

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INTERIOR REGION

KAMLOOPS NORTH INTAKE AND FAMILY SERVICES TEAM (EFB)

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SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT INTERIOR REGION KAMLOOPS NORTH INTAKE AND FAMILY SERVICES TEAM (EFB)

1. PURPOSE

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

The specific purposes of case practice audits are:

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

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

2. METHODOLOGY

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

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

SECTION II: SERVICE DELIVERY

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

3. COMMUNITY OVERVIEW

a) Geographics: Kamloops is located at the confluence of the North Thompson and South Thompson rivers. The origins of the name “Kamloops” can be found in the Shuswap First Nation language Tk’emlups, meaning, where the waters meet. It is located at the hub of the Trans Canada, Coquihalla, Yellowhead and 97 highways and is approximately 310 kilometers north east of Vancouver. The Kamloops North Intake and Family Services Team (EFB) is located in the northern part of the city. EFB provides service to families and children living in the city area north of the Thompson River and extending up to but not including Barrie, British Columbia.

b) Demographics: Approximately 86,000 people live within 40 kilometers of the city. Kamloops is home to people of all ages, ethnic backgrounds, and economic classes. Major industries include forestry (pulp mill), mining, and ranching. The provincial lottery centre is located in Kamloops and Kamloops has a regional airport and a regional hospital. In collaboration with the Ministry of Children and Family Development, Royal Inland Hospital has opened a Suspected Child Abuse and Neglect Clinic which provides service to the entire south east quarter of the province.

c) Service Delivery: The Interior Region covers three large areas of the province, Cariboo/Thompson, Shuswap/Okanagan, and East and West Kootenays. The Regional office is located in Kamloops, however, there are sub regional offices in Kelowna and Nelson. At the time of this audit report the Regional Management Team consists of a Regional Executive Director, a Director of Regional Operations, Director of Integrated Practice, Director of Corporate Services, and a Director of Aboriginal Services. There are six Community Service Managers and two Aboriginal Service Managers. The Kamloops North Intake and Family Service team is one of seven teams in the Kamloops/Merritt area that report to the Community Service Manager located in Kamloops.

There are four protective family service teams in the Kamloops area, Kamloops South Intake and Family Service, Kamloops North Intake and Family Service, Family Development Response and the Aboriginal team. There is also a resource team and an adoption/guardianship team. The Kamloops North team (EFB) consists of one Team Leader, four protective family and child service workers and three intake and investigation social workers. The EFB team provides services to those families living in the Kamloops North area. The protective family and child service workers are responsible for ongoing supportive and protective family service, guardianship responsibilities, and completing investigations on family service files open to their caseload. The three intake and investigation workers are responsible for completing

intake and investigations on new family service files, or files that have been open in the past.

The EFB team is co-located with the Family Development Response (FDR) team and half of the Resource Team. There is also one supervisor of administrative support and five administrative support workers within the office. The Kamloops North office is located on the top floor of a large building and is shared with the Aboriginal team which is located on the bottom floor.

d) Service Transformation: The service delivery model in Kamloops has experienced major transformation over the past few years. The ministry has had a physical presence in both of the major population centers in Kamloops (north shore and city center). Family service teams (which are also responsible for investigations) are located in both areas. There has been a creation of a new team (Family Development Response) which is now responsible for receiving all child welfare calls coming from communities serviced by both offices as well as four specialized FDR workers. The north shore office (Southill Street) is also home to the Aboriginal services office and the city center office (Battle Street) is home to the youth probation office and child and youth mental health. A small number of community partners share office space at the Southill office.

Service transformation initiatives have also included the current plan to transfer of all aboriginal children in care to the delegated agency in Kamloops (Secwepemc Child and Family Services). There has also been an additional family group conference coordinator hired in Kamloops (two in total). There has been a Ministry wide implementation of the Presumption in Favor of Collaborative Planning and Decision Making (CPDM) which requires family group conferencing, mediation and traditional decision making as the first choice for child welfare decisions. Court is the alternative for resolving child welfare disagreements. Since the initiation of the CPDM, the EFB team has been one of the Regional leads in the number of referrals to mediation and family group conferences.

The EFB Team Leader also stated that she is involved in several committees and projects to facilitate community connections. The EFB Team Leader is part of a committee where various Team Leaders within the Kamloops area meet with hospital staff at the Regional Interior Hospital in Kamloops every 2-3 months to focus on relationships between the hospital and the ministry, and to discuss issues/mandates and roles. The Team Leader has also been the lead in collaborating with School District 73 to implement a two-tiered model. Tier one consists of social workers working inside identified schools and being directly available for consultation to teachers and principals. Tier two requires North Shore Team Leaders and management to meet once a month with the Superintendent and Principals of the identified schools to discuss high profile cases in order to assist families, as well as to improve communication and understanding of MCFD and SD #73 processes, mandates and roles. The EFB Team Leader has just started communication with the RCMP to develop a protocol and increase working relationships between the two

agencies. The Team Leader also attends monthly meetings with the various contracted agencies to further develop already existing relationships.

4. STAFFING

a) Professional Staff Complement/Staff Turnover:

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
		BSW	Protection	Full	Regular full time
		BSW	Protection	Full	Regular full time
		BSW	Protection	Full	Regular full time
		BSW	Protection	Full	Regular full time
		BSW	Protection	Full	Regular full time
		BSW	Protection	Full	Regular full time
		BSW	Protection	Full	Regular full time
		BSW	Protection	Full	Regular full time

b) Current Workload

At the beginning of the audit, September 9, 2008, caseload management reports were printed for each of the caseloads. The following is a listing of Family Service (FS) and Child Service (CS) files assigned by caseload.

EFB: Seventeen (17) FS	Fourteen (14) CS
EFB: Eleven (11) FS	One (1) CS
EFB: Twenty -Two (22) FS	Four (4) CS
EFB: Twelve (12) FS	Eleven (11) CS
EFB: Sixteen (16) FS	Eight (8) CS
EFB: Eighteen (18) FS	Six (6) CS
EFB: Eighteen (18) FS	Eight (8) CS

In total there were one hundred and fourteen (114) open FS files and fifty two (52) open CS files. There were six notepads not included in the caseload totals.

Over the past two years the Kamloops protective family services area has increased the total number of full time employees (FTE's) by three; one of which was assigned to EFB. The remaining FTE's were used to create a new team for Family Development Response and screening (the screeners accept all calls for the Kamloops area and transferring the intakes to the appropriate team based on the family's Aboriginal heritage or geographical location), which is co-located with EFB. EFB remains responsible for investigations and ongoing family support.

Within the past year, EFB has gone through significant staff changes. Four of the previous workers on the team transferred to the new FDR team and the previous EFB Team Leader moved into management. The four social workers were replaced by out of town transfers from various locations within the province.

5. STAFF TRAINING

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

5. SUPERVISION/CONSULTATION:

The EFB Team Leader states that supervision and consultation occurs on a daily basis, she provides an open door policy to all staff, and is available for consultation on a case by case and as needed basis. The Team Leader has developed a tracking system for most consultations in order to track workload, provide feedback and develop a system of monitoring progress within a family. Scheduled supervision is also in place with each worker for both caseload reviews and formal supervision. The Team Leader meets with each worker at minimum every six weeks to discuss practice issues, professional development, workload management, to provide feedback, and to develop and to monitor the worker's identified goals. Team meetings are also scheduled once per week with all staff. The Team Leader attends family court with the workers as well as most mediations and Family Group Conferences.

6. INTAKE AND TRACKING SYSTEMS

1. Investigations: Within the EFB team there are three workers assigned to complete investigations on new or previously closed FS. They are also responsible for completing investigations on files open to their caseload at the time of the report. There are also four workers assigned to complete ongoing family service and guardianship responsibilities. The after hours team also initiates, assesses and responds to child protection reports and investigations after regular business hours.

There are three workers on the FDR team who manage intake (screening) for the entire Kamloops area (north, south, and Aboriginal service offices). The screener completes an initial assessment to determine the nature of the call and which office should respond. If the information pertains to a family who resides in the North Shore area and the family does not have an open family service file, the information is given to the investigation social worker at EFB. Each of the three workers assigned to complete investigations is scheduled for a full duty day throughout the week on a rotating basis. The screener will e-mail the preliminary information and note pad number to the duty worker and will follow up with a signed-off hard copy. Should the information require an immediate response, the screener will contact the worker directly. Once the investigating EFB social worker receives the information, the worker is responsible for entering the note pad onto the FS file, consulting with their Team Leader and completing the investigation. If the investigation results in the child being found in need of protection or the family requiring support services, the file is transferred from the EFB investigation social worker to an EFB protective family service worker. Generally the EFB investigating social worker is responsible for completing all initial court proceedings, all required referrals, an opening recording, and risk assessment prior to the transfer. The workers will also meet with the family together to discuss the file transfer.

If the screener receives a call regarding a family who resides in the North Shore area and has an open family service file, the intake is transferred to the ongoing protective family service worker who is working with the family. This EFB worker is then responsible for entering the note pad onto the FS file, consulting with the Team Leader and completing the intake/investigation.

The after-hours team is located at the EFD North Shore office. The after-hours social worker begins the shift at 3:30 p.m. and covers all new calls to the screener at that time (this is intended to enable the screener to load information on the computer and to transfer intakes). The after-hours team does screening, emergency response, and follow up work referred by daytime staff from 3:30 p.m. to 12:30 a.m. Monday through Thursday, 3:30 p.m. to 1:30 a.m. on Fridays, and 12 noon to midnight on Saturday and Sunday. The Helpline manages child protection reports that are received outside of these hours (and outside of regular business hours). Individual social workers from around Kamloops are called out if necessary. All intakes and investigations are tracked using the caseload management reports and through regular scheduled supervision.

2. Ongoing Family Service and Child Service: Child and family service files are tracked during regular scheduled supervision, the Team Leader's tracking binder and the worker's ongoing consultation with the Team Leader. Four workers provide ongoing child and family services, complete investigations on open files on their case load, and ongoing protective family service and guardianship responsibilities for children in temporary care. When a continuing custody order is granted the EFB worker transfers the CS file to the guardianship team. File transfers occur through the respective Team Leaders and the worker will generally introduce the child to the new worker. To finalise the transfer the EFB worker is responsible for completing all court work, completing a transferring recording and completing the required CPOC. Family service files are either transferred in from another office, out to another office or from the investigation EFB worker to the family service EFB worker. The Team Leader decides which files will be transferred to which worker based on the caseload size and or caseload complexity.

SECTION III: AUDIT RESULTS

9. AUDIT SAMPLE

The terms of reference letter, which was distributed prior to the initiation of the Kamloops North Intake and Family Service (EFB) 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 (September 9, 2008) were used to identify files for the audit. On that date there were one hundred and fourteen (114) open family services files, fifty-two (52) open child service files, twenty-eight (28) closed family service files, and eleven (3) closed child service files that had been closed in the past six months.

A **21.93%** random sample was taken from the 114 open FS files resulting in 25 files audited. A **17.31%** random sample of the 52 open CS files was taken resulting in nine files audited. A **21.43%** random sample of the 28 closed FS files was taken resulting in 6 files being audited. A **45.45%** random sample of the 11 closed CS files resulted in 5 files audited. Combining the sample percentages of 21.93%, 17.31%, 21.43%, and 45.45% provides a mean sample size of **26.53%**.

A combined total of the Family Service and Child Service files were randomly selected from each caseload as follows:

Worker	FS open	FS closed	CS open	CS closed
EFB	3	0	4	1
EFB	5	2	0	0
EFB	6	4	0	1
EFB	2	0	3	0
EFB	3	0	2	0
EFB	4	1	1	1
EFB	2	0	0	0

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

Thirty-one (31) Family Service files were audited. Overall compliance to the child and family services standards was **81.4 %**. 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. 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 thirty-one of the cases that were audited. Twenty-seven (87.1%) 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 two cases that did not satisfy all of the above criteria for compliance there was no documentation that a PCC or review of information took place. In one case the self identified as Aboriginal; however, this was not pursued. In the fourth case that did not receive compliance the Aboriginal community was not contacted.

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 ten of the files that were audited. Ten (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 thirty-one of the files that were audited. Thirty (96.8%) of the files had documentation that met the criteria for compliance to this critical measure. In the one file that did not receive compliance, it was the auditor's opinion that this report should have been investigated.

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 twenty-two files that were audited. Twenty-two (100%) of the files had documentation that met the criteria for compliance to this critical measure.

6. Conducting a Child Protection Investigation

CRITERIA

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

- (a) documentation that all relevant and necessary information related to the report, including existing case records and files, has been reviewed.
- (b) documentation that information from people who may have relevant knowledge of the family and/or child has been obtained.
- (c) documentation that the child's living situation has been directly observed.
- (d) where required by policy in specific circumstances:
- (e) documentation that a medical examination of the child has taken place and a copy of the medical report is on file, or where a medical examination was not done, the reasons are documented.
- (f) documentation that a child with capacity has given consent to medical treatment and has not received medical treatment without their consent unless so ordered under section 29 of the CF&CS Act or in compliance with other legislation. (examples: an unconscious child who requires critical treatment and a parent/guardian is not available, or required treatment under public or mental health legislation).

- (g) documentation that the aboriginal community and/or identified delegated agency have been contacted and involved, according to established protocols.
- (h) where a child is considered to be in immediate danger and the child or family cannot be located, there is documentation that the police were involved and information/action alerts were completed as required.
- (i) where in the course of an investigation, a conclusion has been reached that a child does not need protection, there is documentation of any decision to discontinue the investigation and where required, of any alternative response chosen.

This critical measure was applicable to twenty-two files that were audited. Twenty (90.9%) of the files had documentation that met the criteria for compliance to this critical measure. In the two cases that did not satisfy all of the above criteria there was no indication that a home visit occurred. In one case key collaterals to the investigation were not contacted.

7. Seeing and Interviewing a Child and Family

CRITERIA

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

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

This critical measure was applicable to twenty-two files that were audited. Twenty-one (95.5%) 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, there was no file documentation that the children were interviewed.

8. Concluding a Child Protection Investigation

CRITERIA

The Family Service file documents:

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

This critical measure was applicable to the twenty-two files that were audited. Twenty (90.9%) of the files had documentation that met the criteria for this critical measure. In the two 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 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, these two cases automatically received a non-compliant rating as they were non-compliant in critical measure #6 and #7.

9. Concluding a Child Protection Investigation in a Timely Manner

CRITERIA

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

This critical measure was applicable to the twenty-two 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 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.

- Three (13.6%) of the cases had documentation that the investigations were completed within thirty days.
- Three cases were concluded between 31- 45 days.
- Four cases concluded between 46-60 days.
- Five cases between 61-90 days.
- Seven cases were over 90 days.

Of the non-compliant files, two investigations appeared to have been completed within the thirty days with a delay in sign off. The remaining seventeen investigations were open over thirty days.

10. Developing a Plan to Keep a Child Safe

CRITERIA

The Family Service file contains:

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

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 fifteen of the files that were audited. Four (26.7%) of the cases had documentation that met the above noted criteria for compliance. Ten files were given a non-compliance rating as there was no RRSP

completed. One other file had neither a CRA nor 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 three of the files that were audited. One (33.3%) of the cases had documentation that reflected that there had been a review of the planning and the risk reassessed. In the two cases that did not meet the above noted criteria for compliance there was no documentation that reflected that there had been a review of the planning and that risk was reassessed.

12. Notification of Fatalities and Critical Injuries

CRITERIA

The Family Service file contains documentation confirming:

- (a) that an initial report in the prescribed format has been submitted to the designated director within 24 hours of learning of a death or critical injury of a child who has received services within the past 12 months.
- (b) that reasonable effort has been made to inform and offer support to the child's legal guardians and appropriate members of the child's family and extended family.
- (c) that community service providers and delegated agencies involved with the child have been informed of the incident.

This critical measure was not applicable to anyone (0.0%) of the thirty-one 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 thirty-one of the cases that were audited. There was documentation on thirty (96.8%) files reflecting that the Team Leader was consulted at the required times. One file received non-compliance as the auditor could not locate documentation that the Team Leader was consulted at the time the decision to return the child home was made, or if there was consultation at the expiration of the supervision order.

Additional Comments:

Practice Strengths:

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

- **CM # 1. Screening and Best Approach to Service Delivery (87.1 %.)** The audit determined that sufficient information was gathered and a prior contact check (PCC) was conducted on twenty-seven of the files reviewed. Where services were offered or provided, they were as least disruptive as possible.
- **CM #2. When a Child is at Immediate Risk of Harm (100%).** In the ten cases that determined there was risk of immediate harm, the files contained an appropriate response to ensure safety.

- **CM #3. Assessing Child Protection Reports and Determining the most Appropriate Response (96.8%)** 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 thirty cases the response time assigned was applicable to the reported concerns.
- **CM #5. Determining the Time Frame to Begin an Investigation (100%).** Of the twenty-two files that this critical measure applied to, all had documentation to show that the investigations were prioritized correctly and started within the timelines.
- **CM #6. Conducting a Child Protection Investigation (90.9%).** The auditor looked for documentation that all relevant information was reviewed, the living situation was observed, pertinent collaterals were contacted, and where applicable, the Aboriginal or Métis community was invited to participate. Twenty files received compliance for this measure.
- **CM #7. Seeing and Interviewing the Child and Family (95.5%).** Compliance was given to twenty-one applicable files. The subject child, siblings, and parent(s) were seen and interviewed. Based on the documentation the interviews were investigative in nature.
- **CM #8. Concluding a Child Protection Investigation (90.9%).** 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 twenty cases the finding of protection or not was consistent with the facts gathered. Steps to address the safety needs were considered and implemented.
- **CM # 13. Supervisory Approval (96.8%).** Thirty 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 (13.6%)** did not receive high compliance. Although the work may have been completed within the 30 day time frame, the conclusion of the investigation is

determined by the date the Team Leader signs off the report. The audit determined that:

- Three cases had documentation that the investigations were completed within thirty days.
- Three cases were concluded between 31- 45 days.
- Four cases concluded between 46-60 days.
- Five cases between 61-90 days.
- Seven cases were over 90 days.

As noted previously, of the non-compliant files, two investigations appeared to have been completed within the thirty days with a delay in sign off. The remaining seventeen investigations were open over thirty days.

- **CM #10. Developing and Implementing a Plan to Keep a Child Safe (26.7%).** To meet compliance after a protection finding both a Comprehensive Risk Assessment and Risk Reduction Service Plan are required. Of the fifteen cases this measure applied to, ten files had transferring recordings with Comprehensive Risk Assessments (CRA) completed; however, no Risk Reduction Service Plans (RRSP) were documented. One file had neither a CRA nor a RRSP.
- **CM #11. Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response (33.3%).** Although only three files pertained to this measure, one of the files had no CRA, RRSP, no formal documentation describing services and progress being made. There was no documentation reflecting that the expectations were regularly and thoroughly reviewed.

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

NARRATIVE SUMMARY

Fourteen (14) child service files were audited. Overall compliance to the child service standards was **77.9%**. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

1. 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 all of the cases that were audited. In thirteen (92.9%) of the cases the child was determined to not have Aboriginal or Métis heritage. In the one case that did not meet compliance the child was identified as Métis which should have been pursued through contact with the Métis community.

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. 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 identity of the biological father was not acknowledged and the court documents were inaccurate.

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 fourteen of the files that were audited. Thirteen (92.9%) of the files had documentation that met the criteria for this critical measure. In the one file that did not meet compliance there was no explanation

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 the fourteen files audited. Ten (71.4%) of the cases had documentation to meet the criteria for this critical measure. In four cases there was no documentation that the Section 70 Rights were reviewed according to *Child in Service Standard # 6*.

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. Ten (71.4%) of the files had documentation that met the criteria for compliance to this critical measure. In the four files that did not meet compliance there was no documentation that the child and/or others in significant relationships with the child were involved in the development or reviews of the child's plan of care.

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 fourteen of the cases audited. Ten (71.4%) of the files had documentation reflecting that a social worker had

personal contact with the child away from the foster home as required by standards. Four of the cases had no documentation that indicated that the child was seen alone and in private, at minimum, every ninety days.

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 the fourteen 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 there was no documentation that the \ maintained relationship with family.

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 the fourteen cases that were audited. Five (35.7%) 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). Five (35.7%) of the files received 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 the *Child in Care Service Standard # 11*; therefore, were non-compliant. Four files received non-compliance as there was no documentation that the plans of care and reviews of planning were taking place within the time intervals as required.

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 applicable to one case that was audited. The one (100%) case had documentation that a Reportable Circumstance was completed as required.

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.

This critical measure was applicable to seven of the files that were audited. Four (57.1%) of the cases met the above noted criteria for compliance for this critical measure. The auditor was looking for documentation that reflected what was being done to move the child out of foster care. In three of the files there was no documentation that would help identify what changed in the family that would make it safe for the child's return home.

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 the fourteen cases that were audited. Twelve (85.7%) of the cases had documentation that met the criteria. For the two cases that did not meet compliance, one file had no indication that the Team Leader was involved in the decision to bring the child into care. There was no opening intake, review recordings, closing recording, or plans of care on file that had the Team Leader's signature. The other file received non-compliance as there was no record that the Team Leader was involved in the decision to return the child home under supervision.

Additional Comments:

The auditor is referring one file to the Team Leader for follow-up. The auditor is requesting an explanation for the decision not to proceed with the application for a supervision order.

Practice Strengths:

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

- **CM # 1. Preserving the Identity of an Aboriginal Child in Care (92.9%).** Thirteen files had documentation that the child's heritage was not Aboriginal or Métis. Families identified with Aboriginal or Métis heritage are serviced through the Aboriginal Services team.
- **CM # 2. Assuming Responsibility for a Child in Care (92.9%).** Thirteen files had a true copy of the child's legal order and other relevant court documents. Family involvement in planning was noted through Family Group Conferences and Voluntary Care Agreements.
- **CM # 3. Ensuring a Child's Safety While in Care (92.9%).** This critical measure looked for documentation identifying why the home was chosen. Thirteen of the files indicated that the homes provided safety and met the child's needs as well as cultural requirements. Efforts were made to place sibling groups together in their community.
- **CM # 7. Meeting a Child's Need for Stability and Continuity of Lifelong Relationships (92.09%).** Thirteen files received compliance 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.
- **CM # 9. Reportable Circumstances (100%).** The two files had confirmation that the appropriate individuals were notified and a plan for safety was developed and implemented.
- **CM # 10. Notification of Fatalities, Critical Injuries and Serious Injuries (100%).** The one file that this measure applied to received compliance.
- **CM # 12. Supervisory Approval (85.7%).** Twelve files contained documentation that the supervisor was involved in planning and decision making. For example, this was evident through supervisory sign-off on recordings and co-correspondence, CPOC's, CRA's, VCA's, and case notes.

Areas for Improved Practice:

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

- **CM # 4. Ensuring the Rights of a Child in Care (71.4%).** 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. Four files received non-compliance.
- **CM # 5. Involving a Child and Considering the Child's View in Case-Planning and Decision Making (71.4%).** Ten of the fourteen 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 parent, foster parent, school, and medical and community service providers. Four files received non-compliance.
- **CM # 6. CIC Maintaining Personal Contact with the Child in Care (71.4%).** 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. Contact may be occurring although the worker may not be recording the contact. Four files received non-compliance.
- **CM # 8. Assessments and Planning for a Child in Care (35.7%).** Four 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. Five cases (35.7%) 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*.
- **CM # 11. Planning for a Child Leaving Care (57.1%)** was applicable to seven files with three files receiving non-compliance. The auditor could not confirm through documentation that reviews of safety planning were taking place when a child was being returned to the home. For two files there was no indication on file of the steps being taken to prepare and support a child's transition out of care.

Cynthia Walker
Auditor
Interior Region

Date

Brendan Flynn
Deputy Director
Interior Region

Date

11. AUDIT RECOMMENDATIONS

On October 24, 2008 members of the regional senior management team, the Team Leader at EFB, and the auditor convened in a teleconference during which practice issues identified by the audit were discussed and recommendations for addressing the issues were proposed as follows:

1. By February 28, 2009 the Community Service Manager will advise the Director of Integrated Practice that the Team Leader's modification to the intake tracking system and monthly reviews of caseloads has increased compliance in completing investigations within the thirty day time frame. The Community Service Manager will also advise the Director's Office that the immediate change in the rotation of the intake schedule, allowing workers to have one full week off between receiving new intakes, has also had a positive impact on meeting compliance to CFS Standard # 16.
2. By February 28, 2009 the Community Service Manager will notify the Director of Integrated Practice that every child service file will have documentation that the child/youth was seen alone and apart and that the Section 70 Rights were reviewed.
3. The Team Leader and EFB staff will identify all files requiring Comprehensive Risk Assessments, Risk Reduction Service Plans, Comprehensive Plans of Care, and reviews of planning. The Team Leader will ensure that progress is being made on completing assessments and reviews by discussing outstanding tasks during regular tracking meetings with staff. By March 31, 2009 the Community Services Manager will advise the Director of Integrated Practice that this type of review has been integrated into the Team Leader's tracking system.

DATA SUMMARY

Office Code: EFB

Total # of cases audited: 31

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery CFS Standard #1	27	87.1			4	12.9	0
2	When a Child is at Immediate Risk of Harm CFS Standard #11	10	100			0	0.0	21
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	30	96.8			1	3.2	0
4	Family Development Response CFS Standard #14	0	0.0			0	0.0	31
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	22	100			0	0.0	9
6	Conducting a Child Protection Investigation CFS Standard #15	20	90.9			2	9.1	9
7	Seeing and Interviewing the Child and Family CFS Standard #15	21	95.5			1	4.5	9
8	Concluding a Child Protection Investigation CFS Standard #16	20	90.9			2	9.1	9
9	Concluding Investigation in a Timely Manner CFS Standard #16	3	13.6			19	86.4	9
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	4	26.7			11	73.3	16
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	1	33.3	0	0.0	2	66.7	28
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24	0	0.0	0	0.0	0	0.0	31
13	Supervisory Approval C&FD Standard on Supervisory Approval	30	96.8			1	3.2	0
Total Applicable Indicators: 231		188	81.4	0	0.0	43	18.6	172

= 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: EFB

Total # of cases audited: 14

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	13	92.9	0	0.0	1	7.1	
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	13	92.9			1	7.1	
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	13	92.9			1	7.1	
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	10	71.4			4	28.6	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	10	71.4	0	0.0	4	28.6	
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	10	71.4			4.2	28.6	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	13	92.9	0	0.0	1	7.1	
8	Assessments and Planning for a Child in Care CIC Service Standard #11	5	35.7	5	35.7	4	28.6	
9	When a Child is Missing or Has Run Away CIC Service Standard #14	2	100			0	0.0	12
10	Notification of Fatalities, Critical Injuries and Serious Incidents C&FS Standard #24	1	100	0	0.0	0	0.0	13
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16	4	57.1			3	42.9	7
12	Supervisory Approval C&FD Standard on Supervisory Approval	12	85.7			2	14.3	0
Total Applicable Indicators: 136		106	77.9	5	3.7	25	18.4	32

= 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.