

**DIRECTOR'S CASE PRACTICE AUDIT REPORT**  
**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT**

**North Region**

**Prince George [permanent planning] Adolescent Services (QGM)**  
**Prince George [permanent planning] Children Services (QGV)**

**Field Work Completed: June 2-21, 2008**  
**Report Completed: September, 2008**

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**North Region**  
**Prince George Children Services (QGV)**  
**Prince George Adolescent Services (QGM)**

**TABLE OF CONTENTS**

**SECTION I: INTRODUCTION**

1. PURPOSE
2. METHODOLOGY

**SECTION II: PRACTICE IN THE COMMUNITY CONTEXT**

3. COMMUNITY OVERVIEW
4. STAFFING
  - A. Professional Staff Complement/ Staff Turnover
  - B. Current Workload
5. STAFF TRAINING
6. SUPERVISION/CONSULTATION
7. INTAKE AND TRACKING SYSTEMS
8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

**SECTION III: CASE PRACTICE REVIEW**

9. AUDIT SAMPLE
10. AUDIT RESULTS
  - A. Critical Measures Audit – CMAT CIC: (QGV, Children Services)  
Narrative Summary
  - B. Critical Measures Audit – CMAT CIC: (QGV, Adolescent Services)  
Narrative Summary

**SECTION IV: AUDIT RECOMMENDATIONS**

**SECTION V: APPENDICES**

**Appendix 1** Data Summary Table for Critical Measures – Children In Care Services: (QGV: Children Services)

**Appendix 2** Data Summary Table for Critical Measures – Children In Care Services: (QGM: Adolescent Services)

**DIRECTOR'S CASE PRACTICE AUDIT REPORT  
NORTH REGION**

**Prince George Adolescent Services (QGM)  
Prince George Children Services (QGV)**

**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 Prince George Adolescent Services & Prince George Children Services teams was asked to include a minimum of 20-25% of open child service cases for each team. The auditor was also asked to include a small sample of closed service files (closed within the last six months) but no eligible files were available.

The auditor conducted field work from June 2 to 21, 2008. The auditor met separately with the two team leaders and the two teams (QGV: under 12 and QGM: 12 and over) to review the audit purpose and process.

During the audit, the two team leaders, 1 social worker from each service team and the supervisor of administrative services were interviewed with respect to the office system, the children-in-care service delivery structure and services available in the community of Prince George.

Upon completion of the audit, the auditor met with the two service teams and the community services manager to provide an overview of general observations, patterns and themes relating to practice that were identified. The individual case reports were provided to the two team leaders and the community services manager at the exit meeting. The individual case reports were detailed profiles of each child service 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 half of the province of British Columbia. The north region is divided into 4 service delivery 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.

The city of Prince George is known as British Columbia's northern capital. It is centrally located; situated at the crossroads of Highway 97 (north-south) and Highway 16 (east-west) at the confluence where the Fraser and Nechako Rivers meet. The economy is driven primarily by the forest industry. Saw mills and pulp and paper mills are key sources of employment in this resource-based city. Government services and various post secondary institutions provide another key source of employment.

Prince George serves as hub for transportation services by air, rail and highway in the north region. In addition, access to specialized services in health care, treatment facilities, mental health services and social services is more readily available in the Prince George area than in other northern communities.

- 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) and 6 delegated Aboriginal agencies at various stages of delegation for Aboriginal child welfare services.

The population of Prince George and its immediate outlying areas is estimated to be around 83, 000 (2006 StatsCan census). MCFD district offices in Prince George cover the catchment area as far south as Hixon on Highway 97, north to Bear Lake, west until Cluculz Lake, and Highway 16 east up to and including Sinclair Mills and other communities in the northeast.

The QGM/QGV teams provide permanent planning services for children in continuing care primarily from the Prince George area. A working protocol is in place for providing courtesy planning services (request for a buddy social worker from either the Children or Adolescent Services team) for permanent care wards originating from outlying sub-regions in the north region. Planning services for continuing care wards originating from other regions within BC are informed by *the Inter-Regional Protocol Transfer of Authority Between Directors* (MCFD, 2005). *The Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories* (MCFD2006) provides a guide for planning requests for permanent care wards originating from out of province.

The children and youth in care population in Prince George include those facing complex health and developmental challenges such as Fetal Alcohol Spectrum Disorder, those at risk for serious mental health and addiction disorders, youth with youth justice and street-wise involvement. A large proportion of children in permanent care are Aboriginal.

- c). **Service Delivery:** MCFD North Region's management structure includes the regional executive director, director of operations, director of integrated practice, and the community services manager of each sub-region who administers the delivery of child protection services and oversees ongoing and integrated child and family service delivery.

Historically, the Prince George child welfare service delivery model consisted of 5 child protection teams and specialized teams for: after hour response services, permanent planning services, adoption services, and resource development services.

In April 2008, the permanent planning team (QGM, formerly known as Youth Around Prince George) was restructured into 2 teams to improve planning services for children in continuing care. Permanent planning for children under age 12 is now provided by the newly created QGV Children Services team; permanent planning for youth aged 12 to 19 continues to be provided by the QGM Adolescent Services team. In addition to permanent planning services to youth, QGM Adolescent Services also provides support services to youth, Youth Agreement services, and post majority services for eligible wards in continuing care.

The QGM/QGV permanent planning teams work in close partnership with other Prince George community service providers. The two team leaders report that protocols are in place with the following community partners:

- RCMP: The 2 Prince George intake teams have good cooperation with s. 98 requests when conducting a child protection investigation. The permanent planning teams do not conduct investigations. The team leader of the Adolescent Services team stated that the team would benefit from a dedicated community liaison officer from the Prince George RCMP city detachment to assist with youth services.
- PG Regional Hospital: a) Maternity & Delivery Unit;
- PG Regional Hospital: b) Adolescent Psychiatric Assessment Unit (APAU)  
The team leader of Adolescent Services identified that requests for hospital records relating to continuing custody wards admitted to these units exist but it is a lengthy process in obtaining relevant medical records.
- Medical community: Generally, the medical community is cooperative in sharing information relating to suspected child abuse and neglect. In situations demanding specific expertise in suspected child abuse and neglect, local medical personnel or police are able to refer to the SCAN Clinic in Prince George.
- A provincial protocol is in place when working with children and families associated with Carrier-Sekani Family Services, a delegated Aboriginal agency with C4 delegation for Aboriginal child welfare services.

**1/ Residential Services** – The QGM/QGV teams have access to the Prince George resource team via an assigned resource liaison worker (for planned long term placement needs in a Ministry approved resource) or a duty resource worker (for emergency unanticipated placement needs in a Ministry approved resource). The Prince George resource team has direct responsibility to recruit, approve and support Ministry approved placements for children in care. Children and youth assigned to the QGM/QGV teams require various types of placements to meet their needs. These placements include a range of foster homes (regular, level or restricted) and a number of residential resource facilities (group homes, assessment centres). Due to the needs of many of the children and youth, limited residential services are not uncommon and alternate placements are sought outside the perimeter of Prince

George. The QGM team supervisor reports that the team has not participated in annual reviews of foster homes or group home facilities within the past three years.

In situations where a child or youth is from an identified First Nations community, First Nation placement options are explored with the local Carrier Sekani Family Services, the ROOTS social worker and/or the involved Band/delegated Aboriginal agency. In situations where a child's permanent plan is identified as adoption, the QGV team ensures that the child or youth is registered for adoption and works closely with the child to prepare him/her towards placement with a permanent family.

**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 Prince George area which support the three transformation initiatives include:

- November 2005: The Prince George Native Friendship Centre opened a youth village which includes shelter beds, emergency beds and transitional housing for youth. This initiative was a municipal and provincial partnership with funding provided by MCFD.
- January 2006: A three-way partnership formed with MCFD North region, University of Northern British Columbia and the 6 delegated Aboriginal agencies within the north region to deliver the Aboriginal Child Protection Recruitment Project. The goal of this project is to increase the recruitment and retention of qualified First Nations social workers to work with the large number of Aboriginal children and families engaged with MCFD. This Premier's award winning program is in its third successful year of operations.
- 2007/8: MCFD is currently engaged in the process of transferring responsibility for a number of First Nations child service files to Carrier Sekani Family Services for permanent planning and cultural planning purposes.

#### **4. STAFFING**

## **A. Professional Staff Complement/Staff Turnover**

### **QGM: Permanent Planning (Adolescent Services)**

Prior to the re-organization of the permanent planning team in Prince George, the QGM team consists of a full staff complement of one team leader and 7 full time guardianship social workers. Within the last 3 years the team leader reports that the staff complement for QGM had remained fairly stable but services to youth has expanded greatly. A number of planned and unplanned leaves on team QGM resulted in caseload coverage often backfilled by newly hired staff. The team leader reports gaps in caseload coverage as she was unable to assign caseloads to newly hired staff until they completed core guardianship training and obtained the required level of delegation to carry out guardianship duties.

The team leader reports that the re-organization of the permanent planning team during the last 4 months was challenging for team staff. The priority on the team was to ensure that an updated plan of care for each child was completed by April 2008. During this transition period, the permanent planning team lost several experienced guardianship staff to new work assignments or career changes.

At the time of the audit, all 5 social work staff and the team leader from the Adolescent Services team have partial C4 guardianship delegation. One staff, who was on temporary assignment to the Adolescent Services team, has full C6 child protection delegation and carries a caseload dedicated to youth support services and youth agreements.

Administrative support services for the Adolescent Services team are coordinated by 1 Supervisor of Administrative Services who divides her time between the permanent planning team and a protective family service team based at the family resource centre. She oversees the office administrative services for both teams. The QGM office support staff consists of a full time Team Assistant whose key responsibilities are reception duties, file management of active and inactive child service cases and maintenance of tracking systems for [out-of-office] file requests.

The QGM office is co-located at the Youth Around Prince George centre, a multi-disciplinary service centre for youth.

### **QGV: Permanent Planning (Children Services)**

The newly formed Children Services team became operational April 2008. The new team leader has been involved in transition planning with the Adolescent Services team. The initial criterion for re-organizing the permanent planning team was to divide the teams according to age of the children in continuing care. During the transition period, consensus was reached that it was in the best interest to keep sibling groups together whenever possible and some caseloads on each permanent planning service team reflect this principle. The new

team leader of QGV reports that her full staff complement includes 2.5 guardianship staff positions and 2 positions for ROOTS practitioners.

At the time of the audit, the team leader from the Children Services team and 2 staff have partial C4 guardianship delegation. One half-time staff, who transitioned into the new Children Services team from child protective services, has full C6 child protection delegation. One ROOTS practitioner, an MCFD employee, was on temporary assignment out of the office. The other ROOTS worker is on a 1 year secondment from a local Aboriginal agency.

QGV is temporarily co-located with the Adolescent Services team at the Youth Around Prince George centre until a separate site becomes available. Interim administrative support services for the QGV team is provided by the Adolescent Services administrative team

### **B. Current Office Workload (QGM/QGV)**

The caseload management report was run on the second day of the audit (June 3, 2008) indicating the following office workload for the two teams.

The overall workload for team QGM indicated a total of 134 open child services files. When Youth Support Service files and Youth Agreement files were carved out from the caseload report for the office, there was a total of 78 open child service files involving children/youth-in- continuing care.

#### **QGM (Adolescent Services) caseload distribution**

(June 3, 2008)

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2 CS	
20CS	
21CS	
18CS	10YSS/YAG
-----	38YSS/YAG
22CS	5YSS/YAG
-----	3YSS/YAG
vacant	

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**Total:     78 open CS             56YSS/YAG**

The overall workload for team QGV, according to the caseload management report for the office, indicated a total of 40 open children-in-continuing-care cases.

#### **QGV (Children Services) caseload distribution**

June 3, 2008)

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18CS  
16CS  
6CS

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**Total: 40 open CS**

**5. STAFF TRAINING**

**QGM (Adolescent Services) team**

The QGM team leader has \_\_\_\_\_ years experience with MCFD. All guardianship social workers have a Bachelor degree in Social Work or Child and Youth care. One guardianship social worker has her Master 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
		BA, BSW		Partial delegation	
		BA-CYC		Partial delegation since Mar, 2008	
		BA, BSW		Partial delegation	
		MSW		Partial delegation	
		BSW		Full delegation	
		BSW		Partial delegation	
		BA-CYC		Partial delegation	

Ministry Training Program QGM team								
Child Protection Worker (core)		x	x	did	x	x		v
Resources Worker			x	not				a
Guardianship (core)	x	x	x	sub- mit			x	c
Adoption (core)		x	x			x	x	a
Clinical Supervision Level 1	x					x		n
Clinical Supervision Level 2	x							t
Risk Assessment	x	x	x		x	x		
Advanced Risk Assessment								
Enhanced Neglect								
Cultural Awareness	x		x		x	x		
Integrated Case Management	x				x	x	x	
Investigative Interviewing	x		x		x	x		
FAS/E and NAS/E	x		x					
Looking After Children	x		x			x		
Substance Misuse	x				x	x		
Youth Alcohol & Drug	x				x	x		
Youth Suicide prevention	x		x		x			
Youth agreements	x	x	x		x	x		
District Supervisor module 1	x							
District Supervisor module 2	x							
Leading the Way								

The team leader reports that Employee Professional Development Plans and staff performance appraisals have been completed for half of her staff. She has not completed appraisals for auxiliary staff or for staff currently on temporary assignment.

**QGV (Children Services) team**

The QGV team leader has \_\_\_\_\_ 22 years experience with MCFD. All guardianship social workers have a Bachelor degree in the social services. Please see charts for additional information on staff experience and education.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
		BA		Partial delegation	
		Not known		Partial delegation	
		Not known		Partial delegation	
		BSW		Full delegation	

<b>Ministry Training Program QGV team</b>				
Child Protection Worker (core)	x	x		did
Resources Worker	x			not
Guardianship (core)	x	x	x	submit
Adoption (core)	x		x	
Clinical Supervision Level 1	x			
Clinical Supervision Level 2	x			
Risk Assessment	x	x		
Advanced Risk Assessment				
Enhanced Neglect				
Cultural Awareness	x	x	x	
Integrated Case Management	x	x	x	
Investigative Interviewing	x	x		
FAS/E and NAS/E	x		x	
Looking After Children	x	x	x	
Substance Misuse	x		x	
Youth Alcohol & Drug	x			
Youth Suicide prevention	x			
Youth agreements	x	x	x	
District Supervisor module 1	x	x		
District Supervisor module 2	x			
Leading the Way				

Due to the creation of the new QGV team, the team leader has not initiated performance appraisals for guardianship staff. She has met with each social work staff to review and discuss past appraisals and is committed to working with each person on staff development issues and interests.

## 6. SUPERVISION/CONSULTATION

The community services manager has been managing the Prince George and area sub-region. She has initiated several practice forums for all team leaders in the sub-region to discuss common child welfare practice issues.

In 2007, a clinical team leader position was created to provide team leaders within the sub-region with clinical supervision and assistance with child welfare practice issues.

The team leaders of QGM and QGV are experienced supervisors and receive direct supervision and consultation from the community services manager. Acting or new team leaders are able to consult with the clinical team leader if there is practice or team related issues. The team leaders of QGM/QGV report that when a manager's consultation or approval is needed on a case, the community service manager responds promptly by email or by phone.

The team leader provides supervision and clinical consultation with respect to the delivery of child and family services. The team leader reports that supervision occurs on a daily basis at key decision points throughout the course of providing services to a child or youth in continuing care. The team leader exercises an open door policy with daily discussions around case practice. The two team leaders report that they have set up structured supervision time with each social worker on the team to track cases, to explore training needs and to develop professional development opportunities.

When the team leaders are away from the QGM/QGV offices for an extended period of time, a designated senior practitioner assumes the acting team leader role.

## **7. INTAKE AND TRACKING SYSTEMS**

- a) Investigations: N/A**
- b) Family Development Response: N/A**
- c) Child Service Files:**

The permanent planning teams receive child service files for case management from the 4 Prince George protective family service teams after a Continuing Custody Order has been obtained for a child or a sibling group. The family services team leader identifies child service files ready for transfer into the permanent planning teams and the preferred practice is to arrange a transfer meeting between case managers to review family history, the child's care plan and to meet with the child[ren] involved. QGM works closely with the Prince George After Hours response team to deal with guardianship matters that require a response on weekends or after regular office work hours. QGV works closely with the provincial adoption team to match a child's or sibling group's needs with a permanent family.

The team leaders report that all children in care are tracked by utilizing case management reports and individual social worker caseload lists. The QGV team leader has started a spreadsheet to assist with tracking /planning purposes. During supervision, the team leaders document case planning and refer to the information during future supervision sessions. Both team leaders emphasize the importance of working collaboratively with the ROOTS practitioner to develop a cultural plan for Aboriginal children-in-care.

The guardianship social worker manages the child service file and has the responsibility for tracking, reviewing and updating care plans for children-in-care. The electronic system provides a 'to do' list that reminds the social worker that plans of care need to be updated. Information for the child or youth's care plan is gathered over time through integrated case management meetings or family group conferences. The guardianship social worker (from Adolescent Services) states that if all professionals are not available information is collected and consolidated into the care plan document.

## **8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES**

The official date for the division of team QGM into 2 teams (QGM/QGV) was April 2008. The QGM team leader estimates that the majority of child service cases (80%) identified for transfer into the new Children Services team was completed between the transition periods from January 2008 to April 2008.

The following chart provides a breakdown of services provided to Aboriginal and Non-Aboriginal children by team QGM from August 2007 to January 2008 (i.e. 6 months preceding the re-organization of the permanent planning team). The table below indicates that QGM provides permanent planning services to mostly children in care of First Nations ancestry. Close working partnerships are required with Aboriginal Bands and delegated Aboriginal agencies in the north region.

<b>Office QGM Children in Care - August 2007 to January 2008</b>							
<b>Aboriginal Status</b>	<b>Aug-07</b>	<b>Sep-07</b>	<b>Oct-07</b>	<b>Nov-07</b>	<b>Dec-07</b>	<b>Jan-08</b>	<b>Average</b>
Aboriginal	87	86	88	85	87	84	86.2

Non-Aboriginal	21	21	20	21	21	22	21.0
Total	108	107	108	106	108	106	107.2

<b>Office QGM Active FS Files - August 2007 to January 2008</b>							
<b>Aboriginal Status</b>	<b>Aug-07</b>	<b>Sep-07</b>	<b>Oct-07</b>	<b>Nov-07</b>	<b>Dec-07</b>	<b>Jan-08</b>	<b>Average</b>
Aboriginal	0	0	0	0	0	0	0.0
Non-Aboriginal	0	0	0	0	0	0	0.0
Unknown	0	0	0	0	0	0	0.0
Total	0	0	0	0	0	0	0.0

<b>Office QGM Protection Reports Recorded - August 2007 to January 2008</b>							
<b>Aboriginal Status</b>	<b>Aug-07</b>	<b>Sep-07</b>	<b>Oct-07</b>	<b>Nov-07</b>	<b>Dec-07</b>	<b>Jan-08</b>	<b>Average</b>
Aboriginal	0	0	0	0	0	0	0.0
Non-Aboriginal	0	0	0	0	0	0	0.0
Total	0	0	0	0	0	0	0.0

<b>Office QGM Intake Recorded - August 2007 to January 2008</b>							
<b>Aboriginal Status</b>	<b>Aug-07</b>	<b>Sep-07</b>	<b>Oct-07</b>	<b>Nov-07</b>	<b>Dec-07</b>	<b>Jan-08</b>	<b>Average</b>
Aboriginal	0	0	0	0	0	1	0.2
Non-Aboriginal	0	0	0	0	0	0	0.0
Total	0	0	0	0	0	1	0.2

Teams QGM/QGV have children in continuing care who are from 3 First Nations communities served by Prince George child and family service team: **L'Hedi Tenneh Band, Tsey Keh Dene Band, and Kwadacha Band.**

- L'hedi Tenneh Band, is situated about 20 kilometers (about half an hour's drive) east of Prince George.
- 2 other northern remote Aboriginal communities, Tsey Keh Dene Band and Kwadacha Band, have generally fly-in access from the city of Prince George (and the northern town of Mackenzie). Seasonal access by gravel logging road to these northern Aboriginal communities is heavily dependent on weather conditions. Both of these bands have Band Offices located in Prince George and on reserve.

These three distinct First Nations communities are not associated with a delegated Aboriginal agency and the service teams QGM/QGV work directly with Band representatives and the ROOTS social worker in planning for children and youth in continuing care.

The QGM team leader also reports that there are a number of children in continuing care from Bands in the Nechako/Bulkley Valley sub-region, traditional Carrier-Sekani territory.

- **Carrier-Sekani Family Services** has C4 guardianship delegation. A central office for Carrier Sekani Family Services is located in Prince George. There are two sub-offices located in Burns Lake and Vanderhoof. Carrier-Sekani is in the process of obtaining C6 full child protection delegation. This partially delegated Aboriginal agency is able to provide Aboriginal foster home placements, family support services and guardianship services to children from the following 11 affiliated Aboriginal communities: Burns Lake, Cheslatta, Lake Babine, Nadleh Whut'en, Nee Tahi Buhn, Skin Tyee, Stella'ten, Saik'uz, Takla Lake, Wet'suwet'en and Yekooche. A number of Prince George guardianship child service files have been transferred to Carrier-Sekani Family Services for permanent planning purposes.
- **Kikino Metis Child and Family Services:** This agency is a non-profit society that offers services to persons of Metis, First Nations and non-Aboriginal ancestry. Support services are offered through a holistic, strength-based Metis lens. Family support services include: Circle of Life: continuous intake of family support and/or advocacy services, Warrior Caregivers: an Aboriginal Father's parenting group, Spirit of the Grandmothers: an elders support program. A ROOTS practitioner from Kikino Metis Child and Family Services is currently seconded into the QGV Children's team to assist with cultural planning for Aboriginal children in care.

### **SECTION III: CASE PRACTICE REVIEWS**

#### **9. AUDIT SAMPLE**

The audit of the QGV [permanent planning] Children Services team and the QGM [permanent planning] Adolescent Services team included a minimum of 20-25% of open child service files from each service team.

The caseload management reports were printed from the MCFD computer system on the second day of the audit and used to arrive at a sample number. On June 3, 2008 the case management report recorded:

- **QGV:** 40 open child service cases. **Ten (10)** open child service cases were audited representing **25% of open child service cases**. Cases were then randomly selected for review from each of the 2.5 continuing custody caseloads.
- **QGM:** 78 open child service cases. **Nineteen (19)** open child service cases were audited representing **25% of open child service cases**. Cases were then randomly selected for review from each of the 4 continuing custody caseloads.
- **Overall compliance to child service standards was 78% for QGV, Children Services**
- **Overall compliance to child service standards was 79% for QGM, Adolescent Services**

#### **10. AUDIT RESULTS**

- a) Children In Care Standards (CMAT – CIC) for team **QGV**, Children Services
  - Narrative Summary
- b) Children In Care Standards (CMAT – CIC) for team **QGM**, Adolescent Services
  - Narrative Summary

##### **10 (a) CRITICAL MEASURES AUDIT - CHILDREN IN CARE (CMAT-CIC) NARRATIVE SUMMARY for QGV, Children Services Team**

Ten (**10**) child service files were audited.

Overall compliance to the child service standards was **78%**.

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.

- 10 files were applicable to this critical measure. Files were 50% full compliance. Partial compliance was found in 5 cases where cultural planning for an Aboriginal child was not evident 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.

- 10 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.

- 10 files were applicable to this critical measure. Files were 90% compliance. Non compliance was found in 1 case

#### **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.

- 10 files were applicable to this critical measure. Files were 40% compliance. Non compliance was found in 6 cases, as documentation was insufficient to discern whether the child's section 70 rights had been reviewed and discussed on a regular basis.

**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.

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

**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.

- 10 files were applicable to this critical measure. Files were 70% 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.

- 10 files were applicable to this critical measure. Files were 70% compliance. Partial compliance was found in 2 cases where planning was in place to support contact with siblings but evidence that the plan has been implemented was absent. Non compliance was found in 1 case where arrangements to maintain contact with siblings was absent from the care plan.

**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.

- 10 files were applicable to this critical measure. Full compliance was met in 9 of 10 cases for 90% compliance. Non compliance was found in 1 case where a review plan of care was required but was 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.

- Not applicable.

**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.

- 10 files were applicable to this critical measure. Files were 90% compliance. Non compliance was found in 1 case where evidence of supervisory tracking of a child's care plan was absent.

**Practice Strengths:**

Generally, overall compliance to child service standards was 78%.

There were many strengths identified by the critical measures for children in continuing custody. In particular, full (100%) compliance was found in the following critical measures relating to guardianship practice:

- CM2: Assuming responsibility for a child in care
- CM5: Involving a child and considering the child's view in case planning and decision making

**Areas Identified For Improved Practice:**

Areas of low compliance were identified by the following critical measures:

- CM1: Preserving the identity of an Aboriginal child in care: (50% compliance) Evidence of cultural planning for an Aboriginal child in care was not evident for 5 out of 10 files reviewed during the audit.
- CM4: Ensuring the rights of a child in care: (40% compliance) This critical measure was generally absent from or not well documented in a child's care plan.

## **10 (b) CRITICAL MEASURES AUDIT - CHILDREN IN CARE (CMAT-CIC) NARRATIVE SUMMARY for QGM, Adolescent Services**

Nineteen (**19**) child service files were audited. **Note:** The data summary table in Appendix 2 signifies that 18 cases were audited. It is missing critical measure data from 1 case. This error has been reported to Information Technology Systems but, to date, the missing data has not been rectified. The narrative summary of critical measures for child service standards will follow the data table summarized in Appendix 2.

Overall compliance to child service standards was **79%**.

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.

- 18 files were applicable to this critical measure. Files were 83% compliance. Partial compliance was found in 3 cases where cultural planning for an Aboriginal child was not evident 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.

- 18 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.

- 18 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.

- 18 files were applicable to this critical measure. Files were 44% compliance. Non compliance was found in 10 cases, as documentation was insufficient to discern whether the child's section 70 rights had been reviewed and discussed.

#### **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.

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

#### **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.

- 18 files were applicable to this critical measure. Files were 72% compliance. Non compliance was found in 5 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.

- 18 files were applicable to this critical measure. Files were 95% full compliance. Partial compliance was found in 1 case where contact with a sibling was referenced in case notes but was absent from the youth's care plan.

#### **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.

- 18 files were applicable to this critical measure. Full compliance was met in 7 of 18 cases for 39% compliance. Partial compliance was found in 4 cases where an updated care plan exceeded a planning period of 12 months. Non compliance was found in 7 cases where a review plan of care was required but not located on file.

#### **9. When a Child is Missing or Has Run Away**

In circumstances where a child in care is missing or habitually runs away, the auditor looked for documentation that a reportable circumstance report was filed and safety planning is in place to locate the child and/or manage the child's high risk behaviour.

- 6 files were applicable to this critical measure. Files were 83% compliance. Non compliance was found in 1 case where a reportable circumstance report was required but one was not located on file.

#### **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.

- 9 files were applicable to this critical measure. Files were 78% compliance. Non compliance was found in 2 cases where reports involving serious incidents were required but were absent from the file.

#### **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.

- 4 files were applicable to this critical measure. The files were 75% compliance. Non compliance was found in 1 case where documentation for a child leaving care was not located on file.

## **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.

- 18 files were applicable to this critical measure. Files were 78% compliance. Non compliance was found in 4 cases where evidence of supervisory sign off or approval was absent.

### **Practice Strengths:**

Generally, overall compliance to child service standards was 79%.

There were many practice strengths relating to guardianship practice for youth. 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
- CM5: Involving a child and considering the child's view in case planning and decision making

### **Areas Identified For Improved Practice:**

Areas of low compliance were identified by the following critical measures:

- CM4: Ensuring the rights of a child in care: (45% compliance) This critical measure was generally absent from or not well documented in a child's care plan.
- CM8: Assessments and planning for a child in care: (39% compliance) All children in care (whether by agreement or by court order) require a plan of care that is up to date, regularly reviewed, and reflective of their developmental needs and abilities.

## **Concluding Comments**

The auditor met with the two service teams and community services manager to provide an overview of general observations, patterns and themes relating to guardianship practice.

The audit recognized the excellent effort made by team QGM in transitioning cases into the Children Services team with little disruption to service delivery. The overall compliance rate to child service standards for the Children Services team was 78%. The overall compliance rate to child service standards for the Adolescent Services team was 79%.

### RE: Cultural Planning for Aboriginal Children and Children's Rights

The QGM team leader stated that there had been some staffing gaps in the delivery of the ROOTS program over the past three years. The emphasis on cultural planning for Aboriginal children in care will continue to be front and center in a child or youth's permanent care plan. The QGV team leader anticipates that the ROOTS practitioners will play an expanded and integral role in working with Bands to (re)connect Aboriginal children to their culture, traditions and heritage.

The community services manager discussed forthcoming practice support material that would assist guardianship practitioners in reviewing section 90 rights for children in care.

### RE: Reviews of written plans of care

The audit indicated that there were time gaps in reviewing written plans of care for children and youth once they are in permanent care. This was a general trend observed in child service files from both service teams. Practice support to address this issue would need to be developed when senior management meet to review this audit.

## 11. AUDIT RECOMMENDATIONS

Members of the Regional Senior Management Team, the team leaders and the auditor met to discuss practice strengths and issues identified by the audit and to develop recommendations to strengthen practice issues. It was recognized that this was an audit of moderately high compliance but there were areas of practice which could be improved upon. There were no files that were brought to the attention of the team leader or community services manager.

### Recommendations developed by the North Region:

1. The Community Service Manager, in consultation with the team leaders, will complete a plan to improve planning for children in care. The plan should be produced for the Director of Operations. Completion date: **May 31, 2009.**
2. The Aboriginal Service Manager is to create a plan in collaboration with the Community Service Manager to ensure that the team leaders and social workers on these teams have a better understanding of cultural planning for children. The plan should be completed for the Community Service Manager who will then put the plan into operation. Completion date: **July 31, 2009.**
3. The Deputy Director is to complete training for the social workers and team leaders on these teams in discussing, tracking and documenting with children and youth the rights of children in care. Completion date: **May 31, 2009.**

#### PRACTICE AUDIT SIGN OFF:

\_\_\_\_\_  
**Denise Low**  
**Regional Practice Analyst**  
**North Region**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Robert Watts**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director of Integrated Practice**  
**North Region**

**PRACTICE AUDIT SIGN OFF:**

**RECOMMENDATIONS BROUGHT FORWARD BY THE REGIONAL EXECUTIVE DIRECTOR:**

\_\_\_\_\_  
**Peter Cunningham**  
**Regional Executive Director**

\_\_\_\_\_  
**Date**



**Ministry of Children and Family Development**  
**Official Audits Summary Rating Sheet by Office - CIC**  
**For audits completed between 2008/Jun/01 ending 2008/Dec/31**

QGM, PR GEO ADOLESCENT SRVCS

**Total # of Cases Audited: 18**

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care <i>CIC Service Standard #1 and C&amp;FS Standard #19</i>	15	83.3%	3	16.7%	0	0.0%	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	18	100.0%			0	0.0%	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	18	100.0%			0	0.0%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	8	44.4%			10	55.6%	0
5	Involving a Child and Considering the Child's View in Case Planning and Decision Making <i>CIC Service Standard #8</i>	18	100.0%	0	0.0%	0	0.0%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	13	72.2%			5	27.8%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	17	94.4%	1	5.6%	0	0.0%	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	7	38.9%	4	22.2%	7	38.9%	
9	When a Child is Missing or has Run Away (Reportable Circumstance) <i>CIC Service Standard #14</i>	5	83.3%			1	16.7%	12
10	Notification of Fatalities, Critical Injuries and Serious Injuries (Reportable Circumstances) <i>C&amp;FS Standard #24</i>	7	77.8%	0	0.0%	2	22.2%	9
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	3	75.0%			1	25.0%	14
12	Supervisory Approval	14	77.8%			4	22.2%	
	<b>Total Applicable Indicators: 181</b> <b>NA Ratings Not Included in Count</b>	<b>143</b>	<b>79.0%</b>	<b>8</b>	<b>4.4%</b>	<b>30</b>	<b>16.6%</b>	<b>35</b>

# = 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/Dec/31**

QGV, Prince George Children's Team

**Total # of Cases Audited: 10**

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care <i>CIC Service Standard #1 and C&amp;FS Standard #19</i>	5	50.0%	5	50.0%	0	0.0%	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	10	100.0%			0	0.0%	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	9	90.0%			1	10.0%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	4	40.0%			6	60.0%	0
5	Involving a Child and Considering the Child's View in Case Planning and Decision Making <i>CIC Service Standard #8</i>	10	100.0%	0	0.0%	0	0.0%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	7	70.0%			3	30.0%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	7	70.0%	2	20.0%	1	10.0%	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	9	90.0%	0	0.0%	1	10.0%	
9	When a Child is Missing or has Run Away (Reportable Circumstance) <i>CIC Service Standard #14</i>	0	0.0%			0	0.0%	10
10	Notification of Fatalities, Critical Injuries and Serious Injuries (Reportable Circumstances) <i>C&amp;FS Standard #24</i>	0	0.0%	0	0.0%	0	0.0%	10
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	0	0.0%			0	0.0%	10
12	Supervisory Approval	9	90.0%			1	10.0%	
	<b>Total Applicable Indicators: 90 NA Ratings Not Included in Count</b>	<b>70</b>	<b>77.8%</b>	<b>7</b>	<b>7.8%</b>	<b>13</b>	<b>14.4%</b>	<b>30</b>

# = 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

