

**DIRECTOR'S CASE PRACTICE AUDIT REPORT**  
**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT**  
**INTERIOR REGION**  
**GRAND FORKS COMMUNITY SERVICES – DMX**

**Field Work Completed: April 17, 2008**  
**Report Completed: July 10, 2008**

**DIRECTOR’S CASE PRACTICE AUDIT REPORT  
INTERIOR REGION  
GRAND FORKS COMMUNITY SERVICES- DMX**

**TABLE OF CONTENTS**

**SECTION I: INTRODUCTION**

1. PURPOSE.....p.3  
2. METHODOLOGY.....p.3

**SECTION II: SERVICE DELIVERY**

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

**SECTION III: CASE AUDITS**

9. AUDIT SAMPLE.....p.8  
10. AUDIT RESULTS.....p.9  
    A. CMAT CFS Narrative Summary  
    B. CMAT CIC Narrative Summary  
11. AUDIT RECOMMENDATIONS.....p.22

**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 GRAND FORKS COMMUNITY SERVICES- DMX**

#### **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 (revised September 2007). The specific audit tools used in conducting this audit are indicated below.

**X Critical Measures Audit Tool for Child and Family Service Standards**  
**X 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:** Grand Forks is located in the southern interior of British Columbia, in what is commonly known as the Boundary Country, a region found between the Okanagan Valley and the Kootenays. It's territory stretches from the hills overlooking Osoyoos on the west, to Big White on the north, and the Blueberry-Paulsen summit on the east. Grand Forks is strategically located on the Canada/US border, 522 km/324 miles east of Vancouver and 726 km/451 miles west of Calgary, Alberta. Access is via the Crowsnest Highway #3, Grand Forks Airport and two border crossings.

**b) Demographics:** Grand Forks (population: 4,054) is the largest centre in Boundary Country and is rural and dispersed. The city has a Doukhobor/Russian influence with Russian taught in the public schools. The community differs from the rest of the province in that there is a significantly higher population of seniors. Approximately 54.5% of the population are married; 15.9% are single-parent families; and 49.4% of the families have no children living in their home. The population has remained largely unchanged for the past ten years. However, with the closure of Grand Forks two primary employers (the Pope and Talbot lumber mill and Canpar) there has been a sudden significant level of unemployment in the area. Many families have left or are making plans to leave in search of work outside the area.

**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, a Director of Regional Operations, a 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:** Residential services has undergone a transformation in the past year. An additional .5 FTE for a resource worker was added to the Grand Forks compliment. Due to child protection pressures within the office (partially caused by an inability to backfill or fill the new .5 vacancy), the residential services position was implemented on a graduated basis. The resources office (and team leader) is located in Penticton. There have been three occasions in the past three years when children have had to be placed in high end residential beds in Penticton. Pressures for resource beds are significant. Children with complex and challenging behaviors are difficult to place. Gaps exist in residential services for older teens, as well as teens with any type of concurrent conditions. Overall, Boundary children have been able to be placed in Boundary homes.

**2/ Service Transformation:** From 2004 to 2007 the office was co-located with Boundary Family and Individual Services Society, working together to provide services to children, youth and families. This “pilot project” provided invaluable learning for both organizations and served the community well. Boundary Integrated Services Group continues to explore new and creative ways to serve clients in an integrated manner.

Grand Forks DMX is an integrated office that is part of the Boundary Family Centre’s service delivery system. Child Protection, CYMH, Resources, and Guardianship services are all provided directly through this office. Youth Addictions (contract) uses the office space and works in concert with MCFD staff. Youth Justice, CLBC, and other related services also make use of the office space.

**4. STAFFING**

**a) Professional Staff Complement/Staff Turnover:** The office has seen a significant amount of social work transition since the end of 2006. At that time an additional .5 FTE was created to enable Boundary to take over responsibility for resources, however, this FTE was difficult to fill. To partially compensate for this, the .5 OA2 position was converted to a full-time team assistant.

The office has 3.5 regular SW staff (including resources). Currently 2 of the 3 regular senior staff are off on leave and not due back until . The worker covering the .5 FTE is working full time. An auxiliary social has been providing support on a full-time basis, however, will be off on leave as of . The latter two social workers recently received full delegation. The resources .5 is currently vacant. Recently the office was allocated an additional social worker, over-hiring against anticipated social work vacancies. However, the position has not been filled at this point.

The team leader has been with this team since 1991 and the office manager since 2005.

Position	Education	Length of Time on Team	Length of Time with MCFD	Delegation Level	Status Perm/aux
	BA/PSYCH BSW COURSES			FULL	PERM
	BSW			FULL	PERM
	BSW			FULL	PERM
	BSW			PART.	PERM
	B.ED			FULL	PERM
	BSW			Part.	AUX

**b) Current Workload**

At the beginning of the audit on April 8, 2008 caseload management reports were printed for each of the caseloads. The following is a listing of FS and CS files assigned by caseload.

DMX :           Eleven (11) CS files           Ten (10) FS files  
 DMX : Six (6) CS files                    Twenty-two (22) FS files  
 DMX : Six (6) CS files                    Ten (10) FS files  
 DMX No (0) CS files                      Two (2) FS files

**5. STAFF TRAINING**

<b>Ministry Training Program</b>						
Child Protection Worker (core)	X	X	X	X	X	X
Resources Worker			X			
Guardianship (core)	X	X	X	X	X	X
Adoption (core)		X				
Clinical Supervision Level 1.	X					
Clinical Supervision Level 2	X					
Risk Assessment	X	X	X	X	X	X
Advanced Risk Assessment		X				
Enhanced Neglect	X				X	
Cultural Awareness	X	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						
Looking After Children	X	X	X	X	X	X
Substance Misuse						
Youth Alcohol & Drug						
Youth Suicide prevention						
Youth agreements						
District Supervisor mod. 1	X					
District Supervisor mod. 2	x					
Leading the Way						

**6. SUPERVISION/CONSULTATION** (see response below #7)

**7. INTAKE AND TRACKING SYSTEMS:** All new intakes (including intakes on open files and including after hour’s memos) currently go through intake which is rotated between workers           and           . This system was put into place early in           after two of the three senior staff went off on           leaves. Social workers are responsible for case consultation as required by policy. In addition to being available throughout the day (either directly or by cell phone), the social workers

have regular supervision on a monthly basis (last Thursday of each month). To assist with case monitoring, review, and tracking, the team leader uses a MIS/ CMR printout for regular reviews. The team leader maintains a manual intake tracking logbook. A recent addition for tracking is a shared Outlook calendar, which all social workers have access to, and lists the due dates for intakes, CS/CFS reviews and CPOCs.

**a. Investigations:** At the start of the audit, one social worker was fully delegated and the other two were partially delegated. Investigations were either completed directly by, or overseen by the delegated worker or the Team Leader. However, these two workers received full delegation by the conclusion of the audit process.

**b. Family Development Response:** Of the 6 social workers noted (including the Team Leader), 4 have received FDR training, although 2 of these 4 are currently off on leave. FDR training is targeted for the new social workers.

**8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES:** Boundary is in a unique place from an aboriginal perspective. According to Boundary School District #51 statistics from 2005/6, 16.6 % of students (301 / 1812) self identify themselves as aboriginal. According to 2001 Interior Health stats, less than 5% (480 / 12,085) are aboriginal. Of the 21 CS files connected with the Grand Forks District Office, 8 are identified as aboriginal.

The Boundary aboriginal population is comprised of many different traditions and peoples (including Inuit and Métis). There are no formal cultural supports located in Boundary, and the closest friendship centers are in Penticton and Kelowna. The closest reserve is the Colville Reservation (Colville Federated Tribes), located immediately south of Grand Forks in Washington State (the US Northwest's largest reservation). There is no delegated agency in Boundary, and all services are provided through the local district office.

Because there is no formal local aboriginal centre, a number of Boundary aboriginal people have at times felt disconnected. Boundary All Nations Aboriginal Counsel (BANAC) was established in 2005 to provide services to aboriginal children, youth and families. This group oversees an MCFD family support contract that is held by Boundary Family and Individual Services Society. There has been an aboriginal family support contract since 1992-1993.

## SECTION III: AUDIT RESULTS

### AUDIT SAMPLE

The terms of reference letter, which was distributed prior to the initiation of the Grand Forks DMX 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 (April 8, 2008) was used to identify files for the audit. On that date there were forty-four (44) family services files, twenty-three (23) open child service files, and twenty-four (24) closed family service files that had been closed in the past six months.

A 22.73% random sample was taken from the forty-four open FS files resulting in ten (10) files audited. A 30.43% random sample of the twenty-three (23) open CS files was taken resulting in seven (7) files audited. A 25.00% random sample of closed FS files was taken resulting in six (6) files being audited. Combining the sample percentages of 22.73% + 30.43% + 25.00% provides a mean sample size of **26.05 %**.

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

DMX :	Three (3) FS (closed)	
DMX :	Five (5) FS files	Three (3) CS files
DMX :	Five (5) FS files	Two (2) CS files
DMX :	Three (3) FS files	Two (2) CS files

### 10. CRITICAL MEASURES AUDIT RESULTS

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

## NARRATIVE SUMMARY

**Sixteen (16)** Family Service files were audited. Overall compliance to the child and family services standards was **86.1%**. 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. Fifteen (93.8%) had documentation that met the criteria for compliance. In these cases sufficient information was gathered to continue with the assessment of the report. Prior contact checks were consistently completed. In the one case that did not satisfy all of the above criteria for compliance there was no documentation indicating that the Band was invited to participate in the assessment with the family.

### 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 four files that were audited. All four (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 the sixteen files that were audited. All sixteen (100%) of the files had documentation that met the criteria for compliance to this critical measure.

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

##### **CRITERIA**

*Not audited at this time*

#### **5. Determining Time Frame to Begin an Investigation**

##### **CRITERIA**

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

This critical measure was applicable to twelve files that were audited. Twelve (100%) of the files had documentation that met the criteria for compliance to this critical measure. The files contained documentation that indicated the investigation commenced within the applicable time frames.

#### **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 the twelve files that were audited. Eleven (91.7%) of the files had documentation that met the criteria for compliance to this

critical measure. In the one case that did not satisfy all of the above criteria key collaterals to the investigation were not contacted nor was a home visit conducted.

## **7. Seeing and Interviewing a Child and Family**

### **CRITERIA**

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

- (a) the child has been seen and, where developmentally appropriate, interviewed.
- (b) all other vulnerable children in the home have been seen and, where developmentally appropriate, interviewed.
- (c) the parent/s have been seen and interviewed.
- (d) if the child is aboriginal, the aboriginal community or agency is involved, if appropriate.

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

## **8. Concluding a Child Protection Investigation**

### **CRITERIA**

The Family Service file documents:

- (a) a decision as to whether or not the child is in need of protection (as defined under section 13 of the CF&CS Act), which is consistent with the facts gathered during the investigation.
- (b) all necessary steps required to address the child's need for protection have been considered and implemented.

This critical measure was applicable to the twelve files that were audited. Eleven (91.7%) of the files had documentation that met the criteria for this critical measure. 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 one case automatically received a non-compliant rating as this file was non-compliant in critical measure #6.

## **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 twelve 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. One (8.3%) of the cases had documentation that the investigation was completed within thirty days. Of the eleven cases that were non-compliant, one was concluded between 31- 45 days; one of the cases was concluded between 46-60 days; three of the cases were concluded between 61- 90 days; and six of the cases concluded over 90 days. Of the eleven non-compliant cases, six appeared to have completed the investigation within the thirty day time frame; however the documentation indicated a delay in the team leader's sign off.

## 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 three of the files that were audited. One (33.3%) of the cases had documentation that met the above noted criteria for compliance. Two files were 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. One file did contain a supervision order.

## 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 not applicable to any of the sixteen files that were audited.

## **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 not applicable to the sixteen 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 sixteen of the cases that were audited. There was documentation on all sixteen (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:

- *Screening and Best Approach to Service Delivery.* The audit determined that sufficient information was gathered and a PCC was conducted on fifteen of the sixteen files reviewed. Where applicable, the files contained confirmation that the Bands or Métis Association were invited to participate in planning. Where services were offered or provided, they were as least disruptive as possible.
- *When a Child is at Immediate Risk of Harm.* In the four cases that determined there was risk of immediate harm, the files contained an appropriate response to ensure safety.
- *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 all sixteen cases the response time assigned was applicable to the reported concerns.
- *Determining the Time Frame to Begin an Investigation.* Of the twelve files that this critical measure applied to, all had documentation to show that the investigations were prioritized correctly and started within the timelines.
- *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. One file did not receive compliance as key collaterals were not contacted nor was there documentation that a home visit took place.
- *Seeing and Interviewing the Child and Family.* Compliance was given to the twelve applicable files. The subject child, siblings, and parent(s) were seen and interviewed. Based on the documentation the interviews were investigative in nature.
- *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 eleven cases the finding of protection or not was consistent with the facts gathered. Steps to address the safety needs were considered and implemented. The one case that received non-compliance was due to an incomplete investigation in critical measure # 6.
- *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 # 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. As noted in the narrative summary one file was completed between 31-45 days, one file between 46-60 days, three files between 61-90 days, and 6 files were over 90 days for completion. The audit determined that of these eleven files that received non-compliance, six files appeared to have been completed within the thirty day time line; however, there was a delay in the sign off.
- *Developing and Implementing a Plan to Keep a Child Safe.* To meet compliance after a protection finding both a Comprehensive Risk Assessment and Risk Reduction Service Plan are required. Of the three cases this measure applied to, two cases did not have a Comprehensive Risk Assessment completed, and one file did not have a Risk Reduction Service Plan. Of the two non-compliant files, one file did have a Supervision Order.

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

### NARRATIVE SUMMARY

**Seven (7)** child service files were audited. Overall compliance to the child service standards was **89.4%**. 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, and any significant people in the child's life, and community members who have been or will be involved in the child's life.
- (d) Indicates that a cultural plan has been developed for the child within six months of the child coming into care, if the child is an Aboriginal child as defined in the CFCSA. (See Cultural Plan for Aboriginal Children in Care - Draft, November 2003)

This critical measure was applicable to seven of the cases that were audited. In five (71.4%) of the cases the child's heritage was identified and where applicable, the aboriginal community was involved. Partial compliance was given for two cases as the history was reviewed; however, the heritage was not explored in one case and there was no indication that efforts were made to connect the Aboriginal community in the other case.

#### 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 seven cases audited. Seven (100%) of the files had documentation that met the criteria for compliance to this critical measure.

#### 3. Ensuring a Child's Safety While in Care

##### CRITERIA

- (a) The Child Service file contains documentation confirming that the child has been placed in a living arrangement that addresses the child's identified needs, including safety needs, or that, in the case of a youth who refuses placement, all reasonable efforts have been made to assure such a placement.
- (b) The Child Service file contains documentation that all reports in connection with a child's safety have been adequately addressed; or that an adequate plan is in place to address them.

This critical measure was applicable to seven of the files that were audited. Seven (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 six of the files audited. Four (66.7%) of the cases had documentation to meet the criteria for this critical measure. In two cases there was no documentation that the Sec 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 seven (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 seven of the cases audited. Seven (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 seven of the files that were audited. Seven (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 seven of the cases that were audited. Four (57.1%) 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). Three files were given partial compliance as there was some documentation that reviews had or were taking place, however, the documentation did not conform to the requirements as outlined by CIC Service Standard # 11 which requires that a thorough review assessment is completed every six months and a review of the plan of care every three months.

## 9. When a Child is Missing or Has Run Away

### CRITERIA

The Child Service file contains documentation confirming:

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

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

## 10. Notification of Fatalities, Critical Injuries and Serious Incidents

### CRITERIA

The Child Service file contains documentation confirming:

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

This critical measure was not applicable to the seven 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 child / youth 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 seven of the cases that were audited. Seven (100%) of the cases had documentation that met the criteria.

### **Additional Comments:**

### **Practice Strengths:**

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

- *Preserving the Identity of an Aboriginal Child in Care.* Five of the seven files audited identified the child's cultural heritage and that the Band or Métis Association was contacted. The files had documentation that the child was participating in community and family cultural activities. A referral to ROOTs was documented on one file.
- *Assuming Responsibility for a Child in Care.* All 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. Birth certificates were also located on the files. One file contained the inter-provincial agreement.
- *Ensuring a Child's Safety While in Care.* This critical measure looked for documentation identifying why the home was chosen. Seven 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 and with extended family.
- *Involving a Child and Considering the Child's View in Case-Planning and Decision Making.* The seven 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.

- *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. CCOs were connected to their communities through activities. Many of the files noted that Life Books were in progress.
- *Reportable Circumstances.* The two files that this critical measure applied to had confirmation that the appropriate individuals were notified and a plan for safety was developed and implemented.
- *Planning for a Child Leaving Care.* Both of the files identified that preparation for moving out of care was taking place. One youth was residing in a semi-independent suite and another youth had left care and was being supported in a plan for independence.
- *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.

- 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 files had no documentation that the Sec 70 rights had been reviewed.
- 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*). Three cases were given a partial compliance rating as the files contained some of the required documentation of assessments and / or planning although not sufficient enough to meet the full criteria for *CIC Service Standard # 11*.

---

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

---

**Date**

---

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

---

**Date**

## **11. AUDIT RECOMMENDATIONS**

On June 11, 2008 members of the regional senior management team, the team leader at DMX, 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.

1. By September 30, 2008 the Community Services Manager will advise the Director of Integrated Practice that the Team Leader has reviewed with the team the criteria for completion of investigations in a timely manner. The purpose is to reduce the length of time intakes remain open once investigations are concluded and allow for services to be continued through the family service file.
2. By September 30, 2008 the Team Leader will review with the team the requirement to complete Comprehensive Risk Assessments (CRA) and Risk Reduction Service Plans (RRSP) (*Child in Care Service Standard #17*) when there is a protection finding. The Team Leader will advise the Community Services Manager that the two files identified as non-compliant will have both CRAs and RRSPs completed.
3. By September 30, 2008 the Community Services Manager will advise the Director of Integrated Practice that the Team Leader has reviewed with the team the requirement that all children in care are to have their Section 70 Rights explained to them and that these rights are reviewed on an annual basis and documented on file. The Team Leader will review the two files that did not meet the criteria for *Child in Care Service Standard # 6* and will ensure that the Section 70 Rights have been reviewed and documented.
4. By September 30, 2008 the Community Services Manager will inform the Director of Integrated Practice that the Team Leader has reviewed with the team the effectiveness of the Comprehensive Plan of Care (CPOC) document and reviews of planning and adopted a system to increase compliance in the *Child in Care Service Standard # 11*. The Team Leader will review the files with part-compliance and ensure that the files have current plans of care.

**Recommendations developed by:**

Anne Kishiyama, A/Director of Integrated Practice  
A/Community Services Manager  
Team Leader

Cynthia Walker, Auditor

**AUDIT SIGN OFF:**

\_\_\_\_\_  
**Anne Kishiyama**  
**A/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:        DMX                                Total # of cases audited:   16**

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	%	#	
1	Screening and Best Approach to Service Delivery <b>CFS Standard #1</b>	15	93.8%			1	6.3%	0
2	When a Child is at Immediate Risk of Harm <b>CFS Standard #11</b>	4	100%			0	0.0%	12
3	Assessing a Child Protection Report and Determining the Most Appropriate Response <b>CFS Standard #12</b>	16	100%			0	0.0%	0
4	Family Development Response <b>CFS Standard #14</b>	0	0.0%			0	0.0%	16
5	Determining a Time Frame to Begin an Investigation <b>CFS Standard #15</b>	12	100%			0	0.0%	4
6	Conducting a Child Protection Investigation <b>CFS Standard #15</b>	11	91.7%			1	8.3%	4
7	Seeing and Interviewing the Child and Family <b>CFS Standard #15</b>	12	100%			0	0.0%	4
8	Concluding a Child Protection Investigation <b>CFS Standard #16</b>	11	91.7%			1	8.3%	4
9	Concluding Investigation in a Timely Manner <b>CFS Standard #16</b>	1	8.3%			11	91.7%	4
10	Developing and Implementing a Plan to Keep a Child Safe <b>CFS Standard #17</b>	1	33.3%			2	66.7%	13
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response <b>CFS Standard #17</b>	0	0.0%	0	0	0	0.0%	16
12	Notification of Fatalities, Critical Injuries and Serious Incidents <b>CFS Standard #24</b>	0	0.0%	0	0	0	0.0%	16
13	Supervisory Approval <b>C&amp;FD Standard on Supervisory Approval</b>	16	100%			0	0.0%	0
<b>Total Applicable Indicators: 115</b>		99	86.1%	0	0.0	16	13.9%	93
<b>NA Ratings Not Included in the Count</b>								

# = 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:   DMX  

Total # of cases audited: **7**

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
<b>1</b>	Preserving the Identity of an Aboriginal Child in Care <b>CIC Service Standards #1 and #19</b>	5	71.4%	2	28.6%	0	0.0%	
<b>2</b>	Assuming Responsibility for a Child in Care <b>CIC Service Standard #4</b>	7	100%			0	0.0%	
<b>3</b>	Ensuring a Child's Safety While in Care <b>CIC Service Standard #5</b>	7	100%			0	0.0%	
<b>4</b>	Ensuring the Rights of a Child in Care <b>CIC Service Standard #6</b>	4	66.7%			2	33.3%	1
<b>5</b>	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <b>CIC Service Standard #8</b>	7	100%	0	0.0%	0	0.0%	
<b>6</b>	Maintaining Personal Contact with a Child in Care <b>CIC Service Standard #9</b>	7	100%			0	0.0%	
<b>7</b>	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <b>CIC Service Standard #10</b>	7	100%	0	0.0%	0	0.0%	
<b>8</b>	Assessments and Planning for a Child in Care <b>CIC Service Standard #11</b>	4	57.1%	3	42.9%	0	0.0%	
<b>9</b>	When a Child is Missing or Has Run Away <b>CIC Service Standard #14</b>	2	100%			0	0.0%	5
<b>10</b>	Notification of Fatalities, Critical Injuries and Serious Incidents <b>C&amp;FS Standard #24</b>	0	0.0%	0	0.0%	0	0.0%	7
<b>11</b>	Planning for a Child Leaving Care <b>CIC Service Standards #15 and #16</b>	2	100%			0	0.0%	5
<b>12</b>	Supervisory Approval <b>C&amp;FD Standard on Supervisory Approval</b>	7	100%			0	0.0%	0
<b>Total Applicable Indicators: 66</b>		59	89.4%	5	7.6%	2	3.0%	18
<b>NA Ratings Not Included in the Count</b>								

# = 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.