

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INTERIOR REGION
PENTICTON COMMUNITY SERVICES - DMH

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SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT INTERIOR REGION PENTICTON COMMUNITY SERVICES - DMH

1. PURPOSE

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

The specific purposes of case practice audits are:

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

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

2. METHODOLOGY

The audit was conducted to meet provincial standards in accordance with Case Practice Audit Methodology and Procedures Document (September 2007). The specific audit tools used in conducting this audit are indicated below.

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

SECTION II: SERVICE DELIVERY

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

3. COMMUNITY OVERVIEW

A) Geographics: The name Penticton is commonly believed to come from the name of one of the main villages of Okanagan First Nations people located on the east bank of Okanagan River, "SN'PINKTN" meaning "a place to live forever" or "a place to live year-round". Situated between Okanagan Lake to the north and Skaha Lake to the south, Penticton is in the heart of the Okanagan Valley at the junction of the major north-south highway (97) - which runs from the Yukon and Alaska through the centre of British Columbia, and the main east-west highway (3A), crossroad. The Coquihalla Highway (Highway 5) and Okanagan Connector (Highway 97C) puts Vancouver and the West Coast within a 5-hour drive. Daily commercial air and bus service are available.

b) Demographics: Penticton's population has grown steadily to approximately 43,300 and the surrounding area population, within a 30-minute commute, to about 85,000. Penticton is the third leading retirement centre in BC. The largest growth in new jobs over the past ten years has been in construction, services and value added industries. Ten percent of greater Penticton's work force is employed in tourism-related businesses (food services and accommodation). The valley's wine industry is now a main source of revenue and many of the region's orchards have been turned into vineyards.

Penticton has grown to become a regional service centre. There are high quality professional and medical services, a range of government offices, a wide variety of retail stores, and training, education and health care facilities. Included in the services are the Penticton Regional Hospital, Penticton Health Centre, two walk-in clinics, Police/ RCMP, and a fire department. The Okanagan Skaha School District (#67) is comprised of eleven elementary schools (kindergarten to grade 7), four middle schools (grades 6 to 8) and three senior secondary schools (grades 9 to 12). The District has three church-affiliated independent schools that offer a range of education levels ranging from kindergarten to grade 9. There is also a non-denominational independent school that provides education from kindergarten to grade 12.

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 region offices in Kelowna and Nelson. At the time of this audit the Regional Management Team consists of a Regional Executive Director, Director of Regional Operations, Director of Integrated Practice, Director of Corporate Services, and a Director of Aboriginal Services. Within the Region there are six Community Services Managers and two Aboriginal Services Managers.

1/ Residential Services. All residential services for the South Okanagan, Boundary, Similkameen are provided by one office (DMK) on a semi-dispersed basis. Resource social workers are located in Penticton, as well as Oliver, Princeton, Summerland and Grand Forks. The roster of foster homes for the area has gradually been eroded – due to retirements and resignations. Occasionally there have been no homes available to take emergency placements of teens. Although there are valiant attempts to recruit, there continues to be a serious lack of highly skilled caregivers.

2/ Service Transformation. Two of the largest contractors in Penticton have successfully integrated services and staff in order to provide a program called Integrated Family Development. This program accepts referrals from MCFD, as well as from community partners and self referrals from parents and youth. Services range from low to high intensity and include parent education, in-home parenting support, assisting families to access community services, support to youth on Youth Agreements, and Family Group Conference facilitation. All new referrals are screened weekly by a group that includes the program manager, clinical supervisor and the MCFD team leaders for Penticton and Summerland. Support workers are invited to provide progress reports on their caseloads. A third contractor sits in on the screening meetings and, when possible, takes on a referral if the program is becoming overloaded.

The DMH Team Leader sits on the Community For Kids Steering Committee, as well as the Infant Development Advisory Committee. Both of these groups are composed of a wide variety of community partners who have an interest in early childhood development.

4. STAFFING

a) Professional Staff Complement/Staff Turnover: The Team Leader supervises six social worker FTE's as well as three administrative support staff. The support staff which consists of the office manager, OA2, and the CL3 provides administrative services to DMH, the Youth Services team, two adoption social workers (DMB) as well as the CSM (DMA). They also provide some services – counter and phone – to one Child and Youth Mental Health clinician and to Youth Forensic staff once per week. The support staff does their very best; however, cannot always respond to the needs of DMH.

In addition to supervising the six social worker positions, the Team Leader also supervises one social worker. One worker has been back to work for approximately following a leave. She worked and is now off on leave.

STAFFING (continued)

Position	Education	Length of Time on Team	Length of Time with MCFD	Delegation Level	Status (Perm/aux)
	BA/BSW			C6	REG
	BA,TEACHING CERTIFICATE			C6	REG
	BHE, TEACHNG CERTIFICATE			C6	REG
	BSW			C6	REG
	BSW			C6	REG
	BSW			C6	REG
	BSW			C6	REG

b) Current Workload: DMH took on investigations in Penticton and area after the child protection (investigation) team was dissolved in 2006. Statistics indicate that 50% of all investigations conducted by that team were in Penticton and area. In theory, that means that 3 of the 6 positions on that team were dedicated to Penticton investigations. During the same time period DMH had 2 positions dedicated to intake and assessments. That resulted in a total of 5 positions allotted to intake, assessment, and investigation for the Penticton area. Currently, there are only 3 positions in total assigned to intake, assessment, and response (now including FDR) for the same area.

At the beginning of the audit, June 4, 2008, caseload management reports were printed for each of the caseloads. The following is a listing of FS and CS files assigned by caseload.

DMH:	Eight (8)	CS files	Five (5) FS files	
DMH:			Nine (9) FS files	Two (2) Notepads
DMH:	Two (2)	CS files	Six (6) FS files	One (1) Notepad
DMH:	Twelve (12)	CS files	Two (2) FS files	
DMH:	One (1)	CS file	Six (6) FS files	One (1) Notepad
DMH:				One (1) Notepad
DMH:	Seven (7)	CS files	Nine (9) FS files	

5. STAFF TRAINING

Ministry Training Program							
Child Protection Worker (core)	X	X	X	X	X	AB	X

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

6. **SUPERVISION/CONSULTATION:** The Team Leader is available at all times to consult on specific cases and to assign investigations that require a quick response. The Team Leader meets with the quick response workers once per week as a group. New intakes are discussed and assignment takes place for any that have not already been assigned for follow up. The family services / guardianship social workers are met with once per week as a group to discuss specific case related issues and to share expertise. The team meets as a whole once per week for about an hour. This meeting is designed to review new initiatives, vacation coverage, discuss any OSH issues, and for feedback on Team Leader meetings, etc.

The Team Leader attempts to meet with each staff for about one half hour per week for supervision. These meetings are not scheduled at the same time each week as it was discovered that emergencies, other meetings, etc. would cause too many cancellations and reschedules.

7. **INTAKE AND TRACKING SYSTEMS:** The Team Leader indicated that several types of checklists and spreadsheets have been tried; however, there has been a challenge in keeping them current due to other items taking priority. Currently one worker has been reviewing FS and CS files, completing checklists on each file and transferring the information on to summary spreadsheets for each worker. With the assistance of the Team Leader, they are able to identify what information needs to be tracked and how to keep the spreadsheets simple and efficient. The next focus will be directed towards tracking/investigations and Family Development Response.

Investigations: Currently all investigations are recorded on an intake log – hand written – on a consistent basis. The log includes all calls, including “information only”. The Team Leader relies on the Case Management Reports to track intakes and investigations that have been loaded on MIS. A file is also kept on Protocol Investigations.

Family Development Response: At this time Family Development Response is being considered at intake. Unfortunately many of DMH’s current cases involve serious addiction and/or serious mental illness. Both of the DMH response social workers have completed FDR training, All social workers with the exception of one FS social worker have received FDR training.

8. **SERVICES TO ABORIGINAL CHILDREN AND FAMILIES:** The Penticton Indian Band is serviced by the local Aboriginal Team (DWG). The team also provides guardianship services and family services to Aboriginal children and families living off reserve. The DMH team continues to provide intake and response to services to urban Aboriginal people because DWG believes that they do not have the capacity to serve this population.

SECTION III: AUDIT RESULTS

9. AUDIT SAMPLE

The terms of reference letter, which was distributed prior to the initiation of the Penticton 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, June 9, 2008, was used to identify files for the audit. On that date there were forty (40) open family services files, thirty (30) open child service files, and twenty-five (25) closed family service files that had been closed in the past six months.

A combined 25% random sample was taken from the open FS files and open CS files resulting in eighteen (18) files audited. A twenty percent (20%) random sample of closed FS files was taken resulting in five (5) files being audited. Combining the sample percentages of (25%) open FS and CS files and (20%) closed FS files provides a mean sample size of **22.5%**.

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

DMH: two (2) FS one (1) CS
DMH: three (3) FS
DMH: two (2) FS one (1) CS

DMH: three (3) CS
DMH: one (1) FS one (1) CS
DMH: two (2) FS two (2) CS

Closed FS: five (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. Overall compliance to the child and family services standards was **84.9 %**. Information for determining compliance to the service standards 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 of the cases that were audited. Fourteen (93.3%) had documentation that met the criteria for compliance. In the fourteen cases sufficient information was gathered to continue with the assessment of the report. Prior contact checks were consistently completed. In the one case that did not satisfy all of the above criteria for compliance there was some documentation indicating that the family had Aboriginal or Métis heritage, however, there was no documentation indicating that this was pursued.

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 seven files that were audited. All seven (100%) of the applicable files had documentation that reflected that an appropriate response was provided to ensure immediate safety of the child.

3. Assessing a Child Protection Report and Determining the Most Appropriate Response

CRITERIA

The Family Service file contains documentation indicating:

- (a) that the social worker has determined an appropriate response to the report, conducting a child protection investigation only when alternative approaches would not ensure the child's safety.

This critical measure was applicable to all of the files that were audited. Fourteen (93.3%) of the files had documentation that met the criteria for compliance to this critical measure. In the one case that did not meet compliance, it was the auditor's opinion that the concerns should have been investigated rather than coded as a referral.

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 thirteen files that were audited. Thirteen (100%) of the files had documentation that met the criteria for compliance to this critical measure.

6. Conducting a Child Protection Investigation

CRITERIA

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

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

This critical measure was applicable to thirteen files that were audited. Eleven (84.6%) of the files had documentation that met the criteria for compliance to this critical measure. In the two cases that did not satisfy all of the above criteria there was no indication that a home visit took place.

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 thirteen files that were audited. Ten (76.9%) the files had documentation that met the criteria for compliance to this critical measure. In the three cases that did not satisfy all of the above criteria, two cases had no file documentation that the children were seen and / or interviewed. In one case there was no documentation that were 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 thirteen files that were audited. Eight (61.5%) of the files had documentation that met the criteria for this critical measure. Five files were given non-compliance as the investigations were considered incomplete. In order to receive a compliance rating for this critical measure all of the minimum steps to an investigation (as reflected in critical measures #6 and #7) must have been met as well as the documentation needed to support the protection finding. Although the auditor may have concurred with the findings, the five cases automatically received a non-compliant rating as they were non-compliant in critical measure #6 and #7.

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 fifteen files that were audited. The conclusion of an investigation is determined by the date the team leader signs the investigation report. The auditor tried to determine when the actual work in the investigation was being completed in order to clarify whether investigations were actually taking a long time to complete or if it was a matter of delays in sign-off. Eight (57.1%) of the cases had documentation that the investigations were completed within thirty days. Four cases were concluded between 31 - 45 days, one case was completed between 46 – 60, and one case was 90 days. One case was coded not applicable as a decision was made to not proceed with an investigation.

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 seven of the files that were audited. Six (85.7%) of the cases had documentation that met the above noted criteria for compliance. One file was given a non-compliance rating as there was no CRA and 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 one of the files that were audited. One (100%) case had documentation that reflected that there had been a review of the planning and the risk assessed.

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 fifteen of the cases that were audited. There was documentation on fifteen (100%) files that reflected that the team leader was consulted at the required times.

Additional Comments:

Practice Strengths:

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

- *CM #1. Screening and Best Approach to Service Delivery.* The audit determined that sufficient information was gathered and a PCC was conducted on fourteen of the files reviewed. The files contained confirmation that the Bands or Métis Association were invited to participate in planning. Where services were offered or provided, they were as least disruptive as possible.
- *CM #2. When a Child is at Immediate Risk of Harm.* In the seven 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.* The Section 13 concerns were supported by the information gathered. The auditor concurred that given the nature of the concerns the investigation was justified. In fourteen cases the response time assigned was applicable to the reported concerns.
- *CM #5. Determining the Time Frame to Begin an Investigation.* Of the thirteen files that this critical measure applied to, all had documentation to show that the investigations were prioritized correctly and started within the timelines.
- *CM #6. Conducting a Child Protection Investigation.* 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. Eleven files received compliance for this measure.
- *CM #7. Seeing and Interviewing the Child and Family.* Compliance was given to ten of the thirteen applicable files. The subject child, siblings, and parent(s) were seen and interviewed. Based on the documentation the interviews were investigative in nature. In the three cases that did not receive compliance, the children were not seen or interviewed in two cases, and were not interviewed in the third case.

- *CM #10. Developing and Implementing a Plan to Keep a Child Safe.* Six files had documentation that reflected safety planning had taken place after there was a “finding” that the child needed protection (CRA & RRSP). The plans may have included assessment of needs, risks, strengths, review mechanisms, and the family’s participation in keeping the child safe.
- *CM #13. Supervisory Approval.* All of the files had documentation that reflected supervisory consultation at critical points. For example, the files contained evidence that the supervisor was involved during the decision to respond, determining whether a need for protection existed, developing and reviewing safety plans, and concluding an investigation.

Areas for Improved Practice:

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

- *CM #8. Concluding a Child Protection Investigation.* 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 five cases the investigations were considered incomplete. Two files had no documentation that the home was observed and three files lacked confirmation that the child, parent, and grandparent were interviewed.
- *CM # 9 Concluding a Child Protection Investigation in a Timely Manner* 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 three files were concluded between 31 and 45 days, one file between 46 and 60 days and one greater than 90 days from when the investigation commenced. One file was not applicable as a decision was made not to investigate.

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

NARRATIVE SUMMARY

Eight (8) child service files were audited. Overall compliance to the child service standards was **90.4%**. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

1. Preserving the Identity of an Aboriginal Child in Care

CRITERIA

The Child Service file:

- (a) indicates whether or not the child is Aboriginal.
- (b) identifies the Aboriginal community or First Nation with which the child is affiliated, and contains documentation of the child's status and membership number, or of application for status as appropriate.
- (c) Indicates that the social worker has developed an understanding of the history and current circumstances of the child and family, by involving the child, the family, the child's Aboriginal community, any significant people in the child's life, and community members who have been or will be involved in the child's life.
- (d) Indicates that a cultural plan has been developed for the child within six months of the child coming into care, if the child is an Aboriginal child as defined in the CFCSA. (See Cultural Plan for Aboriginal Children in Care - Draft, November 2003)

This critical measure was applicable to eight of the cases that were audited. In eight (100%) cases there was documentation that reflected whether there was Aboriginal or Métis heritage. In the cases where Aboriginal heritage was determined, the Band may have been identified and/or involved, and there was a cultural plan for the child.

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 eight cases audited. Seven (87.5%) of the files had documentation that met the criteria for compliance to this critical measure. One file did not have the current legal authority documented.

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 eight of the files that were audited. Eight (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 seven of the files audited. Five (71.4%) of the cases had documentation to meet the criteria for this critical measure. In two cases there was no documentation that Section 70 rights were reviewed.

5. Involving a Child and Considering the Child's Views in Case Planning and Decision Making

CRITERIA

The Child Service file contains documentation confirming:

- (a) that the child has been involved as far as possible in the development and review of his or her plan of care, as appropriate to the child's age and developmental level.
- (b) that the caregivers and others with a significant relationship to the child have been involved in the development and review of the child's plan of care, as consistent with the child's views and best interests.
- (c) That appropriate steps have been taken to address any identified barriers to informing and involving the child in case planning, such as providing an interpreter or involving people who can promote a greater understanding of the child's views about cultural, identity, or other issues

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

6. Maintaining Personal Contact with a Child in Care

CRITERIA

The Child Service file contains documentation that the social worker has had private in-person contact with the child at least every 90 days, and whenever there has been a change in placement, social worker, or other significant circumstances

This critical measure was applicable to eight of the cases audited. Eight (100%) 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.

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

CRITERIA

The Child Service file contains documentation confirming:

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

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

8. Assessments and Planning for a Child in Care

CRITERIA

- (a) The Child Service file contains an initial written plan of care, prepared within 30 days of a child's admission to care, which addresses:
 - the overall goal for the child, including the establishment of stable and ongoing living arrangements
 - contact with parents and other family members, community, and others involved with the child, as appropriate
 - services required to implement the plan of care
 - the child's health care needs and appointments
 - the child's education
 - the child's involvement in social, recreational and spiritual instruction and activities
- (b) If the child has been in care for over six months, the Child Service file contains a thorough assessment of the child's needs, and a written plan of care. As appropriate, the child, the child's family, the caregiver, a representative of the child's Aboriginal community (if the child is Aboriginal), and other significant people in the child's life, are to be involved in the development of the plan of care. The plan of care should address the following:
 - health, emotional, spiritual and 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 eight of the cases that were audited. Four (50%) 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). Two (25%) of the

files had some documentation that reviews had or were taking place, however, the documentation did not meet the full requirements as outlined by the standard; therefore, were partially-compliant. Two files received non-compliance. One file required a current CPOC and one file required a review of planning. There was information that an adoption CPOC was in progress; however, this document was not on the file.

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 none of the cases that were audited.

10. Notification of Fatalities, Critical Injuries and Serious Incidents

CRITERIA

The Child Service file contains documentation confirming:

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

This critical measure was not applicable to the eight 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 two of the files that were audited. Two (100%) of the cases met the above noted criteria for this critical measure. The auditor was looking for documentation that reflected what was being done to move the children out of foster care.

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 eight of the cases that were audited. Eight (100%) of the cases had documentation that met the criteria.

Additional Comments:

Practice Strengths:

There were several areas that resulted in 100% compliance to the critical measures. These included:

- *CM #1. Preserving the Identity of an Aboriginal Child in Care.* All of the files audited identified the child's cultural heritage and the Band or Métis Association was contacted. Many of the files had cultural packages / presentations, and the child participating in community and family cultural activities.
- *CM #2. Assuming Responsibility for a Child in Care.* Seven files had a true copy of the child's legal order and other relevant court documents. For the CCO files, the Public Guardian and Trustee, Band, and parent(s) were notified. Where applicable family was involved in planning.
- *CM #3. Ensuring a Child's Safety While in Care.* This critical measure looked for documentation identifying why the home was chosen. Nineteen 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.* The eight 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 #6. Meeting a Child's Need for Stability and Continuity of Lifelong Relationships.* 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. The CIC's were connected to their communities through activities. Some of the files noted that Life Books were in progress.

CM #11. Planning for a Child Leaving Care. Both of the files identified that preparation for moving out of care was taking place. Extended family of one child was applying for custody under the FRA.

- *CM #12. Supervisory Approval.* The files contained documentation that the supervisor was involved in planning and decision making. For example, this was evident through supervisory sign-off on recordings and co-correspondence, CPOC's, CRA's, VCA's, and case notes.

Areas for Improved Practice:

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

- *CM # 4. Insuring the Rights of a Child in Care.* A child / youth is to be informed of their Sec 70 rights when initially brought into care and these rights are to be reviewed and documented on an annual basis. As well, the file should contain a report if the child's rights have been violated and what measures taken to address them (*CM # 4 Ensuring the Rights of a Child in Care*). Two of the files had no documentation that the Sec 70 rights were reviewed.
- *CM #8. Assessments and Planning for a Child in Care.* Many of the files lacked specific documentation that was required for the critical measures. When assessing and planning for children in care the documents that the auditor looked for were LAC's, CPOC's, assessments and review recordings (*CM # 8 Assessments and Planning for a Child in Care*). Two 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*.

Cynthia Walker
Auditor
Interior Region

Date

Brendan Flynn
Deputy Director
Interior Region

Date

11. AUDIT RECOMMENDATIONS

On September 19, 2008 members of the regional senior management team, the team leader at DMH, and the auditor convened in a teleconference during which practice issues identified by the audit were discussed and recommendations for addressing the issues were proposed as follows.

1. By March 31, 2009 the Team Leader will review the list of available interpreters for child protection investigations. In addition, the Community Services Manager will canvass the region for additional interpreters and distribute a completed list to the South Okanagan teams. The Community Services Manager will advise the Director's Office that this list has been circulated to the relevant teams.
2. By December 31, 2008 the Team Leader will approach the Penticton Multicultural Society to review the list of available interpreters and the needs of ministry workers in understanding culture when conducting child protection investigations. Further, by December 31, 2008, the Director of Regional Operations will inquire what resources are utilized in the lower mainland to recognize the importance of culture in child protection investigations.
3. Effective immediately the Intake Investigation Case Management Checklist will be used for all investigations to ensure that all steps of a child protection investigation have been completed. The Team Leader will confirm with the Community Services Manager by November 1, 2008 that this practice has been adopted in the office.

RECOMMENDATIONS DEVELOPED BY:

Nancy McComb, Director of Operations

DATA SUMMARY

Office Code: **DMH**

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	0
2	When a Child is at Immediate Risk of Harm CFS Standard #11	7	100			0	0.0	8
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	0.0	15
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	13	100			0	0.0	2
6	Conducting a Child Protection Investigation CFS Standard #15	11	84.6			2	15.4	2
7	Seeing and Interviewing the Child and Family CFS Standard #15	10	76.9			3	23.1	2
8	Concluding a Child Protection Investigation CFS Standard #16	8	61.5			5	38.5	2
9	Concluding Investigation in a Timely Manner CFS Standard #16	8	57.1			6	42.9	1
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	6	85.7			1	14.3	8
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	1	100	0	0.0	0	0.0	14
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24	0	0.0	0	0.0	0	0.0	15
13	Supervisory Approval C&FD Standard on Supervisory Approval	15	100			0	0.0	0
Total Applicable Indicators: 126		107	84.9	0	0.0	19	15.1	69

= 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: **DMH**

Total # of Cases Audited: **8**

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	8	100	0	0.0	0	0.0	
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	7	87.5			1	12.5	
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	8	100			0	0.0	
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	5	71.4			2	28.6	1
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	8	100	0	0.0	0	0.0	
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	8	100			0	0.0	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	8	100	0	0.0	0	0.0	
8	Assessments and Planning for a Child in Care CIC Service Standard #11	4	50.0	2	25.0	2	25.0	
9	When a Child is Missing or Has Run Away CIC Service Standard #14	0	0.0			0	0.0	8
10	Notification of Fatalities, Critical Injuries and Serious Incidents C&FS Standard #24	0	0.0	0	0.0	0	0.0	8
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16	2	100			0	0.0	6
12	Supervisory Approval C&FD Standard on Supervisory Approval	8	100			0	0.0	0
Total Applicable Indicators: 73		66	90.4	2	2.7	5	6.8	23

= 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.