

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

**Campbell River Child Protection Team (KLE)**

**Field Work Completed: December 22, 2007  
Report Completed: March 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 systemically 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 KLE 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's:

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 KLE was obtained from BC Statistics

Population:	Total Population (2006)	Aboriginal (2001)	Other Minorities (2001)
	31,444	3, 115	1,900

*\*note there are no 2006 population statistics available on the aboriginal or other minorities' population*

#### Social demographics

<u>Education &amp; Income</u>	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 (2006)	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 2004-2006)	28.9	23.2
<u>Serious Crime incidences per 1000 population</u> (average 2003-2005)		
Violent	4.0	3.0
Property	14.3	23.4
Total Serious Crime	18.3	15.4

Non Cannabis drug offences (per 100,000 pop)	220.7	201.5
Illicit drug deaths (2005) (per 100,000 pop)	7.2	6.1
<u>Serious Juvenile (12-17) Crime rate incidences per 1000 pop (average 2003-2005)</u>		
Violent	2.4	2.4
Property	4.5	2.5
Total Serious	6.9	4.9
Non Cannabis drug offences	51.5	46.8
<u>Health</u>		
• Infant Mortality Rate (per 1000 live births) (2001-2005)	4.6	4.2
• Potential years of life lost due to suicide/homicide (2001-2005) (per 1000 pop)	4.6	4.3
• Teen Pregnancies (per 1000 women 15-17) (2000-2004)	26.3	17.8
• Per Capita Alcohol Sales (2006)		
• 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 (2006)	37.9	8.7
• Children in Care Rate incidences per 1000 population (December 2006)	37.4	10.1

**c) Service Delivery:**

The KLE team is responsible for protective and supportive family and child services, intake and investigations, screening, family development response and guardianship functions for children who are in the temporary care of the director. The families the KLE team provide these services to involve children under the age of twelve.

The KLE team is located within 6 blocks of the downtown core of Campbell River. The district office also houses the Resource/Permanency Planning team, the regional complaints worker, a Family Group Conference Worker, the Roots Worker (contracted by the Ministry and who gathers historical, traditional, and biographical information for aboriginal children in Care.), 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 from the KLE 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.

KLE 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 KLE'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.

Prior to the completion of the audit report the KLE team divided into two teams with two separate team leaders. The focus of this separation is to develop an aboriginal team who will serve those families who are or identify themselves as being aboriginal.

### **i) Residential Services**

The Campbell River district office has one resource team, which also contains 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 KLE 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 KLE 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.

### **ii) Service Transformation Plan**

The KLE team leader states there has been ongoing service transformation for this team over the past four years. Some of the service shifts include the initiation of Family Development response and a designated FDR worker to accommodate these files, the development of a central screener position for both offices, completing contracts for the Family Group Conference program and the Roots program as well as planning to split the KLE team into two teams, one of which will be focused on providing services to aboriginal families only. The KLE team leader has

been involved in Alternate dispute resolution initiatives and is assisting in the development of more protocols with the local bands to incorporate these new initiatives.

KLE team members are also involved in Liaison functions with the community which includes 22 different agencies and program areas. Hiring practices have also shifted to incorporate service transformation in planning by hiring more full time positions as opposed to auxiliary position with the goal of retention. Creating more contracts to develop more resources for men and women to deal with family violence issues has also been a main focus throughout the past two years as the team leader noted a significant number of families brought to the Ministries attention are dealing with domestic violence issues.

#### 4. STAFF TRAINING

<b>Ministry Training Programs</b>											
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	*	*		*	*				*	*	
Enhanced Neglect	*									*	
Cultural Awareness	*	*	*	*	*	*	*	*	*	*	*
Integrated Case Management	*	*	*	*						*	
Investigative Interviewing	*	*		*	*	*	*	*	*	*	*
FAS/E and NAS/E	*	*		*	*			*	*		
Looking After Children	*			*	*				*	*	
Substance Misuse		*	*	*	*				*		
Youth Alcohol & Drug			*	*							
Youth suicide prevention	*			*	*						
Youth agreements		*		*	*				*		
District Supervisor training module 1											
D/S training mod. 2											
Leading the Way		*		*					*		

#### 5. SUPERVISION

The KLE team leader maintains an open door policy to facilitate supervision and consultation as needed. The KLE staff indicates that the team leader is always available when in the office and can be reached at times by cell phone when out of the office. If the KLE team leader is scheduled to be away from the office, arrangements are made for another team leader to be available to the

team. KLE staff is also able to consult with at least two senior staff members in those situations where a team leader is not immediately available to them.

The team leader states full case load reviews occur with each worker approximately every two months and that she is currently in the process of developing a tracking system to incorporate supervision, case planning and file tracking. The KLE team leader expects workers to consult when appropriate and according to standards. Supervision and case consultation is also available during weekly team meetings at the workers request. As well, weekly meetings occur with the family service workers and daily short meetings occur first thing in the morning with the intake workers. During these meetings workers can discuss cases they are working on and seek direction and ideas from the team and team leader.

## **6. INTAKE AND TRACKING SYSTEMS**

### **a) Investigations:**

Within the KLE team there are four workers assigned to complete investigations on new files, previously closed family service files and open family service files currently receiving services from the KLE team and four workers assigned to complete ongoing family service and guardianship responsibilities. When an investigation is required on these workers open files, a joint investigation is complete with the KLE intake worker. Campbell River district offices also had (up until March 2008) access to an after hours worker who initiates, assesses and responds to child protection reports and investigations, after regular business hours.

KLE also has one screener position. This worker manages intake (screening) for both the KLE and KLB (youth team) offices. When the screener is on a break or absent from the office, the remaining 9 KLE workers are responsible for covering the screener position in their office and the KLB team covers for their office, based on a rotating schedule. The screener is responsible for receiving calls from the public, assessing the information to determine the most appropriate response and completing an intake history review. If an investigation is required, the screener determines the response time required. When the screener determines that an immediate response is required, the information is given to the KLE investigation worker who is on duty that day and that worker completes the immediate safety assessment. Intakes requiring a response of 24 hours or 5 days, or an intake requiring a support service response are entered onto the system and brought forward to the KLE investigation workers the following day, during regular intake meetings. The screener may also complete referrals and carry support service files on her caseload.

During these regular scheduled meetings (every morning Monday to Friday), all intakes from the previous day and after hours are discussed and transferred to an investigation worker or the family development response worker. This includes those intakes which required an immediate response the previous day. A worker, who completes an immediate safety assessment the previous day, may not necessarily assume responsibility for the completion of the investigation.

The team leader determines which worker will receive the new file based on case load size, experience or previous knowledge/working relationship with the family.

Once the investigation worker is assigned the file, they are responsible for consulting with their team leader and completing the investigation or support service response. If the investigation results in the child being found to be in need of protection or the family requires support services, the file is transferred from the KLE investigation social worker to a KLE protective family service worker. Generally the KLE investigating social worker is responsible for completing all initial court proceedings, if necessary, completing all required referrals, completing an opening recording and risk assessment prior to the transfer. The workers will also meet with the family together to discuss the file transfer.

The after-hours worker was located at the KLE office and was scheduled to work one week on and one week off. The after-hours social worker began their shift at 2:00 p.m. Sunday to Thursday and 1:00 p.m. on Saturdays and Sundays. The shift ended at 11p.m Monday to Thursday, 1:00 a.m. Friday and Saturday and midnight on Sundays. The after-hours worker completed screening, emergency response, follow-up work referred by the daytime staff as well as out of care placement home studies. The Helpline manages Child protection reports that are received outside of these hours (and outside of regular business hours) and individual social workers from around Campbell River are called out when necessary. With the After Hours program ending Social Workers within the Campbell River area, who volunteer, will provide weekend standby coverage. All intakes and investigations are tracked using the caseload management reports and through regular scheduled supervision and intake meetings.

**b) Family development Response:**

The team leader states FDR has been in process within the KLE team over the past 3 years and they are currently piloting the Signs of Safety format. There is one FDR worker on the team and four community persons accepting files. All KLE staff has received FDR training.

**c) Ongoing Family Service and Child Service**

Family and child service files are tracked by the team leader during regular scheduled case load reviews. Files are also tracked through the MIS system with caseload management reports, printed caseload reports for each worker and through the MARS system.

There are three main transfer points for family and child service files. Files are either transferred in to the KLE team, out of the KLE team, or between the KLE team members (intake workers to family service workers). File transfers occur when a family moves communities, or when the intake and investigation workers on KLE open a family and/or/child service file and it is determined that ongoing family service or guardianship responsibilities is required. In cases where the intake worker has found a child in need of protection and ongoing family and/or child service is required, the file is transferred from the intake worker within KLE to the family service worker. These files are assigned by the team leader and are based on current caseload size, experience, and/or the workers knowledge/past relationship with the family. Once the file has been assigned the two workers are to meet in person to discuss the family, present the issues and tasks to be complete. The two workers also meet with the family together to complete the file transfer. The KLE team leader also noted that their practice is to always have a face to face

meeting with the social worker accepting the file, including those files that need to be transferred to another community.

Once the file has been transferred to an ongoing family service worker, the family service worker is responsible for completing the Risk Reduction Service Plan, referrals and ongoing court documents where applicable, the family service worker is also responsible for the ongoing re-assessment of risk. And when an investigation is concluded on their open file, the worker is responsible for updating the risk assessment.

## 7. STAFFING

### a) Staff Complement/Staff Turnover:

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
		BSW		Full delegation	Full Time
		BACYC		Full delegation	Full Time
		BSW		Full delegation	Full Time
		MAeducation /BAphysed		Full Delegation	Full Time
		BSW		Full delegation	Full Time
		BSW		Full delegation	Full Time
		BSW		Partial delegation	Full Time
		CYC		Full delegation	Full Time
		BSW, MAPC		Full Delegation	Full Time
				Full Delegation	Full Time

## Caseload Characteristics for 2007

### 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
Oct.						
Sept.	37	13	50	0	0	18
Aug.	36	12	48	0	0	29
July	36	18	54	0	0	23
June	37	16	53	0	0	22
May	37	8	45	0	0	20

### Ages of children and youth

Age	# of CIC's	Age	# of CIC's	Age	# of CIC's
0	6	7	33	14	0
1	5	8	1	15	1
2	6	9	2	16	0
3	4	10	1	17	0
4	3	11	5	18	1
5	5	12	2		
6	3	13	2		

(September 2007, MARS)

### Children in Care by Legal Authority

Legal Authority	# of CIC's
Continuing Custody	11
Interim Order	19
Removal of Child	1
Temporary Custody	21
Voluntary Care Agreement	4

(October 2007, MARS)

### After Care Plan

After Care Plan	# of CIC's
Adoption	10
Independent Living	0
Place with Relative	2
Return to Parent	33
Not Coded`	9

## 8. ABORIGINAL SERVICES (if applicable)

As previously noted local protocols are established with the bands or in the process of completion and the KLE team is in the process of separating into two teams with two team leaders to accommodate the development of a team providing services to aboriginal families only.

## SECTION III: CASE PRACTICE REVIEWS

### 9. AUDIT SAMPLE

The terms of reference letter, which was sent prior to the initiation of the Campbell River (KLE) audit, identified an audit sample of 20-25% of open family and child service files, and 20-25% of closed family service files within the last 6 months to be audited.

The Caseload Management Reports (CMR) printed from the MCFD computer system at the onset of the audit was used to arrive at an audit sample number. The MARS system was used to determine the total number of closed family service files over the past six months (May 2007–October 2007)

The MARS system indicated a total of 45 closed files over the past 6 months. Given the small amount of closed files present, 25% of these files were randomly selected using an excel based random sample program, resulting in a total of 13 closed files to audit.

The Caseload reports for each KLE worker obtained through the MARS system at the beginning of the audit (November 12, 2007) identified 164 open Family service files and 56 open child service files. Due to the large number of open files, a 20% random sample was taken from both the family service and child service files resulting in 33 open family service files to audit and 12 child service files. These files were randomly selected using an excel based randomized computer program and each caseload provided approximately 20% of their files to audit.

## 10. CRITICAL MEASURES AUDIT TOOL FOR CHILD AND FAMILY SERVICE 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  
**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>	32	72.7%			12	27.3%	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11</i>	14	100%			0	0.0%	
3	Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard #12</i>	33	84.6%			6	15.4%	
4	Family Development Response <i>CFS Service Standard #14</i>	0	0%			0	0.0%	
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	24	85.7%			4	14.3%	
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	10	35.7%			18	64.3%	
7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	16	57.1%			12	42.9%	
8	Concluding a Child Protection Investigation <i>CFS Service Standard #16</i>	14	50%			14	50%	
9	Concluding a Child Protection Investigation in a Timely Manner <i>CFS Service Standard #16</i>	13	46.4%			15	53.6%	
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #17</i>	5	31.3%			11	68.8%	
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response <i>CFS Service Standards #17 and #20</i>	0	0.0%			13	100%	
12	Notification of Fatalities and Critical Injuries (Reportable Circumstances) <i>CFS Service Standard #24</i>	0	0.0%	1	100%	0	0.0%	
13	Supervisory Approval	37	84.1%			7	15.9%	
	<b>Total Applicable Indicators: NA Ratings Not Included in Count</b>	<b>198</b>	<b>63.7%</b>			<b>112</b>	<b>36%</b>	

## **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.

**This critical measure was applicable to all of the files that were audited. Thirty two (72.7%) of the files contained documentation that reflected compliance to the above noted criteria. Of the 12 files that did not meet the above noted criteria, three did not document consideration for or contact with the aboriginal community, two did not document a PCC, two files did not gather sufficient information from the caller and four files did not provide documentation of an intake history being reviewed.**

## **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.

**This critical measure was applicable to 14 cases and all (100%) met the above noted criteria.**

## **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.

**This critical measure was applicable to 39 of the 44 cases audited. Thirty three of the files met the above criteria (84%). For this critical measure the auditor is required to apply his or her own practice lens and assess whether or not the response (whether to investigate or other) was appropriate, given the details which were contained in the documentation. Of the six (15.4%) files that did not meet the criteria, four files identified significant section thirteen concerns within the caller information and an investigation did not occur and two files exceeded the five day assessment period.**

## **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

**This critical measure was not applicable to any of the cases audited. As FDR cases are 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.

**This critical measure was applicable to 28 of the 44 cases audited. Twenty four (85.7%) of these cases met the above noted criteria and four (14.3%) did not. Of the four cases rated non-compliant, two files were coded as requiring a 24 hour response and the investigation commenced 5 days and 2 weeks later. And two of the files were coded as a five day response in which a 24 hour response would have been most appropriate given the age of the child and the situation.**

## **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.

**This critical measure was applicable to 28 of the 44 cases audited. Ten (35.7%) met the above criteria and 18 (64.3%) did not. This critical measure requires that all the necessary steps of an investigation, according to standard be documented. Of the eighteen cases which did not meet the criteria six did not contain documentation indicating that people who may have had relevant knowledge of the family (key collaterals) were contacted, three cases did not document the child's living situation being observed and key collaterals not contacted, two cases did not review the file history or contact key collaterals and two files did not document the child's living situation being directly reviewed. One case did not have documentation confirming the file history was reviewed, that a home visit occurred or key collaterals contacted. One case did not document a review of the file history, key collaterals or complete a medical exam during an investigation regarding . One case did not meet criteria as all of the information related to the report was not reviewed. One case did not document a home visit or contact with the aboriginal agency and one case did not gather all the information related to the report or contact key collaterals.**

## **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.

**This critical measure was applicable to 28 of the 44 cases audited. Sixteen (57.1%) of these cases met the above noted criteria. Of the 12 cases that did not meet the criteria, five did not provide documentation of the children being interviewed. In one case the father was not seen or interviewed. One case did not meet the criteria as the parents or children were not seen and the parents were only interviewed over the phone . In one case the parents were not seen and the interview over the phone was not related to the report. One case did not meet criteria as the parents were not seen or interviewed , one case did not document the children or the father being seen and interviewed and one case did not involve the aboriginal agency or interview the parents related to the report.**

## **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.

**This critical measure was applicable to 28 of the 44 cases audited. Fourteen (50%) of the cases had documentation reflecting compliance to the above criteria. In this critical measure the auditor is required to look for documentation confirming that the investigation was concluded, that a safety plan, if necessary, was in place and if in the auditors view the documented information supported the recorded conclusion. If insufficient information was available to determine an accurate conclusion the files were rated non-compliant. Fourteen (50%) did not meet the criteria. Of the fourteen files rated non-compliance, 13 files did not gather sufficient information during the investigation to determine accurate information to determine if section 13 concerns were evident or not and one file verified section 13 concerns during the investigation but did not find the child to be in need of protection.**

## **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.

**This critical measure was applicable to 28 of the 44 cases audited. Thirteen (46.4%) of the cases concluded the investigation within 30 days and fifteen (53.6%) did not. Four files exceeded 90 days, three were complete between 61-90 days, two were complete within 49 days and six files were complete between 31 and 45 days.**

## **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.

**This critical measure was applicable to 16 of the 44 cases audited. Five (31.3%) of the cases reflected documentation of the above noted criteria and 11 (68.8%) did not. Of the eleven cases rated non-compliance three files did not have a risk assessment (R.A) or Risk Reduction Service Plan (RRSP) documented and seven files did not provide documentation of an RRSP. Four files were rated non-compliant due to the RA not providing sufficient information and/or conflicting information and one file did not provide documentation of a risk assessment.**

## **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.

**This critical measure was applicable to 13 of the 44 cases audited and none (0%) of these files met the above criteria. Of these thirteen files eight did not provide documentation of a re-assessment of risk occurring throughout the file or when the child was returned home, four files did not provide documentation of a re-assessment or a review of the RRSP throughout the course of the file and one file did not document a re-assessment at the conclusion of a supervision order .**

## **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.

**This critical measure was applicable to 1 of the 44 cases audited. This one file received a rating of partial compliance due to insufficient documentation present to confirm that reasonable efforts were made to inform and support the child’s caregiver, family and delegated agency.**

## **13. MANAGEMENT AND SUPERVISORY CONSULTATION**

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

**This critical measure was applicable to all of the cases audited. Thirty seven (84.1%) of the cases contained documentation that the team leader was consulted at all of the above criteria and seven (15.9%) did not.**

### **PRACTICE STRENGTHS:**

- |  |              |
|--|--------------|
| • Screening and Best Approach to Service Delivery<br><i>CFS Service Standards #1 and #12</i>                           | <b>72.7%</b> |
| • When a Child is at Immediate Risk of Harm<br><i>CFS Service Standard #11</i>   | <b>100%</b>  |
| • Assessing a Child Protection Report and Determining the most Appropriate Response<br><i>CFS Service Standard #12</i> | <b>84.6%</b> |
| • Determining the Time Frame to Begin an Investigation<br><i>CFS Service Standard #16</i>                              | <b>85.7%</b> |
| • Supervisory Approval   | <b>84.1%</b> |

Areas of strength identified through the audit include Screening, determining when a child is at immediate risk, assessing reports, determining the time frame to begin an investigation and obtaining supervisory approval.

The documentation throughout the audit indicated that when the KLE team is receiving information from callers they are obtaining detailed information related to the reported concern and are assessing this information further when information is less clear. The documentation also indicates that prior contact checks are being complete and are attached to the intake and that workers are completing an intake review upon receipt of the call. These intake reviews are detailed and clearly documented within the intake. Once the information is gathered from the

caller the documentation supports high compliance in assessing this information accurately and determining the most appropriate response. The documentation indicates that the KLE team are more often than not investigating reports of child abuse when necessary and providing a supportive response where appropriate.

Once a decision is made to investigate, the time frames established to begin the investigation are accurate and diligent. The documentation indicates that investigations are initiated in a timely manner and are generally responded to within 48 hours despite a coding of up to five days.

Strength is also noted in documenting supervisory approval and consultation. The documentation indicated that the KLE workers are clearly describing consultation with their supervisor and are, for the most part, ensuring supervisory approval is documented during key aspects of child protection involvement.

A significant area of strength was noted in determining when a child is at immediate risk of harm and developing a safe plan when required. The KLE team received 100% compliance in this area. The files clearly documented the workers ability to determine immediate safety issues and respond to this information in a timely effective manner. The documentation indicated that the KLE is responding to this information and when immediate safety is verified, plans are developed to support the child's ongoing safety needs.

Area's of strength also noted throughout the review of the files is the detail and clarity of written court documents as well as written terms of supervision orders. This detail and clarity in written work is also noted in KLE's correspondence with community professionals, schools and parents. Documentation within the reviewed files indicated clearly written communication and thoughtfulness when addressing issues with and for families. It was noted that written documentation with families and parents is respectful and unbiased and provides detail of conversations.

It was also evident throughout the documentation that the KLE team is initiating family group conferencing and maintaining consistency for children in care as well as ongoing contact with their families. Information documented from the community supervised visit personnel is very detailed, thorough and received monthly. It was also noted that the KLE team provides cross referenced information with other relevant files as well as clear cross referenced information when more then one intake is open to a family at the same time. Establishing collaborative working relationships with the band was also evident throughout he files.

### **AREAS FOR IMPROVED PRACTICE:**

- Conducting a Child Protection Investigation **35.7%**  
CFS Service Standard #16
- Seeing and Interviewing the Child and Family **57.1%**  
CFS Service Standard #16
- Concluding a Child Protection Investigation **50%**  
CFS Service Standard #16
- Concluding a Child Protection Investigation in a Timely Manner **46.4%**  
CFS Service Standard #16
- Developing and Implementing a Plan to Keep a Child Safe **31.3%**  
CFS Service Standard #17

- Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response **0%**  
*CFS Service Standards #17 and #20*

During the audit 7 cases were referred to the team leader for review. Of the seven files flagged two involved family service files that had been closed and four involved files in which an ongoing protective family service file was open to KLE and one file was in the process of being closed.

The two closed family service files were flagged as one file involved [redacted] was not interviewed, thorough interviews related to the [redacted] were not documented, significant collaterals [redacted] were not contacted during the investigation and the documentation did not clearly identify the outcome of the disclosure. The second closed file involved a [redacted] and an investigation did not commence. In both of these cases a recommendation was made to re-open the files and complete a detailed investigation.

The file which was in the process of being closed was flagged as the documentation did not indicate that any of the risk issues had been resolved, that a review of risk had been complete or that the social worker had maintained ongoing contact with the family. This file involved a [redacted] and a [redacted] which would support a file closure.

Two of the files involving ongoing family service files were referred to the team leader as they involved [redacted] in which [redacted] concerns had not been addressed during the investigation and questions related to the [redacted] were raised as the [redacted].

One of the open family service files flagged to the [redacted] involved a family with an [redacted] history related to [redacted]. Concerns were raised as the [redacted] without documentation of what risk issues had been resolved to support [redacted] and there was no documentation of the workers contact with the child or family when the [redacted] or [redacted].

The final open family service file referred to the [redacted] team leader for review involved a [redacted] who had been returned to [redacted] care without documentation of risk being reduced [redacted] while [redacted] care. The documentation indicated that [redacted].

Documentation throughout the audit indicates several areas requiring strengthening. These areas include, conducting an investigation, seeing and interviewing the child and family, concluding an investigation, concluding an investigation in a timely manner, developing and implementing a plan to keep a child safe and re-assessing a plan to keep a child safe.

The standard statement for conducting investigations outlines a minimum number of steps required to complete an investigation. Documentation throughout the KLE audit indicated that 35.7% of the cases reviewed did not complete all of these steps. Of the steps missed, key collaterals' that may have had relevant information regarding the family or who may have been directly involved in the situation were not contacted during the investigation. Directly observing the child's living situation was also not documented as occurring as well as reviewing the file history. Many of the cases audited did not have documentation of at least two of the minimum steps required to complete an investigation.

Within the critical measure of seeing and interviewing the child and family, documentation indicated that the children were not seen or interviewed during the investigation or that the parents were not seen but interviewed over the phone and that the interviews that did occur did not discuss the child protection concerns noted by the caller.

As many of the steps required to complete an investigation were missed and interviews with children and families did not occur, making accurate assessments and decisions at the conclusion of the investigation was also an area for improved practice. The files indicated that insufficient information was gathered to determine an accurate conclusion as to the child's need for protection or not. Investigations were also not concluded within 30 days with many investigation exceeding 60 plus days.

Lower compliance was also noted in developing and implementing a plan to keep a child safe due to a lack of documentation of thorough written assessments (risk assessments) and written plans to address risk issues. In many of the files a written plan with goals and review dates were absent from the files as well as documentation involving planning with the family to reduce risk. Re-assessments of planning for children who have been found in need of protection was also not documented on all of the applicable files. Re-assessment were not documented as occurring every 90 days, when significant circumstances occurred, when children were returned to their parents care or to end a supervision order or close a file.

## NARRATIVE SUMMARY - CHILD SERVICES

**Twelve** child service files were audited. Overall compliance to the child service standards was **43.3%**. 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>	4	33.3%	5	41.7%	3	25%	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	11	91.7%			1	8.3%	

3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	8	66.7%			4	33.3%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	5	41.7%			7	58.3%	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	4	33.3%	2	16.7%	6	50%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	1	8.3%			11	91.7%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	8	66.7%	3	25%	1	8.3%	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	1	8.3%	3	25%	8	66.7	
9	When a Child is Missing or has Run Away <i>CIC Service Standard #14</i>	0	0.0%			0	0.0%	12
10	Notification of Fatalities, Critical injuries and Serious Incidents <i>C&amp;FS Standard #24</i>	0	0.0%	0	0.0%	0	0.0%	12
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	3	60%			2	40%	7
12	Supervisory Approval	4	33.3%			8	66.7%	
	<b>Total Applicable Indicators: NA Ratings Not Included in Count</b>	<b>49</b>	<b>43.4%</b>	<b>13</b>	<b>11.5%</b>	<b>51</b>	<b>45.1%</b>	<b>31</b>

## 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.

**This critical measure was rated compliant in 4 of the 12 applicable cases (33.3%), partially compliant in 5 of the 12 applicable cases and was rated non-compliant in 3 of the 12 applicable cases. The five cases receiving a partial compliance rating did not provide documentation of a cultural plan. The three files rated non-compliant indicated that the child was aboriginal and all criteria as noted above were not documented.**

## 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.

**This critical measure was rated compliant in 11 of the 12 applicable cases (91.7%). The one case rated non-compliant was due to a lack of documentation pertaining to the**

**workers knowledge of the child's history, current circumstances and needs .**

### **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.

**This critical measure was rated compliant in 8 of the 12 applicable cases (66.7%). Two cases did not meet the above noted criteria as there was insufficient information to determine how the placement is meeting the child's needs or why the foster home was chosen for the child. One case did not meet the criteria as there was no documentation indicating how the home was chosen for the child, how the home meets the child's needs and a concern raised by the child was not followed up. And one case did not meet the above criteria as there was no documentation of how the placement meets the child's needs and a \_\_\_\_\_ and was not documented as being followed up or addressed further.**

### **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.

**This critical measure was rated compliant in 5 of the 12 applicable cases (41.7%). Of the seven cases that received a rating of non-compliance, five involved \_\_\_\_\_ and documentation did not indicate the child's rights had been reviewed with an advocate, family member or someone with a significant relationship to the child upon their admission to care and every 90 days. One file received a rating of non-compliance as the child's rights had not been reviewed with them within the last 90 days and one file indicated that the child had not been informed of his rights and one of his rights may have been violated with no documented follow up to the concern.**

### **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.

**This critical measure was rated compliant in 4 of the 12 applicable cases (33.3%). Two cases were rated partial compliance as one case did not provide documentation of barriers to involving the child and the child's parent was not involved in planning and one case did not document the social workers involvement/knowledge of the planning. The six files rated non-compliant did not provide documentation of the child being involved in the development of their plan or that the child and significant others to the child were involved in the child's 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 CIC standard #9 during the past three years.

**This critical measure was rated compliant in 1 of the 12 applicable cases (8.3%). The eleven files receiving a rating of non-compliance did not provide documentation of the social worker having private in person contact with the child every 90 days. One file documented the SW having ongoing contact with the child, however never in private , one file did not provide SW contact with the child or throughout the duration of the child's admission to care, one file did not provide any SW contact with the child throughout their admission to care and one file documented the SW having contact with the child within the past 90 days , however, this contact was not in private.**

## **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.

**This critical measure was rated compliant in 8 of the 12 applicable cases (66.7%), was rated partially compliant in 3 of the 12 applicable files and rated non compliant in 1 of the 12 files. Of the three files rated partially compliant, one file did not provide sufficient information to confirm effort being made to promote positive relationships between the child, family and significant others or for the child to develop new relationships. One file did not provide documentation supporting a plan for the child And one file did not document planning or rationale to maintain sibling contact . The one file rated non-compliant did not provide documentation of the above criteria.**

## **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.

**This critical measure was rated compliant in 1 of the 12 applicable cases (8.3%). Three of the 12 applicable cases received a rating of partial compliance and 8 of the 12 received a rating of non-compliance. The three cases rated PC provided documentation of an initial plan of care developed within 30 days, however, subsequent required CPOC's or planning documents were not documented. All of the files rated non-compliant did not provide documentation of any written plans throughout the child's file.**

## **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.

**This critical measure was not applicable to any of the cases audited.**

#### **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.

**This critical measure was not applicable to any of the cases audited.**

#### **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.

**This critical measure was rated compliant in 3 of the 5 applicable cases audited. The two files that did not meet the criteria did not provide documentation of planning for or service provisions to support the child returning home.**

#### **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.

**This critical measure was rated compliant in 4 of the 12 applicable files audited. The eight files that were rated non-compliant did not provide documentation of supervisory approval when children were placed, when children were returned home, when a file was closed or to develop or review the child's planning.**

### **AREAS OF PRACTICE STRENGTH**

- Assuming Responsibility for a Child in Care **91.7%**  
*CIC Service Standard #4*
- Meeting a Child's Need for Stability and Continuity of Lifelong Relationships **66.7% C**  
*CIC Service Standard #10* **25%P.C**

Strength was identified within the CS files in areas of, assuming responsibility for a child in care and Meeting a child's need for stability and continuity of lifelong relationships.

All of the child service files audited provided documentation of all court documents related to the child coming into care. Court documents were clearly written and described in detail why the child came into care, current court orders were also provided on the file. For the most part the files provided documentation of the investigation which resulted in the child's coming into care as well as opening recordings and the risk assessment. Documents and recordings also described the nature and extent of the child's parents and family's involvement in the child's admittance to care. This documentation outlined the KLE team outlining to the parents why the child was removed and what the risk issues are within the family home. This documentation is written very respectfully and clearly to the parent(s).

Strength was also identified in meeting a child's need for stability and continuity of relationships. Access arrangements are initiated in a timely manner and scheduled to provide consistency for the child. Where access may not be appropriate, there is documentation outlining the concerns and planning to support future contact. The KLE team is actively supporting children in maintaining positive relationships with their parents and siblings as well as clearly documenting attempts to encourage parental contact for children when those parents are reluctant to or lack follow through with visits.

Noted area's of strength observed while reviewing some of the CS files included, referrals for children in care being made in a timely manner, detailed reports provided by some foster parents, establishing permanence for a child within a very short period of time, using mediation and respectful letters to parents outlining child protection issues and current circumstances as well as the KLE team documenting their strong working relationships with band and other district offices.

### **AREAS FOR IMPROVED PRACTICE:**

- |   |              |
|---|--------------|
| • Preserving the Identity of an Aboriginal Child in Care<br><i>CIC Service Standards #1 and #19</i>                           | <b>33.3%</b> |
| • Ensuring a Child's Safety While in Care<br><i>CIC Service Standard #5</i>   | <b>66.7%</b> |
| • Ensuring the Rights of a Child in Care<br><i>CIC Service Standard #6</i>  | <b>41.7%</b> |
| • Involving a Child and Considering the Child's Views in Case Planning and Decision Making ( <i>CIC Service Standard #8</i> ) | <b>33.3%</b> |
| • Maintaining Personal Contact with a Child in Care<br><i>CIC Service Standard #9</i>   | <b>8.3%</b>  |
| • Assessments and Planning for a Child in Care<br><i>CIC Service Standard #11</i>   | <b>8.3%</b>  |
| • Planning for a Child Leaving Care<br><i>CIC Service Standards #15 and #16</i>   | <b>60%</b>   |
| • Supervisory Approval  | <b>33.3%</b> |

There were no CS files highlighted to the team leader or manager for review.

Significant areas of lower compliance included, a serious lack of documentation of the KLE social workers having contact with children in care. This lack of documentation indicated that children in care very seldom see their social worker throughout their placement. Assessments and planning for children in care, outlining a detailed assessment, the needs and goals for the

child to address these needs, were also not documented on the files. As a child remained in care for extended periods of time, no planning documents could be established, of the plans that were initially documented, a review could not be found. Included in this is a significant lack of evidence that the child has been involved in decision making and case planning.

There was also a lack of documentation of why placements were chosen for children and how these placements met the child's needs as well as the KLE team ensuring children, or those with a significant relationship to them, were informed of their rights while in care. Recording supervisory approval at all key points within a child service file, documenting appropriate preparation for and monitoring the transition from care to placement with parents, as well as providing cultural plans for aboriginal children in care were also areas of lower compliance.

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Debi Van Voorst  
Practice Analyst/Auditor  
Vancouver Island Region  
March 11, 2008

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Thomas Weber  
Director of Child Welfare  
Vancouver Island Region

## 12. RECOMMENDATIONS

These recommendations were developed in consultation with, .

1. The KLE/KLG<sup>1i</sup> team leaders and KLE/KLG team members will demonstrate their ability to meet the requirements of CFS Standard 16: Conducting a Child Protection Investigation, Standard 17: Concluding a Child Protection Investigation, and Standard 18: Developing and Implementing a Plan to Keep a Child Safe by:

- establishing and using checklists to track:
  - intakes/investigations;
  - Comprehensive risk assessments;
  - risk reduction service plan, and risk reduction service plan reviews.
- Providing the CSM with an example of the checklists by May 1, 2008.
- Increasing compliance scores to a minimum of 70% for Critical Measures 6 to 11 by Jan. 1, 2009.

2. The KLE team leader and KLE team members will demonstrate their ability to meet the requirements of CIC Standard 6: Ensuring the Rights of a Child in Care, Standard 8: Involving a Child and Considering the Child's Views in Case Planning and Decision Making; Standard 9: Developing and Maintaining a Meaningful Relationship with a Child in Care, Standard 10: Meeting a Child's need for Stability and Continuity of Lifelong Relationships, and Standard 11: Assessments and Planning for a Child in Care by:

- participating in training regarding the completion of comprehensive plans of care provided by the KLE team leader;
- establishing and using a checklist to track:
  - notification to children in care of their Rights,
  - social worker's private, in person contact with children in care,
  - comprehensive plans of care and reviews of plans of care.
- Increasing compliance scores to a minimum of 70% for Critical measures 4 to 8 by Jan. 1, 2009.

3. The KLE/KLG team leaders and team members will develop a strategy to facilitate electronic access to and the use of the RRSP, CRA, CPOC and CPOC reviews as living documents<sup>2</sup> that better reflect the ongoing nature of case development.

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<sup>1</sup> The KLE team became two teams (KLE and KLG) shortly after completion of the audit report. As members of the KLG team were included in the KLE audit the audit report and recommendations apply to both teams.

<sup>2</sup> Living document: a document that is up-dated to reflect events as they occur and used to inform the case assessment and planning.

4. The Director of Integrated Practice will review a sample of KLE files for compliance with the critical measures noted above by Feb. 1, 2009.

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Tom Weber  
Regional Director of Integrated Practice  
Vancouver Island Region

Date: