

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

Courtenay Guardianship Team (KKC)

**Field Work Completed: June 16, 2008
Report Completed: June 18, 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 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 KKD 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 Leader and team members 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 Comox Valley is a region on the east coast of Vancouver Island, British Columbia, Canada that includes the city of Courtenay, the town of Comox, the village of Cumberland, and the unincorporated settlements of Royston, Union Bay, Fanny Bay, Black Creek and Merville. The communities of Denman Island and Hornby Island are also considered part of the Comox Valley. The Comox Valley is listed as being the 59th largest metropolitan area in Canada.

The region is one of the fastest growing in British Columbia. Its growth is mostly due to a building boom in Courtenay, but other parts of the Valley are being suggested for development, including Cumberland and Union Bay. The Valley is best described as a postmodern society in which service jobs have exceeded 50% of the employment opportunities. The growth industries are tourism and **G** construction, with the Canadian Forces in the form of CFB Comox having long provided significant economic stability since the decline of logging and mining in the region after the 1960s and fishing in the 1990s.”¹

The KKD district office is located in the city of Courtenay.

b) Demographics:

The following demographic profile information for KKD was obtained from BC Statistics

Population

	Total Population (2006)	Aboriginal (2002)	Other Minorities (2002)
Total area	62,934	3.5	3.0

**note there are no 2004 population statistics available on the aboriginal or other minorities' population*

Social demographics

¹ Answers.Com, search “Comox Valley”, 2007Mar28.

<u>Education & Income</u>	Courtenay & Area	BC
• % of Income Assistance Caseload that are single parent families (2006)	18.9	15.3
• % of Unemployment beneficiaries ages 19-64 (2006)	12.4	0.6
• % of population ages 25-54 without High school completion (2006)	18.9	17.2
• % of 18 year old who did not graduate (average 2004-2006)	31.8	23.2
<u>Serious Crime incidences per 1000 population</u> (average 2003-2005)		
Violent	31.8	3.0
Property	9.9	12.4
Total Serious Crime	11.4	15.4
Non Cannabis drug offences (per 100,000 pop)	127.9	201.5
Illicit drug deaths (per 100,00 pop)	0.0	6.1
Spousal Assault		
<u>Serious Juvenile (12-17) Crime rate incidences per 1000 pop</u> (average 2001-2003)		
Violent	1.6	2.4
Property	2.3	2.5
Total Serious	3.9	4.9
Non Cannabis drug offences (per 100,000pop)	17.7	46.8
<u>Health</u>		
• Infant Mortality Rate (per 1000 live births) (2001-2005)	5.2	4.2
• Potential years of life lost due to suicide/homicide (2001-2005)	4.7	4.3
• Teen Pregnancies (per 1000 women 15-17) (2002-2004)	16.8	17.8
• Per Capita Alcohol Sales (April 2003-March 2004)		
• Dollars Spent	\$737.00	\$720.00
• Liters consumed	126	110
<i>Note** this does not specify what % is due to tourism</i>		
• Child Abuse Rate incidences per 1000 population (2006)	4.5	8.7
• Children in Care Rate incidences per 1000 population (December 2006)	7.3	10.1

c) **Service Delivery:**

The KKC team consists of, one Team Leader, two guardianship workers, three resource social workers and one half time out of care options worker. The guardianship workers provide services to children aged zero to 19 who are in the continuing custody of the director. Their focus is to provide permanency plans for children with a primary goal of adoption. The resource workers are responsible for foster care placements and supporting foster parents and the out of care options worker completes home studies and monitors placements of children who can not live safely with their parents (kith and kin agreements, child in the temporary custody of an other person).

The KKC district office is co-located with the following teams, Youth Services, Under Twelve Family and Child Service team, Child and Youth Mental Health and Youth Probation. The Courtenay/Port Alberni Community Services Manager is also located in this building as well as a regional Adoption social worker, one Regional Practice Analyst, the regional Manager of Integrated Practice and Policy, the acting regional Manager of Quality Improvement and Assurance and the Vancouver Island Director of Integrated Practice.

i) Residential Services

Residential services for children served by KKC are developed by a Resource Team that is located at the same work site and on the same team as the KKC guardianship workers. The resource workers serve KKC, KKB and KKD. The KKB and KKD teams are dedicated to working with families of children twelve years and over and under the age of twelve. The resource social workers are responsible for recruitment of foster homes and home studies, placement requests, providing support to foster parents and managing issues within the foster homes.

To manage placement requests the Resource team schedules placement meetings which are held twice weekly. During these meetings social workers are asked to present information regarding the needs, circumstances and history of the child requiring admission to Care and to review the availability of appropriate resources for that child. When placements are required on an emergency basis, the social worker requesting the placement locates the resource worker on duty that day and that worker arranges the placement. Once a home has been secured for the child, the KKC worker meets with the foster parents, places the child and follows up with a referral document to the resource team.

When a foster home has been chosen for a child the resource social worker arranges a meeting between the child's social worker, the proposed foster parent and the foster parent's social worker in order to provide the foster parents with adequate information regarding the child being placed in their home. The resource social workers are also participants of regular integrated case management meetings and planning meetings when discussing children in care. Foster parents caring for children with particularly difficult behaviors are supported by a contractor who provides guidance, as well as a team of therapists who develop plans to help foster parents respond to difficult behaviors.

ii) Service Transformation Plan

The KKC team includes specified guardianship only workers. When the team was initially developed, only one worker was assigned to the guardianship caseload. As the Courtenay district teams recognized the importance and value of having a specified worker to focus on permanency planning for children in the continuing care of the ministry a second position was implemented.

According to the team leader service transformation initiatives have included the Roots worker and Family Group Conference Coordinator contracts as well as the development of a permanency planning team which meets monthly. This team involves the regional Adoption

Consultant, the KKC guardianship workers, the regional adoption social worker located in Courtenay as well as the adoption and KKC team leaders. During these meetings the team has clinical discussion related to those children who are approaching the completion of an adoption placement or who are in the initial planning stages of finding an adoptive home.

The team leader also states that her team is involved in monthly joint meetings with CLBC to encourage and strengthen strong working relationships between the agencies. As well, the KKC workers participate in school liaison functions and are actively involved with the Courtenay schools in which the children on their caseload attend.

4. STAFF TRAINING

Ministry Training Programs			
CPW Training Program (core)	X	X	X
Resources SW Training	X		
Guardianship Core Training	X		X
Adoption Core Training	From years ago	Partial	Partial
Clinical Supervision Level 1.	X		X
Clinical Supervision Level 2			
Risk Assessment		X	X
Advanced Risk Assessment			X
Cultural Awareness	X	X	X
Integrated Case Management	X	X	X
Investigative Interviewing			X
FAS/E and NAS/E	X	X	X
Looking After Children		X	X
Substance Misuse	X		X
Youth Alcohol & Drug			X
Youth suicide prevention			X
Youth agreements	X		X
District Supervisor training mod. 1			
D/S training mod. 2			
Leading the Way	x		

5. SUPERVISION/CONSULTATION

The KKC team leader is responsible for supervision of the guardianship workers, resource workers and out of care options worker on her team. She also provides supervision to the

supervisor of administrative support and the intensive child care resource worker who are both located on different teams.

The KKC team leader maintains an open door policy to facilitate supervision and consultation as needed. If the team leader is scheduled to be out of the office for an extended period of time, a worker within the team is asked to be the acting team leader. In situations where the team leader is unavailable or out of the office on a given day the KKC workers are to speak with another team leader located in the office or, if necessary, call a team leader from another community.

Scheduled consultation meetings occur with the KKC guardianship workers every second Thursday. During these meetings the KKC workers and team leader discuss clinical practice issues, difficult cases and discuss planning issues. Once per month the KKC guardianship workers and the other members of the team meet to check in with one another, discuss issues/cases and any upcoming training or significant events.

The team leader states individual supervision sessions are scheduled every 4-6 weeks with each worker. During these meetings the social worker and the team leader complete a full caseload review, discussing practice issues, planning goals and tasks to be complete for each file. Each of these sessions are recorded in a binder and are reviewed at the beginning of the following meeting.

6. INTAKE AND TRACKING SYSTEMS

a) Investigations:

The KKC team does not complete intake or investigations as they are only responsible for guardianship responsibilities.

Intake and investigations are the responsibility of the KKD and KKB teams in the Courtenay district.

b) Family Development Response:

There is one worker assigned to family development response and this worker is located on the KKD team. KKC is not responsible for Family Development Response.

c) Ongoing Family Service and Child Service

The KKC team does not manage Family Service files; they are only responsible for guardianship responsibilities on child service files. As previously noted, the KKC guardianship workers only manage those CS files involving children in the continuing custody of the director. Their focus is to provide permanency planning and stability for children and youth.

Each worker tracks their own files and required documentation during supervision, using their caseload lists, caseload management reports, through the CS snap shot from MIS and within their own "black book" notes.

The KKC team leader states she generally tracks each case using the domains of the CPOC during regular scheduled case load reviews, and during bi-weekly scheduled team meetings. The team leader has a binder where notes from each meeting with each worker are stored and reviews the workers caseload management reports when they are received to the office.

Files are transferred to the KKC team after a continuing custody order has been granted. The files are transferred from both the under twelve (KKD) and over twelve (KKB) teams. The KKC team leader determines which worker will assume responsibility of a transferred file based on the number of cases each worker has and how each workers practice fits with the needs of the child. Prior to KKC accepting a file the transferring team must complete an updated CPOC and a transferring recording. When these documents are on the file, the two workers meet to discuss the child and introduce the child to their new worker.

In those circumstances where a child service file is transferred from another community, an initial discussion occurs between the two team leaders and a teleconference, with the team leaders and social workers follows.

When an adoption plan and placement has been secured for a child, the KKC team transfers the file to the regional adoption social worker where the child is to be placed. Prior to this transfer the KKC workers are responsible for completing the adoption CPOC, the pre-placement planning, a transfer recording and the adoption designation form.

7. STAFFING

a) Staff Complement/Staff Turnover:

Position	Length of Time on Team	Education	MCF Experience (How long with MCF?)	Delegation (full/partial)	Status (full time/part time/aux)
		BSW		Partial	Full
		Youth & childcare degree		Partial	Full
		BA & BSW		Full	Full

Caseload Characteristics for 2007/2008

Children and Youth Served Over Previous Six Months

Month	Aboriginal CIC's	Non-aboriginal CIC's	Metis CIC's	Total CIC's

Mar.	11	25	1	37
Feb.	12	22	1	35
Jan.	13	22	1	36
Dec.	13	22	1	36
Nov.	13	22	1	36
Oct.	13	20	1	34

Ages of children and youth

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

(Apr. 2008, MARS)

Children in Care by Legal Authority

Legal Authority	# of CIC's
Continuing Custody	34
(April, 2008)	

After Care Plan

After Care Plan	# of CIC's
Adoption	19
Independent Living	5
Not Coded	3
Place with Relative	0
Place within Aboriginal Community	3
Return to Parent	1
Substitute Care	3

(April, 2008)

8. ABORIGINAL SERVICES (if applicable)

KKC does not provide services to aboriginal families separately or apart from non-aboriginal families. The Comox Valley Indian Band is the only Band within the KKC service area and a local protocol exists with this Band.

SECTION III: CASE PRACTICE REVIEWS

9. AUDIT SAMPLE

The terms of reference letter which was sent to the Community Services Manager and KKC team leader prior to the initiation of the Courtenay (KKC) audit, identified an audit sample of approximately 50% of open child service files.

The Caseload list for each KKC worker obtained through the MIS system at the beginning of the audit (April 2008) identified 34 open child service files. Due to the small number of open child service files, a 48% random sample was taken resulting in 16 files to audit. These files were randomly selected using the Excel computer program. Approximately 50% of each caseload was audited.

NARRATIVE SUMMARY - CHILD SERVICES

Sixteen child service files were audited. Overall compliance to the child service standards was 67.5% 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:

10. CRITICAL MEASURES AUDIT TOOL FOR CHILD IN CARE STANDARDS

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>	12	75%	4	25%	0	0.0%	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	16	100%			0	0.0%	

3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	13	81.3%			3	18.8%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	6	37.5%			10	26.5%	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	10	62.5%	5	31.3%	1	6.3%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	14	87.5%			2	12.5%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	14	87.5%	2	12.5%	0	0.0%	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	1	6.3%	11	68.8%	4	25%	
9	When a Child is Missing or has Run Away <i>CIC Service Standard #14</i>	2	100%			0	0.0%	14
10	Notification of Fatalities, Critical injuries and Serious Incidents <i>C&FS Standard #24</i>	0	0.0%	3	75%	1	25%	12
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	2	50%			2	50%	12
12	Supervisory Approval	14	87.5%			2	12.5%	
	Total Applicable Indicators: NA Ratings Not Included in Count	104	67.5%	25	16.2%	25	16.2%	38

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: 12 (75%)

Partially Compliant: 4 • 4 files did not provide documentation of a cultural plan.

Compliant:

Non-Compliant: 0

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: 16 (100%)

Non-Compliant: 0

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: 13 (81%)

Non-Compliant: 3

- 2 files documented safety issues within the placement with no documentation of a resolution or follow up to the noted concerns.
- 1 file involved a and the documentation was not addressed.

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 CFCSA, 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: 6 (37.5%)

Non-Compliant: 10

- 9 files did not provide documentation of the child's rights being reviewed with them.
- 1 file did not provide documentation of the child's rights being reviewed with them

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: 10 (62.5%)

Partially Compliant: 5

- 5 files provided documentation of significant others involvement in planning and decision making with little documentation of the child's involvement in planning and decision making

Non-Compliant: 1

- 1 file did not provide planning documentation or child and significant others involvement.

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 CIC standard #9 during the past three years.

Compliant: 14 (87.5%)

Non-Compliant: 2

- 2 files did not provide documentation of social worker direct 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	14 (87.5%)	
Partially Compliant	2	<ul style="list-style-type: none">• 1 file involved a child with no further documentation to support the connection.• 1 file did not provide documentation of an exploration or planning to maintain the relationships in various communities and schools.
Non-Compliant:	0	

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:	1 (6.3%)	
Partially Compliant:	11	<ul style="list-style-type: none">• 3 files provided documentation of one completed CPOC over the past 3 years with no documentation of reviews of this plan• 2 files provided documentation of a completed CPOC once per year over the past 3 years, with no documentation of CPOC reviews.• 2 files did not provide documentation of a completed CPOC over the past 1 ½ years and reviews of the last CPOC on the file were not documented.• 2 files provided documentation of two completed CPOC's over the past three years and no documentation of reviews.• 1 file provided documentation of an initial plan developed within 30 days of the child coming into care; however, a completed CPOC was not documented for 1 year.• 1 file provided documentation of one completed CPOC three years ago with no documentation of reviews.
Non-Compliant:	4	<ul style="list-style-type: none">• 3 files did not provide documentation of a completed CPOC for the child over the past 5 years.• 1 file only documented the assessment portion of the CPOC's with no documentation of the written plan or the child's identified needs.

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:	2 (100%)
Not Applicable:	14
Non-Compliant:	0

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 (0%)	
Partial – compliance:	3	<ul style="list-style-type: none">• 3 files did not document the reportable circumstance being submitted within 24 hours.
Not Applicable	12	
Non-Compliant:	1	<ul style="list-style-type: none">• 1 file documented that a reportable circumstance was not documented on the file.

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 (50%)	
Applicable:	4/16	
Non-Compliant:	2	<ul style="list-style-type: none">• 2 files involved youth who were ageing out of care and a detailed transition plan and independent living assessment were not documented.

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:	14 (87.5%)	
Non-Compliant:	2	<ul style="list-style-type: none">• 2 files did not provide documentation of supervisory approval at all required points throughout the file.

AREAS OF PRACTICE STRENGTH

- Preserving the Identity of an Aboriginal Child in Care
CIC Service Standards #1 and #19 **75% (c)**
- Assuming Responsibility for a Child in Care
CIC Service Standard #4 **25% (p.c)**
100%

- Ensuring a Child's Safety While in Care **81.3%**
CIC Service Standard #5
- Involving a Child and Considering the Child's Views in Case Planning and Decision Making (*CIC Service Standard #8*) **62.5% (c)**
- Maintaining Personal Contact with a Child in Care **31.3% (p.c)**
CIC Service Standard #9 **87.5%**
- Meeting a Child's Need for Stability and Continuity of Lifelong Relationships **87.5%**
CIC Service Standard #10
- When a Child is Missing or has Run Away **100%**
CIC Service Standard #14
- Supervisory Approval **87.5%**

Strength was identified within the CS files in areas of preserving the identity of an aboriginal child in care, assuming responsibility for a child in care, ensuring a child's safety while in care, maintaining personal contact with a child in care, meeting a child's needs for stability and continuity of life long relationships, supervisory approval and involving a child and considering the child's views in case planning and decision making.

All of the child service files audited included the court documents and court orders related to the child coming into care. These court documents were clearly written and descriptive. The court documents outlined the parental participation in planning as well as a detailed synopsis of history related to the Ministries involvement. For the most part, the CS files contained the risk assessment and intake which led to the child's removal as well as opening recordings and an outline of the current circumstances upon file transfer.

Strength was also identified in preserving the identity of an aboriginal child in care. Aboriginal children and their community were clearly identified; the child's registration number and status were also obtained and clearly available. As well, all of the CS files documented the social workers understanding of the child's history and current circumstances. This documentation was found in detailed recordings, transfer recordings and CPOC's. It was also noted that the KKC team generally complete a file review when the CS file has been transferred to them. The KKC team's written work in this area reflects a solid in-depth knowledge of what risks were present for a child, what the child's needs are and the history of MCFD involvement with the child and their family.

Ensuring a child's safety while in care was also documented well within the files. It was specifically noted in the placement portion of the completed CPOC's. The KKC team completes detailed summaries of the child's placements throughout their time in care and specifically outline the rationale and reasoning for placement changes within this domain. The documentation reflected how the placement meets the child's needs and children have maintained the same placement for extended periods of time (4 – 14 years).

One of the more significant areas of strength noted within the audit is the KKC teams documentation of their contact with children in care (CIC). The audit noted that the KKC workers see children in care on average once per month. The contact with CIC's is noted as occurring during significant events to the child, birthday's , holidays, special events and to complete tasks as related to the CPOC. The KKC workers have documented strong relationships with children in care, and when CIC's have maintained a placement outside of the Courtenay area, workers have arranged to travel to the community to ensure contact and the relationship is preserved.

Meeting a child's need for stability and continuity of life long relationships was also evident within the audit. The documentation indicated that children have generally been placed with their birth siblings and where siblings have not been placed together clear documentation was noted as to the rationale

for this separation. While reviewing a majority of the files it was noted that prior to a transfer to the KKC team, in those situations where siblings were separated, little planning was documented to maintain the sibling contact. When the file transferred to KKC, the KKC workers noted the lack of sibling connection and contact and developed specific planning and schedules to re-establish the child's relationship and contact with their siblings.

Documentation also indicated that extended family members and parental contact where appropriate are encouraged and established for children in care. Extended family members and parents continue to be involved in planning and connection with the child despite a continuing custody order. The children on the KKC caseload have also maintained long term placements and consistent community support persons.

Strength was also identified in the documentation of the child's involvement and consideration of their views in case planning and decision making. The CS files noted significant persons involved with the child, family members, foster parents and community supports regularly participate in the development of the child's CPOC and are involved in planning and decision making. Evidence of the child's views being heard and considered as well as the child participating in their planning and decision making was also noted. This was noted in the completed CPOC's on the file, during integrated case management meetings, the social worker speaking with the child and the child signing consents, CPOC's and documents as well as the KKC worker advocating on the child's behalf.

Documenting supervisory approval and obtaining supervisor signature and consults was also evident throughout the files. The KKC workers are discussing and informing the team leader of significant events and circumstances and are involving the team leader in case planning and decision making.

Noted areas of strength observed while reviewing the CS files included attaching pictures of the child to their file, ensuring copies of the child's awards, certificates and report cards are attached to the file, ensuring copies of letters to the child from parents and family members are documented, and including copies of information of special camps, medication and special events the child has attended are on the file. Advocating for children in care to receive special funding, to maintain placements and to pursue the child's requests is also an identified area of strength as well as documenting very strength based/positive statements about the child and describing the child's likes, dislikes, hobbies and accomplishments. Open and strong working relationships between the KKC workers, CLBC, foster parents and the regional adoption workers was also a noted area of strength as well as the KKC initiating and establishing life books for children in care.

AREAS FOR IMPROVED PRACTICE:

- | | |
|---|--------------|
| • Ensuring the Rights of a Child in Care
<i>CIC Service Standard #6</i> | 37.5% |
| • Assessments and Planning for a Child in Care
<i>CIC Service Standard #11</i> | 6.3% |
| • Planning for a Child Leaving Care
<i>CIC Service Standards #15 and #16</i> | 50% |
| • Notification of Fatalities, Critical injuries and Serious Incidents
<i>C&FS Standard #24</i> | 0.0% |

There were 3 CS files highlighted to the team leader for review.

Areas of lower compliance identified in the audit included ensuring the right's of a child in care, assessments and planning for a child in care, notification of fatalities, critical injuries and serious injuries (reportable circumstances) and planning for a child leaving care.

The audit identified a significant lack of documentation of the KKC social workers reviewing and informing children in care of their rights. As well, CPOC's were generally complete only once per to one in three years and were not documented as being reviewed every 90 days with the child and others. In those situations where a reportable circumstance was required the documentation indicated that those reports were not submitted within 24 hours and in one situation a reportable was not complete when required. When planning for a child leaving care, two of the four applicable files did not provide documentation of a thorough transition plan or pre-independent living plan/assessment or a complete CPOC addressing the needs of the child reaching the age of majority.

Debi Van Voorst
Practice Analyst
Vancouver Island Region
May 27, 2008

Thomas Weber
Director of Integrated Practice
Vancouver Island Region

11. RECOMMENDATIONS

The following recommendation was developed on July 16, 2008 by the following people:

Curtis Cameron - Director of Quality Improvement and Assurance
– Community Services Manager
– KKC Team Leader
Alys Pivetta - Operations Practice Analyst
Debi Van Voorst – Practice Analyst

1. By October 31, 2008 the team leader and the KKC staff will discuss each individual audit report. From this discussion the team will:

- a.) Identify current practice strengths and how they can build on these strengths.

- b.) Develop strategies to ensure clear documentation is reflected in the files, with particular focus to CPOC reviews and completed CPOC's every 6 months.
- c.) Ensure documentation of the child being informed of their rights

The team will then forward a written summary of the discussion and their strategies to the Director of Quality Improvement and Assurance by January 2009.

Thomas Weber
Director of Child Welfare

Vancouver Island Region
Date: