

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

Campbell River Permanency Planning Team (KLC)

**Field Work Completed: July 25, 2008
Report Completed: August 13, 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 KLC social workers were also asked to participate in a discussion regarding the office 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) Geographics:

Campbell River is located on Vancouver Island, 50 km (31 mi.) north of Courtenay on Highway 19, 270 km (167 mi.) north of Victoria and 235 km (146 mi.) south of Port Hardy. It is served by BC Ferries from Campbell River to Quadra Island (3 km/2mi.), regional and national air lines plus local and BC bus transportation. Campbell River is on the east coast of Vancouver Island at the south end of Discovery Passage. The first settlers were members of the Kwakiutl First Nations and Weewaikai (Cape Mudge) and Wewaykum (Campbell River) tribe members of the Laich-kwil-tach First Nations.

Campbell River is in the Comox-Strathcona Regional District.

b) Demographics:

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

Population

Total Population (2004)	Aboriginal (2001)	Other Minorities (2001)
31,444	3,115	1,900

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

Social demographics

Education & Income

	Campbell River and Area	BC
• % of Income Assistance Caseload that are single parent families (2004)	19.0	15.3
• % of Unemployment beneficiaries ages 19-64 (2004)	1.1	0.6
• % of population ages 25-54 without High school completion (2001)	23.0	17.2
• % of 18 year old who did not graduate (average 2002-2004)	28.9	23.2

Serious Crime incidences per 1000 population (average 2001-2003)

Violent	4.0	3.0
Property	14.3	23.4
Total Serious Crime	18.3	15.4
Non Cannabis drug offences	220.7	201.5
Illicit drug deaths (2003)	7.2	6.1
Spousal Assault		

Serious Juvenile (12-17) Crime rate incidences per 1000 pop

(average 2001-2003)

Violent	2.4	2.4
Property	4.5	2.5
Total Serious	6.9	4.9
Non Cannabis drug offences	51.5	46.8
Health		
• Infant Mortality Rate (per 1000 live births) (1999-2003)	4.6	4.2
• Potential years of life lost due to suicide/homicide (1999-2003)	4.6	4.3
• Teen Pregnancies (per 1000 women 15-17) (2000-2002)	26.3	17.8
• Per Capita Alcohol Sales (April 2003-March 2004)		
• Dollars Spent	\$980.00	\$720.00
• Liters consumed	168	110
<i>Note** this does not specify what % is due to tourism</i>		
• Child Abuse Rate incidences per 1000 population (2003)	37.9	8.7
• Children in Care Rate incidences per 1000 population (December 2004)	37.4	10.1

c) Service Delivery:

The KLC team consists of, one acting team leader (who has been in the position since); two full time and one half time permanency planning workers and three resource social workers. The permanency planning 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 ensuring permanent placements for children outside of the Ministries care. The resource workers are responsible for foster care placements and supporting foster parents.

The KLC team is located within 6 blocks of the downtown core of Campbell River. The district office also houses the under twelve aboriginal team, the under twelve non-aboriginal team, the regional complaints worker, a family group conference worker, two Roots workers, two of the regional adoptions workers and the Adoption team leader as well as the community services Manager.

There is also a youth team district office in Campbell River, which is located a few blocks north of the KLC office. The youth team is responsible for providing protective and supportive services to youth (children 12 and over) and their families. This district office contains the youth protective family service team (KLB), youth probation and child and youth mental health services.

KLC does not provide services to aboriginal people separately or apart from non-aboriginal clients except in those situations where the individual is a member of a Band

that has entered into a protocol agreement with MCFD. Typically, the protocols address roles and responsibilities of MCFD and relevant band members, information sharing, case planning, and placement of children requiring admission to Care. There are five Bands represented within KLC's jurisdiction, one of which is served by USMA Nuu-Chah-Nulth Community and Human Services Tribal Council, a fully delegated aboriginal agency. The Campbell River Band, Klahoose Band and the Cape Mudge Band have entered into interim protocol agreements pending future delegation and a protocol with the Homalco Band is waiting sign-off by the Chief and Counsel.

i) Residential Services

The Campbell River district office has one resource team (KLC), which, as stated has, 2 ½ permanency planning workers. The resource social workers within this team are responsible for recruitment of foster homes and home studies, placement requests, providing support to foster parents and managing issues within the foster home. When an immediate foster home placement is required, the KLC social worker informs the resource social worker who is on duty that day through a verbal discussion of the type of placement required and the ages, names, needs and circumstances of the child/children requiring the placement. The Resource social worker is then responsible for locating an appropriate placement. Once a placement is found for the child the KLC worker then meets with the foster parents and places the child and follows up with a referral document to the resource team.

In situations where an immediate need for a foster home is not required, placement meetings occur with the social workers and resource workers once per week to discuss placement issues and requests. Referral documents, which outline the current circumstances and information related to the child's needs and family situation, are reviewed and best placement strategies are developed.

Within the Foster Home Care in Campbell River, approximately 7 foster homes are "safe baby" qualified and there are two specialized foster homes in Campbell River, one to address male only emergency placements and one for female only placements. There are no group homes within Campbell River.

4. STAFF TRAINING

Ministry Training Programs				
CPW Training Program (core)	*	*	*	*
Resources SW Training	*			
Guardianship Core Training	*	1 wk		
Adoption Core Training		1 wk	*	
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 KLC team leader is responsible for supervision of the permanency planning workers and resource workers on her team. She also provides supervision to the supervisor of administrative support. The KLC team leader is supervised by the Community Services Manager and they meet once every two weeks for supervision and consultation.

The KLC 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 KLC workers are to speak with another team leader located in the office or, if necessary, call a team leader from another community.

Scheduled meetings occur with the KLC permanency planning workers once every two weeks. During these meetings the KLC workers and team leader discuss clinical practice issues, difficult cases and planning issues. The team as a whole also meets once per week for team meetings to discuss resource issues, upcoming training, special events and office issues/information. Every three weeks the permanency planning workers and the adoption team meet to discuss adoption placements, perspective adoption homes and children preparing for

adoption. The team leader also indicates the regional adoption consultant has been invited to these meetings and the team has been involving her in case discussion on a regular basis.

The team leader states individual supervision sessions are scheduled every 6 weeks with each worker. During these meeting 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 is recorded in a folder within the computer system and area reviewed at the beginning of the following meeting. The team leader also e-mails the worker a copy of their supervision sessions at the conclusion of their meeting.

6. INTAKE AND TRACKING SYSTEMS

a) Investigations:

The KLC team does not complete intake or investigations, this is the responsibility of the KLE and KLG teams in the Campbell River. When an investigation is initiated on a family service file open to the KLC team, the KLC worker will assist the investigation team with interviews of the child and family.

b) Family development Response:

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

c) Ongoing Family Service and Child Service

The KLC team is mainly responsible for guardianship responsibilities on child service files. The KKC team only manages those CS files involving children who are 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 and through the CS snap shot from MIS and within their own running records and day timers.

The KLC team leader states she tracks each case during regular scheduled case load reviews, during weekly team meetings and during bi-weekly guardianship workers only meetings. The team leader stores caseload reviews in a folder on her computer and reviews the workers caseload management reports when they are received to the office.

Files are generally transferred to the KLC team after a continuing custody order has been granted. The files are transferred from both the under twelve (KLE and KLG) and over twelve (KLB) teams. The KLC team leader determines which worker will assume responsibility of a transferred file based on the number of cases on each workers caseload, typically the worker with the least amount of files will be transferred the new file. Prior to KLC accepting a file, the

transferring team must complete an updated CPOC and transferring recording. When these documents are on the file, the two workers met 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 followed by an e-mail and the required documentation.

When an adoption plan and placement has been secured for a child the KLC team transfers the file to the regional adoption social worker where the child is to be placed, Prior to this transfer the KLC 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	Delegation	Status
		BSW		Full	f/t
		BSW		Full	p/t
		BSW		Full	f/t
		BA		Full	f/t

Caseload Characteristics for 2008

Children and Youth Served Over Previous Six Months

Month	Aboriginal CIC's	Non-aboriginal CIC's	Total CIC's
May	20	9	29
April	20	9	29
March	26	10	36
February	25	11	36
January	25	11	36
December	24	12	36

Ages of children and youth

Age	# of CIC's	Age	# of CIC's	Age	# of CIC's
0	0	7	1	14	3
1	1	8	1	15	1
2	1	9	3	16	1

3	0	10	1	17	2
4	1	11	0	18	0
5	2	12	2		
6	2	13	7		

(May 2008)

Children in Care by Legal Authority

Legal Authority	# of CIC's
Continuing Custody	29
F.R.A. Ward	
Interim Order	
Out of Province	
Removal of Child	
Special Needs	
Agreement	
Temporary Custody	
Voluntary Care	
Agreement	
Not Coded	

(June 2008, MARS)

After Care Plan

After Care Plan	# of CIC's
Adoption	16
Independent Living	1
Not Coded	1
Place with Relative	4
Place within Aboriginal Community	2
Return to Parent	1
Substitute Care	3

Transfer custody 1

8. ABORIGINAL SERVICES (if applicable)

KLC does not provide services to aboriginal families separately or apart from non-aboriginal families.

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 May 27, 2008, a sample size of approximately 40% of open cases were selected for this audit. KLE is responsible for mainly guardianship, child service files, with only two family service files delegated to two workers. At the time of the audit there were 2 open family service files and 29 child services files.

The Caseload list for each KLC worker obtained through the MIS system at the beginning of the audit (June 2008) identified 29 open child service files and 2 open family service files. Due to the small number of open child service files, a 38% random sample was taken resulting in 11 files to audit. These files were randomly selected using the Excel computer program. Approximately 40% of each caseload was audited.

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

NARRATIVE SUMMARY

A total of two family service files were audited, each file was 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 **52.9%**. 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:

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>	0	0%			2	100%	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11</i>	1	100%			0	0%	1
3	Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard #12</i>	1	50%			1	50%	0
4	Family Development Response <i>CFS Service Standard #14</i>	0	0%			0	0%	2
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	1	100%			0	0%	1
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	1	100%			0	0%	1
7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	1	100%			0	0%	1
8	Concluding a Child Protection Investigation <i>CFS Service Standard #16</i>	1	100%			0	0%	1
9	Concluding a Child Protection Investigation in a Timely Manner <i>CFS Service Standard #16</i>	1	100%			0	0%	1
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #17</i>	0	0%				100%	0
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response <i>CFS Service Standards #17 and #20</i>	1	50%			1	50%	0
12	Notification of Fatalities and Critical Injuries (Reportable Circumstances) <i>CFS Service Standard #24</i>	0	0%			1	100%	1
13	Supervisory Approval	1	50%			1	50%	
	Total Applicable Indicators: NA Ratings Not Included in Count	9	52.9 %			8	47.1 %	9

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: 0
Non-Compliant: 2

- 1 file did not provide documentation of contact with the aboriginal agency or service provider
- 1 file completed the assessment of the report six weeks after the call

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: 1
Not Applicable: 1
Non-Compliant: 0

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: 1
Not Applicable: 2
Non-Compliant: 1

- 1 file did not complete the assessment of the report prior to closure

4. FAMILY DEVELOPMENT RESPONSE

When a family development response option has been selected the auditor looked for documentation detailing the rationale for providing an FDR, 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

FDR is currently not being audited.

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: 1

Not 1
Applicable:
Non- 0
Compliant:

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: 1
Not 1
Applicable:
Non- 0
Compliant:

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: 1
Not 1
Applicable:
Non- 0
Compliant:

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: 1
Not 1
Applicable:
Non- 0
Compliant:

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: 1
Not 1
Applicable:

Non-Compliant: 0

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.

Compliant: 0

Not 0

Applicable:

Non-Compliant: 2

- Two files did not provide documentation of a risk assessment when the children were found to be in need of protection.

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

Not 0

Applicable:

Non-Compliant: 1

- One file did not provide documentation of a re-assessment of risk or regular adjusted safety planning every 4-6 months.

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

Not 1

Applicable:

Non-Compliant: 1

- One file did not provide documentation of a submitted reportable circumstances report

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: 1

Non- 1

Compliant:

- One file did not provide adequate documentation of supervisory approval throughout the last 3 years.

PRACTICE STRENGTHS/AREAS FOR IMPROVED PRACTICE:

Two FS files were reviewed during this audit as they were the only files open to the KLC team at the start of the audit. The KLC team does not complete intake and investigations on their FS files. The audit of the two files indicated that one intake and investigation was complete according to standard and one was not. The audit noted that neither file provided documentation of a completed risk assessment when the child was found to be in need of protection and one file has not provided documentation of re-assessments of risk. It was also noted that one file documented clear supervisory approval and consultation and one lacked evidence of a team leader consult. The one applicable file involving a reportable did not provide documentation of a completed report being submitted when a child in care broke her leg.

NARRATIVE SUMMARY - CHILD SERVICES

Eleven child service files were audited. Overall compliance to the child service standards was **70.3%**. 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:

11. 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>	7	63.6%	4	36.4%	0	0.0%	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	11	100%			0	0.0%	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	10	90.9%			1	9.1%	

4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	4	36.4%			7	63.6%	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	10	90.9%	0	0.0%	1	9.1%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	7	63.6%			4	36.4%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	10	90.9%	0	0.0%	1	9.1%	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	0	0.0%	9	81.8%	2	18.2%	
9	When a Child is Missing or has Run Away <i>CIC Service Standard #14</i>	1	100%			0	0.0%	10
10	Notification of Fatalities, Critical injuries and Serious Incidents <i>C&FS Standard #24</i>	0	0.0%	0	0.0%	1	100%	10
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	0	0.0%			0	0.0%	11
12	Supervisory Approval	11	100%			0	0.0%	
	Total Applicable Indicators: NA Ratings Not Included in Count	71	70.3%	13	12.9%	17	16.8%	31

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: 7
Partially Compliant: 4 • Four files did not provide documentation of a completed cultural plan
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: 11
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: 10

Non-Compliant: 1

- One file provided documentation related to possible safety issues within the child's placement (two protection reports) and no documentation of follow up or a resolution to these noted concerns.

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: 4

Non-Compliant: 7

- Seven files did not provide documentation of a review of the child's rights with them throughout their time in care.

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

Partially 0

Compliant:

Non-Compliant: 1

- One file did not provide documentation of the child participating in their CPOC, signing their CPOC or being involved in the review of their CPOC.

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: 7

Non-Compliant: 4

- Four files did not provide documentation of SW direct and private contact with the child 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** 10
Partially Compliant 0
Non-Compliant: 1
- One file did not provide documentation of the child maintaining contact with his siblings when separated, with his aboriginal community or his extended family

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:** 0
Partially Compliant: 9
Non-Compliant: 2
- 5 files provided documentation of one completed CPOC within the last 3 years and no documentation of a review of the CPOC
 - 2 files provided documentation of two completed CPOC's within the last 3 years and no documentation of reviews
 - 1 file documented two completed CPOC's in three years and 5 reviews of the CPOC.
 - 1 file provided documentation of one completed CPOC within the last 3 years and one review of the CPOC.
 - One file provided documentation of annual POC's with no evidence of reviews.
 - 2 files did not provide documentation of any completed CPOC's.

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 behaviour.

- Compliant:** 1
Not Applicable: 10
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
Not Applicable: 10
Non-Compliant: 1 • One file did not provide documentation of a submitted reportable circumstance report.

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: 0
Not Applicable: 11
Non-Compliant: 0

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: 11
Non-Compliant: 0

AREAS OF PRACTICE STRENGTH

- Assuming Responsibility for a Child in Care **100%**
CIC Service Standard #4
- Ensuring a Child's Safety While in Care **90%**
CIC Service Standard #5
- Involving a Child and Considering the Child's Views in Case Planning and Decision Making (*CIC Service Standard #8*) **90.9%**
- Meeting a Child's Need for Stability and Continuity of Lifelong Relationships **90.9%**
CIC Service Standard #10
- When a Child is Missing or has Run Away **100%**
CIC Service Standard #14

Strength was identified within the CS files in areas of assuming responsibility for a child in care, ensuring a child's safety while in care, involving a child and considering their views, meeting a child's need for stability and continuity of life long relationships and supervisory approval.

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, descriptive and outlined the parental involvement, family circumstances and MCFD history. The CS files contained copies of the intake which led to the child's removal, the risk assessment, open/transfer recordings and an outline of the current circumstances of the family. Of particular noted strength was the detailed explanation of the rationale for applying for the CCO which was documented on a majority of the files.

Strength was also identified in ensuring a child's safety while in care. The files documented clear descriptors of why a particular placement was chosen for a child and how the placement meets the needs of the child. This was noted within foster parent reports, ongoing communication and correspondence with and from the foster parents, during regular ICM meetings and within the referral documents. Where a child was identified as having significant needs the documentation noted that the KLC social workers gained insight and information related to placement for a child through community professionals, team consults and selective placement planning meetings as well as involving the child and gaining the child's perspective of the placement. In those files where safety concerns were reported a quality of care or protocol was initiated as appropriate and according to standard.

Involving a child and considering the child's views was also a significant noted area of strength. The documentation throughout the files noted that the foster parents and significant persons to the child were involved in the CPOC's on file and are actively involved in decision making and planning. It was noted that the KLC team meets regularly with those persons who know the child and are involved in the child's life, including the child's extended family. It was also noted that despite the child remaining in the permanent care of the ministry the KLC team is involving, where safe and appropriate, the child's parents and extended family members. The files provided evidence of the social workers speaking with the child about decisions, gaining the child's signature on the CPOC's and ensuring the child is informed of placement changes and lived in decisions related to their care and contact with family.

A significant area of strength was also apparent within the critical measure of meeting a child's need for stability and continuity of lifelong relationships. The documentation indicated that children have generally been placed with one or all of their siblings and where siblings have not been placed together clear documentation was noted as to the rationale for separation and the planning to maintain the sibling connection despite living in separate homes or communities. It was noted in a majority of the files that the ongoing sibling connection and direct contact was at the forefront of planning and reviewed regularly. The files also documented the ongoing access the child maintained with his or her parents with a detailed account for the rationale to stop or decrease this contact. The documentation noted that the KLC workers are planning to place children with extended family members and ensuring the child stays connected with their family and community as well as re-establishing a child's contact with previous caregivers and past

relationships. The files also noted children in care are maintaining long term placements and are involved with their aboriginal communities.

Obtaining supervisory approval and consultation was also documented very well within the audited files. All of the files provided documentation of the KLC team gaining supervisory approval where expected as well as documented detailed discussions related to planning issues and decision making.

The audit also noted that the KLC team is documenting clearly what a child's heritage is and when a child is identified as aboriginal the involvement of the aboriginal community is documented as well as the name of the child's band and the child's status and registration are noted.

Other noted areas of strength observed while reviewing the CS files included, the use of mediation, strong communication with the child's aboriginal community, arranging pre-placement visits for respite or placement changes and the KLE teams' ongoing advocacy for children in care as well as children in care maintaining a consistent SW for lengthy periods of time.

AREAS FOR IMPROVED PRACTICE:

- | | |
|---|--------------|
| • Preserving the Identity of an Aboriginal Child in Care
<i>CIC Service Standards #1 and #19</i> | 63.6% |
| • Ensuring a Child's Safety While in Care
<i>CIC Service Standard #5</i> | 36.4% |
| • Maintaining Personal Contact with a Child in Care
<i>CIC Service Standard #9</i> | 63.6% |
| • Assessments and Planning for a Child in Care
<i>CIC Service Standard #11</i> | 0% |

One CS file was highlighted to the team leader for review. This file involved documentation related to two child protection reports received with no documentation of an assessment or follow up to the noted concerns.

The two most significant areas for improved practice noted within the audit are the assessments and planning for children in care and ensuring the rights of a child in care. The audit identified that CPOC's have been complete once within a three year period and the completed CPOC's that are documented on the file are not being reviewed with the child and others. Planning documents are substantially absent on a majority of the files. Documenting a review of a child's rights throughout their time in care was also absent on a majority of the files as well as cultural plans. It was also noted that although there is substantial evidence on the files related to meeting standards, this information was generally found in workers running records and not in regular, detailed, cohesive planning documents.

Debi Van Voorst
Regional Practice Analyst
Vancouver Island Region
August 13, 2008

Thomas Weber
Director of Integrated Practice
Vancouver Island Region

12. RECOMMENDATIONS

The following Recommendations were developed by:

Curtis Cameron – Director of Quality Improvement and Assurance
Dianne McNeill – Community Services Manager
– KLC Team Leader
Debi Van Voorst – Practice Analyst

1. By January 31, 2009 the KLC team leader will have a tracking system in place to identify when CPOC's are due and when those CPOC's have been completed by the KLC worker. The Director of Quality Improvement and Assurance will send the team leader a copy of the caseload tracking tools by November 31, 2008 to assist the team leader with the development of her tracking system.
2. The KLC team will have completed CPOC's documented on each CS file by January 31, 2009. Strategies to accomplish this will include support and idea sharing during regular scheduled team meetings. During these team meetings two to four CS files will be reviewed for strategies to help complete the work, the outcome of these strategies will be recorded within the team meeting minutes and will be reviewed monthly.
3. Cultural plans will be documented on all KLC aboriginal CS files by April 31, 2009. To accomplish this, the Manager of Integrated Practice will assign a CFD consultant in partnership with the roots program and one KLC worker, to develop and complete a workshop on how to develop cultural plans. This will be done by January 31, 2009.

Thomas Weber
Director of Integrated Practice
Vancouver Island Region
Date:

Name
Title
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Date