

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INTERIOR REGION
REVELSTOKE INTEGRATED SERVICES - DEF

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SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT INTERIOR REGION REVELSTOKE INTEGRATED SERVICES - DEF

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 (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

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

3. COMMUNITY OVERVIEW

a) Geographic's: The majority of DEF's work is geographically limited to the Revelstoke town site. The Revelstoke area extends west about 40km to Sky Line truck stop, south to the Shelter Bay Ferry, 135km north to Mica Dam and east to the Rogers Pass. At present the Team Leader has a youth in Armstrong and one client in Sicamous. Certain specialized resources, such as Mara House in Vernon, may require staff to travel out of town. One client is currently at Maples in Burnaby. Considerable time is spent traveling for training and meetings and may include driving 2.5 hours west to Kelowna. Revelstoke is isolated in the winter due to driving conditions. There are many occasions when the roads are closed both east and west during the winter.

b) Demographics: Revelstoke is a small remote community of 8,000 people (2001 census) located within the Columbia Mountains in the interior of British Columbia. The primary industries which sustain the community economically are forestry, the Canadian Pacific Railway, government services and a burgeoning tourism industry which includes heli-skiing and most recently the development of a major alpine resort.

There are concerns in regard to job stability in the community. The mill is in jeopardy of shutting down and there is a possibility of the local ski hill reducing their number of employees. Many others are fearful of losing their jobs. School enrolment has been on a steady decline for the past few years.

Ethnic characteristics include a strong Italian population. There are few intakes from these families as there seems to be a code of "silence". There are few visible First Nations families in Revelstoke yet the school board has identified 105 children who have self identified as having some Aboriginal background.

c) Service Delivery: The Interior Region covers three large areas of the Province of BC: 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.

The Revelstoke district office is part of the North Okanagan Network. The Team Leader for Revelstoke has tried to form close ties to the Golden office, covering each other off for team days and Team Leader vacations. The Team Leader also uses Team Leaders from Salmon Arm for such activities.

1. Residential Services: Foster homes are supported through a half time resource social worker. The current resource worker is on leave. This position is being filled by an auxiliary back fill.

All requests for specialized resources such as group homes are completed by a referral to the Resource Supervisor and/or directly to the resource worker for a referral to Mara House. The resource position was a .75 (FTE) as .25 of the .75 (FTE) was for adoptions. This .25 (FTE) was recently transferred to Salmon Arm. Resource position is now .5 (FTE).

2. Service Transformation: The Team Leader is a member of the Social Development Committee which is run by the City of Revelstoke and comprised of twelve members of various social sectors. The goal is to better coordinate services for citizens and to be proactive in addressing community needs.

The DEF office is currently developing a pilot project with Community Connections on design and implementation of a Service Delivery Model – *Adoption of a Collaborative Approach to Working with Families and Community 2008-2009*. The beginning steps for this occurred in September 2008 when Community Connections and the Revelstoke district office sponsored a two day work shop with Bill Madsen from Boston on Collaboration. A private third day was contracted with Community Connections staff and the DEF office whereby a common framework and philosophical principles to work from was developed. Many of the principles are based in narrative work and Andrew Turnell's "Signs of Safety".

Other activities include:

One worker works closely with the Community Connections counselor who one day a week is stationed in the high school. The worker will often accompany the counselor at the high school to share services. The primary goal is to establish improved working relationships with the high school staff and students.

One DEF worker and Community Connections will be jointly facilitating a girls group in the spring 2009. This group will be ten to twelve sessions working through issues of self esteem, safety, etc.

The Team Leader is on the Community Links Committee with the School Board as well as part of a local ECD committee.

One of the office goals set is for DEF to be accomplished is a place where families can come for help. There is a historical negative perception of the Ministry. Every

interaction DEF engages in needs to be intentional and moving toward a new vision. One of DEF's main roles is to journey along side families to support them in reaching their goals - healthy relationships and children. There will always be a need for protection investigations but even this need requires application of the principles of collaboration and respect.

3. Service Issues: The Team Leader noted that recruitment has been an issue. A current vacancy has not been filled since the Team Leader moved from a front line position. This has meant that the Team Leader is carrying a large case load in addition to the Team Leader duties. The Team Leader was also undertaking the resource worker responsibilities until the auxiliary came in.

4. STAFFING

a) Professional Staff Complement/Staff Turnover: There currently is a vacant social worker position and the resource worker is on leave. There is a worker back-filling for the resource position as a .5 (FTE) auxiliary.

The Team Leader assumed this position but is still caring cases due to the new social worker not fully delegated as well as the social worker vacancy

The Office Manager is off on Long Term Disability since 2006. The acting Office Manager was on maternity leave from December 2007 and just returned December 1, 2008.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
		Diploma			FT
		Diploma			FT
		BSW		Full	FT
		BSW		Full	FT
		BSW		Partial	FT
		BSW		Level 4	.5

b) Current Workload: The number of protection files seems to have decreased slightly over the past year. Many intakes coming in are being coded as Request for Support Services or not meeting the requirements for Investigation or FDR. DEF workers also have to complete fewer intakes on families that would have simply been "referral to agency". A partial explanation could be that the work DEF has been doing with the school around using Community Connections as an extension of their school counselors - for issues that are not seen as abuse or neglect. The school will always call MCFD if in doubt and have proven such through recent calls.

Work Load:

DEF 6 CS files 18 FS files

DEF 4 CS files 11 FS files

DEF 16 CS files 7 FS files.

5. STAFF TRAINING

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

6. SUPERVISION/CONSULTATION: Formal supervision occurs every two weeks. The Team Leader will go through all the cases, talk about goals, plans, when CPOC's are due, etc. Supervision includes using a CPOC tracking sheet. The Team Leader is in the process of choosing a CRA tracking sheet from a variety of tracking sheets provided to him by the Community Services Manager.

When intakes are received the Team Leader and worker consult and document information on a form titled "Case Consultation". These sheets are then used anytime the Team Leader and worker discuss a case. The process includes documenting the agreed upon tasks and then follow up occurs during the next supervision meeting. These consultation sheets are kept on file.

Informal consultation occurs daily and the Team Leader has an open door policy to talk any time or call if out of town. The Team Leader is co-sharing some of the cases that are on caseload due to her being a new worker and not fully delegated. The Team Leader has completed many of the court forms, etc., as well as ICM's and other meetings

7. INTAKE AND TRACKING SYSTEMS:

a) Investigations: There is a binder that all intakes are recorded in and the date when signed off and coding. As per above, the Team Leader writes out consultations on a sheet which are then added to the general correspondence on the file. This allows the Team Leader and worker to track progress and ensure that the intake is progressing within timelines.

When an intake comes in for sign-off the workers must attach a form called "Checklist for Audit Compliance (Intakes)". This is used for investigations. This was developed as a result of the last audit and will continue to be used at DEF.

b) Family Development Response: The Team Leader has used a FDR approach for many cases. Both workers have expressed interest in wanting more training in this area. The DEF team is in the process of working closely with Community Connections so workers can better utilize this response. In the past there has not been the trust required to go out on FDR intakes with the exception of when the Team Leader was a social worker. The Team Leader and the Community Connections counsellor developed a good working rapport with FDR and went on training together; however, the counsellor has since taken a different role at Community Connections.

The Team Leader is very excited about the future of FDR in Revelstoke and DEF has begun to do some innovative work with community partners, particularly the clinical supervisor and his clinical team at Community Connections. There is a good working relationship with A+D, school, local doctors and Public Health. The philosophical framework behind FDR appears to fit well with the team here and anticipate its greater use in the days to come.

CYMH is co-located in DEF and workers are able to consult on cases. This resource is under utilized in the community. There is some resistance by doctors and schools to refer to CYMH in Revelstoke.

c) Ongoing Family Service and Child Service: Revelstoke Integrated Services utilizes the generalist model. When a call comes in, that worker will typically take the file from intake to closure even if it proceeds all the way to obtaining a Continuing Custody Order. As previously noted, all files are discussed formally every two weeks during supervision and then informally as workers feel the need to talk. The Team Leader

documents on a “Case Consultation” sheet what was discussed and this is reviewed during the next supervision.

CPOC’s are utilized to document when children are seen and to track planning. The administrative support staff transfer information from case notes to CPOC’s as to when children were seen and the Rights of Care were reviewed with them.

Every Thursday the team meets with the clinical team at Community Connections to consult on cases that are jointly being worked on. These meetings provide information sharing resulting in more meaningful outcomes for the clients. The team has taken the position that MCFD needs to slow the process down to better allow clients to dictate goals and work on the issues they see as important.

d) Breakdown of Social Supports: Social support is provided in the community through a complex network involving four provincial government agencies, six non-profit organizations and numerous volunteer groups, including the churches and service clubs. Revelstoke is assigned to different regions of government agencies. The primary provincial agency is the Ministry of Children and Family Development. The Ministry of Housing and Social Development (formerly MEIA) office closed in 2001 and has greatly impacted income assistance access and support. The key community-based organizations are:

- *Community Connections* – The largest community organization, operating as a non-profit society, offering services for adults (including residential group homes) and children with lifelong disabilities; counselling services; family support programs and Jumping Jacks preschool; women’s programs; outreach programs for individuals and families that live in poverty; and a youth program.
- *Interior Health* – Provides pre- and post-natal and parenting services, supports for raising healthy families, communicable disease avoidance and vaccination services, child and youth mental health services, and speech and language services.
- *Revelstoke Community Childcare Society* – Operates Stepping Stones, the only licensed group child care centre (to be expanded by 20 spaces), provides referrals to child care providers, facilitates a toy lending depot, and includes Child Care Resource and Referral (CCRR).
- *Women’s Shelter Society* – Operates Forsythe House Women’s Shelter providing emergency shelter and ongoing support for women and children who are victims of violence in the home and hosts the Community Response Network which responds to issues of elder abuse, neglect and self-neglect.
- *Victims Assistance Program* – Offers support, information and assistance to persons affected by crime or traumatic events through a city funded coordinator and volunteers.
- *Revelstoke Early Childhood Development Committee* – Cross-sectoral volunteer committee acknowledges, values and supports the shared responsibility of investing in young children (0-6 years) so that they may live, learn, play and dream in safe and healthy surroundings. It facilitates community-wide early learning and care, supports

parents and providers through information and resources, and encourages family-friendly initiatives.

- *School District #19* – In addition to responsibility for the child and youth education system in the community, the school district participates actively in community committees related to child and youth development and learning. Early learning initiatives include the Strong Start Centre, a free parent and child drop-in program for children 5 years and under and Baby Steps, a free drop-in program for first time parents and babies to 12 months, which the District offers in collaboration with Community Connections. As well, the district is opening a licensed pre-school.

8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES: There are no bands attached to the Revelstoke area. DEF works with the two school Aboriginal counsellors. The elementary counselor is one of Revelstoke’s foster parents and the team has a good working relationship with her.

SECTION III: AUDIT RESULTS

9. AUDIT SAMPLE

The terms of reference letter, which was distributed prior to the initiation of the Revelstoke Integrated Services audit, identified an audit sample of approximately 20 – 25% of open family and child service files, and approximately 20 – 25% of closed family 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 (December 1, 2008) were used to identify files for the audit. On that date there were thirty-five (35) open family services files, twenty-six (26) open child service files, forty-eight (48) closed family service files, and fourteen (14) closed child service files that had been closed in the past six months.

A 31.43% random sample was taken from the 35 open FS files resulting in eleven (11) files audited. A 30.77% random sample of the 26 open CS files was taken resulting in eight (8) files audited. A 16.67% random sample of closed FS files was taken resulting in eight (8) files being audited. A 21.43% random sample of the 14 closed CS files was taken resulting in three (3) files audited. Combining the sample percentages of 31.43%, 30.77%, 16.67% and 21.43% provides a mean sample size of **25.08%**.

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

Worker	FS open	FS closed	CS open	CS closed
DEF	1	0	0	0
DEF	3	6	1	0
DEF	2	0	5	0
DEF	1	1	0	0

DEF	4	1	2	3
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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

Nineteen (19) family service files were audited using the critical measures audit tool. Overall compliance to the critical measures was **83.0%**. 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 nineteen of the cases that were audited. Nineteen (100%) had documentation that met the criteria for compliance. In all cases sufficient information was gathered to continue with the assessment of the report. Prior contact checks were consistently completed.

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 that were audited. Three (100%) of the files had documentation that reflected that an immediate response was provided to ensure safety.

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 nineteen files that were audited. Nineteen (100%) files were compliant to this critical measure.

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 seventeen files that were audited. Sixteen (94.1%) of the files had documentation that met the criteria for compliance to this critical measure. One file did not receive compliance as there was documentation indicating that the response time was greater than five days.

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 seventeen files that were audited. Fourteen (82.4%) of the files had documentation that met the criteria for compliance to this critical measure. In the three (17.6%) cases that did not satisfy all of the above criteria three cases had no indication that a home visit occurred.

In one of these three files it was the auditor's opinion that key collaterals to the investigation were not 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.

This critical measure was applicable to the seventeen files that were audited. Sixteen (94.1%) of the files had documentation that met the criteria for compliance to this critical measure. In the one (5.9%) case that did not satisfy all of the above criteria, the file had no file documentation that the and were seen and / or 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.

This critical measure was applicable to seventeen files that were audited. Fourteen (82.4%) of the files had documentation that met the criteria for this critical measure. In the three (17.6%) files that that did not satisfy all of the above criteria for compliance three cases were given non-compliance as the investigations were considered incomplete. As noted, of the incomplete investigations one case the were was not interviewed; in all three cases there was no documentation that a home visit took place.

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 the seventeen files that were audited. Six (35.3%) files met the criteria for this critical measure. The conclusion of an investigation is determined by the date the Team Leader signs the investigation report. Eleven files did not have completed investigations within thirty days. 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. Five of the non-compliant cases had documentation that the investigations were completed within thirty days; however with sign-off delays. Of the eleven non-compliant files, ten were investigations conducted at DEF.

One case was concluded between 31-45 days

One case was concluded between 46-90 days

Five cases were concluded between 61-90 days

Four cases were concluded over 90 days

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 twelve of the files that were audited. Seven (58.3%) of the cases had documentation that met the above noted criteria for compliance. Five (41.7%) 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 eight of the files that were audited. Five (62.5 %) of the cases had documentation that reflected that there had been a review of the planning and the risk assessed. In the three (37.5%) 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 none of the cases that were audited.

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 all nineteen of the cases that were audited. There was documentation on eighteen (94.7%) files that reflected that the Team Leader was consulted at the required times. One file received non-compliance for this critical measure.

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 (100%).** The audit determined that sufficient information was gathered and a PCC was conducted on all nineteen of the files reviewed. 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 three 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 (100%).** The Section 13 concerns were supported by the information gathered in the applicable files. The auditor concurred that given the nature of the concerns the investigations were justified.
- **CM #5. Determining the Time Frame to Begin an Investigation (94.1%).** Of the seventeen files that this critical measure applied to, sixteen had documentation to show that the investigations were prioritized correctly and started within the timelines.
- **CM #6. Conducting a Child Protection Investigation (82.4%).** 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. Fourteen files received compliance for this measure.
- **CM #7. Seeing and Interviewing the Child and Family (94.1%).** Compliance was given to sixteen 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 (82.4%).** 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 fourteen 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 (94.7%).** Eighteen 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 (35.3%)** 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 of the seventeen investigations five were completed and signed off within the thirty day time frame. Of the eleven files that received non-compliance, five files had documentation that the investigations were completed within the thirty days but that there was a delay in signed off. The non-compliant files are broken down as follows:

One case was concluded between 31-45 days

One case was concluded between 46-90 days

Five cases were concluded between 61-90 days

Four cases were concluded over 90 days

- **CM #10. Developing and Implementing a Plan to Keep a Child Safe (58.3%).** To meet compliance after a protection finding both a Comprehensive Risk Assessment and Risk Reduction Service Plan are required. Of the twelve cases this measure applied to, five files had no Risk Reduction Service Plans and one of these files had no Comprehensive Risk Assessment completed.
- **CM # 11. Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response (62.5%).** Five files met compliance; however, three files had no documentation that risk was reassessed prior to returning the child home.

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

NARRATIVE SUMMARY

Eleven (11) child 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. 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, and 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 eleven of the cases that were audited. Ten (90.9%) cases met compliance for this critical measure. One child was believed to have aboriginal ancestry which should have been 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 eleven cases audited. Eleven (100%) 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 eleven of the files that were audited. All eleven (100%) of the files had documentation that met the criteria for this critical measure.

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 eleven of the files audited. Eight (72.7%) of the cases had documentation to meet the criteria for this critical measure. In three (27.3%) cases there was no documentation that the child in care had the rights review on an annual basis.

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 eleven the files that were audited. Ten (90.9 %) of the files had documentation that met the criteria for compliance to this critical measure. One (9.1%) file had partial compliance because the in care was traveling for extended periods of time and was not available to sign plans of care or meet with the social worker and participate in case planning.

5. 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 eleven of the cases audited. Nine (81.8%) 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. Two (18.2%) cases had no documentation that indicated that the child was seen alone and in private every ninety days. All eleven files had documentation that the foster parent was seen frequently, however, the reference to seeing the child separate and alone did not meet the criteria for two files.

6. 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 eleven of the files that were audited. All eleven (100%) of the files had documentation that met the criteria for compliance.

7. 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 behavioral 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 eleven of the cases that were audited. Six (54.5%) 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). One (9.1%) 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. Four files (36.4%) were given partial compliance as there was a completed CPOC and LAC; however, there was no

documentation that there was a thorough review assessment (as required every six months) or review of the plan of care (as required every three months).

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 applicable to two of the cases that were audited. Both files (100%) had documentation that met the criteria for 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 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 not applicable to any of the cases that were audited.

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 seven of the files that were audited. All seven (100%) of the cases met the above noted criteria for this critical measure. The auditors were looking for documentation that reflected what was being done to move the child[ren] out of foster care.

12. Supervisory Approval

CRITERIA

The Child Service file contains documentation of supervisory approval:

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

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

Additional Comments:

Practice Strengths:

There were several areas that resulted in high compliance to the critical measures.

- **CM # 1: Preserving the Identity of an Aboriginal Child in Care (90.9%).** Ten files audited identified whether or not the child had cultural heritage and that the Band was involved. One file noted a referral to ROOTS.
- **CM # 2: Assuming Responsibility for a Child in Care (100%).** All eleven files had a true copy of the child's legal order and other relevant court documents. Family involvement in planning was noted through mediation, Family Group Conferences and Voluntary Care Agreements.
- **CM # 3: Ensuring a Child's Safety While in Care (100%).** This critical measure looked for documentation identifying why the home was chosen. All eleven of the files indicated that the homes provided safety and met the child's needs as well as cultural requirements. 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 (90.9%).** The ten 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.
- **CM # 9: Reportable Circumstances (100%).** The two files had confirmation that the appropriate individuals were notified and a plan for safety was developed and implemented.
- **CM # 11: Planning for a Child Leaving Care (100%).** Seven of the files identified that preparation for moving out of care was taking place. Family Group Conferences and planning meetings indicated that preparations were taking place prior to moving the child out of care.
- **CM # 12: Supervisory Approval (100%).** 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 improvements to practice.

- **CM # 4 Ensuring the Rights of a Child in Care (72.7%).** A child / youth is to be informed of their Section 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. Three files did not have documentation that the Section 70 Rights were reviewed as required.
- **CM # 8 Assessments and Planning for a Child in Care (54.5%).** 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. Four **(36.4%)** 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*.

Brendan Flynn
Deputy Director
Interior Region

Date

Cynthia Walker
Auditor
Interior Region

Date

Elizabeth Bent
Auditor
Interior Region

Date

11. AUDIT RECOMMENDATIONS

On January 20, 2009 members of the regional senior management team, the Team Leader at the Revelstoke Integrated Services office (DEF), and the auditors convened at a teleconference during which practice issues identified by the audit were discussed and recommendations for addressing the issues were proposed.

1. Effective immediately the Team Leader will introduce an enhanced tracking system that will document weekly reviews of open intakes with the aim to increase compliance in completing investigations within thirty days. For investigations not concluded within thirty days a request will be submitted to the 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 thirty days of receiving an electronic copy of this report the Community Services Manager will advise the Director of Integrated Practice that this process has been implemented.

2. The Team Leader will implement a Comprehensive Risk Assessment and Risk Reduction Service Plan tracking sheet to be reviewed with the workers during their bi-monthly supervision meetings. By March 1, 2009 the Community Services Manager will advise the Director of Integrated Practice that this tracking system is in place and will enhance future compliance in meeting the criteria for *Service Standards # 17 and # 20*.

3. The Team Leader will develop a tracking sheet to review and document the completion of Comprehensive Plans of Care (CPOC) and reviews of planning at each supervision meeting. The Team Leader will ensure that the Section 70 Rights of

children in care have been reviewed and documented on the signed-off CPOC. By March 1, 2009 the Community Services Manager will advise the Director of Integrated Practice that this tracking system is in effect and will assist in increasing compliance to *Service Standard # 6*.

Recommendations developed by:

Barry Fulton, Director of Integrated Practice
Nancy McComb, Director of Operations
Brendan Flynn, Deputy Director
Kemp Redl, Community Services Manager
John Yakielashek, Team Leader, Revelstoke Integrated Services
Elizabeth Bent, Auditor
Cynthia Walker, Auditor

AUDIT SIGN OFF:

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: DEF

Total # of cases audited: 19

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery CFS Standard #1	19	100			0	0.0	0
2	When a Child is at Immediate Risk of Harm CFS Standard #11	3	100			0	0.0	0
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	19	100			0	0.0	0
4	Family Development Response CFS Standard #14	0	0.0			0	0.0	19
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	16	94.1			1	5.9	2
6	Conducting a Child Protection Investigation CFS Standard #15	14	82.4			3	17.6	2
7	Seeing and Interviewing the Child and Family CFS Standard #15	16	94.1			1	5.9	2
8	Concluding a Child Protection Investigation CFS Standard #16	14	82.4			3	17.6	2
9	Concluding Investigation in a Timely Manner CFS Standard #16	6	35.3			11	64.7	2
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	7	58.3			5	41.7	7
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	5	62.5	0	0.0	3	37.5	11
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24	0	0.0	0	0.0	0	0.0	19
13	Supervisory Approval C&FD Standard on Supervisory Approval	18	94.7			1	5.3	0
Total Applicable Indicators: 165		137	83.0%	0	0.0	28	17.0	82

= 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: DEF

Total # of cases audited: 11

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	10	90.9	0	0.0	1	9.1	
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	11	100			0	0.0	
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	11	100			0	0.0	
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	8	72.7			3	27.3	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	10	90.9	1	9.1	0	0.0	
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	9	81.8			2	18.2	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	11	100	0	0.0	0	0.0	
8	Assessments and Planning for a Child in Care CIC Service Standard #11	6	54.5	4	36.4	1	9.1	
9	When a Child is Missing or Has Run Away CIC Service Standard #14	2	100			0	0.0	9
10	Notification of Fatalities, Critical Injuries and Serious Incidents C&FS Standard #24	0	0.0	0	0.0	0	0.0	11
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16	7	100			0	0.0	4
12	Supervisory Approval C&FD Standard on Supervisory Approval	11	100			0	0.0	0
Total Applicable Indicators: 108		96	88.9%	5	4.6	7	6.5	24

= 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.