

**DIRECTOR'S CASE PRACTICE AUDIT REPORT
Vancouver Island Region**

Port Alberni Team (KFB)

**Field Work Completed: October, 2008
Report Completed: November, 2008**

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1. PURPOSE

The purpose of case practice audits is to support practice principles that promote improved outcomes for children and families. 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 systematically conducted on a regular cycle. All regions are expected to conduct regional case practice audits in accordance with the Quality Assurance Standards for case practice audits.

2. METHODOLOGY

The audit was conducted to meet provincial standards in accordance with Case Practice Audit Methodology and Procedures Document (March 2003). 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**

The auditor met initially with the team to review the audit purpose and process. During the audit, the Team Leader was interviewed with respect to office systems, and service delivery. The KFB Social Workers were also asked to participate in a discussion regarding the office service delivery and barriers to effective service delivery. An exit meeting with the team including Team Leader and team was conducted at the conclusion of the audit to review the findings. At the conclusion of the audit, individual case audit reports were sent to the Team Leader and Community Service Manager.

SECTION II: COMMUNITY CONTEXT

3. SERVICE AREA

a) Geographic information: The KFB catchment area includes the city of Port Alberni, the districts of Ucluet and Tofino, and 10 Reserves served by USMA, the Nuu-Chach-Nulth Community and Human Services Program. Port Alberni is located in the center of Vancouver Island at the head of the Alberni Inlet. Ucluet and Tofino are located on the mid-western coastline of Vancouver Island. Forestry and tourism are primary industries in this area.

b) Population: 2006 census data indicates that the Alberni-Clayoquot district total population was 30, 664.

Social demographics

Education & Income

• % of Income Assistance Caseload that are single parent families (2004)	19.2%
• % of Unemployment beneficiaries ages 19-64 (2004)	4.6%
• % of population ages 25-54 without High school completion (2001)	25.1%
• % of 18 year old who did not graduate (average 2005-2007)	34.6%

Serious Crime offences per 100,000 population (average 2001-2003)

Violent	3.2
Property	13.4
Total Serious Crime	16.6
Non Cannabis drug offences	216.2 charges /100,000 population
Illicit drug deaths (2006)	0
Spousal Assault (2003-2005)	6/100,000 population

Serious Juvenile (12-17) Crime offences per 100,00 population (average 2004-2006)

Violent	3.8
Property	7.6
Total Serious	11.4
Non Cannabis drug offences	25.3

Health

• Infant Mortality Rate (per 1000 live births) (2002-2006)	6.7
• Potential years of life lost due to suicide/homicide (2002-2006) (per 1000 population)	7.6
• Teen Pregnancies (per 1000 women 15-17) (2004-2006)	36.9
• Per Capita Alcohol Sales (2007 per population age 19+)	

- Dollars Spent: \$1,081
- Liters consumed: 179

*Note** this does not specify what % is due to tourism*

• Child Abuse Rate incidences per 1000 population (2007 per 1000 population age 0 to 18)	33.7
Children in Care Rate (2007 per 1000 population age 0 to 18)	24.2

a) Service Delivery:

The KFB team provides protective and supportive family and child services, receives and responds to intakes, conducts investigations, and performs guardianship functions to children either in temporary or continuing care of the Ministry in the Alberni/Clayquot district.

Two social workers respond to intakes and conduct investigations. At the time of the audit one of the intake social workers was in the process of leaving her front line position to assume an acting team leader role for the other Port Alberni team.

A third social worker is responsible for responding to intakes both in Port Alberni and to the communities in the Tofino/Ucluelet area, and for the provision of ongoing service in these communities, some of which are quite isolated. Travel time reduces time available to spend with families and community partners. Originally this social worker's intake responsibilities in Port Alberni were to be reduced in recognition of the work required to provide service to the outlying communities. The team has been short staffed and therefore this plan has not been realized. Consequently, this social worker has been left with full intake responsibilities in addition to providing service to those communities outside of Port Alberni.

One social worker FTE has been assigned to providing ongoing family services, delivering a family development response, and managing youth agreements. The social worker currently assigned to this caseload is also a Regional BCGEU Chairperson and is responsible for fulfilling associated duties that requires time away from service delivery. Her caseload has not been covered during absences due to conducting Union business.

A fifth social worker on the KFB team is responsible for managing family service files with youth related issues.

i) Residential Services

The KFB team accesses approved foster homes by discussing placement needs with one of the two resource social workers assigned to the KFC team. At the time of placement, a KFB social worker completes a referral document and provides necessary information directly to the foster parent. The KFB team has no responsibility for recruiting foster parents, conducting home studies, managing placement requests, or providing support to foster parents.

ii) Service Transformation Plan

The provision of a Family Development Response (FDR) has been assigned a KFB social worker who also manages family service cases and provides service to youth. The time available to deliver FDR is limited as a result of SW's other responsibilities. It is her observation that few clients meet the criteria of the FDR screening tool. The successful delivery of a FDR is further limited when the client's commitment to the risk reduction plan wanes.

KFB also accesses Family Group Conferences, a contracted service. Referrals to FGC are submitted by the SW providing ongoing family service.

4. STAFF TRAINING

Ministry Training Programs						
CPW Training Program (core)	√	√	√	√	√	√
Resources SW Training						
Guardianship Core Training			√			
Adoption Core Training			√			
Clinical Supervision Level 1.	√				√	
Clinical Supervision Level 2		√				
Risk Assessment	√	√	√	√	√	
Advanced Risk Assessment		√				√
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 training module 1						
D/S training mod. 2						
Leading the Way						

5. SUPERVISION/CONSULTATION

The KFB team has had several changes in leadership in recent years. Until approximately four years ago the Port Alberni district office was divided into two separate teams. At that time one team leader retired and the teams were collapsed into one team, KFB. KFB was led by a Team Leader and a clinical supervisor. In the fall of 2007 the team was again divided into two teams, KFB and KFC. The KFB Team Leader was assigned to this position. In addition to assuming full responsibility for supervising the Child and Family Service social workers he also supervised two probation officers,. He also retained responsibility for a youth justice caseload. Meeting work related responsibilities became more taxing. Several changes in leadership were reported to have been challenging for the KFB social workers¹ as supervision and consultation were not consistently available.

At the time of this audit the Team Leader was absent from work. His position was being covered by the social program officer The acting Team Leader currently supervising KFB travels to and from Port Alberni daily and

¹ Personal interview with KFB Social Workers . October 9, 2008 .

generally. If immediate consultation is required staff may contact her by cell phone, or consult with the KFC Acting Team Leader, or discuss the concern with available senior social workers.

The KFB acting team leader has an open door policy and endeavors to be available for consultation on an “as needed” basis. The A/TL also uses caseload management reports to keep apprised of case assignments and key events and aims to conduct a thorough caseload review with each social worker once every six weeks. The team meets once weekly at which time they discuss workload distribution and case assignments.

6. INTAKE AND TRACKING SYSTEMS

a) Investigations:

The acting team leader requires that intake staff maintain a daily log of intake reports and requests. This log serves to keep her apprised of current issues, workload, and intake decisions. Intake duties rotate between the three designated Intake social workers. Once a request or report is received, the intake social worker documents the required information on the ministry information system (MIS) and conducts a prior contact check, then consults with the team leader to plan a response to the report or request. Intake social workers are responsible for conducting investigations for those families not currently receiving service by the district office. If an open file exists, investigations are conducted jointly with the Family Service social worker.

When an intake leads to ongoing service, the Intake social worker presents the case at the weekly team meeting where it is assigned to a Family Service social worker. File assignments are determined by workload distribution, prior social worker knowledge of the family, and social worker interest. Ideally the intake social worker and assigned family service social worker meet together with the family to introduce the family service social worker and review the purpose of ongoing service. Transfer points are identified as challenging as responsibility for completion of various file requirements has not be clearly determined. Staff are in the process of developing a protocol that will guide the transfer process.

b) Ongoing Family Service and Child Service

Social workers responsible for the provision of service beyond intake use personally developed systems to track case progress and significant dates. Case Management Reports and MIS caseload lists may be used for this purpose. The KFB team leader limits case consultation to occasions where a significant change had occurred or when standards require supervisory approval. Social workers are responsible for requesting consultation at these times. The KFB acting team leader intends to review caseloads with the assigned SW once every six weeks.

7. STAFFING

a) Staff Complement/Staff Turnover:

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status

		BSW		Full	Full Time, Permanent
		BSW		Full	Full Time, Permanent
		BA – CYC		Full	Full Time, Permanent
		BA - CYC		Full	Full Time, Permanent
		BSW		Full	Full Time, Permanent
		BA – CYC		Full	Full Time, Permanent

b) Current Workload

File Type

Monthly Average

(April 2008 to Sept. 2008)

Child Protection intakes	30
Requests for Family Support Services	5
Requests for Youth Services	2
Total Intakes per month	37
Youth In Care Files	25
Aboriginal Youth In Care	12
Family Services	58
Supervision Orders	6
Youth Agreement Files	6
Youth Services Files	2

Caseload Characteristics

Children and Youth Served Over Previous Six Months

Month	Aboriginal CIC's	Non-aboriginal CIC's	Total CIC's	Youth Support Services	Youth Agreements	Supervision Orders
July	12	14	26		6	9
June	12	13	25		6	2
May	12	12	24		6	2
April	12	9	21		7	4
March	11	10	21		8	2
February	14	16	30		7	2

Ages of children and youth

Age	# of CIC's	Age	# of CIC's	Age	# of CIC's
0	3	7	1	14	2
1	1	8	1	15	3
2	2	9	3	16	1
3	1	10	0	17	1
4	1	11	0	18	1
5	2	12	1		
6	1	13	2		

Sept. 2008 MARS)

Children in Care by Legal Authority

Legal Authority	# of CIC's
Continuing Custody	12
F.R.A. Ward	0
Interim Order	3
Out of Province	0
Removal of Child	1
Special Needs Agreement	1
Temporary Custody	4
Voluntary Care Agreement	4
Not Coded	0

(Sept. 2008, MARS)

After Care Plan

After Care Plan	# of CIC's
Adoption	10
Independent Living	1
Not Coded	1
Place with Relative	1
Place within Aboriginal Community	0
Return to Parent	11
Substitute Care	3

(Sept. 2008, MARS)

8. ABORIGINAL SERVICES

Aboriginal people living on reserve within the Port Alberni service district are served by USMA Family and Child Services, a fully delegated agency. USMA provides “protective services to families living on Nuu-chah-nulth reserves by investigating reports of child abuse and neglect and ensuring the safety and support of children whom are victims of abuse and neglect.”² Services to aboriginal people living off reserve are provided by the Port Alberni ministry office. The transfer of files between USMA and the ministry is governed by an inter-agency protocol completed in November 2000. The protocol requires the completion of a transfer recording by the sending office prior to file transfer.

When an investigation of a Nuu-chah-nulth child off reserve requires removal of the child, the ministry social worker notifies USMA and requests their involvement in planning for the child. Protective services are retained by the ministry unless the child is placed with a caregiver living on reserve.

SECTION III: CASE PRACTICE REVIEWS

9. AUDIT SAMPLE

As noted in the terms of reference letter that was sent to the Community Services Manager and Team Leader on August 19, 2008, a sample size of between 20% and 25% of open cases were selected for this audit. KFB is responsible for intake; and protective and support services to families with minor children. At the time of the audit there were 60 open family service files, 34 child services files and 45 open files where the request for service or need for investigation was currently being assessed. A data set was compiled by obtaining Closed Investigation reports from the Ministry Analysis and Reporting System (MARS) website for the previous six months. This data was then randomly sorted using Excel spreadsheet, and the first 20% of each

² Nuu-Chah-Nulth. <http://www.nuuchahnulth.org/index.html>

caseload were selected to create the audit sample. Open family services and child services files were selected from current case management reports available on MARS via a random sampling process using the computer program, Excel.

The intake reports for KFB on MARS indicate there were 207 intake and investigation reports over the past 6 months (March - August 2008). Of the 207 reports, 183 (90.3%) were child protection reports, 17 (8.2%) were family service requests and 7 (3.4%) were youth service requests. 32 closed intake files were audited representing 20% of the intakes closed within the last 6 months. In addition, 10 open family services file were audited representing 20% of the open, on-going family service files. 8 child services files were audited representing 25% of open child service files for children in care. In addition to these files KFB child service files include six files managed by an adoption social worker located in a separate district office. These files have not been included in the audit sample as they are not reflective of the work conducted by the KFB team members.

10. CRITICAL MEASURES AUDIT TOOL FOR CHILD AND FAMILY SERVICE STANDARDS

A total of 43 family service files were audited. Of these files, 32 were audited only to the intake that was closed in the last 6 months, and 11 were audited to the most recently closed intake and the last 3 years of ongoing family service practice. Overall compliance to the family service standards was 68.8%. 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:

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	C		PC		NC		NA
		#	%	#	%	#	%	
1	Screening and Best Approach to Service Delivery <i>CFS Service Standards #1 and #12</i>	25	58.1%			18	41.9%	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11</i>	2	100%			0	0.0%	41
3	Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard #12</i>	22	68.8%			10	31.3%	11
4	Family Development Response <i>CFS Service Standard #14</i>	0	0.0%			0	0.0%	43
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	12	100%			0	0.0%	31
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	6	50.0%			6	50.0%	31

7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	7	58.3%			5	41.7%	31
8	Concluding a Child Protection Investigation <i>CFS Service Standard #16</i>	5	41.7%			7	58.3%	31
9	Concluding a Child Protection Investigation in a Timely Manner <i>CFS Service Standard #16</i>	7	58.3%			5	41.7%	31
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #17</i>	7	63.6%			4	36.4%	32
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response <i>CFS Service Standards #17 and #20</i>	1	12.5%			7	87.5%	35
12	Notification of Fatalities and Critical Injuries (Reportable Circumstances) <i>CFS Service Standard #24</i>	0	0.0%	0	0.0%	0	0.0%	43
13	Supervisory Approval	43	100%			0	0.0%	
	Total Applicable Indicators: NA Ratings Not Included in Count	137	68.8%	0	0.0%	62	31.2%	360

= Number of applicable cases

% = Percent of total cases reviewed

1. SCREENING AND BEST APPROACH TO SERVICE DELIVERY

The auditor looked for documentation, which demonstrated the following: sufficient information was gathered and the family history was reviewed, requests for service were adequately assessed, an aboriginal service provider or delegated agency had been contacted where applicable.

Compliant: 25

Non-Compliant: 18 Fourteen files lacked sufficient documentation to confirm that the sw had adequately reviewed the file history.
Seven files indicated that the family may be aboriginal but an aboriginal agency was not contacted.

During the course of the audit the auditor noted intakes wherein an After Hours social worker was incorrectly documented as the reporter. It is correct to identify the reporter as the individual who contacted After Hours to register a protection concern or to request support services.

2. WHEN A CHILD IS AT IMMEDIATE RISK OF HARM

In reports where a child is at immediate risk of harm the auditor looked for documentation that adequate steps were taken to see the child and ensure the child's immediate health and safety, including a safety plan. If unable to ensure that a child was seen immediately, the auditor would look for documentation describing alternative steps taken and who was asked to see the child instead to ensure their immediate safety.

Compliant: 2

Non-Compliant: 0

Not Applicable: 41

While this critical measure received a rating of 100.0% only two files were applicable and therefore the rating may have little statistical significance.

3. ASSESSING AND DETERMINING THE MOST APPROPRIATE RESPONSE TO CHILD PROTECTION REPORTS

The auditor looked for documentation that demonstrated that the worker had and collected sufficient information to make a decision about the type of response and, in the view of the auditor that the decision to provide a specific response was supported by the information.

Compliant: 22

Non-Compliant: 10 In three cases the response to the report was not determined within five days.
In nine cases the report included section 13 concerns requiring a protective response that was not provided.

Not Applicable: 11

The auditor noted intakes wherein the report included section 13 concerns; the SW responded by conducting investigative steps without parental consent, then recoded the intake to a non-protective response and closed it. This response does not reflect recommended practice; however, investigations may be terminated prior to completion of all investigative steps with the provision of a compelling rationale.

4. FAMILY DEVELOPMENT RESPONSE

When a family development response option has been selected the auditor looked for documentation detailing the rationale for providing a family development response, a completed assessment, a plan for supporting the family and keeping the child safe. See Critical Measure #4 for further information. Not applicable for this audit

5. DETERMINING THE TIME FRAME TO BEGIN AN INVESTIGATION.

Where a determination has been made to investigate, the auditor looked for documentation determining that the time frame for beginning the investigation was appropriate to the report and confirmation that the investigation was begun within that time frame.

Compliant: 12

Non-Compliant: 0

Not Applicable: 31

Of the 43 intakes audited twelve (28%) were investigations, all of which accurately identified an appropriate response time.

6. CONDUCTING A CHILD PROTECTION INVESTIGATION

This critical measure outlines many of the activities involved in an investigation. These include: documentation that all relevant information relating to the report has been reviewed, documentation that information from people who have relevant knowledge of the family has been obtained, documentation that the child living situation has been directly observed, etc.

Compliant: 6

Non-Compliant: 6 In three cases the home was not directly observed.
In two cases file documentation was insufficient to confirm that the file history and relevant documentation were reviewed.
In two cases file documentation was insufficient to confirm that the aboriginal agency was contacted.

Not Applicable: 31

7. SEEING AND INTERVIEWING THE CHILD AND FAMILY

This critical measure requires that the worker sees and when possible interviews the subject child, siblings, parents, and involves the aboriginal community if applicable.

Compliant: 7

Non-Compliant: 5 In four cases the subject child and/or other vulnerable children living in the home were not interviewed.
In two cases a parent or step-parent living in the home were not interviewed.

Not Applicable: 31

8. CONCLUDING A CHILD PROTECTION INVESTIGATION

This critical measure requires the auditor to review whether or not the decision about the child needing protective services is consistent with the facts that were gathered during the investigation and that all steps required to address the child's safety needs have been considered and implemented.

Compliant: 5

Non-Compliant: 7 In seven files the required investigation steps were incomplete therefore the finding was based on incomplete information (as noted in critical measures six and seven above).

Not Applicable: 31

Critical measure 8 reflects the rating of critical measures six and seven i.e. missing a required step of the investigation without the provision of a rational for having done so automatically results in a rating of non-compliance for critical measure 8. While the investigation findings may have been correct based on documentation, the findings cannot be supported unless all of the required steps of an investigation have been accounted for.

9. CONCLUDING A CHILD PROTECTION INVESTIGATION IN A TIMELY MANNER

This critical measure requires that there is documentation that demonstrates the investigation was concluded within 30 calendar days.

Compliant: 7

Non-Compliant: 5 Of the five investigations that were not completed within 30 days, one was a complex investigation that required more time and four did not provide a rational for the protracted completion date.

Not Applicable: 31

An investigation is not considered to be complete until it has been reviewed and signed-off by the Team Leader. Recommended practice requires that the investigating SW document reasons for extending an investigation beyond 30 days, a plan for completing the investigation and TL's approval of the plan.

10. DEVELOPING AND IMPLEMENTING A PLAN TO KEEP A CHILD OR YOUTH SAFE

The auditor looked for documentation that reflected safety planning that occurred after determining that the child was in need of protective services. This plan should include an

assessment of needs, risks, and strengths, review mechanisms, consider the child's need for stability and the participation of family in keeping the child safe. 11 of the 12 audited investigations found children in need of protection.

Compliant: 7

Non-Compliant: 4 In four files documentation was insufficient to confirm that a risk reduction plan had been developed and was in effect.

Not Applicable: 32

11. REASSESSING A PLAN TO KEEP A CHILD SAFE AND ENDING A FAMILY SERVICE RESPONSE

The auditor looked for documented evidence that the plan to keep the child safe has been reviewed as appropriate with those involved. In ending a Protective Family Service Response, the auditor looked for documentation indicating an assessment had been completed supporting the conclusion that the parents were able to keep the child safe without protection services.

Compliant: 1

Non-Compliant: 7 In seven files risk assessments found the children to be at risk but risk reduction planning was absent or overdue.

Not Applicable: 35

12. NOTIFICATION OF FATALITIES AND CRITICAL INJURIES (REPORTABLE CIRCUMSTANCES)

The auditor looked for documentation to confirm in the case of a fatality or critical injury, the designated Director was notified and that the appropriate people were notified and offered support in a timely way.

Compliant: 0

Non-Compliant: 0

Not Applicable: 43

13. MANAGEMENT AND SUPERVISORY CONSULTATION

During this audit the auditor looked for documentation that reflected consultation with supervisors or managers at all critical points.

Compliant: 43

Non-Compliant: 0

PRACTICE STRENGTHS:

- Assessing a Child Protection Report and Determining the most Appropriate Response **68.8%**
CFS Service Standard #12
- Determining the Time Frame to Begin an Investigation **100.0%**
CFS Service Standard #16
- Supervisory Approval **100.0%**

AREAS FOR IMPROVED PRACTICE:

- Conducting a Child Protection Investigation **50.0%**
CFS Service Standard #16
- Concluding a Child Protection Investigation **41.7%**
CFS Service Standard #16
- Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response **12.5%**
CFS Service Standards #17 and #20

11. CRITICAL MEASURES AUDIT TOOL FOR CHILD IN CARE STANDARDS

A total of eight child service files were audited. Overall compliance to the child service standards was 50.7% compliance. Information for determining compliance to the Child in Care Service Standards was based on documentation. The following provides an explanation of the ratings for each critical measure.

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
NCF Non-compliance to the standard for reasons beyond the control of the Social Worker or supervisor
NC Non-compliance to the standard's criteria requirements
NA Not applicable to the standard being measured.

	Critical Measures	C		PC		NC		NA
		#	%	#	%	#	%	
1	Preserving the Identity of an Aboriginal Child in Care <i>CIC Service Standards #1 and #19</i>	5	62.5%	2	25.0	1	12.5%	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	5	62.5%			3	37.5%	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	4	50.0%			4	50.0%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	5	62.5%			3	37.5%	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	5	62.5%	0	0.0%	5	37.5%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	2	25.0%			6	75.0%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	4	50.0%	3	37.5%	1	12.5%	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	2	25.0%	4	50.0%	2	25.0%	
9	When a Child is Missing or has Run Away <i>CIC Service Standard #14</i>	1	100.0%			0	0.0%	7
10	Notification of Fatalities, Critical injuries and Serious Incidents <i>C&FS Standard #24</i>	0	0.0%	0	0.0%	0	0.0%	8

11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	2	100.0%			0	0.0%	6
12	Supervisory Approval	3	37.5%			5	0.0%	
	Total Applicable Indicators: NA Ratings Not Included in Count		50.7%	9	12.0%	28	37.3%	21

1. PRESERVING THE IDENTITY OF AN ABORIGINAL CHILD IN CARE

In this critical measure, the auditor looked for documentation that reflected whether a child in care was aboriginal or not. In the case of an aboriginal child, the documentation identifies the band and/or community, the child's status and membership number, or application for status, and a cultural plan for the child.

Compliant: 5

Partially Compliant: 2 In two files cultural planning did not meet cultural planning guidelines. For further information refer to:
http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cic/cultural_plan.pdf

Non-Compliant: 1 One file lacked a cultural plan and file documentation was insufficient to confirm that the SW had developed an adequate understanding of the child's history and current circumstances.

2. ASSUMING RESPONSIBILITY FOR A CHILD IN CARE

The auditor looked for confirmation of the child's legal status such as court orders, agreements, citizenship and immigration documents and an assessment of the child's history, current circumstances and needs. This measure also requires documentation that indicates the nature and extent of involvement of family members.

Compliant: 5

Non-Compliant: 3 Three files did not include a documentation (court orders or agreements) confirming the child's legal status as a child in care.

Auditors also noted that child service files did not consistently include the intake documenting reasons for the child's admission to care. While the audit tool does not consider the inclusion or omission of the admission intake, it is required by regional practice advisory #11, dated August, 2006.*

http://icw.mcf.gov.bc.ca/regions/vanisland/docs/rpa/rpa_11_removals_documentation.pdf

Auditors noted that KFB child service files include a "Child in Care Checklist" attached to the inside front cover of the file folder. This document lists tasks to be completed by administrative staff as well as those tasks that are the responsibility of the social worker. This document is a quick reference point of case progress and could be expanded to include comprehensive plans of care (CPOC) completion dates, dates that children were seen privately by their social worker, and dates of social worker consultation with the team leader.

3. ENSURING A CHILD'S SAFETY WHILE IN CARE

The auditor looked for documentation to indicate that the child has been placed in a living arrangement that meets the child's needs, or for a child/youth refusing placement reasonable efforts were made to ensure a placement. File information also indicates that there is an adequate plan in place to address any identified safety needs.

Compliant: 5
Non-Compliant: 3 Three files lacked documentation confirming that the child's placement met the child's identified needs, including safety needs.

4. ENSURING THE RIGHTS OF A CHILD IN CARE

The auditor assessed the file for evidence that the child's care conforms to their rights as defined by section 70 Community, Family, and Child Service Act, the social worker has informed the child of the rights of children in care, and that any reports that a child's rights may have been violated, have been addressed.

Compliant: 5
Non-Compliant: 3 Three files lacked documentation confirming that the rights of a child in care were reviewed with the file.
Not Applicable: 0

In four of the five files that received a rating of full compliance, the children were too young to understand an explanation of the rights of a child in care therefore the critical measure received an automatic rating of full compliance artificially raising the score for this critical measure. Of the eight child services files audited, only one file provided documentation confirming that the rights of a child in care had been reviewed with the child as required by standards.

Where a child is developmentally unable to understand the rights of a child in care, recommended practice requires that the rights be explained to adult with significant involvement in the child's life, who is not the caregiver, and who is able to act in the child's best interests.

5. INVOLVING A CHILD AND CONSIDERING THE CHILD'S VIEWS IN CASE PLANNING AND DECISION MAKING

In planning and making decisions for a child, the auditor looked for documentation that evidenced the child and others with significant relationships to the child were involved as fully as possible in the process and that any possible barriers to involvement were identified and addressed.

Compliant: 5
Partially Compliant: 0
Compliant: 3 In one file documentation was insufficient to confirm that the child had been involved in planning.
In three files documentation was insufficient to confirm that people with significant relationships to the child were involved in planning.

6. MAINTAINING PERSONAL CONTACT WITH A CHILD IN CARE

The auditor looked for documentation that demonstrates the child has had private in person contact with their social worker as per child service standard #9 during the past three years.

Compliant: 2
Non-Compliant: 6 In six files documentation was insufficient to confirm that the social worker had private, in person, contact with the child at least every 90 days.

7. MEETING A CHILD'S NEED FOR STABILITY AND CONTINUITY OF LIFELONG RELATIONSHIPS

The auditor looked for documentation to demonstrate that efforts had been made to promote stability and continuity for the child by supporting contact with significant people in the child's life and maintaining connections to the child's cultural heritage and identity. As well, the auditor looked for evidence of strategies that were implemented to promote stability and continuity of lifelong relationships and planning for the development of new lifelong relationships.

- Compliant:** 4
Partially Compliant: 3 Two files lacked documentation describing the child's contact with significant family members.
One file lacked documentation confirming that efforts were being made to re-establish significant relationships.
Non-Compliant: 1 In one file documentation was insufficient to determine whether, or to what extent, the child was having contact with family members.

8. ASSESSMENTS AND PLANNING FOR A CHILD IN CARE

The auditor looked for documentation that an initial plan of care was prepared within the first 30 days of a child entering care, a more comprehensive plan of care for a child in care for over six months and that the plans contained the information outlined in CIC standard 11. As well the auditor looked for information that indicates the plan is reviewed when appropriate.

- Compliant:** 2
Partially Compliant: 4 In two files CPOC's were overdue by less than a year.
One file included some evidence of planning but there were periods of time where necessary planning wasn't documented. .
In one file an initial plan was not completed within 30 days of the child's admission to Care.
Non-Compliant: 2 One file lacked a 30 day plan (CPOC not yet required).
One file lacked a CPOC.

9. WHEN A CHILD IS MISSING OR HAS RUN AWAY (REPORTABLE CIRCUMSTANCE)

In circumstances where children are missing or have run away, the auditor looked for documentation indicating that the appropriate individuals had been notified, a plan was developed and implemented, and in cases of habitual running away the plan of care was reviewed and strategies developed to address the behavior.

- Compliant:** 1
Non-Compliant: 0
Not applicable: 7

As only one file was eligible for auditing to this criteria the rating may not have statistical relevance.

10. NOTIFICATION OF FATALITIES, CRITICAL INJURIES AND SERIOUS INCIDENTS (REPORTABLE CIRCUMSTANCES)

In circumstances where a death or critical injury has occurred for a child in care, the auditor looked for documentation indicating a Reportable Circumstances form had been completed, the director and Public Guardian and Trustee were notified, and reasonable efforts to notify and support the child's family and community services providers.

- Compliant:** 0

Non-Compliant: 0
Not applicable: 8

11. PLANNING FOR A CHILD LEAVING CARE

When children were leaving care the auditor looked for documentation indicating that transition preparation took place involving the child, family, and other relevant and significant individuals. When youth in care had reached the age of majority, the auditor looked for information to indicate an assessment of the youth's capacity for living independently had been assessed; the youth had been supported to develop self care and independence skills, and provided with assistance to obtain necessities as outlined in CIC standard #16.

Compliant: 2
Non-Compliant: 0
Not Applicable: 6

As only two files were eligible for auditing to this criteria the rating may not have statistical relevance.

12. SUPERVISORY APPROVAL

During this audit the auditor was looking for documentation that reflected consultation with supervisors or managers at ALL critical points including placement, reunification, transferring responsibility, ending services, initial plan of care, plan of care reviews, and any significant changes in the child's circumstances.

Compliant: 3
Non-Compliant: 5 Five files lacked confirmation that the supervisor had been involved with the decision to admit the child to care.
Two files lacked documentation confirming supervisory consultation at the time of planning for the child.
Two files lacked documentation confirming supervisory consultation at the time the file was transferred.

Inclusion of the intake documenting the reasons for a child's admission to Care (VI Practice Advisory #11) confirms that the TL has approved placement of the child.

AREAS OF PRACTICE STRENGTH

- Preserving the Identity of an Aboriginal Child in Care
CIC Service Standards #1 and #19 62% Compliance
25% Partial Compliance
- Meeting a Child's Need for Stability and Continuity of Lifelong Relationships
CIC Service Standard #10 50% Compliance
37.5% Partial Compliance

AREAS FOR IMPROVED PRACTICE:

- Ensuring a Child's Safety While in Care
CIC Service Standard #5 50.0% Compliance
- Maintaining Personal Contact with a Child in Care
CIC Service Standard #9 25% Compliance
- Assessments and Planning for a Child in Care
CIC Service Standard #11 25.0% Compliance
50.0% Partial Compliance

12. SUMMARY

KFB is responsible for providing intake and ongoing family and child services to residents of Port Alberni and communities located in the Alberni/Clayquot area. Ten reserves also located in this area are served by USMA, the Nuu-Chach-Nulth Community and Human Services Program, a fully delegated agency. Challenges to the provision of service include changes in leadership, a staff shortage; and serving out lying communities who have limited resources and where the necessity for travel reduces time available to spend with families and community partners.

KFB practice strengths are reflected in their assessment of intakes, developing and implementing plans to keep children safe, and receiving supervisory approval of intake decisions. Intake documentation was generally well organized and easily read. Practice is also relatively strong in preserving the identity of Aboriginal children in care and meeting a child's need for stability and continuity of lifelong relationships.

Areas that require attention include completing all required steps of an investigation, reassessing plans to keep children safe, maintaining contact with children in care, planning for children in care, and documenting supervisory approval of CS case decisions.

Patricia Korven
Practice Analyst
Quality Assurance & Improvement
Vancouver Island Region
Date:

Thomas Weber
Director of Integrated Practice
Vancouver Island Region
Date:

13. RECOMMENDATIONS

1. To ensure thorough investigations, current planning for families and children, and supervisory case approval, the KFB team leader will develop and provide the Manager of Quality Improvement and Assurance, by May 1, 2009, systems to track:

- The required steps of an investigation, including contact with Aboriginal Agencies;
- Comprehensive Risk Assessment and Risk Reduction Service Plans;

- Comprehensive Plans of Care and Reviews of Plans of Care;
- supervisory approval of plans for children in care

This will lead to improved compliance in the next audit cycle for critical measure 10: “Developing and Implementing a Plan to keep a Child Safe” and critical measure 11: “Reassessing a plan to Keep a Child Safe and Ending Family Service Response”.

Thomas Weber
Director of Child Welfare &
Deputy Director Adoptions
Vancouver Island Region
Date: