

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

Field Work Completed: October 22, 2007
Report Completed: November 4, 2008

**DIRECTOR’S CASE PRACTICE AUDIT REPORT
INTERIOR REGION
GOLDEN COMMUNITY SERVICES (DEQ)**

TABLE OF CONTENTS

SECTION I: INTRODUCTION

1. PURPOSE -----pg.3
2. METHODOLOGY-----pg.3

SECTION II: SERVICE DELIVERY -----pg.4

3. COMMUNITY OVERVIEW-----pg.4
4. STAFFING-----pg.5
5. STAFF TRAINING-----pg.6
6. SUPERVISION/CONSULTATION-----pg.7
7. INTAKE AND TRACKING SYSTEMS-----pg.7
8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES-----pg.8

SECTION III: CASE AUDITS

5. AUDIT SAMPLE -----pg.9
6. AUDIT RESULTS-----pg.9
 A. CMAT CFS Narrative Summary-----pg.10
 B. CMAT CIC Narrative Summary-----pg.14
11. AUDIT RECOMMENDATIONS -----pg.20

SECTION IV: APPENDICES

APPENDIX 1: DATA SUMMARY – CMAT CFS
APPENDIX 2: DATA SUMMARY – CMAT CIC

SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT INTERIOR REGION Golden Community Services (DEQ)

1. PURPOSE

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

The specific purposes of case practice audits are:

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

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

2. METHODOLOGY

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

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

SECTION II: SERVICE DELIVERY

3. COMMUNITY OVERVIEW

Golden is a small city with a base population of about 4,000 people. Many of these people and the numerous visitors that come to Golden are here for an exquisite wilderness experience. Golden is located at the convergence of the Columbia and Kicking Horse Rivers and is surrounded by spectacular mountains. The Visitor's Choice magazine describes Golden as the perfect location for an extreme outdoor adventure. It goes on to state that in the late 1880's the Canadian Pacific Railway pushed tourism to the area and Golden soon became the centre of the climbing world. Guiding developed and is reported to still be an important profession in Golden.

Golden is building on the thrust of eco-tourism and the area offers excellent outdoor activities both summer and winter. The development of the Kicking Horse Mountain Resort has brought a big increase of tourism dollars to the community. A visit to the site shows that there is a development of very, by the look, expensive housing. When talking to the local's one is told that much of the money comes from residents of Alberta and the United States who come to area for the excellent skiing, hiking, and climbing.

Golden Community Services (DEQ) covers the area from Glacier National Park to the west, the Alberta border to the east and Brisco to the south. The community is predominately Caucasian but does have a small Indo-Canadian population. The visible minority population is 2.3 percent compared to the BC average of 21.6 percent. The number of children in care per thousand in the Columbia Shuswap was, as of December 2006, 11.7 per thousand, just above the BC average of 10.1 per thousand. There are very few Aboriginal families that live in the Golden area and the local MCFD office has no Aboriginal bands in their service area. The team leader described the area as a "young community" with much of the population being about thirty years of age.

He added that Golden along with Revelstoke appears to be going through a "boom time". He said that there is a severe shortage of affordable housing available both to buy or rent. This has a direct impact on many families in Golden.

c) Service Delivery:

The Interior region covers three large areas of the province: Cariboo/Thompson, the East and West Kootenays and the Shuswap/Okanagan. The regional office is located in Kamloops with sub-regional offices in Nelson and Kelowna. At the time of this audit the senior regional management team consisted of a Regional Executive Director, a Director of Regional Operations, a Director of Corporate Services, a Director of Integrated Practice, and a Director of Aboriginal Services. Within the region there are six Community Services Managers and two Aboriginal Services Managers. The CSM for the North Okanagan is responsible for services provided by the MCFD staff in Golden, Vernon, Revelstoke and Salmon Arm.

There was four professional staff on the DEQ team; a team leader and three full time social workers. One of the social workers had a split caseload doing fifty percent child protection/family service and fifty percent resources. This was a recent re-alignment of work as in the past resources were being done as an “add on” to an already busy caseload. The two other social workers have agreed to take on additional child protection and family service cases which would then free up the third social worker designated time for resources. The re-assignment of work was in a trial period and would be reviewed in February of 2008. The social workers’ duties were intake, assessment, guardianship, youth services, family services and resources. The two social workers that do full time child protection/family service each do two days of intake a week with the social worker who also does resources doing one day of intake a week. The reports that are taken on an intake/duty day are for the most part kept by that day’s duty social worker. Administrative support for the office is provided by an office manager and a .5 administrative support person.

1/ Residential Services: The Golden office is responsible for residential services.

One of the social workers had the resources caseload as fifty percent of her workload. In this position she supports foster parents, recruits and completes home study’s and other duties as required of the position. It is her responsibility to know the availability of beds in the area and assist social workers to find the placement that best meets the needs of the child. She also must keep and make available a list of emergency placements that can be contacted during after hours. DEQ like many areas in the province is currently in need of additional foster homes.

2/ Service Transformation –

At the time of the audit the team leader had been in his position for . He was getting to know the community partners and the Golden area. In early 2008 the team leader was planning along with his team and in discussion with their community partners a discussion on what projects might fit the needs of the community.

4. STAFFING

- a) **Professional Staff Complement/Staff Turnover:** There had been significant staff turnover during 2007. Two social workers had left the team. Through the staff changes in the office the supervisor’s position became available. At the time of the audit the current team leader had been in that position for . One of the social workers had recently taken responsibility for the resource services in the office as fifty percent of her caseload. This meant that the remaining two social workers would be responsible for additional family and child services files. The team’s plan was to review the re-alignment of work in February 2008. At the time of the audit there was a team leader, three social workers, one office manager and a half time administrative staff working at DEQ.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
		BSW		full	P/FT
		BSW		full	P/FT
		BSW		full	P/FT
		MSW		Full	PFT

b) Current Workload

SW -----CS---7----FS---16

SW -----CS---9----FS---8

SW -----CS---13---FS---21

5. STAFF TRAINING

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

District Supervisor module 1				
District Supervisor mod. 2				
Leading the Way	X			

6. SUPERVISION/CONSULTATION

Supervision and consultation between the team leader and the social workers occurs monthly for a full caseload review. The team leader prints out the caseloads, meets with the social workers for case discussion, and documents the decisions for completing the work. The team leader sends an e-mail to the social worker on the decisions that have been made and a list of work to be completed. Intake reports are printed out monthly by the team leader and reminders are given to the social worker for the cases that are close to the thirty day completion limit. Social workers consult daily for intakes and will consult immediately if the report appears to need an immediate response.

7. INTAKE AND TRACKING SYSTEMS

a) Investigations: Intake duty is shared between the three social workers and backup to the duty worker is provided as required. A log was kept in the office where each intake was recorded with the file number, name of the family and the result of the consultation with the supervisor. The log stays with the duty worker for the day. The team leader signs off the intake and the log after consultation with the social worker. After hours duty is shared amongst the team members. The social workers advised that the RCMP in Golden are cooperative community partners and provide support to them during regular office hours and on after hour calls.

b) Family Development Response: Not audited

c) Ongoing Family Service and Child Service: Family service and child service files are tracked monthly and/or as the file requires. The supervisor uses the case management reports to track the open files. The decisions agreed to are documented and a summary is given to the social worker at the end of the supervision session. A case tracking sheet is filled out at the supervision session and placed on the individual family service or child service file. Time lines are set for completion of the work and documented on the tracking sheet. The supervisor initials the sheet when the task has been completed.

8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

There are few Aboriginal families living in the Golden area and no Aboriginal bands in their service area. If there was an Aboriginal service that was required the social worker would contact the Aboriginal band if known or contact the Ktunaxa-Kinbasket Agency for assistance. The team is aware of the need for all Aboriginal children to have a cultural plan on file.

SECTION III: AUDIT RESULTS

9. AUDIT SAMPLE

Current caseload management reports (CMR) of cases assigned to this office were identified on the ministry computer system. Cases were then randomly selected for review as follows: There were eighteen open child services and seven child service files closed within the last six months that were appropriate to audit. Of those twenty five files eleven (44%) were randomly selected to audit. There were thirty six open family service files and twenty six family service files closed within the last six months that were appropriate to audit. Of those sixty two files, fifteen (25%) were randomly selected to audit. The cases were selected as follows:

DEQDEQ -----3-CS----6-FS

DEQDEQ -----5-CS----4-FS

DEQDEQ -----3-CS----5-FS

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

Fifteen (15) family service files were audited using the critical measures audit tool. Overall compliance to the critical measures was 82%. Information for determining compliance was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

1. Screening and Best Approach to Service Delivery

CRITERIA

The Family Service file contains documentation indicating:

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

Of the fifteen files audited fourteen were compliant and one file was found to be non-compliant. On that file documentation indicated that some significant information obtained from community professionals was not used when making the assessment. This information if considered would have at the very least strengthened the assessment.

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.

Five files were applicable to this critical measure. Four were compliant and on the other one file documentation indicated that the immediate safety assessment was completed one month after the report to MCFD. There was no documentation to indicate how the safety of the child was determined at the time of the call.

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.

In fourteen of the fifteen files the information documented supported the response. The social worker documented information that supported the decision to offer family support services. There was additional information documented that if followed up may have altered the decision to offer support and to proceed with an investigation to determine if the children might need protection. This was a situation where there had been

4. Family Development Response

Not audited at this time

5. Determining Time Frame to Begin an Investigation

CRITERIA

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

Seven of the fifteen files were applicable to this critical measure and were compliant.

6. Conducting a Child Protection Investigation

CRITERIA

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

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

Seven files were applicable to this critical measure. Five were compliant and two were found to be non-compliant. On the two files there was no documentation that indicated that the homes of the children were visited by the social worker at the time of the

investigation. In addition on one of the files there was no documentation that indicated that two people who would have been key collaterals were interviewed.

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.

Seven files were applicable to be audited to this critical measure. Five were compliant and two were found to be non-compliant. On one file there was no documentation that indicated that the child had been seen and interviewed. Documentation indicated that the had been interviewed over the phone and the auditor could not determine if the were interviewed in person or over the phone.

On the second file there was no documentation that indicated that the had been interviewed. The child was reported to there was no documentation that indicated that the social worker took steps to verify .

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.

Five of the seven files applicable to this critical measure were compliant. The other two files were non-compliant because steps of an investigation were not completed.

9. Concluding a Child Protection Investigation in a Timely Manner

CRITERIA

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

Seven files were applicable to this critical measure and two of the seven were completed within thirty 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.

Three files were applicable to this critical measure. Two were compliant and on the third file there was no documentation that indicated that a CRA or RRSP had ever been completed.

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.

There were two files applicable to this critical measure and one was compliant. On the one other file there was no documentation of an assessment or re-assessment of risk being completed.

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 have been made to inform and offer support to the child's legal guardians and appropriate members of the child's family and extended family.
- (c) that community service providers and delegated agencies involved with the child have been informed of the incident.

No files were applicable to be audited to this critical measure.

13. Supervisory Approval

CRITERIA

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

- (a) * determining if an intake call or information is a protection report.
- (b) deciding on a response to a child protection report and an appropriate response time.
- (c) conducting and concluding a child protection investigation.
- (d) notifying the police.
- (e) determining whether a child needs protection.
- (f) developing an ongoing safety plan.
- (g) using the court process.
- (h) removing a child.
- (i) placing a child.
- (j) Reuniting a child with their family.
- (k) transferring responsibility for or ending services.

Fifteen files were audited to this critical measure and were 100% compliant.

Additional Comments:

Practice Strengths: CM#1: Screening and Best Approach to Service Delivery, CM#2: When a Child is at Immediate Risk of Harm, CM#3: Assessing a Child Protection Report and Determining the Most Appropriate Response CM#5: Determining the Time Frame to Begin an Investigation, and CM#13: Supervisory Approval were all of high compliance and sufficiently documented. The results indicated that the team was skilled at assessing the reports that come into the office and involve the team leader in discussion and consultation. Observation and discussion with team members supported the findings of the audit. The team leader is consulted and involved in significant case practice decisions.

Areas For Improved Practice: CM#9: Concluding a Child Protection Investigation in a Timely Manner was the one critical measure of low compliance. The supervisor was aware of this and was taking steps to address the matter.

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 59.2%. 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)

Eleven files were audited. Eight files were compliant, one file had partial compliance and two files were found to be non-compliant. On the one partially compliant file the child had knowledge that he was Aboriginal and had attended some Aboriginal activities in the community. The child did not have a cultural plan on file. The child's band had not been contacted to assist with planning. On the two non-compliant files there was documentation that indicated that the children were Aboriginal. There was no documentation that indicated that this had been considered or addressed in planning for the children.

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.

Of the eleven files audited nine were compliant and two were non-compliant. The two non-compliant files lacked documentation that would have indicated that the social worker had assumed responsibility for the children in care. On one file there was no information about the nature or extent of family involvement. There was no documentation that indicated that the social worker was knowledgeable about the child or the child's family history. On the one other file the auditor found so little information

documented that it could not be determined if the social worker had assumed responsibility for the child in care.

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.

Ten of the eleven files audited were compliant. The one non-compliant file lacked the documentation that would have indicated that adequate steps or plans had been taken to ensure the child's safety while in care. There was very little information to be found on the file.

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.

Four of the eleven files were compliant to this measure. On the other seven files there was no documentation to indicate that the children had adequately been explained their rights or had their rights reviewed on a regular basis.

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.

Four of the files were compliant and had documentation that indicated that the children had been part of planning and decision making, four were partially compliant and had

documentation that indicated that the children had some involvement with planning and decision making and three were non-compliant had no documentation to indicate that the children had been involved in planning and decision making.

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

Of the eleven files audited three were compliant to this measure and eight were non-compliant. On the eight non-compliant files there was no documentation to indicate that the social workers had regular contact with the child in their care. On one file the youth came into care in _____ and there was no documentation that would have indicated that the social worker saw the child alone and apart. This auditor could not determine if regular contact had taken place for any of the eight children whose files were audited as non-compliant.

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

CRITERIA

The Child Service file contains documentation confirming:

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

Eight of the eleven files audited were compliant to this measure. On the three non-compliant files there was no documentation that indicated that the children had been supported to maintain lifelong relationships or plans put in place to help the children develop lifelong relationships.

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.

Three of the eleven files audited were compliant to this measure. Three of the files had partial compliance and five were non-compliant.

Partially compliant files: 1) this file had an initial assessment and court plan of care, a CPOC completed in 2005 and a CPOC completed in October 2007.

2) This file some assessments were located on the file and a current CPOC.

Documentation indicated a history of inadequate documentation of plans of care and reviews.

3) This file had two plans of care documented. The plans did not adequately indicate the social worker's plans to address the serious issues that brought the child into care.

Non-compliant files: File 1) There were no completed CPOCs or reviews on file for this child since . In reviewing the file the auditor was able to determine that ongoing planning had been happening for the child but documentation was not adequate. The current SW only had conduct of this file since .

File 2) the child had been in care since . There was an initial plan of care on the report to court but no other plans documented on the file.

File 3) the file lacked any ongoing planning and assessments for this child who had been in care since .

File 4) there were attempts at planning on this file. The plans of care were not completed and contained no signatures.

File 5) In . there was an initial plan of care on the report to court. There had been no documented plan of care since then. A review of the file indicated that the . The auditor suggested that this . have a plan of care developed ASAP.

9. When a Child is Missing or Has Run Away

CRITERIA

The Child Service file contains documentation confirming:

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

Two of the eleven files audited were applicable to this critical measure; one was compliant and one was non-compliant. Documentation on the non-compliant file indicated that the and There was no reportable circumstance documented on file.

10. Notification of Fatalities, Critical Injuries and Serious Incidents

CRITERIA

The Child Service file contains documentation confirming:

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

One file was applicable and compliant to this critical measure.

11. Planning for a Child Leaving Care

CRITERIA

The Child Service file contains documentation confirming:

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

Two files were applicable to this critical measure; one was compliant and one was non-compliant. The non-compliant file had no documentation that would have indicated that any planning had occurred to assist the youth to develop skills to live independently.

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.

Ten of the eleven files audited were compliant to this measure. The one non-compliant file had no documentation to indicate that the supervisor had been consulted or involved in the planning for this child . There was recent involvement of the current supervisor.

Additional Comments: this office/team has undergone some major staff changes over the past eight months. The CSM had been providing extensive support and time to this team to assist them in identifying the changes needed to improve practice. Some months back the CSM and the team identified the needed changes. These changes are in process. The CSM continues to offer this support and guidance to the recently appointed supervisor and the newly forming team. The information obtained from the recently completed audit should assist both the team and the CSM in their goal to improve practice.

Practice Strengths: The Critical Measures that had high compliance ratings were CM#3: Ensuring Child's Safety While in Care, CM#10: Notification of Fatalities, Critical injuries and Serious Injuries (Reportable Circumstances) and CM#12: Supervisory Approval. The supervisor had initiated placing a tracking sheet on each of the CS files indicating the consultation and the planning for children in care. This was a new process to the office and had the likelihood of improving the planning discussions for children in care.

Areas For Improved Practice: the remaining nine Critical Measures had lower compliance ratings. CM#8: Assessments and Planning for a Child in Care had the lowest rating at 27.3%. It is suggested that the recommendation for this audit address the lack of documented planning for children in care.

Frankie Williams
Auditor
Interior Region

Date

Brendan Flynn
Deputy Director
Interior Region

Date

11. AUDIT RECOMMENDATIONS

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

1) In order to improve the overall compliance ratings for each of the critical measures it was agreed that the Golden office needed to have a full compliment fully delegated workers. Within ninety days of the sign off of this audit the Community Services Manager and the Regional Delegation Manager will develop a strategy for delegating the newly hired staff at DEQ. The Regional Delegation Manager will advise the Director of Integrated Practice when this plan has been implemented.

2) Within thirty days of the sign off of this audit the Community Services Manager will review with the new Team Leader at DEQ the tracking system currently in place for family service and child service files. The Community Services Manager will advise the Director of Integrated Practice when this review has been completed.

3) Within thirty days of the sign off of this audit the regional Aboriginal Services Deputy Director will make available to the staff at DEQ a culturally sensitive Comprehensive Plan of Care document and will provide an orientation to the use of the document.

4) Within ninety days of the sign off of this audit report all children in care at DEQ will be seen alone and apart from their caregivers and will have their rights under S.70 reviewed. The Community Services Manager will advise the Director of Integrated Practice when this recommendation has been met.

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: DEQ

Total # of cases audited: 15

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	
1	Screening and Best Approach to Service Delivery CFS Standard #1	14	93.3%			1	6.7%	
2	When a Child is at Immediate Risk of Harm CFS Standard #11	4	80.0%			1	20%	10
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	14	93.3%			1	6.7%	0
4	Family Development Response CFS Standard #14	0	0%			0	0%	15
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	7	100%			0	0%	8
6	Conducting a Child Protection Investigation CFS Standard #15	5	71.4%			2	28.6%	8
7	Seeing and Interviewing the Child and Family CFS Standard #15	5	71.4%			2	28.6%	8
8	Concluding a Child Protection Investigation CFS Standard #16	5	71.4%			2	28.6%	8
9	Concluding a Child Protection Investigation in a Timely Manner CFS Standard #16	2	28.6%			5	71.4%	8
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	2	66.7%			1	33.3%	12
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	1	50%			1	50%	13
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24	0	0%	0	0%	0	0%	15
13	Supervisory Approval C&FD Standard on Supervisory Approval	15	100%			0	0%	
Total Applicable Indicators: 90		74	82.2%	0	0%	16	17.8%	105

= 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: DEQ 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	8	72.7%	1	9.1%	2	18.2%	
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	9	81.8%			2	18.2%	
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	10	90%			1	9.1%	
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	4	36.4%			7	63.6%	
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	4	36.4%	4	36.4%	3	27.3%	
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	3	27.3%			8	72.7%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	8	72.7%	0	0	3	27.3%	
8	Assessments and Planning for a Child in Care CIC Service Standard #11	3	27.3%	3	27.3%	5	45.5%	
9	When a Child is Missing or Has Run Away CIC Service Standard #14	1	50%			1	50%	9
10	Notification of Fatalities, Critical Injuries and Serious Incidents C&FS Standard #24	1	100%	0	0	0	0	10
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16	1	50%			1	50%	9
12	Supervisory Approval C&FD Standard on Supervisory Approval	10	90.9%			1	9.1%	
Total Applicable Indicators:		62	59.6%	8	7.8%	3	33%	28

= 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.