

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INTERIOR REGION
KELOWNA ABORIGINAL SERVICES – DWD

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KELOWNA ABORIGINAL SERVICES - DWD**

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SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT INTERIOR REGION KELOWNA ABORIGINAL SERVICES – DWD

1. PURPOSE

This report is a re-audit of case files at the Kelowna Aboriginal Family Services (DWD) office. The initial audit was completed October 17, 2007.

The previous audit identified several areas that required attention. The following recommendations were intended to address those areas:

Audit recommendations

- 1) Within 30 days of the regional sign-off of this audit report the Community Services Manager will submit to the Director of Operations for Aboriginal Services and the regional Director of Integrated Practice a detailed staffing plan which will describe how the ongoing challenges with vacant positions and the ability of staff to consistently complete required paperwork will be addressed.

UPDATE: The team leader reports the following status of staffing at DWD:

- ✓ *One case load does not have a permanent worker assigned*
 - ✓ *One worker remains working ¾ time with the balance of the work being distributed amongst the other workers*
 - ✓ *Two of the six workers are not permanent*
 - ✓ *Four of the six workers have under three years experience*
 - ✓ *The new staff require extra supervision*
 - ✓ *A 7th FTE that was to be assigned to DWD has been re-allocated to the guardianship team DWC*
 - ✓ *The Community Services Manager reports the following staffing plan updates:*
 - ✓ *Staff secondments for DWD are still on hold; the current outstanding secondment (1) returned in house in July 2008*
 - ✓ *A recommendation that an additional FTE be added to DWD due to the volume of work bringing the core compliment to 7 social workers*
 - ✓ *An additional OA2 is scheduled to start work in June 2008 and, in conjunction with the team assistant, should assist in reducing the backlog of paperwork.*
- 2) Within 30 days of the regional sign-off of this audit report the Community Services Manager will advise the Director of Operations for Aboriginal Services and the regional Director of Integrated Practice that all of the cases that were referred to her and the team leader have been reviewed.

UPDATE: The Community Services Manager had three individual meetings with the team leader to check on progress and updates regarding reviewing the identified cases. The team leader produced a tracking sheet which clearly outlined status of files and progress. All identified files were reviewed as per the recommendation and the spreadsheet is available upon request.

This recommendation has been satisfied.

- 3) Effective immediately the Community Services Manager will advise the Director of Operations for Aboriginal Services and the regional Director of Integrated Practice on a monthly basis of the progress being made to catch up on all outstanding documentation at DWD.

UPDATE: The team leader consistently forwarded updated statistics to the Community Services Manager by the 15th of each month which was then forwarded to the Director's Office. Statistics included new, closed, ongoing and total number of files (CS CPOCs and FS CRAs). To highlight percentage comparisons by month, the previous months' statistics were included with the new monthly statistics. Progress on this was slower than anticipated but steady nonetheless. The last month of statistics sent to Director's office in this manner was the end of fiscal; the team then started preparing for the re-audit.

This recommendation has been satisfied.

- 4) By the beginning of January 2008 the members of this recommendation team will reconvene in order to review the progress that has been made on these recommendations and, if necessary, develop new recommendations to address outstanding challenges.

UPDATE: The suggestion to reconvene was put forward by the Director's Office. It was agreed by all to be unnecessary due to the consistent monthly statistics to the Director's Office which showed steady progress and improvement.

This recommendation has been satisfied.

- 5) By the end of March 2008 the regional Director of Integrated Practice will conduct a re-audit of the DWD office.

UPDATE: A re-audit took place May 5, 2008 to May 25, 2008. This report is the results of the re-audit.

This recommendation has been satisfied.

Reviewed by the Provincial Director of Child Welfare – the following recommendations were added to this report.

- 1) Within 60 days each child in care whose case is managed by the DWD team will be seen alone and apart from his caregiver by the social worker and this action will be documented on the Child in Care file.
- 2) Within 60 days each child in care whose case is managed by the DWD team, will be informed of his/her rights while in care and this action will be documented on the child in care file.

UPDATE: The Community Services Manager advised that the team leader confirmed that all said children have been seen alone and have been informed of their rights. This is documented on her master tracking sheet which can be made available to the Director's office.

This recommendation has been satisfied.

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

3. STAFFING

a) Professional Staff Complement/Staff Turnover:

Position	Education	Length of Time on Team	Length of Time with MCFD	Delegation Level	Status
	BSW			FULL	REG
	MA COUNSELLING BSW			FULL	REG
	BSW			FULL	REG/ FLOAT
	BSW			FULL	REG
	BSW			FULL	REG
	BSW			FULL	REG/ FLOAT
	BSW			FULL	REG

b) Current Workload

At the beginning of the audit on May 5, 2008 caseload management reports were printed indicating that there were ninety-one open family service files and ninety-five open child service files for each of the caseloads. The following is a listing of FS and CS files assigned by caseload.

DWD: Thirteen (13) CS files Twelve (12) FS files
DWD: Seventeen (17) CS files Sixteen (16) FS files
DWD: Sixteen (16) CS files Thirteen (13) FS files
DWD: Seventeen (17) CS files Twelve (12) FS files
DWD: Seventeen (17) CS files Twelve (12) FS files
DWD: Ten (10) CS files Seventeen (17) FS files
DWD: Three (3) CS files One (1) FS file
DWD: Two (2) CS files Five (5) FS files

c) Staff Training

Ministry Training Program							
Child Protection Worker (core)	X	X	X	X	X	X	X
Resources Worker							
Guardianship (core)	X	X	X				
Adoption (core)							
Clinical Supervision Level 1.	X						
Clinical Supervision Level 2							
Risk Assessment	X	X	X	X	X	X	
Advanced Risk Assessment	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
FAS/E and NAS/E							X
Looking After Children	X						
Substance Misuse							
Youth Alcohol & Drug					X		
Youth Suicide prevention							
Youth Agreements							X
District Supervisor mod.							
District Supervisor mod. 2							
Leading the Way							

4. **SUPERVISION/CONSULTATION:** At the time of the previous audit the team leader stated that supervision with the experienced staff occurs every two weeks and that supervision with the new staff occurs weekly. The team is continuing to meet weekly with alternate meetings held jointly with DWC. These time lines are still being used for regular supervision.

TRACKING SYSTEMS:

UPDATE: Since the re-audit the team leader has made changes to the model of supervision by introducing a spreadsheet tracking system to document monthly statistics. The spreadsheet is used during supervision as a method to identify actions that require completion in order to meet the Standards for Child in Care (i.e. Sec 70 Rights to be reviewed; CPOC's; plan review dates; and contacts). Further, the team leader manages individual calendars for each worker which outlines time lines for completion of specific documents or procedures needing to take place. This calendar is also used during supervision.

There has been a system introduced to track the completion of the Initial Plan of Care (within the first 30 days). Currently the team assistant starts the IPOC by entering the basic information prior to forwarding the document to the worker. The worker then meets with the child/youth and reviews the Section 70 Rights. This information is entered on the tracking tool.

SECTION III: AUDIT RESULTS

6. AUDIT SAMPLE

The terms of reference letter, which was distributed prior to the initiation of the Kelowna Aboriginal Services (DWD) audit, identified an audit sample of approximately 20 – 25% of open family and open child service files to be audited. A randomized sample size (**20%**) was selected to give feedback to the regional management team on the changes in compliance ratings.

The Caseload Management Reports (CMR) printed from the MCFD computer system prior to the first day of the audit, May 5, 2008, were used to identify files for the audit.

A combined sample of FS and CS files were randomly selected from each caseload as follows:

DWD:	Five (5) files
DWD:	Seven (7) files
DWD:	Six (6) files
DWD:	Six (6) files
DWD:	Six (6) files
DWD:	Five (5) files

** Caseload DWD was comprised of one (1) FS file and three (3) corresponding CS files that were out of the office for disclosure at the time of the audit.

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

Fourteen (14) Family Service files were audited. Overall compliance to the child and family services standards was **76.7 %**. 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 fourteen of the cases that were audited. Thirteen (92.9%) 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 Aboriginal community was invited to participate in planning or that a PCC was conducted.

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 five files that were audited. All five (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 files that were audited. Thirteen (92.9%) of the files had documentation that met the criteria for compliance to this critical measure. In the one file that did not meet compliance the auditor could not determine that sufficient information was gathered to proceed with the investigation. ** This investigation was conducted at another office.

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 all of files that were audited. Eleven (78.6%) of the files had documentation that met the criteria for compliance to this critical measure. In one case the investigation time lines were unclear, and in two cases there was no documentation that the investigations commenced within the time lines.

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 fourteen files that were audited. Eleven (78.6%) of 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 there was no indication that a home visit occurred.

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 fourteen files that were audited. Twelve (85.7%) 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, the sibling was not interviewed. In one of these non-compliant files the interview of the subject child was not investigative in nature. This child had lower functioning and alternate methods of interviewing may have elicited additional information relevant to the investigation.

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 fourteen files that were audited. Eleven (78.6%) of the files had documentation that met the criteria for this critical measure. In the three files that that did not satisfy all of the above criteria for compliance, these cases were given non-compliance as the investigations were considered incomplete. In order to receive a full 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 three 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 thirteen files that were audited. One file was coded as not applicable as the investigation was terminated. Six (42.2%) of the cases had documentation that the investigations were completed within thirty days. 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. The following is a breakdown of the files that did not meet compliance with reference indicating the office where the investigation was conducted and the length of time to complete:

31 - 45 days: One case - DWD

46 - 60 days: Two cases - one DWD; one DCD

61 - 90 days: One case - DDB

> 90 days: Three cases – two DWD; one DDB

10. Developing a Plan to Keep a Child Safe

CRITERIA

The Family Service file contains:

- (a) a documented plan which:
 - adequately addresses the child's safety needs.
 - identifies the strengths of the child and family that mitigate the safety risks to the child.
 - considers the child's needs for stability and continuity of relationships.
 - considers the participation of extended family in keeping a child safe.
 - identifies the time frames for a review of the plan.
- (b) documentation that adequate services and strategies to address the child's safety needs were implemented in a timely manner.

Note: *This critical measure does not include the reassessment section of the CFS standard which is covered in Critical Measure # 11.*

This critical measure was applicable to twelve of the files that were audited. Two (16.7%) of the cases had documentation that met the above noted criteria for compliance. Two files were given a non-compliance rating as neither a CRA nor RRSP were completed. Eight files did contain a completed CRA; however, did not have a RRSP. 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 all fourteen of the cases that were audited. There was documentation on fourteen (100%) files that reflected that the team leader was consulted at the required times.

Practice Strengths:

There were several areas that demonstrated practice strengths and increased compliance to Service Standards 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 thirteen 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. Compliance increased from the previous audit – 69.2% to 92.9%.
- *When a Child is at Immediate Risk of Harm.* In the five cases that determined there was risk of immediate harm, the files contained an appropriate response to ensure safety. Compliance was 100% in the previous audit and this audit.
- *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 thirteen cases the response time assigned was applicable to the reported concerns. Compliance was 100% in the previous audit and this audit.
- *Determining the Time Frame to Begin an Investigation.* Eleven of the fourteen files had documentation to show that the investigations were prioritized correctly and started within the timelines. Compliance increased from 76.9% to 78.6%.
- *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. It was noted that the three investigations which did not meet compliance were not conducted at DWD. Non-compliance with the three files impacted compliance in critical measures # 7 and # 8. Overall compliance increased from the previous audit - 53.8% to 78.6%.

- *Seeing and Interviewing the Child and Family.* Compliance was given to twelve files. The subject child, siblings, and parent(s) were seen and interviewed. Based on the documentation the interviews were investigative in nature. Compliance increased from 84.6% to 85.7%.
- *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. Compliance in this critical measure increased from 61.5% to 78.6%.
- *Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response.* The one file that this measure was applicable to received full compliance. Compliance increased from 9.1% to 100%.
- *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. This measure increased in compliance from 84.6% to 100%.

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* saw no change in compliance. The previous audit and this audit received a 46.2% compliance rating. 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 seven files received non-compliance for this critical measure. Three of these investigations were conducted at DWD and the remaining four files at other locations.
 - 31 - 45 days: One case - DWD
 - 46 - 60 days: Two cases - one DWD; one DCD
 - 61 - 90 days: One case - DDB
 - > 90 days: Three cases – two DWD; one DDB

- *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 twelve cases this measure applied to, eight had Comprehensive Risk Assessments completed; however, no Risk Reduction Service Plans were documented. ** The current audit tool does not have the ability to give partial compliance to acknowledge the practice improvement for the CRA's that have been completed on the files. Compliance increased from 7.7% to 16.7%.

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

NARRATIVE SUMMARY

Twenty-one (21) child service files were audited. Overall compliance to the child service standards was **87.4%**. 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 all of the cases that were audited. In twenty-one (100%) cases the Aboriginal or Métis heritage was identified. Cultural plans included placement with siblings, extended family, involvement with cultural activities, Band involvement, or ROOT's referrals.

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 all of the cases audited. Eighteen (85.7%) of the files had documentation that met the criteria for compliance to this critical measure. Three files received non-compliance as the legal authority had expired, required updating, or was unknown.

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 all of the files that were audited. Twenty (95.2%) of the files had documentation that met the criteria for this critical measure. One file received non-compliance as there was no documentation why the original placement was chosen, no information regarding the decision to offer respite, or the reason why the child is now living with a parent.

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 all of the files audited. Nineteen (90.5%) of the cases had documentation to meet the criteria for this critical measure. In two cases that did not meet compliance there was no documentation that the Sec 70 Rights had been reviewed.

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

CRITERIA

The Child Service file contains documentation confirming:

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

This critical measure was applicable to all the files that were audited. All twenty-one (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 all of the cases audited. Fifteen (71.4%) of the files had documentation that reflected that a social worker had personal contact with the child as required by standards. Six cases had no documentation indicating that the child was seen alone and apart.

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 all of the files that were audited. Twenty-one (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 all of the cases that were audited. Eight (38.1%) 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). Eleven (52.4%) of the files had some documentation that reviews had or were taking place, however, the documentation did not conform to the requirements as outlined by the standard; therefore, received partial-compliance. Two files received non-compliance for this critical measure.

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 one of the cases that were audited. One (100%) file 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 applicable to two of the cases that were audited. Two (100%) files met compliance for this critical measure.

11. Planning for a Child Leaving Care

CRITERIA

The Child Service file contains documentation confirming:

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

This critical measure was applicable to six of the files that were audited. Six (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 children out of foster care. Four files contained CRA's and two of these files contained RRSP's. One file contained a risk reduction plan, two files noted that a FGC took place, and four files identified that support services were being offered to assist with the transition home or into independence.

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 all of the cases that were audited. Twenty-one (100%) of the cases had documentation that met the criteria.

Practice Strengths:

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

- *Preserving the Identity of an Aboriginal Child in Care.* All of the files audited identified the child's cultural heritage and that the Band or Métis Association was contacted. Some of the files had cultural packages / presentations, ROOTS involvement, and the child participating in community and family cultural activities. Compliance increased from 25% to 100%.
- *Assuming Responsibility for a Child in Care.* Eighteen files had a true copy of the child's legal order and other relevant court documents, or agreements. Where applicable for the CCO files, the Public Guardian and Trustee and Band were notified. Family involvement in planning was noted through consents, Family Group Conferences and Voluntary Care Agreements. Compliance increased from 83.3% to 85.7%.
- *Ensuring a Child's Safety While in Care.* This critical measure looked for documentation identifying why the home was chosen. Twenty of the files had information 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/or with extended family. There was an increase in compliance from the previous audit - 58.3% to 95.2%.

- *Ensuring 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. The re-audit revealed an increase in this critical measure from 41.7% to 85.7%.
- *Involving a Child and Considering the Child's View in Case-Planning and Decision Making.* The twenty-one 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 parents, foster parent, Band, school, medical and community service providers. The critical measure saw an increase in compliance from 58.3% to 100%.
- *Maintaining Personal Contact with the Child in Care.* Standards indicate that the social worker is to have private in-person contact with the child at least every ninety days and in certain circumstances. This measure increased in compliance from 25% to 71.4%. In fifteen cases, contact was being documented through case notes, CPOC's, and/or recordings. In the six cases that received non-compliance contact may be occurring although not recorded.
- *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. Family Group Conferences and ROOTS involvement were taking place to explore other placement options. The CIC's were connected to their communities through activities. Compliance increased from 91.7% to 100%.
- *Reportable Circumstances.* The one file had confirmation that the appropriate individuals were notified and a plan for safety was developed and implemented. Compliance was 100% in the previous audit and this audit.
- *Planning for a Child Leaving Care.* The six files that received full compliance identified that preparation for moving a child out of care was taking place. Risk reduction plans were developed and support services were being offered. Plans to transition the child home included family involvement. Compliance increased in this measure from 50% to 100%.
- *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. There was an increase in this compliance rating from 75% to 100%.

Areas for Improved Practice:

The audit identified many critical measures that received a high compliance rating; however, the auditor recognized an area where improvements to practice should continue to be addressed.

- Many of the files lacked specific documentation that was required for critical measure #8. When assessing and planning for children in care the documents that the auditor looked for were LAC's, CPOC's, assessments and review recordings. Eight cases received full compliance; however, eleven 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*. Although the overall compliance rating remains low there has been a significant improvement from the previous audit as follows:

(C) 25% - 38.1%
(PC) 25% - 52.4%
(NC) 50% - 9.5%

Colleen Lucier
Deputy Director, Aboriginal Services
Interior Region

Date

Cynthia Walker
Auditor
Interior Region

Date

11. AUDIT RECOMMENDATIONS

On November 10, 2008 members of the regional senior management team met to discuss practice issues identified by the audit and develop recommendations for addressing the issues were proposed.

Recommendations:

- 1) By January 30, 2009 the Community Services Manager will review the current investigations at DWD which have been open longer than sixty days and she will advise the Director of Integrated Practice that there is a plan for completing the investigations.
- 2) As noted in the comment section of CFS critical measure #10 there was a high percentage of completed risk assessments, however, a low percentage of risk reduction plans. By January 30, 2009 the regional Aboriginal Child Protection Consultant will work directly with social workers at DWD to assist them translate their risk assessments into risk reduction service plans.
- 3) By January 30, 2009 the Deputy Director of Child Welfare will review the Child Service files which had partial compliance for CIC critical measure #8 to determine if they have a current plan of care. Any files that do not have a current plan of care will be referred to the Team Leader for immediate action.
- 4) By January 30, 2009 the Team Leader at DWD will advise the Community Services Manager that all the children currently in care at DWD will have been seen alone and apart from their caregivers by either their social worker or a designated contractor.

AUDIT SIGN OFF:

Barry Fulton
Director of Integrated Practice
Interior Region

Date

SECTION IV: APPENDICES - AUDIT DATA SUMMARIES

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

DATA SUMMARY

Office Code: DWD Total # of cases audited: 14

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery CFS Standard #1	13	92.9			1	7.1	
2	When a Child is at Immediate Risk of Harm CFS Standard #11	5	100			0	0.0	9
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	13	92.9			1	7.1	0
4	Family Development Response CFS Standard #14	0	0.0			0	0.0	14
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	11	78.6			3	21.4	0
6	Conducting a Child Protection Investigation CFS Standard #15	11	78.6			3	21.4	0
7	Seeing and Interviewing the Child and Family CFS Standard #15	12	87.5			2	14.3	0
8	Concluding a Child Protection Investigation CFS Standard #16	11	78.6	3	21.4	0		
9	Concluding Investigation in a Timely Manner CFS Standard #16	6	46.2			7	53.8	1
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	2	16.7			10	83.3	2
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	1	100	0	0.0	0	0.0	13
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24	0	0.0	0	0.0	0	0.0	14
13	Supervisory Approval C&FD Standard on Supervisory Approval	14	100			0	0.0	0
Total Applicable Indicators: 129		99	76.7	0	0.0	30	23.3	53

= 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: DWD

Total # of cases audited: 21

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	21	100	0	0.0	0	0.0	
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	18	85.7			3	14.3	
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	20	95.2			1	4.8	
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	19	90.5			2	9.5	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	21	100	0	0.0	0	0.0	
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	15	71.4			6	28.6	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	21	100	0	0.0	0	0.0	
8	Assessments and Planning for a Child in Care CIC Service Standard #11	8	38.1	11	52.4	2	9.5	
9	When a Child is Missing or Has Run Away CIC Service Standard #14	1	100			0	0.0	20
10	Notification of Fatalities, Critical Injuries and Serious Incidents C&FS Standard #24	2	100	0	0.0	0	0.0	19
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16	6	100			0	0.0	15
12	Supervisory Approval C&FD Standard on Supervisory Approval	21	100			0	0.0	0
Total Applicable Indicators: 198		173	87.4	11	5.6	14	7.1	54

= 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.