

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
North Region
Burns Lake Child & Family Services (QCB)

Field Work Completed: April 7-18, 2008
Report Completed: September 2008

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**DIRECTOR'S CASE PRACTICE AUDIT REPORT
NORTH REGION
Burns Lake Child & Family Services (QCB)**

SECTION I: INTRODUCTION

1. PURPOSE

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

The specific purposes of case practice audits are:

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

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

2. METHODOLOGY

The audit was conducted to meet provincial standards in accordance with the *Director's Case Practice Audit Methodology and Procedures Document* (June 2004). The specific audit tools used in conducting this audit are indicated below:

- ✓ **Critical Measures Audit Tool for Child and Family Service Standards**
The current critical measures tool (April 2004) included 13 critical measures
- ✓ **Critical Measures Audit Tool for Child In Care Service Standards**
The current critical measures tool (April 2004) included 12 critical measures

The audit of the Burns Lake Child & Family Service team was asked to include a minimum of 20-25% of open family service and child service cases. The audit sample also included a small sample of family service cases closed within the last 6 months. There were no eligible child service cases closed within the last 6 months.

The auditor conducted field work from April 4 to 18, 2008. The auditor met initially with the community services manager, team leader and the team to review the audit purpose and process.

During the audit, the community services manager, team leader, 1 social worker and the supervisor of administrative services were interviewed with respect to the office system, the child welfare service delivery structure and services available in the catchment area of Burns Lake.

Upon completion of the audit, the auditor met with the team, clinical team leader to provide an overview of general observations, patterns and themes relating to practice that were identified. The community services manager participated in the exit meeting via teleconference. The individual case reports were provided to the team leader and the community services manager at a later date for review. The individual case reports were detailed and highlighted the life of each case reviewed during the audit.

Files were audited based on documentation found on the physical files.

SECTION II: PRACTICE IN THE COMMUNITY CONTEXT

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

3. COMMUNITY OVERVIEW

- a). **Geography:** Geographically, the north region spans the upper two thirds of the province of British Columbia. The north region is divided into 4 sub-regions: the Northwest sub-region, the Northeast (Peace/Liard) sub-region, the Nechako/Bulkley Valley sub-region, and the Prince George and area sub-region.

Burns Lake is the main service centre in the entire Lakes District of the Nechako/Bulkley Valley sub-region. It is located 226 kilometres west of Prince George on Highway 16. The economy is driven primarily by the forest industry. Ranching and tourism provide other key sources of employment.

- b). **Demographics:** The north region is comprised of rural and urban communities with varying population size. The north region is the traditional territory and home for 50 First Nation communities (2008 Northern Aboriginal Authority for Families [NAAFF] database).

The Burns Lake office catchment area includes areas west to Topley, east to Endako and as far south as Francois Lake including Ootsa Lake for an estimated population totalling 10, 000 (this estimate includes the village of Burns Lake proper). The rural village of Burns Lake is approximately 2,000 in population. Approximately 50% of the population consist of people of Aboriginal heritage from 6 surrounding First Nation communities. It is estimated that 30% of the population is part of the Mennonite community.

Frequently encountered social problems amongst the client population that QCB serve include seasonal unemployment and the legacy of the residential school system which have a strong impact on all First Nation communities in the Burns Lake area. Family issues necessitating MCFD involvement which affect both parent and youth populations include: mental health issues, addiction-related issues (occurrence of FASD in adult and youth population, polydrug misuse), family violence, and criminal/youth justice involvement. QCB also notes that families they encounter are highly mobile requiring close working partnerships with neighbouring Bands and district offices in the Houston/Smithers and Hazelton areas.

- c). **Service Delivery:** MCFD north region's management structure includes the regional executive director, director of operations, director of integrated services, and the community services

manager who administers the delivery of child protection services and oversees ongoing and integrated child and family service delivery.

The Burns Lake district office provides a range of child welfare services ranging from responding to community reports of child safety, provision of voluntary and protective family services, guardianship services to children in care, contracts with foster homes and staffed resource facilities for children.

The QCB team works in close partnership with other community service providers. The team leader reports that protocols with the following key community partners are under review by the community services manager for the Nechako/Bulkley Valley sub-region:

- Burns Lake RCMP detachment
- Burns Lake School District
- Hospital: Maternity & Delivery Unit: A recently developed protocol is in place where a hospital alert is initiated for high risk pregnancies with MCFD involvement.
- A Provincial protocol is in place when working with children and families associated with Carrier Sekani Family Services, a partially delegated (C4) Aboriginal agency representing people of Carrier and Sekani heritage.

1/ **Residential Services** – The QCB team accesses placements for children in care through the resource worker. The .75 resource worker is responsible for the recruitment, approval and support of Ministry approved placements for children in care. These placements include a range of foster homes (regular, level or restricted). The resource worker reports that there is no group home for youth in the area. The resource social worker conducts annual reviews of local foster homes. Feedback from social workers who have children in Ministry approved foster homes is incorporated in a care provider's annual review.

In situations where a planned placement is required for a child or youth from an identified First Nations community, Carrier Sekani Family Services is contacted to explore First Nation placement options.

The resource worker is also responsible for supporting out-of-care options for families. As a general rule, the preferred practice of the Burns Lake office is to explore out-of-care arrangements for children and youth whenever feasible and to utilize Ministry approved residential services in emergency situations only or as a last resort.

2/ **Service Transformation** –A strategic plan for the north region was developed on July 2007. Throughout the transformation process to year 2010, three significant initiatives have been identified:

- i) Building family and community capacity through the utilization of more strength-based, collaborative practices in child and family services
- ii) Supporting the transition of child welfare services to Aboriginal governance
- iii) Encouraging accreditation of services to all children, youth and families through inclusive decision-making, continuous quality improvement and meaningful engagement with staff and their communities.

Some innovative community projects in the Burns Lake area which support the three transformation initiatives include:

- February 2007: A three-way partnership formed with MCFD North region, University of Northern British Columbia and Carrier Sekani Family Services to deliver the Aboriginal Child Protection Recruitment Project. The goal of this project is to increase the recruitment and employment opportunities of First Nations social workers in the child welfare profession in the north region. To date, Aboriginal students of this project complete a Bachelor of Social Work degree with a Child Welfare certificate and are employed by MCFD or amongst the 8 delegated Aboriginal agencies in northern BC. The Burns Lake office, due to its richness of surrounding First Nations communities, offers an ideal placement opportunity for social workers interested in Aboriginal child welfare.
- 2007: The Burns Lake office has access to trained family group conference facilitators and/or certified child protection mediators to resolve child welfare related disputes through Carrier Sekani Family Services.
- 2007: MCFD-Burns Lake has recently transferred case management responsibility for a number of First Nations child service files to Carrier Sekani Family Services for permanent planning and cultural planning purposes.
- A number of contracted community services are available locally in Burns Lake. A sample of which include the following services most utilized by the Burns Lake office:
 - College of New Caledonia:** mostly early intervention services such as day care services and parenting support services. The multi-disciplinary (complex developmental behavioural conditions) assessment team for FAS/D is co-located out of the college.
 - Lakes District Counselling:** child and youth mental health services, addiction services
 - Carrier Sekani Family Services:** contracts to provide transportation, family support/preservation services.
 - Child Development Centre:** Infant Development program
 - Eagle's Nest transition house:** a 4-5 bed facility for women and children in need of safe transitional housing
 - E Fry:** Children Who Witness Violence program

4. STAFFING

A. Professional Staff Complement/Staff Turnover

The QCB team consists of a full staff complement of one team leader, 4 delegated child protection social workers, a .75 time resource social worker, and a youth probation officer. The youth probation officer's time in Burns Lake (1x/week) is shared amongst the Vanderhoof and Fort St. James district offices.

The team leader worked as a child protection social worker in the Burns Lake office before assuming the position of team leader. The team leader reports that within the past 2 years, the Burns Lake office has experienced almost a complete turnover of staff due to a number of planned and unplanned staff relocations, reassignments and leaves. Several vacancies were temporarily filled by a series of Prince George float team members who arrive with varying degrees of child protection experience.

At the time of the audit, the team leader reports that the Burns Lake team is working on rebuilding its staff complement. It is a relatively young enthusiastic team that would benefit from mentoring of more seasoned child protection personnel. Two out of 4 child protection staff were fully delegated.

The administrative support team consists of a supervisor of administrative services and a part-time office assistant. The office supervisor oversees the administrative support services of the team. Key responsibilities are maintaining financial records, records management, contract management and office and (court-related) correspondence. The supervisor of administrative services possesses a wealth of knowledge of the Burns Lake community. The half time Office Assistant is responsible for reception duties and filing.

B. Current Office Workload

The caseload management report was run on the first day of the audit (April 7, 2008) indicating the following office workload for QCB: 46 open family service cases and 23 open child service cases. Within the last 6 months, 20 family service files were closed and 1 child service file was closed.

Note: A number of child service files with children of First Nation ancestry have been transferred to Carrier Sekani Family Services in 2007-8 for permanent planning and cultural planning.

The QCB caseload distribution (April 7, 2008)

3 FS	7CS	
17FS	10CS	
26FS	5CS	
----	1YAG	

Total:	46FS	23CS

5. STAFF TRAINING

The QCB team leader has a diploma of professional social work (child welfare) with 30+ years of child welfare experience in the United Kingdom. All 4 child protection social workers have a Bachelor of Social Work degree. Please see charts for additional information on staff experience and education.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
		DipSW		Full delegation	Full-time
		BSW		Full delegation since Aug 2007	Full-time
		BSW		Full delegation since Nov 2007	Full-time
		BSW		-Partial since Apr 2008	Full-time
		BSW		-In core training	Full-time
		BSW		Full delegation	Full-time
					Full-time

a) Ministry Training Program						
Child Protection Worker (core)	x	x	x	x	x	x
Resources Worker						x
Guardianship (core)	x					
Adoption (core)						
Clinical Supervision Level 1						
Clinical Supervision Level 2						
Risk Assessment		x	x			
Advanced Risk Assessment						
Enhanced Neglect						
Cultural Awareness						x
Integrated Case Management						

Investigative Interviewing						x
FAS/E and NAS/E						
Looking After Children	x					x
Substance Misuse						
Youth Alcohol & Drug						
Youth Suicide prevention						
Youth agreements	x					
District Supervisor module 1						
District Supervisor module 2						
Leading the Way						

The team leader reports that Employee Professional Development Plans and staff performance appraisals have not been completed (with the exception of 1 staff) due to the many staff changes that have occurred within the last 2 years.

6. SUPERVISION/CONSULTATION

The community services manager is relatively new in his role as manager to the Nechako/Bulkley Valley sub-region. Since his arrival, a clinical team leader position has been created to assist team leaders in the sub-region with clinical supervision and child welfare practice issues. The team leader recently met with the clinical team leader to set up tracking systems for active cases in the office. A regular staff supervision schedule, duty schedule and after hours response schedule for social work staff has been reviewed and implemented. The team leader reports that reviewing and revising these systems were much needed in rebuilding the capacity of the Burns Lake team.

The team leader provides supervision and clinical consultation with respect to the delivery of child and family services. The team leader exercises an open door policy with daily discussions around case practice. A schedule of structured supervision time has been set up with each social worker to review key risk decision points throughout an investigation, throughout the course of an open protective or voluntary family service file, and throughout the course of an open child service file. Time is also dedicated to discuss staff learning goals and staff development issues.

When the team leader is away from the QCB office for an extended period of time, arrangements are made for staff consultation with a nearby team leader or with the clinical team leader in the sub-region. The team leader states that access to the community services manager is readily available by email or by phone. The community services manager often makes periodic site visits to the Burns Lake office and he is well known to district office staff.

7. INTAKE AND TRACKING SYSTEMS

- a) **Intakes/Investigations:** New reports (intakes) are screened and investigated by a fully delegated child protection social worker. The team leader recalls a period where he was the only fully delegated worker in the office. When he was out of the office, staff (who were in training or not fully delegated) were not able to respond fully to emerging child welfare matters. A duty schedule is rotated weekly amongst all fully delegated social workers

available in the office. The duty social worker is responsible for assessing and responding to incoming reports of child safety. The office duty schedule often is synchronized with the after hours response (on call duty) schedule for reports which occur on weekends or outside of office work hours. The provincial after hour team screens after hours calls and decides if it is necessary to call out a local fully delegated social worker to respond to concerns of a child's immediate safety.

b) Family Development Response: N/A.

The FDR response is currently not audited.

c) Ongoing Family Service and Child Service: Incoming new reports requiring voluntary or protective family services are generally kept on and managed by the responding duty social worker. The team leader may re-assign a case depending on caseload size, level of delegation, experience and availability of the case manager. The team leader carries a working caseload of family service and child service files and tries to balance caseloads evenly whenever possible.

The family service social worker manages the child service file for children that are in care of the Director by agreement or by court order. The social worker has the responsibility for tracking care plans and reviews. Care plans for children are developed collaboratively with the child's family and involved community professionals. If the child in care is Aboriginal, efforts are made to involve the Band and delegated Aboriginal agency in developing a permanent plan that is relevant to the child or youth's cultural and identity needs.

8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

The following chart provides a breakdown of services provided to Aboriginal and Non-Aboriginal people by team QCB within the last 6 months.

Office QCB Children in Care - October 2007 to March 2008							
Aboriginal Status	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Average
Aboriginal	16	15	15	17	17	20	16.7
Non-Aboriginal	0	0	0	0	0	1	0.2
Total	16	15	15	17	17	21	16.8

Office QCB Active FS Files - October 2007 to March 2008							
Aboriginal Status	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Average
Aboriginal	32	27	28	35	38	44	34.0
Non-Aboriginal	6	3	2	3	8	8	5.0
Unknown	0	0	0	1	1	1	0.5
Total	38	30	30	39	47	53	39.5

Office QCB Protection Reports Recorded - October 2007 to March 2008							
Aboriginal Status	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Average
Aboriginal	8	9	5	9	6	7	7.3
Non-Aboriginal	3	2	0	1	4	0	1.7
Total	11	11	5	10	10	7	9.0

Office QCB Intake Recorded - October 2007 to March 2008							
Aboriginal Status	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Average
Aboriginal	9	9	5	9	6	10	8.0
Non-Aboriginal	3	2	0	2	4	1	2.0
Total	12	11	5	11	10	11	10.0

The Burns Lake district office provides child welfare services to six First Nation communities. Three First Nation communities, Lake Babine Nation, Burns Lake Band, and Wet'suwet'en Nation are part of the town, located minutes away north of the Burns Lake office. Three other First Nation communities, Cheslatta, Nee Tahi Buhn and Skin Tyee, are spread out on the south side of Burns Lake. Access to south side First Nation communities is by ferry (a 25 minute ferry ride which departs every hour) followed by a 15 minute to an hour's drive one-way on paved or dirt/gravel rural roads.

On reserve services vary amongst First Nations communities. For example Burns Lake Band has a day care centre. Lake Babine Band and Burns Lake Band have alcohol and drug counselling. The A&D counsellor is able to access residential treatment for clients living on reserve. There is a south side Wellness Centre staffed by a number of professionals: staff for the Mother Goose program for parents and infants, a community health nurse, an outreach mental health worker, a speech therapist and a general wellness/lifestyle counsellor.

All six First Nation communities in the Burns Lake area are represented by Carrier Sekani Family Services, a partially delegated (C4) Aboriginal agency. Carrier Sekani Family Services is able to provide Aboriginal foster home placements, family support services and guardianship services to children from affiliated First Nations communities. Carrier Sekani Family Services is working towards achieving full child welfare delegation (C6) and has sub-offices located in Burns Lake, Vanderhoof and Prince George.

SECTION III: CASE PRACTICE REVIEW

9. AUDIT SAMPLE

The audit of the QCB Child and Family Service team included a minimum of 20-25% of open family service files, 20-25% of open child service files and a small sample of closed family service files. There was no eligible closed child service files reviewed in the audit sample.

The caseload management reports were printed from the MCFD computer system on the first day of the audit and used to arrive at a sample number. On April 7, 2008 the case management report recorded:

- 46 open family service cases. Thirteen (**13**) open family service cases were audited representing **30% of ongoing family service cases**.
- 23 open child service cases. Six (**6**) open child service cases were audited representing **30% of open child service cases**.
- 20 family service files closed within the last 6 months (closed family service files from October 2007 to March 2008). Three (**3**) closed family service files were audited representing **15% of closed family service cases**.

Cases were then randomly selected for review from each of the 3 active family service caseloads.

10. AUDIT RESULTS

- a) Child and Family Service Standards (CMAT – CFS)
 - Narrative Summary
- b) Children In Care Standards (CMAT – CIC)
 - Narrative Summary

10 (a) CRITICAL MEASURES AUDIT - CHILD AND FAMILY SERVICES (CMAT-CFS) NARRATIVE SUMMARY

Sixteen (16) family service files were audited. The sample of family service files consisted of 13 open family service files requiring ongoing family service intervention and 3 family service files closed within the last 6 months of the audit.

- Of the 13 open family service files, all 13 cases were designated as protective service files.
- Of the 3 closed family service files: one involved closure of a file where family support services were provided, 2 involved closure of files where protective services were provided.
- The overall compliance to the child and family services standards was 61%.

Information for determining compliance to the service standards was based on file documentation.

The following provides a narrative summary and explanation of the ratings for each critical measure:

Compliance Ratings Per Critical Measure For Child & Family Service Cases

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, services offered and/or provided were appropriate and an Aboriginal service provider or delegated agency had been contacted where applicable.

- All 16 files audited were applicable to this critical measure. The files were 81% compliance. Non compliance was found in 3 files due to lack of notification of the report to Band/delegated Aboriginal agency.

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 ensure the child's immediate health and safety, including a safety plan. If a child protection worker was not able to ensure that a child was seen immediately, the auditor would look for documentation describing alternative steps taken to ensure the child's immediate safety.

- 10 files were applicable to this critical measure. The files were 90% compliance. Non compliance was found in 1 file as a safety plan was not considered

3. Assessing a Child Protection Report and Determining the Most Appropriate Response

The auditor looked for documentation that demonstrated that the worker had obtained and collected sufficient information to assess a report and to determine the best child welfare response.

- All 16 files audited were applicable to this critical measure. The files were 88% compliance. Non compliance was found in 2 cases where s.13 concerns were present in the report or past MCFD involvement and the report was assessed as a request for support services.

4. Family Development Response

- Not applicable.

5. Determining a Time Frame to Begin an Investigation

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

- 13 files were applicable to this critical measure. The files were 85% compliance. Non compliance was found in 2 cases where an investigation was not initiated within the time frame specified.

6. Conducting a Child Protection Investigation

This critical measure outlines many of the activities involved in an investigation. This includes: all relevant information relating to the report has been reviewed, including information from people/professionals who have relevant knowledge of the family and that the child's living situation has been directly observed. All of the above steps need to be completed for compliance.

- 13 files were applicable to this critical measure. The files were 62% compliance. Non compliance was found in 5 cases as not all required steps of an investigation were completed. In 4 cases, significant collateral information was not collected. In 1 case, the home environment was not directly observed.

7. Seeing and Interviewing the Child and Family

This critical measure requires that the social worker interviews the subject child, siblings, parents, and the Aboriginal community involved if applicable. Each investigation includes at a minimum: seeing the child and all other vulnerable children in the home, interviewing the child and all other children in the home, where developmentally appropriate and with supports if necessary, and seeing and interviewing the parents. All of the above steps need to be completed for compliance.

- 13 files were applicable to this critical measure. The files were 39% compliance. Non compliance was found in 8 cases where not all required interviews were conducted. In 4 cases, interviews obtained from other vulnerable children living in the home were missing, in 4 cases, parent interviews were not evident on file.

8. Concluding a Child Protection Investigation

This critical measure requires the auditor to review whether or not the decision about the child needing protection 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.

- 13 files were applicable to this critical measure. The files were 69% compliance. Non compliance was found in 4 cases where the facts gathered during an investigation were inconsistent with a finding that the child was not in need of protective services.

9. Concluding an Investigation in a Timely Manner

This critical measure requires that there is documentation that demonstrates the investigation was concluded within 30 calendar days. The documentation includes the sign off by the team leader.

- 13 files were applicable to this critical measure. The files were 23% compliance. Non compliance was found in 10 cases due to sign off exceeding 30 days.

10. Developing and Implementing a Plan to Keep a Child Safe

The auditor looked for documentation that reflected safety planning that occurred after there was a 'finding' that the child was in need of protection. This plan should include an assessment of needs, risks and strengths and consider the child's need for stability and the participation of family in keeping the child safe.

- 9 files were applicable to this critical measure. The files were 56% compliance. Non compliance was found in 4 cases due to the absence of an initial risk assessment and service plan after a finding that a child was in need of protection.

11. Reassessing Plan to Keep a Child Safe and Ending Family Service Response

The auditor looked for documented evidence that the plan to keep the child safe has been reviewed, as appropriate, with key players. In ending a protective service response, the auditor looked for documentation that indicated an assessment had been completed that indicated the parents were able to keep the child safe without protective services.

- 6 files were applicable to this critical measure. The files were 0% compliance. Non compliance was found in 6 open FS cases where a re-assessment of risk was not located prior to the expiry of a court order or when there were significant changes in family circumstances. In 1 protective FS case submitted for closure, a closing risk assessment was absent.

12. Notification of Fatalities and Critical Injuries and Serious Incidents

In circumstances where there is a death or critical injury of a child who has received services within the past 12 months or where there is a serious incident that may affect the immediate safety or health of a child in care, the auditor looked for a reportable circumstance report in which appropriate members of the child's family, the designated director, community service providers and delegated Aboriginal agencies are all notified of the incident.

- 0 files were applicable to this critical measure.
- **Supervisory Approval**
The auditor looked for documentation that reflected consultation with supervisors or managers at all critical points: assessing reports, decision on a response time, conducting and concluding an investigation, notifying police, determining a child's need for protection, developing an ongoing safety plan, the court process, removal of a child, placement of a child, reunification, transferring responsibility for or ending services and exceptions to policy.
- All 16 files were applicable to this critical measure. The files were 44% compliance. Non compliance was found in 9 cases where evidence of supervisory tracking was absent. In 1 file submitted for closure, supervisory sign off was not evident.

Overall Compliance to the Child and Family Services standards: 61%

Practice Strengths:

Generally, the audit found high compliance ((90%) in responding to reports where a child's immediate safety is in question.

- CM2: When a child is at immediate risk of harm.

Areas For Improved Practice:

The audit identified areas of low compliance or non compliance in the following CFS critical measures:

Critical measures relating to investigative practice:

- CM6: Seeing and interviewing the child and family.
- CM9: Concluding a child protection investigation in a timely manner. Most investigations took longer than the recommended 30 days to complete.

Critical measures relating to the provision of ongoing protective services:

- CM10: Developing and implementing a plan to keep a child safe upon a finding that a child is in need of protective services.
- CM11: Reassessing a plan to keep a child safe and ending a family service response

- CM13: Supervisory approval was absent or not documented at key supervisory consultation points in a case.

Additional Comments:

4 of 13 (33%) open family service files reviewed during the audit were flagged or brought to the attention of the team leader or community services manager for re-assessment of service planning.

10 (b) CRITICAL MEASURES AUDIT - CHILDREN IN CARE (CMAT-CIC) NARRATIVE SUMMARY

Six (6) child service files were audited. Overall compliance to the child service standards was 57%.

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:

Compliance Ratings Per Critical Measure for Children In Care

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. 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, indication that the social worker understands the child's history and current circumstances. The auditor also looked for a cultural plan within the file that reflected the social worker's efforts in promoting the child's Aboriginal heritage.

- 6 files were applicable to this critical measure. Files were 33% compliance. Partial compliance was found in 1 case where an Aboriginal child in care was registered for status but cultural planning was not evident in the care plan. Non compliance was found in 3 cases where registration for status was not located on file and/or a cultural plan was not developed within 6 months of coming into care.

2. Assuming Responsibility for a Child in Care

The auditor looked for confirmation of the child's legal status such as court orders, care agreements and an assessment of the child's history and current circumstances.

- 6 files were applicable to this critical measure. Files were 100% compliance.

3. Ensuring a Child's Safety While in Care

Where a child has been brought into care, the auditor looked for documentation to indicate that the child has been placed in a living arrangement that meets his or her needs, or for a child/youth refusing placement that reasonable efforts were made to ensure a placement. File information also indicates that there is an adequate plan in place to address a child's safety needs. The auditor looked for documentation to ensure the physical safety and emotional well-being of a child or youth in care.

- 6 files were applicable to this critical measure. Files were 100% compliance.

4. Ensuring the Rights of a Child in Care

The auditor viewed the documentation to ensure that the social worker has informed the child of the (s. 70) Rights of Children in Care, and that any reports that a child's rights may have been violated, have been addressed. The auditor looked for documentation that when a child or youth comes into care, he/she is informed of these rights and is assisted in the understanding of these rights, according to the child's or youth's developmental abilities. Furthermore, the review of these rights with the child or youth occurs on a regular basis.

- 6 files were applicable to this critical measure. Files were 100% non compliant as documentation was insufficient to discern whether the child's section 70 rights had been reviewed and discussed on an annual basis since coming into the Ministry's 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 supported that the child and other significant individuals to the child were involved as fully as possible in the case planning process and that any possible barriers to involvement were identified and addressed.
- 6 files were applicable to this critical measure. Files were 67% compliance. Non compliance was found in 2 cases where in one case, a care plan has not been developed or where in the second case, an updated care plan was not located on file.
- 6. Maintaining Personal Contact with a Child in Care**
- The auditor looked for documentation that the social worker has had private in-person contact with the child at least every 90 days, and whenever there has been a change in placement, social worker, or other significant circumstances.
- 6 files were applicable to this critical measure. Files were 50% compliance. Non compliance was found in 3 cases where it was not clear from case documentation if personal contact was maintained, at minimum, 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 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.
- 6 files were applicable to this critical measure. Files were 100% compliance.
- 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 was developed for a child in care for over six months, and that the care plan contained the information outlined in CIC Service Standard #11. As well the auditor looked for information that indicated the care plan has been reviewed and updated every 90 days or more often when appropriate.
- 6 files were applicable to this critical measure. Full compliance was met in 0 of 6 cases. Partial compliance was found in 4 cases where a plan of care was initiated but not completed. Non compliance was found in 2 cases where a plan of care was required but not located on file.
- 9. When a Child is Missing or Has Run Away**
- Not applicable.
- 10. Notification of Fatalities, Critical Injuries and Serious Incidents**
- In circumstances where there is a death, critical injury or a serious incident that may affect the immediate safety or health of a child in care, the auditor looked for documentation which indicate that appropriate members of the child's family, the designated director, community service providers, and delegated agencies were all informed of the incident.
- Not applicable.

11. Planning for a Child Leaving Care

The auditor looked for documentation that appropriate preparation occurred when a child leaves care and that significant persons were involved in planning for the transition. In a case involving a youth leaving care, that the youth is supported in developing self-care and independence skills for successful living in the community.

- 1 file was applicable to this critical measure. The file was 100% compliance.

12. Supervisory Approval

The auditor looked within the Child Service file for documentation of supervisory approval when a child was placed, when reuniting a child with his or her family, when transferring responsibility for or ending services and when a child's plan of care is developed or reviewed. The Child and Family Development standard on Supervisory Consultation and Approval ensures that supervisory consultation is obtained in all significant circumstances and at all decision points relating to service delivery.

- 6 files were applicable to this critical measure. Files were 50% compliance. Non compliance was found in 3 cases where evidence of supervisory tracking was absent.

Overall Compliance to Children-in Care Service Standards: 57%

Practice Strengths:

The audit identified several practice strengths relating to guardianship practice for children in care.

In particular, full (100%) compliance was found in the following critical measures:

- CM2: Assuming responsibility for a child in care
- CM3: Ensuring a child's safety while in care
- CM7: Meeting a child's need for stability and continuity of lifelong relationships

Areas For Improved Practice:

The audit identified areas of non compliance to low compliance in the following critical measures:

- CM1: Preserving the identity of an Aboriginal child. Plans of care which reflect cultural planning activities within 6 months of an Aboriginal child coming into care should be encouraged.
- CM4: Ensuring the rights of a child in care. Annual reviews of a child's s. 90 rights were generally not well documented.
- CM8: Assessments and planning for a child in care: all children in care (whether by agreement or by court order) require an up-to-date plan of care reflective of their developmental needs and abilities.

Concluding Comments:

This audit identified an overall compliance rate of 61% to Child and Family Service Standards and an overall compliance rate of 57% to Children-In-Care Service Standards. During the exit meeting, Burns Lake staff acknowledged that given the staffing challenges within the last 2 years, there is ample opportunity for improvement in the office's child protection and guardianship practice.

The child welfare staff identified the need for more practice support in the following areas of practice: an Aboriginal Roots social worker to assist with cultural planning for Aboriginal children in care, the need for coaching and mentoring learning opportunities for newly delegated child protection social workers

11. AUDIT RECOMMENDATIONS

Members of the regional senior management team, the community services manager for Nechako/Bulkley Valley, the sub-regional clinical team leader and the auditor met to discuss practice strengths and issues identified by the audit and to develop recommendations to strengthen and support practice. It was recognized that this was an audit of moderately low compliance where there were areas of practice which could be significantly improved upon.

Recommendations brought forth by the Regional Director of Integrated Practice:

1. The Community Service Manager and/or the Clinical Team Leader will meet with the current office staff to share the audit results. In particular, the key practice themes identified in this audit (incomplete investigations, assessments and plans) are to be a central focus of the discussion. Staff input is to be gathered by the manager or TL around these themes and staff should be enabled to contribute to the discussion around how these themes can be improved. Completion Date: **April 30, 2009.**
2. The Deputy Director is in the process of developing a training initiative to increase competence in investigative interviewing. The community service manager is to prioritize the attendance of the Burns Lake staff and to confirm to the Director of Integrated Practice that the staff has attended the training. Completion Date: **June 30, 2009**
3. The Deputy Director will ensure that regional consultant's complete office based training and mentoring in this office on the fundamentals of the current British Columbia Risk Assessment Model. Completion Date: **June 30, 2009.**
4. The audit identified both our planning with families and our planning with children as practice issues that the region needs to address in this office. The Community Service Manager is to identify the barriers that currently exist to shift the culture from crisis based planning to intentional planning to the Director of Operations. The Director of Operations is to produce a plan describing how this practice shift will be enabled for the Regional Executive Director. Completion Date: **September 30, 2009.**

PRACTICE AUDIT SIGN OFF:

Denise Low
Regional Practice Analyst
North Region

Date

Robert Watts
Director of Integrated Practice
North Region

Date

PRACTICE AUDIT SIGN OFF:

RECOMMENDATIONS BROUGHT FORWARD BY THE REGIONAL EXECUTIVE DIRECTOR:

Peter Cunningham
Regional Executive Director
North Region

Date



Ministry of Children and Family Development
Official Audits Summary Rating Sheet by Office - CFS
For audits completed between 2008/Apr/01 ending 2008/Jul/01
 QCB, Burns Lake

Total # of Cases Audited: 16

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery <i>CFS Service Standards #1 and #12</i>	13	81.3%			3	18.8%	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11</i>	9	90.0%			1	10.0%	6
3	Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard #12</i>	14	87.5%			2	12.5%	0
4	Family Development Response <i>CFS Service Standard #14</i>	0	0.0%			0	0.0%	16
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	11	84.6%			2	15.4%	3
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	8	61.5%			5	38.5%	3
7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	5	38.5%			8	61.5%	3
8	Concluding a Child Protection Investigation <i>CFS Service Standard #16</i>	9	69.2%			4	30.8%	3
9	Concluding a Child Protection Investigation in a Timely Manner <i>CFS Service Standard #16</i>	3	23.1%			10	76.9%	3
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Standard #17</i>	5	55.6%			4	44.4%	7
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%			6	100.0%	10
12	Notification of Facilities and Critical Injuries (Reportable Circumstances) <i>CFS Service Standard #24</i>	0	0.0%	0	0.0%	0	0.0%	16
13	Supervisory Approval	7	43.8%			9	56.3%	
	Total Applicable Indicators: 138 NA Ratings Not Included in Count	84	60.9%	0	0.0%	54	39.1%	70

= Number of applicable cases

% = Percent of total

Rating Definitions:

C Full Compliance to the standard

PC Partial Compliance: The intent of the standard is met but significant practice issues have not been addressed

NC Non-Compliance to the standard's criteria requirements

NA Not applicable to the standard being measured



**Ministry of Children and Family Development
 Official Audits Summary Rating Sheet by Office - CIC
 For audits completed between 2008/Jan/01 ending 2008/Jul/01**

QCB, Burns Lake

Total # of Cases Audited: 6

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care <i>CIC Service Standard #1 and C&FS Standard #19</i>	2	33.3%	1	16.7%	3	50.0%	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	6	100.0%			0	0.0%	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	6	100.0%			0	0.0%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	0	0.0%			6	100.0%	0
5	Involving a Child and Considering the Child's View in Case Planning and Decision Making <i>CIC Service Standard #8</i>	4	66.7%	0	0.0%	2	33.3%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	3	50.0%			3	50.0%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	6	100.0%	0	0.0%	0	0.0%	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	0	0.0%	4	66.7%	2	33.3%	
9	When a Child is Missing or has Run Away (Reportable Circumstance) <i>CIC Service Standard #14</i>	0	0.0%			0	0.0%	6
10	Notification of Fatalities, Critical Injuries and Serious Injuries (Reportable Circumstances) <i>C&FS Standard #24</i>	1	100.0%	0	0.0%	0	0.0%	5
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	1	100.0%			0	0.0%	5
12	Supervisory Approval	3	50.0%			3	50.0%	
	Total Applicable Indicators: 56 NA Ratings Not Included in Count	32	57.1%	5	8.9%	19	33.9%	16

= Number of applicable cases

% = Percent of total

Rating Definitions:

C Full Compliance to the standard

PC Partial Compliance: The intent of the standard is met but significant practice issues have not been addressed

NC Non-Compliance to the standard's criteria requirements

NA Not applicable to the standard being measured

