) of the cases had documentation that met the above noted criteria for compliance. Five files were given a non-compliance rating as there was no CRA and / or RRSP completed. Both documents are required when a child is found in need of protection to assess risk factors and the planning to reduce / eliminate risk.

## 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 these criteria.**

**2. Criteria (c) is cross-referenced to CFS standard #20 (Ending Child Protection Services to a Child and Family).**

This critical measure was applicable to twelve of the files that were audited. Eight (66.7%) of the cases had documentation that reflected that there had been a review of the planning and the risk assessed. In the four cases that did not meet the above noted criteria for compliance there was no documentation that reflected that there had been a review of the planning and that risk was reassessed.

## **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 effort has 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.

This critical measure was applicable to one case that was audited and there was documentation that reflected compliance to the above noted criteria (100%).

## **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.
- (l) an exception to policy has been considered and approved.

This critical measure was applicable to twenty-four of the cases that were audited. There was documentation on all twenty-four (100%) files that reflected that the Team Leader was consulted at the required times.

### **Additional Comments:**

### **Practice Strengths:**

There were several areas that demonstrated practice strengths as indicated by documentation. Areas that met high compliance included:

- ***CM # 1. Screening and Best Approach to Service Delivery. (97.1%)*** The audit determined that sufficient information was gathered and a PCC was conducted on twenty-two of the files reviewed. Where applicable, the files contained confirmation that the Bands or Métis Association were invited to participate in planning. Where services were offered or provided, they were as least disruptive as possible.
- ***CM #2. When a Child is at Immediate Risk of Harm. (100%)*** In the eight cases that determined there was risk of immediate harm, the files contained an appropriate response to ensure safety.
- ***CM #3. Assessing Child Protection Reports and Determining the most Appropriate Response (97.5%).*** The Section 13 concerns were supported by the information gathered in twenty-two files. The auditor concurred that given the nature of the concerns the investigation was justified. In all twenty-two cases the response time assigned was applicable to the reported concerns.
- ***CM #5. Determining the Time Frame to Begin an Investigation. (100%)*** Of the twenty-two files that this critical measure applied to, all had documentation to show that the investigations were prioritized correctly and started within the timelines.
- ***CM #6. Conducting a Child Protection Investigation. (100%)*** The auditor looked for documentation that all relevant information was reviewed, the living situation was observed, pertinent collaterals were contacted, and the Aboriginal or Métis community was invited to participate. Twenty-one files received compliance for this measure.
- ***CM #7. Seeing and Interviewing the Child and Family. (100%)*** Compliance was given to eleven applicable files. The subject child, siblings, and parent(s)

were seen and interviewed. Based on the documentation the interviews were investigative in nature.

- **CM #8. Concluding a Child Protection Investigation. (100%)** This critical measure looked for file documentation that all necessary steps required to conduct an investigation were considered and the decision as to whether or not the child was in need of protection was consistent with the facts that were gathered. In twenty cases the finding of protection [or not] was consistent with the facts gathered. Steps to address the safety needs were considered and implemented.
- **CM # 13. Supervisory Approval. (100%)** All of the files had documentation that reflected supervisory consultation at critical points. For example, the files contained evidence that the supervisor was involved during the decision to respond, determining whether a need for protection existed, developing and reviewing safety plans, and concluding an investigation.

**Areas for Improved Practice:**

The outcome of the audit identified areas where compliance to the standards requires further strengthening.

- **CM # 9. Concluding a Child Protection Investigation in a Timely Manner (42.9%)** did not receive high compliance. Although the work may have been completed within the 30 day time frame, the conclusion of the investigation is determined by the date the Team Leader signs off the report. The audit determined that nine files were concluded within the 30 day time line; however:

2 were concluded between 31- 45 days

2 were concluded between 46 – 60 days

2 were concluded between 61 – 90 days

6 were concluded over 90 days

Of the files not completed over thirty days, seven were investigations conducted at DED.

- **CM #10. Developing and Implementing a Plan to Keep a Child Safe. (73.7%)** To meet compliance after a protection finding both a Comprehensive Risk Assessment and Risk Reduction Service Plan are required. Of the nineteen cases this measure applied to, two did not have Comprehensive Risk Assessments complete, and all five non-compliant files had no Risk Reduction Service Plans.
- **CM #11. Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response. (66.7%)** Eight files had documentation that reflected

planning had been reassessed. Four files had no documentation that risk was reassessed or information that identified what had changed to have made it safe for the child to leave care.

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

### NARRATIVE SUMMARY

**Fifteen (15)** child service files were audited using the critical measures audit tool. Overall compliance to the critical measures was **80.3%**. Information for determining compliance was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

#### 1. 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)

This critical measure was applicable to fifteen of the cases that were audited. In thirteen (86.7%) cases the families were identified as not having Aboriginal or Métis ancestry. In two cases there was information of Aboriginal heritage that was not pursued.

#### 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.

This critical measure was applicable to fifteen cases audited. Fourteen (93.3%) of the files had documentation that met the criteria for compliance to this critical measure.

#### 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.

This critical measure was applicable to fifteen of the files that were audited. Thirteen (86.7%) of the files had documentation that met the criteria for this critical measure. The legal status of two files was unclear at the time of the audit.

#### **4. Ensuring the Rights of a Child in Care**

##### **CRITERIA**

The Child Service file contains documentation confirming:

- (a) that the child's care conforms to 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.

This critical measure was applicable to fifteen of the files audited. Eight (53.3%) of the cases had documentation to meet the criteria for this critical measure. In seven cases there was no documentation that the Sec. 70 Rights had been reviewed.

#### **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

This critical measure was applicable to all the files that were audited. All fifteen (100%) of the files had documentation that met the criteria for compliance to this critical measure.

#### **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

This critical measure was applicable to fifteen of the cases audited. Nine (60.0%) of the files had documentation that reflected that a social worker had personal contact with the child away from the foster home as required by standards. Six cases had no documentation that indicated that the child was seen in private every ninety days as required.

## 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.

This critical measure was applicable to fifteen of the files that were audited. Fifteen (100%) of the files had documentation that met the criteria for compliance 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.

This critical measure was applicable to fifteen of the cases that were audited. Six (40.0%) of the files had documentation that met the criteria for compliance to this critical measure. The auditor looked specifically for a Comprehensive Plan of Care - CPOC – (assessments and plans of care) or Looking After Children – LAC booklets (assessments and plans of care) completed within the last three years. The auditor also looked for documentation that the **plans of care** had been reviewed on a regular basis (approximately every ninety days). Four (26.7%) of the files had some documentation that reviews had or were taking place, however, the documentation did not conform to the requirements as outlined by the standard; therefore, were non-compliant. Five (33.3%) files were given partial compliance as there may have been a completed CPOC, LAC and other

documents indicating that planning and reviews were taking place; however, not sufficient enough to receive full compliance. Four files received non-compliance as the documentation did not meet the required criteria.

## **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 behavior.
- (e) if the child has been located, that all interested parties have been notified and appropriate action has been taken according to MCFD policy.

This critical measure was not applicable to any of the fifteen cases that were audited.

## **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 effort has 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.

This critical measure was applicable to one case that was audited. This case received non-compliance as a Reportable Circumstance was required.

## **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.

This critical measure was applicable to eleven of the files that were audited. Ten (90.9%) of the cases met the above noted criteria for this critical measure. The auditor was looking for documentation that reflected what was being done to move the children out of foster care. In one of the files there was no reassessment of risk documented that would help identify what changed in the family that made it safe for the child's return.

## 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.

This critical measure was applicable to fifteen of the cases that were audited. Fifteen (100%) of the cases had documentation that met the criteria.

### Additional Comments:

### Practice Strengths:

There were several areas identified in the audit that resulted in full or high compliance to the critical measures. These included:

- **CM # 1: Preserving the Identity of an Aboriginal Child in Care (86.7%).** Thirteen of the files audited identified the child's cultural heritage and the Band or Métis Association was contacted.
- **CM # 2: Assuming Responsibility for a Child in Care. (93.3%)** Fourteen files had a true copy of the child's legal order and other relevant court documents. Family involvement in planning was noted through Family Group Conferences and Voluntary Care Agreements.
- **CM # 3: Ensuring a Child's Safety While in Care. (86.7%)** This critical measure looked for documentation identifying why the home was chosen. Thirteen of the files indicated that the homes provided safety and met the child's needs. Where possible, efforts were made to place sibling groups together in their community.
- **CM # 5: Involving a Child and Considering the Child's View in Case-Planning and Decision Making. (100%)** The fifteen files that this measure applied to contained evidence that the child and others with significant relationships to the child were involved in planning and decision making. This

may have included the foster parent, Band, school, medical and community service providers.

- **CM # 7: Meeting a Child's Need for Stability and Continuity of Lifelong Relationships.** (100%) Full compliance was given to this measure as there was documentation, as noted, that the sibling groups were placed together, and where applicable, contact with parents and extended family was being supported. Family Group Conferences were taking place to explore other placement options. The CIC's were connected to their communities through activities.
- **CM # 11: Planning for a Child Leaving Care.** (90.9%) Ten of the files identified that preparation for moving out of care was taking place.
- **CM # 12: Supervisory Approval.** (100%) All of the files contained documentation that the supervisor was involved in planning and decision making. For example, this was evident through supervisory sign-off on recordings and co-correspondence, CPOC's, CRA's, VCA's, and case notes.

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

The audit identified many critical measures that received a high compliance rating; however, the auditor recognized common areas for improved practice.

- **CM # 4: Ensuring the Rights of a Child in Care.** (53.3%) A child / youth is to be informed of their Sec 70 rights when initially brought into care and these rights are to be reviewed and documented on an annual basis. As well, the file should contain a report if the child's rights have been violated and what measures taken to address them.
- **CM # 6: CIC Maintaining Personal Contact with the Child in Care.** (60%) Standards indicate that the social worker is to have private in-person contact with the child at least every ninety days and in certain circumstances. This may be occurring although the worker may not be recording the contact. Six files received a non-compliant rating.
- **CM # 8: Assessments and Planning for a Child in Care.** (40.0%) Many of the files lacked specific documentation that was required for this critical measure. When assessing and planning for children in care the documents that the auditor looked for were LAC's, CPOC's, assessments and review recordings. Five (33.3%) cases were given a partial compliance rating as the files contained some of the required documentation of assessments and / or planning although not sufficient enough to meet the full criteria for *CIC Service Standard # 11*.

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**Cynthia Walker**  
**Auditor**  
**Interior Region**

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**Date**

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**Elizabeth Bent**  
**Auditor**  
**Interior Region**

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**Date**

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**Brendan Flynn**  
**Deputy Director**  
**Interior Region**

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**Date**

## **11. AUDIT RECOMMENDATIONS**

On January 20, 2009 members of the regional senior management team, the Team Leader at DED – Vernon Family Services, and the auditors convened in a teleconference during which practice issues identified by the audit were discussed and recommendations for addressing the issues were proposed.

1. At the time of the audit the auditor was advised by the Team Leader that a plan was in place which identified all files with investigations open beyond thirty days. The Team Leader will assess the individual circumstances of the files that are currently open beyond the thirty days and a request will be submitted to the delegated Community Services Manager for case-by-case approval for an exemption to *Service Standard # 16* – as per the Exceptions to Policy document which has been signed off by the regional Director. Within 30 days of receiving an electronic copy of this report the Community Services Manager will advise the Director of Integrated Practice that this task has been completed.
2. The Team Leader and Community Services Manager advised the Director of Integrated Practice that they have reviewed the files which received non-compliance for completion of Comprehensive Risk Assessments, Risk Reduction Service Plans, and re-assessing risk when ending a family service response. It was determined that the relevant files were on one caseload. A plan is in place to address the criteria for *Service Standard # 17* through performance management. By March 1, 2009 the Community Services Manager will advise the Director of Integrated Practice that this plan is still in effect.



**SECTION IV: APPENDICES - AUDIT DATA SUMMARIES**

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

**DATA SUMMARY**

Office Code: DED

Total # of cases audited: 24

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery <b>CFS Standard #1</b>	22	91.7			2	8.3	0
2	When a Child is at Immediate Risk of Harm <b>CFS Standard #11</b>	8	100			0	0.0	16
3	Assessing a Child Protection Report and Determining the Most Appropriate Response <b>CFS Standard #12</b>	22	95.7			1	4.3	1
4	Family Development Response <b>CFS Standard #14</b>	0	0.0			0	0.0	24
5	Determining a Time Frame to Begin an Investigation <b>CFS Standard #15</b>	22	100			0	0.0	2
6	Conducting a Child Protection Investigation <b>CFS Standard #15</b>	21	100			0	0.0	3
7	Seeing and Interviewing the Child and Family <b>CFS Standard #15</b>	21	100			0	0.0	3
8	Concluding a Child Protection Investigation <b>CFS Standard #16</b>	20	100			0	0.0	4
9	Concluding Investigation in a Timely Manner <b>CFS Standard #16</b>	9	42.9			12	57.1	3
10	Developing and Implementing a Plan to Keep a Child Safe <b>CFS Standard #17</b>	14	73.7			5	26.3	5
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response <b>CFS Standard #17</b>	8	66.7	0	0.0	4	33.3	12
12	Notification of Fatalities, Critical Injuries and Serious Incidents <b>CFS Standard #24</b>	1	100	0	0.0	0	0.0	23
13	Supervisory Approval <b>C&amp;FD Standard on Supervisory Approval</b>	24	100			0	0.0	0
<b>Total Applicable Indicators: 216</b>		192	88.9%	0	0.0%	24	11.1%	96

# = 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: DE D

Total # of cases audited: 15

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
<b>1</b>	Preserving the Identity of an Aboriginal Child in Care <b>CIC Service Standards #1 and #19</b>	13	86.7	0	0.0	2	13.3	
<b>2</b>	Assuming Responsibility for a Child in Care <b>CIC Service Standard #4</b>	14	93.3			1	6.7	
<b>3</b>	Ensuring a Child's Safety While in Care <b>CIC Service Standard #5</b>	13	86.7			2	13.3	
<b>4</b>	Ensuring the Rights of a Child in Care <b>CIC Service Standard #6</b>	8	53.3			7	46.7	0
<b>5</b>	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <b>CIC Service Standard #8</b>	15	100	0	0.0	0	0.0	
<b>6</b>	Maintaining Personal Contact with a Child in Care <b>CIC Service Standard #9</b>	9	60.0			6	40.0	
<b>7</b>	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <b>CIC Service Standard #10</b>	15	100	0	0.0	0	0.0	
<b>8</b>	Assessments and Planning for a Child in Care <b>CIC Service Standard #11</b>	6	40.0	5	33.3	4	26.7	
<b>9</b>	When a Child is Missing or Has Run Away <b>CIC Service Standard #14</b>	0	0.0			0	0.0	15
<b>10</b>	Notification of Fatalities, Critical Injuries and Serious Incidents <b>C&amp;FS Standard #24</b>	0	0.0	0	0.0	1	100	14
<b>11</b>	Planning for a Child Leaving Care <b>CIC Service Standards #15 and #16</b>	10	90.9			1	9.1	4
<b>12</b>	Supervisory Approval <b>C&amp;FD Standard on Supervisory Approval</b>	15	100			0	0.0	0
<b>Total Applicable Indicators: 147</b>		118	80.3	5	3.4 %	24	16.3	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.