

DIRECTOR'S CASE PRACTICE AUDIT REPORT
Vancouver Coastal Region

Vancouver Permanency Planning & Adoptions Team (RFL)

Field Work Completed: April 28, 2008.

Report Completed: June 30, 2008.

TABLE OF CONTENTS

SECTION I: INTRODUCTION

1. PURPOSE
2. METHODOLOGY
3. REGIONAL CONTEXT
 - Service Transformation
 - Regional Strategic Plan 2007 - 2010

SECTION II: PRACTICE IN THE COMMUNITY CONTEXT

4. SERVICE AREA OVERVIEW
5. STAFF TRAINING AND RFL SPECIAL PROJECTS
6. SUPERVISION/CONSULTATION
7. INTAKE AND TRACKING SYSTEMS
8. STAFFING
9. ABORIGINAL SERVICES

SECTION III: CASE PRACTICE REVIEWS

10. AUDIT SAMPLE
11. CRITICAL MEASURES AUDIT TOOL - CHILD IN CARE SERVICE STANDARDS
 - Data Summary
 - Narrative Summary
12. RECOMMENDATIONS

SECTION I: INTRODUCTION

1. PURPOSE

The purpose of case practice audits is to support practice principles that promote improved outcomes for children and families. Through a review of a sample of cases, case practice audits help to confirm good practice and identify areas where practice requires strengthening. The specific purposes of case practice audits are:

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

This case practice audit is being conducted proactively by the Office of the Regional Director of Child Welfare. Proactive case practice audits of District Offices are systematically conducted on a regular cycle, which has offices being audited approximately every four years. All regions are expected to conduct regional case practice audits in accordance with the Quality Assurance Standards for case practice audits.

2. METHODOLOGY

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

- Critical Measures Audit Tool for Child and Family Service Standards (May 2004)
- Critical Measures Audit Tool for Child In Care Service Standards (May 2004)

3. REGIONAL CONTEXT

Regionally, two major recent initiatives have impacted practice. Beginning in 2004, a 'Service Transformation' program affected many aspects of our work. More recently, Vancouver Coastal Region announced its 'Regional Strategic Plan' for 2007 to 2010. The following two pages summarize these two shifts.

a) Service Transformation

Within the context of an escalating child-in-care population and research which questions the long-term intervention of a child welfare system in a child's life, in 2004 five practice shifts were

identified and rolled into an overall provincial initiative entitled Service Transformation. The purpose of Service Transformation is to ensure vulnerable children are protected and served through a regional network of community-based, integrated, comprehensive and accessible services that promote:

- preventative, evidence-based approaches, based on early intervention and collaboration;
- family and community-based out-of-care options to care for vulnerable children and youth;
- effective planning for children in care that promotes family continuity, permanency and life-long attachments.

Service Transformation is comprised of five key initiatives or practice shifts, including:

1. Service Redesign:

The child welfare system has traditionally been delivered from a centrally determined program design and resource allocation. Service redesign is intended to ensure community-based collaboration in child welfare practice and to transform service delivery to be unique in each community and informed by community and client demographics and needs.

2. Transforming government's response to child welfare concerns:

This initiative intends to transform practice from a high reliance on investigation to providing communities with a range of options to keep children and youth safe, including implementing strength-based assessments and out-of-care options for children at risk.

3. Reshaping case planning and decision-making:

This initiative addresses past reliance on the courts as a decision-maker, by developing a spectrum of community-based Alternative Dispute Resolution (ADR) processes for resolving case-specific disputes, in order to achieve more timely resolution for children and families involved with the child welfare system.

4. Transforming planning for children in care:

Children have previously remained in the legal care of the province, drifting in foster care until the age of majority with little emphasis placed on permanency planning. This initiative aims to transform child welfare practice to promote family stability and continuity or to provide children with life plans involving alternate guardianship options that offer family stability and opportunities for lifelong relationships.

5. Reducing the number of Aboriginal children in care while keeping Aboriginal children safe:

Aboriginal children make up approximately 9% of the population aged 0-18 in British Columbia, but account for 46% of the children in care population. This initiative is intended to address the inequity experienced by Aboriginal communities to protect Aboriginal children and youth within their extended family and community, whenever possible.

Service Transformation Outcomes:

Service Transformation is intended to refocus the child welfare practice in order to achieve the best possible outcomes for children and families in British Columbia. Outcomes of Service Transformation include:

- shifting child welfare practice away from reliance on 'in care' services to protect vulnerable children;

- utilizing family and community-based options while continuing to protect vulnerable children and ensure their well-being;
- increasing use of family-based foster care and less of contracted residential resources;
- emphasizing stability and the development of lifelong relationships for children and youth;
- exercising greater foresight in guardianship planning for children and youth.

Service Transformation is supported by 40 targeted measures to determine progress made towards integrating the practice shifts. The impact of Service Transformation will be measured on an on-going basis. A working Group has been created to establish the methodology for collecting data on the 40 measures and to develop a reporting mechanism. Currently, there is a process underway to establish an automated on-line provincial reporting mechanism.

b) The Regional Strategic Plan 2007–2010

In October 2007, Vancouver Coastal Region released its ‘Strategic Plan’ for the Vancouver Coastal Region 2007 – 2010 in order to focus on our development into an organization that can move forward through Transformation, Aboriginal Governance and Accreditation. With these latter three changes now in process, the plan seeks to operationalize the Regional ‘Vision’ statement: ‘Children, Youth and Families: their communities, their needs, their voices, our touchstones’. The purpose of the plan is to guide operational planning and assist with resource allocation. The document proposes six dimensions of quality to assist Vancouver Coastal Region towards fulfilling its mission and purpose. These dimensions of quality form the long-term foundation on which we base our service planning. The six dimensions include: client focus, positive work environment, integration, accessibility, effectiveness and efficiency.

Client Focus: This entails implementing processes to incorporate the voices of children, youth, families and communities in order to deliver programs and services that meet their needs. The Region plans to engage children, youth, families, and community leaders and facilitators in a discussion around program service planning and use these ideas in program development and improvement. Strategies include community engagement planning, staff training, and the identification of community leaders and partners.

Positive Work Environment: The goal of this dimension of quality is the creation of an engaging work environment in order to attract and retain motivated and capable staff. Strategies include the development of an employee wellness and engagement plan, incorporating such tools as individual training plans and the creation of an organizational structure that promotes a full range of supports for workers, from orienting new workers to ongoing training and career planning for senior workers.

Integration: Integration refers to building partnerships and linkages among staff, caregivers and community service providers to create a coherent and comprehensive range of services for children, youth and families who use MCFD services. The Collaborative Practice Tool Kit and integrated case management for all children, youth and families are two methods for reaching out to and engaging with community service providers.

Accessibility: The Regional Plan seeks to ensure families obtain needed services by identifying barriers blocking client access to programs and removing or lessening them. The Plan suggests strategies such as soliciting client feedback, developing community service profiles and the creation of an accessibility plan that will contribute to developing more accessible programs for clients.

Effectiveness: The goal here is to identify outcome measures for all programs in hopes of determining the extent to which MCFD services are achieving our intended results. The Regional Plan proposes establishing working groups for each program area to develop a specific measure for each. Other tools include a review of how other jurisdictions measure program effectiveness, the involvement of contract service providers, staff training and pilot programs.

Efficiency: This dimension of quality seeks to use resources as efficiently as possible while providing optimal services to children, youth and families. Vancouver Coastal will identify, analyze and periodically review costs in order to provide cost effective, high quality services.

SECTION II: PRACTICE IN THE COMMUNITY CONTEXT

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

4. SERVICE AREA OVERVIEW

a) Geographic:

Vancouver is bordered on three of its four sides by bodies of water. Vancouver's southern boundary begins on the north bank of the North Arm of the Fraser River, and the city is bounded by the Georgia Strait and Burrard Inlet on its west and north sides respectively. The Fraser River, Canada's fifth largest river system, begins its 1400 kilometer trek to the ocean in the Rocky Mountains, draining an area of 231,000 square kilometers, or about a quarter of the entire province. The Fraser River splits into two arms slightly west of New Westminster, and, where the river delta meets the Pacific Ocean, a distance of 37 kilometers separates the North from the South arm of the river. At its northernmost point, where Vancouver's downtown area grew up around the city's historic harbour, the Burrard Inlet narrows to little more than a kilometer. On the Inlet's North Shore, the Coast Mountain Range towers above at heights of well over 1,200 meters (4,000 feet). East of Vancouver's harbour the Burrard Inlet branches into a fjord, called Indian Arm, that extends 30 kilometers north by northeast of the city.

Situated at about the mid-point of the West Coast of North America, Vancouver's history and development are intimately related to its location as a gateway to Asia. Today Vancouver's Airport, on Lulu Island in the Fraser River Delta, is one of the busiest for transpacific air travel on the West Coast.

b) History and Demographics:

Three different First Nations resided in the general area of Vancouver when Europeans began settling the Vancouver area in the early part of the 19th Century. The Musqueam people lived along the North Arm of the Fraser River. The Kwantlen had villages in the general area of what is now New Westminster, 10 kilometers southeast of the City. The Squamish had small communities along the northern shoreline of the city, including communities in the Stanley Park and Kitsilano areas, as well as larger settlements across the Inlet in what is today North

Vancouver. As Vancouver grew the natives lost more and more of their local land. The Musqueam people were the only Band to retain land within Vancouver proper.

The Port of Vancouver has long been a key part of British Columbia's economy. Vancouver has acted as a gateway for people and products entering and exiting Canada and the North American continent. B.C.'s coal, lumber and fish, wheat from the Canadian prairies, and minerals from BC and elsewhere in Canada have left for foreign markets from Vancouver's port. Products from other countries have similarly entered Canada and North America through this port.

Demographically, Vancouver's population differs in significant ways from Provincial norms. Recently released Stats Can 2006 Census figures provide relatively current data that illustrates these differences. There are approximately 103,000 children between the ages of 0 to 19 in Vancouver. Proportionately, children comprise about 17.8% of the city's total population, as compared to about 23.1% for BC as a whole. Vancouver has approximately 23,600 single parent families, about 81.5% of which are headed by females. Vancouver has more households containing a married or common law couple without children than households containing a married or common law couple with children. A large portion of the city's population has never married (42.7%) and a comparatively large portion of the population is between the ages of 25 and 44 years of age (35.5% of the city population versus 27.3% of the BC population as a whole). Prohibitive housing costs may be one cause of the lower proportion of children to the population as whole in Vancouver. Many young families find Vancouver's housing market unaffordable.

Today, Vancouver is the home to a large immigrant population. The Stats Can 2006 Census figures underline this fact. Only slightly less than half of Vancouver's population, about 261,000 people, or 45.6% of the population are immigrants. This compares with a provincial average of 27.4%. Slightly more than half of Vancouver's immigrants arrived after 1991. Thirty-two percent of the city's population speaks a 'non-official language' (i.e. other than English or French) in the home, compared with 15.6% for BC as a whole. Vancouver's three largest visible minority populations are Chinese (29.4% of total population), South Asian (5.6% of total population) and Filipino peoples (5.0% of total population). These three groups comprise 78.5% of Vancouver's visible minority population. However, there are many other large groups of visible minority immigrants including Southeast Asian, Japanese, Korean and Latin American.

Vancouver's workforce tends to be more highly educated than that of the Province as a whole. Almost 33% of the Vancouver's population aged 15 years and over has a university degree, certificate or diploma, versus about 19% for the Province as a whole. Conversely, in comparison with the Province as a whole, Vancouver has proportionately fewer people aged 15 years or over who have an apprenticeship or trades certificate or diploma (10.8% versus 6.3%).

Vancouver has a service-based economy. The Stats Can Census indicates that almost 65% of the total workforce works in the private services industries, such as retail trade, finance and real estate, business services or 'other' services. After these private services, the largest area of employment is public services, where almost 10% of the workforce is employed.

Median income for two parent families with children in Vancouver is about \$70,000 according to the 2006 Census. However, the median income for a female lone-parent family in Vancouver is about \$35,000 per year. Shelter costs are a large portion of Vancouverite's expenses. The median monthly payment for a rented dwelling is \$825, while owner-occupied dwellings required monthly payments of \$958.

With the three levels of government making huge infrastructure investments due to the upcoming 2010 Olympics, and with intensive real estate development spurred on by these investments and relatively inexpensive mortgages, the architectural landscape of the city is rapidly transforming.

c) Service Delivery:

The cities and towns of Vancouver, Richmond, North Vancouver, Pemberton, Squamish, Sechelt, Gibsons, Powell River, Bella Bella, Bella Coola, and Klemtu comprise the Vancouver/Coastal Region. The management structure for the Region includes a Regional Executive Director (RED), a Director of Operations, a Director of Integrated Practice, a Deputy Director of Integrated Practice, a Manager of Service Quality, a Manager of Contracts & Resources, a Manager of Youth Services, a Manager of Child & Youth Mental Health Services, and five Community Services Managers (CSMs).

RFL is an Adoption and Permanency Planning team. The RFL team is co-located in an office with two other teams, 'RHL', the Guardianship team for children under 16 years of age, and 'RFN' the Regional Permanency Planning team. The RFL Team Leader (TL) reports to a CSM who oversees the delivery of child protection services for a part of the Vancouver/Coastal Region that includes the 'Vancouver North' area. This area includes five offices: an 'Intake' office, RFK; two 'Family Services' offices, RFJ and RFD; a 'Family Development Response' office, RFH; and RFL, the Guardianship and Adoption team.

However, RFL is not as restricted by geographical boundaries as are most MCFD offices. Most offices have clear catchment areas that tie service provision to geographical boundaries. In contrast, RFL provides service to both Vancouver 'North' and 'South' and, beyond that, RFL also provides consultation on adoption-related issues to teams across the region. The TL at RFL reports to the CSM regarding financial decisions and personnel matters.

The CSM provides consultation to the TL at RFL on an 'as needed' basis. The TL says that she asks for consultation in regards to particularly contentious cases. The CSM provides this consultation during visits to RFL, but also via teleconference if needed. As well, the CSM signs off on a number of documents, including exceptions to placement of Aboriginal children in Aboriginal homes and exceptions to adoption planning for younger children, among others.

RFL serves as an integral part of the delivery of child welfare services in the Vancouver/Coastal Region. As the only team in the region dedicated to adoption planning for Continuing Custody wards in MCFD care, RFL has many services unique to itself.

The RFL team includes several functions and services: the intake or 'duty' function; guardianship services; a large number of adoption related programs, including adoption home studies, the adoption education program, and the foster-to-adopt education program; the Family Finders service, which seeks to locate prospective adoptive placements among family and extended family for children in care; Post Adoption Assistance services for families that have adopted children; monthly information nights about adoption; consultations and advice for birth parents who are considering relinquishment of their infant for adoption; mentoring and consultation with MCFD workers regarding adoption issues; and 'Prior Contact Checks' for private agencies involved in home studies.

As this list of services shows, the RFL team provides a wide variety of services that are often not available elsewhere. To take one example, RFL provides consultations at the request of MCFD Social Workers (SWs) and Hospital Social Workers regarding the relinquishment of children for adoption by birth parents. This work can only be done by workers with adoption delegation. This is understandably a difficult subject for birth parents to discuss dispassionately, and the work requires great care and sensitivity on the part of the SWs. Often the parents are in difficult social situations due to lack of social supports, addictions, or mental health challenges. SWs must present the various options – the possibility of parenting the child in question, placing the child with family, or an adoption -- without any pressure or coercion of the parent(s). This work is labour-intensive and may require multiple visits in regards to a single matter. If parents decide on adoption, there are options as to the type of order to be consented to. Parents can either consent to a Continuing Custody Order or an Adoption Order. The type of order consented to will have ramifications for the future of the child in question. Biological parents may also choose to participate in the selection of the adoptive parents. All of this work may be complicated by the presence of child protection concerns in the birth family.

The TL for RFN, the Regional Permanency Planning and Adoption Team, provided the auditor with a 'Draft' version of the 'Vancouver Coastal Annual Adoption Report' (Annual Report) for 2007-2008. The document provides valuable and detailed information and statistics about the hard work completed by the adoption team. It features useful comparative data that highlights how changes in practice have brought about changed outcomes. Vancouver Coastal placed 54 children for adoption in 2007/08, the largest number of children placed in a single year. This is the sixth consecutive year that the original goal for adoptions was achieved. The Annual Report's data states that 17 of those 54 children (31%) were Aboriginal, 16 of the 54 children (30%) were adopted from 'foster to adopt placements', 12 of the 54 (22%) were adopted by extended family, two children were placed in adoptive homes together with siblings, and three youths over the age of 12 were placed.

One of the big successes by the Adoptions workers has been a significant rise in recruiting Aboriginal families to adopt Aboriginal children. In 2003/04, of 16 adoptions of Aboriginal children, only 4 (or 25%) were to Aboriginal homes. This year, 12 of the 17 Aboriginal children adopted went to Aboriginal homes. Twelve children were also adopted by extended family in 2007-08, up from six children in 2006/07 and eight children in 2005/06. About half of these children were of Aboriginal descent. The high proportion of adoptions in 'foster to adopt' placements continues a trend over the previous two fiscal years, and represents a dramatic rise from 2002/03 and 2003/04 when they were 16% and 20% respectively. The 'Summary of Regional Trends', for 2007-08 states that, 'The age of the child affects how long they wait for permanence'. 'Infants and toddlers were placed on average within less than 7 months' of receiving a Continuing Custody Order. Children aged 6 to 11 years waited four years and children over 12 waited more than seven years. It has been a very busy year for Adoptions, with some notable successes that follow changes in practice.

i) Residential Services

All decisions concerning children coming into MCFD's care in the Vancouver/Coastal Region as planned admissions are discussed at the Placement Review Committee before the child is brought into care. In cases requiring emergency placement, SWs discuss the case with their TLs, who in turn obtain verbal approval from the CSM.

The designated CSM manages child care resources for the area. Child care resources utilized by the RFL team include a variety of family care homes (i.e., Levels 1, 2 & 3).

Restricted and other homes may be located by the SWs at RFL. When in need of a placement, RFL SWs may initiate a preliminary home study for an individual child or sibling group. The home study includes up to three reference checks as well as criminal record and police checks. With the approval of the Deputy Director, a child can be placed in a restricted home for 60 days while the Resource Worker completes the home study. When a resource is requested for the RFL Office, every effort is made to place the child within the catchment area. However, situations arise occasionally when it is necessary to utilize placements outside of the catchment area, and in such situations, staff work collaboratively with the receiving region.

RFL's use of residential services is somewhat different from other teams. Many children in care at RFL are young and have been in care for a longer period of time than is generally the case for children in care served by regional 'Intake' and 'Family Service' teams. As a result, placements through RFL tend to be longer and more stable than placements for many older youth, who are often placed in group home settings. When the foster placement of a child breaks down, RFL uses the same process that the other teams use. The SW must contact the Resource Team, which begins looking for an alternative placement suitable for the child's age, developmental level and needs.

ii) Out-of-Care Options

Children in need of protection who are not in care, but who are listed on an open Family Service file, can be placed for a limited amount of time with a non-ministry caregiver under the following sections of the Child, Family and Community Service Act (CF&CSA):

- Section 8 – Agreement with Kin or Others
- Section 35(2)(d), 41(1)(b), 42.2(4)(a), 42.2(4)(c), and 49(7)(b) – Agreement with a person who has interim or temporary custody of a child.

Under Section 8 of the Child, Family and Community Service Act (CF&CSA), "Agreements with a Child's Kin and Others", a parent can arrange for a child to live with a relative or a person with a significant relationship or cultural or traditional responsibility to the child, with the financial support of the Director. An agreement may be made when an assessment indicates that the ongoing involvement of the Director is necessary to support the living arrangement. The intent of the agreement is to:

- use and build on existing strengths and capacity within families and communities to provide the least disruptive living arrangement when a parent is temporarily unable to care for a child;
- assist parents in finding and using family or community-based living arrangements other than foster care;
- enable a Director to financially support the child's living arrangement with the child's kin or significant person chosen by the family.

According to the TL at RFL, most children are in traditional MCFD-contracted foster placements when their file arrives from Family Services, but a few children are in out-of-care placements when their files are transferred to RFL.

5. STAFF TRAINING and RFL SPECIAL PROJECTS

a) Staff Training and Educational Background.

In the course of completing this audit, each of the team members at RFL identified those Ministry training programs, designed for Child Protection SWs (SW's), which they had completed up to the date that the audit began. This information is outlined in the table below for each RFL SW.

| | | | | | | | | |
|----------------------------------|---|---|---|---|---|---|---|--|
| Ministry Training Programs | | | | | | | | |
| CPW Training Program (core) | X | | | X | X | X | | |
| ASIST Training | | | X | | X | X | X | |
| Family Development Response | | | | | | | | |
| Clinical Supervision Level 1 | | | | | | | | |
| Clinical Supervision Level 2 | | | | | | | | |
| Risk Assessment | X | | | | | X | X | |
| Advanced Risk Assessment | | | | | | | | |
| Cultural Awareness | X | X | X | X | X | X | X | |
| Integrated Case Management | X | | | | X | | | |
| Investigative Interviewing | | | | | X | | | |
| FAS/E and NAS/E | X | X | X | X | X | X | X | |
| Looking After Children | X | X | X | X | X | X | X | |
| Substance Misuse | | | | X | X | X | | |
| Youth Alcohol & Drugs | | X | | | | X | | |
| Arete Violence Prevention | | | X | | X | X | | |
| Youth Services/Agreements | | | | | | | | |
| Interviewing re: sexual abuse | | X | | | X | X | | |
| District Supervisor Module 1 | | | | | | | | |
| District Supervisor Module 2 | | | | | | | | |
| Leading the Way | | | | | | | | |
| Resources SW Training | | | | | | | | |
| Guardianship Core Training | X | X | X | X | X | X | X | |
| Adoption Core Training | X | X | X | X | X | X | X | |
| Family Finders Training | X | X | X | X | X | X | X | |
| Preparing Children for Placement | X | X | | | X | | X | |

In addition to the training listed above, RFL team members have completed training in a number of other areas, including in mediation, conflict resolution, mentoring, and effective workplace discipline.

b) Special Projects

i) Family Finders

The Family Finders project began in December 2007 and will continue for the duration of a trial period up to at least October 15, 2008. Family Finders is based on the work of Kevin Campbell who has successfully run a similar program in Washington State.

According to a brief summary of the project, the goal of the Family Finders Model 'is to find the families of children and youth in long-term foster care and to make lifelong connections between the child/youth and family members.' The model emphasizes emotional as well as legal permanency. While Family Finders may locate a family member who will become an adoptive placement for a child in care (CIC), that is not the sole or primary object of the project.

'Minimally,' the extended family member 'will give the child or youth information about who he/she is, a possible place to visit for a holiday, and most importantly, a family to belong to'.

The project began by identifying 20 children in care, each a permanent ward of MCFD in the Vancouver Coastal Region, to focus the work on. Each CIC has a "search pod" of 3 workers who work together as the family search team. The project runs in tandem with intensive, full-day, monthly training sessions, which teach techniques to successfully locate extended family members. All RFL team members are involved in this project.

ii) Special Needs Home Study Project.

The completion of home studies is a required step in the adoption process. At one point RFL was completing all home studies in the Vancouver Coastal region, including studies in areas that required significant traveling time. This put a high demand on the SWs' time. Because of the large number of ongoing home studies, RFL SWs were unable to keep up with the demand and also provide all their other services. A project begun in the fall of 2007 and completed in April of 2008 looked at developing a process whereby some of this work would be done by Family Services of Greater Vancouver (FSGV). The Project sought to formulate an appropriate referral process and to facilitate better communication between the SWs at RFL and Family Services of Greater Vancouver workers. These home studies focus solely families interested in adopting special needs children.

6. SUPERVISION/CONSULTATION

The TL at RFL provides ongoing casework supervision for all SWs on both a formal and informal basis. The TL provides informal supervision via an 'open door' policy whereby all workers can access supervision on an 'as needed' basis. 'Informal' consultation usually seeks to answer an immediate question regarding a specific case. All workers are invited by the TL to ask any and all questions related to their practice and the children and families they are working with.

The TL provides formal supervision by meeting with each worker at pre-arranged times and at key planning points. The pre-arranged structured supervision is an opportunity for the SW and the TL to conduct a full review of each case, reviewing such things as the child's personal, health, developmental, and educational growth; progress towards any previously set goals; contact between the child and her or his family, if any; and progress on prospective adoption proposals, if any. New 'to do' lists are created and future goals and actions are canvassed and discussed.

The TL and SW must also meet to consult and plan at a number of important planning points. The TL must be a party to key decisions such as the 'designation' of a child as appropriate for post-adoption supports, all 'exceptions' applications, the Comprehensive Plan Of Care (CPOC) process, the completion of all home studies, and all summary, transfer or closing recordings.

The adoption CPOC process is especially intensive as it includes the child's assigned SW and TL, as well as the adoptive parents and their own SW. A rough draft of the CPOC is completed prior to the meeting and must be read in advance. The meeting is conducted through a teleconference call, and participants look at the 'plan' in each section of the CPOC in an attempt to measure the child's needs in relation to the adoptive parents' capabilities. The CPOC can then be adjusted or elaborated upon depending on the outcome of the teleconference.

When the TL at RFL is out of the office due to vacation, usually the TL of the RFN Team provides RFL workers consultation and supervision in her place. A number of other workers have also expressed interest and have 'acted' in the Team Leader position when needed.

Weekly team meetings also provide forums for workers to review cases with the full team and gain from other team members' experience and insight. As well, team meetings are an opportunity to review practice issues and to explore different ways to work with clients.

The TL also assists workers with career development and planning advice. Training opportunities are explored during consultation meetings. The TL tries to complete regular appraisals for RFL SWs. The key tool for career planning is the Employee Performance and Development Planning [EPDP], and the TL completes these with each SW.

In turn, the CSM provides ongoing supervision and consultation for the TL at RFL on an 'as needed' basis. The CSM meets regularly at RFL with the TL for consultation. She is also available by phone when needed.

A further source of consultation at RFL is the Regional Director's Office. The Director of Integrated Practice also serves as the Regional Deputy Director of Adoptions, and as such he provides consultation to the TL. He also provides assistance in planning for difficult cases. His signature is required on a number of documents. RFL's TL has consulted with the Regional Adoption Coordinator, who works at RFN. A Child Welfare Consultant, who specializes as the Regional Guardianship Consultant, is available to RFL to assist with planning for the safety and well-being of vulnerable children and high risk youth.

7. INTAKE AND TRACKING SYSTEMS

At RFL, SWs share 'duty' responsibilities. Depending on their schedules and availability, each SW at RFL provides duty coverage between three and five days per month. Duty calls arise from a number of different sources. Calls may arrive from foster parents, from Children In Care (CICs), from professionals and institutions working with the CICs, or from services providing adoption related services. The duty worker takes these calls when the regularly assigned worker is away due to out of the office visits, illness, or vacation time. When the call is urgent, the SW consults with the TL and responds as required. Many calls do not require an immediate response, and in these cases the duty worker writes a message to the SW involved and 'tracks' or enters the call in the 'Duty Book'. This book is meant to provide insurance that calls and messages are not lost. The 'duty worker' also provides 'Prior Contact Checks' for private agencies involved in the 'home study' process.

Each morning, office administration workers check whether RFL has received any new After Hours memos. New After Hours memos are routed to the Team Leader, the Screener/Duty Worker and the assigned SW, when the memo concerns a child who has a pre-existing file with RFL. After consulting with the TL, any memo requiring an immediate response is pursued by the assigned SW or by the Screener/Duty Worker. A tracking system is in place for all Intake calls/After-Hours memos and they are given priority depending on the determined response time.

New Child Services files arrive at RFL after MCFD has received a 'Continuing Custody Order' in regards to a CIC. A 'File Transfer' request form is sent from the Family Services office to the TL

alerting her of the need for the transfer. The TL at RFL then considers such variables as the size of each worker's caseload and the appropriate matching of the child's needs with the SW's interests, abilities and experience in deciding which worker to assign the child's file to.

As mentioned in Section 6 above, the TL tracks open Child Service (CS) files in the office by meeting with the SWs and conducting regular full reviews of all aspects of their work with the family. Past goals, ongoing court matters, future goals, and the child's life (placement, school, sibling and family relationship and peer relationships), are reviewed. The TL keeps her own notes on each child.

The TL has an extensive array of tracking systems in place to monitor workload, compliance to service standards and the progress of planning for each child. Files transferred in and out of the office are tracked separately by file name and transfer date in an In/Out Logbook kept specifically for that purpose. The TL makes use of the Case Management Reports on MIS to track the different types of files on RFL workers' caseloads. She also uses the Case Management Reports and regularly scheduled supervision meetings with workers to track the completion of CPOCs.

In addition, the TL also has her own tracking systems that record the status of each Child Service file held at RFL, and any significant tasks/milestones that need to be achieved in the case management process. The 'CIC Tracking Sheet' provides basic information such as the child's name, file number, date of birth, the initial date the child came into care, the date MCFD received the 'Continuing Custody Order' in regards to the child. This information is then correlated to current planning, for example, the date of the last CPOC, the current stage of planning, any 'barriers to the plan', the date the child was placed in an adoptive home, if that has happened, and the anticipated completion date. The 'Adoption Home Tracking' tool tracks the current status of prospective adoptive parents. Relevant information such as whether the parent(s) have attended the mandatory information meeting; the date they completed their full application package; the date they completed other training related to the adoption; the date the child was placed in a prospective adoptive placement and the date that an adoption order was granted are all included in this tool. Another tracking tool that monitors adoptions, the 'Adoption Court Package Tracking' tool follows the court application for adoption from start to finish. It tracks the date the court package was received, corrected and re-received (following corrections), the date the Deputy Director of Adoptions signed it, the date it was sent to Victoria to be forwarded to Court and the date the Court Order was received. Finally, the TL tracks adoptions on an annual basis with the 'Children Placed for Adoption' tracking tool. Among the information collected here is the child's name, the name of the adoptive home, the date the CPOC conference was completed, the date of the placement, whether the child was of Aboriginal descent, and whether the child qualified for Post Adoption Assistance.

8. STAFFING

a) Office Structure

Until the spring of 2007, RFL had a large staff totaling 13 SWs. There has been a major reorganization of RFL that continues to the current time. One of the reasons for the reorganization was the exceptionally large number of workers at RFL, which made it very difficult for a single TL to supervise and consult with every worker. A further concern was that knowledge related to adoptions was concentrated at RFL, and there was a desire to see this knowledge spread among other teams.

A new office, RFN, has been opened and designated as the Regional “Permanency Planning’ Office. This team will focus on consulting with all teams in the Region regarding permanency planning. RFN includes three workers, including the TL, who use to work at RFL. A further three workers left RFL to work at ‘RHL’, the under 16 Guardianship Team, a team that works with older permanent wards. The reason for this change was to build the capacity of RHL to do adoption work as well as RFL. All three teams share the same building, so there is ongoing contact and sharing of experience and ideas among the three teams. The three teams sit together regularly in a single group team meeting.

A further change in office structure has been an experiment in which each SW specializes in either guardianship work or adoption work. This is a fundamental change, as previously SWs at RFL did both jobs. The TL said that this has been difficult as it limits the flexibility of workers to attend to a matter related to the second specialty.

The three teams share the same administrative staff. The administrative staff has been comprised of an Office Manager and two administrative staff. However, a third administrative staff person has recently been hired. Because of the co-location of a number of teams who report to two CSMs, management responsibilities for the full building are shared between the CSMs. The administrative issues at the building are dealt with by the CSM for Vancouver South, the assigned manager for RHL.

b) Staff Complement

Currently, the staffing compliment at RFL is one TL and five SW positions. One position is shared by two part time SWs. The other four workers each work full time. There are seven designated full time caseload positions for the SW staff at RFL. Two SW positions were empty at the time of the audit, as one worker had retired, and one had gone on to a new position. The TL believed the two positions should be quickly filled.

Each RFL team member’s educational background includes either a Bachelor or Master’s Degree in Social Work or a Degree in Child and Youth Care. As well, different team members bring other degrees and training related to their work. These related academic fields include Psychology, Early Childhood Education, Child Care and Human Services.

RFL Social Workers each have adoption delegation under the Adoption Act. This delegation requires extensive adoption related knowledge and entitles them to provide all specialized adoption services.

The RFL Team has an exceptional amount of MCFD experience. The RFL Team Leader and Social Workers have 170 years of collective experience, ranging from 9 years to 34 years. The current TL has been Team Leader at RFL,.

| TEAM MEMBERS | MCFD EXPERIENCE |
|--------------|-----------------|
| | |
| | |
| | |
| | |
| | |

| | |
|--|--|
| | |
| | |
| | |

c) Current Workload

Immediately before this case practice audit began, on April 2, 2008, the Caseload Management Report for RFL showed the team currently had 96 open Child Service (CS) files. Caseload sizes for open CS files ranged from 11 to 21. Data supplied by RFL's Office Manager showed that in the previous six months, the RFL Team had also closed 7 Child Service files. In addition, all of the workers' caseloads include 'Assisted Adoption' (AA) files, 'Adoption Home' (AH) files, and 'Adoption Service' (AS) files. As of April 2nd, the Team had an additional 58 open AA files, 77 open AH files, and 45 open AS files. Therefore, the average caseload size at RFL for CS files was 16, but for all file types it was 46.

As noted above, the SWs at RFL also complete Family Finders work, work with parents around relinquishments, and provide adoption related consultations to other SWs in the region

9. ABORIGINAL SERVICES

RFL also has unique responsibilities with regards to the provision of services to Aboriginal children and its work with Aboriginal communities. MCFD policy requires that all offices work closely with Aboriginal communities when working with Aboriginal children and families. The high level and intensity of work between MCFD and Aboriginal communities is mandated in Section 71 of the Child, Family and Community Service Act, which states that:

71 (3) If the child is an aboriginal child, the director must give priority to placing the child as follows:

- (a) with the child's extended family or within the child's aboriginal cultural community;
- (b) with another aboriginal family, if the child cannot be safely placed under paragraph (a).

This legislative mandate has produced a large body of policy and practice that prioritizes the close work of MCFD SWs with Aboriginal communities. This legislation strongly encourages placement in and ongoing cultural continuity with the child's home community. Because guardianship and adoption deals with children in the permanent care of MCFD, and because planning has such a long term perspective, the Guardianship and Adoption functions work especially closely with the CICs' home Aboriginal communities when planning for the children. Also, while Intake and Family Services functions may work with Bands from across Canada, they have a shorter time frame to plan for, and, as many children are only in care for a few months, there is less of an opportunity for in-depth planning. Guardianship and Adoptions work requires intensive long term planning with Bands across Canada.

As noted above under 'Service Delivery', Adoptions workers have had increasing success in placing Aboriginal children in Aboriginal adoptive homes. Whereas four years ago, four of 16 Aboriginal children, or 25%, were placed in Aboriginal adoptive homes, in 2007/08, 12 of 17 adopted Aboriginal children, or 71%, were placed in Aboriginal adoptive homes.

Children in Care (CIC) Service Standards emphasize the importance of culturally sensitive practice, especially when working with Aboriginal children and communities. CIC Standards 1, 2, 4, 6, 10, 11, 12, 14 and 16 each speak specifically to these issues. These Standards are unequivocal regarding the priority of planning with the child's home Band. Standard 1 states that 'The intent of this standard is to reinforce the requirement that delegated individuals responsible for planning and providing services for an Aboriginal child in care work actively with individuals in the Aboriginal community, such as extended family and elders.' The standard goes on to list the applicable areas as 'planning living arrangements, arranging social and recreational activities', 'developing culturally appropriate plans of care', and educational services for the child, in other words, nearly every aspect of the child's life. Standard 2, 'Providing Services That Respect A Child's Culture and Identity' which has many stipulations involving cultural planning, and states that SWs must 'consult with and involve the child's cultural or ethnic community ... in the planning and delivery of services'. Standard 10 requires that 'If the child is Aboriginal,' a SW must, 'work with his or her Aboriginal community to identify members of the extended family or community who are willing and able to provide care for the child, and address any barriers that would prevent that placement'.

At RFL, priority is given to two areas of planning with the Aboriginal communities: first, long term planning aimed at placing children with their families or within their home communities; and second, assistance in formulating cultural plans for children. The home Band can assist by providing information regarding the child's extended family. This information can give a child a sense of personal history and background, and may also open doors to longer term relationships, including such things as telephone contact and personal visits. Sometimes, these connections lead to adoption. Bands may also have family who are open to having a child placed with them on the Band lands. Many Bands are quite active in participating in cultural planning, and a number have programs specifically geared to educating the children about their cultural heritage and including children in care in Band life. Some Bands assign Social Workers to visit children in care to establish in-person contact. Other Bands have programs designed to acquaint children with their Band's culture and history.

While Aboriginal children are usually adopted by Aboriginal families, there is a process to seek an 'exception' to this when a non-Aboriginal family has been identified as a suitable adoptive home for a child. First the SW must thoroughly explore any and all family members. If that is not successful, the SW requests Band assistance in planning and in identifying any possible Band member with the desire to adopt, who could be an appropriate placement for the child. If that also does not turn up an adoptive home, the SW must consider alternatives. The SW then goes to the Band to seek approval for further adoption planning. Next, the SW goes to the list of approved adoption home studies to look for any possible Aboriginal families who have already completed that process. If there is no Aboriginal family, then the SW searches the same list for non-Aboriginal families who could be appropriate for the child. If there is one, it is at that point that the 'exception' process begins.

The 'exception' process includes completing forms and letters describing the efforts the SW has completed in searching for an Aboriginal family to adopt the child, and describing the possible non-Aboriginal adoptive parents. The process requires the inclusion of a cultural plan that details a specific plan to address the child's cultural needs. The cultural plan is signed off by the adoptive parents and the child's Band or Aboriginal representative. MCFD is able to help in the development of the plan. The 'exceptions' letter together with the cultural plan goes to Victoria to an 'Exceptions Committee'. They read the package and a teleconference follows involving the Deputy Director of Adoptions and the Regional Permanency Planning Coordinator.

The Committee can reject the exception proposal, or give conditional approval, or approve the proposal outright.

SECTION III: CASE PRACTICE REVIEWS

10. AUDIT SAMPLE

As noted in the Terms of Reference letter sent to the CSM and TL on January 8, 2008, the audit sample size included a minimum of 20-25% of open and closed Child Service (CS) files. For closed files, only those closed in the last 6 months were audited. At the time of the audit there were 96 open CS files at RFL. As well, with the assistance of the RFL's Office Manager, a further seven CS files closed over the last six months were identified. The auditor then randomly selected:

- 20 CS files currently open at RFL
- 7 CS files closed at RFL during the past 6 months

The random sample was obtained from the full list of open CS files using the current Caseload Management Reports (CMR's) for RFL from the MIS computer system. Cases were then randomly selected for auditing from each SW's caseload. Between three and five files were chosen from each worker's caseload, based proportionally, on the relative size of the various caseloads.

11. CRITICAL MEASURES AUDIT TOOL – CHILD IN CARE SERVICE STANDARDS

| | | |
|---------------------|---|------------------------------|
| DATA SUMMARY | Office Code: <u>RFL</u> | Total # of cases audited: 27 |
| Rating Definitions: | | |
| C | Full compliance to the standard | |
| PC | Partial compliance: The intent of the standard is met but significant practice issues have not been addressed | |
| NC | Non-compliance to the standard's criteria requirements | |
| NA | Not applicable to the standard being measured. | |

| | CRITICAL MEASURES | C | | PC | | NC | | NA |
|--|-------------------|---|---|----|---|----|---|----|
| | | # | % | # | % | # | % | # |

| | | | | | | | | |
|---|---|-----|--------|----|-------|----|-------|----|
| 1 | Preserving the Identity of an Aboriginal Child in Care CIC Service Standard #1 & CFS Service Standard #20 | 25 | 92.6% | 1 | 3.7% | 1 | 3.7% | |
| 2 | Assuming Responsibility for a Child in Care CIC Service Standard #4 | 27 | 100.0% | | | 0 | 0.0% | |
| 3 | Ensuring a Child's Safety While in Care CIC Service Standard #5 | 27 | 100.0% | | | 0 | 0.0% | |
| 4 | Ensuring the Rights of a Child in Care CIC Service Standard #6 | 17 | 63.0% | | | 10 | 37.0% | 0 |
| 5 | Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8 | 25 | 92.6% | 1 | 3.7% | 1 | 3.7% | |
| 6 | Maintaining Personal Contact with a Child in Care CIC Service Standard #9 | 9 | 33.3% | | | 18 | 66.7% | |
| 7 | Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10 | 23 | 85.2% | 2 | 7.4% | 2 | 7.4% | |
| 8 | Assessments and Planning for a Child in Care CIC Service Standard #11 | 0 | 0.0% | 25 | 92.6% | 2 | 7.4% | |
| 9 | When a Child is Missing or Has Run Away CIC Service Standard #14 | 0 | 0.0% | | | 0 | 0.0% | 27 |
| 10 | Notification of Fatalities, Critical Injuries and Serious Incidents CFS Service Standard #25 | 2 | 100.0% | 0 | 0.0% | 0 | 0.0% | 25 |
| 11 | Planning for a Child Leaving Care CIC Service Standards #15 & #16 | 14 | 100.0% | | | 0 | 0.0% | 13 |
| 12 | Supervisory Approval CFD Standard on Supervisory Consultation & Approval | 24 | 88.9% | | | 3 | 11.1% | |
| Total Applicable Indicators: 259 (N/A Ratings are Not Included in Count) | | 193 | 74.5% | 29 | 11.2% | 37 | 14.3% | 65 |

= Number of applicable cases

%= Percent of total

NARRATIVE SUMMARY - CHILD SERVICES

The RFL audit reviewed a total of **27** CS files. Overall compliance to the Child Service Standards was **74.5%**. A further **11.2%** of the audit sample was found in 'partial compliance' with the critical measures of the audit tool. Taken together, 85.7% of the files audited were either fully or partially compliant. Overall, the audit found **14.3%** of the files were 'non-compliant'. Information for determining compliance to the service standards was based on documentation contained in the each file. Each of the following numbered sections provides a narrative summary explaining the rationale behind each measure, followed by a brief summary of the RFL results on each critical measure:

1. PRESERVING THE IDENTITY OF AN ABORIGINAL CHILD IN CARE

In this critical measure, the auditor looked for documentation regarding whether a CIC was Aboriginal or not. In the case of an Aboriginal child, the documentation should include: the name of the Band and/or Community; the child's status and membership number, or application for status; an indication that the worker understands the child's history and circumstances; and a cultural plan for the child. In addition, the worker should look for Aboriginal foster homes for Aboriginal children, where an Aboriginal home is available. As well, the child's plan of care should contain evidence of cultural planning, including an indication of how the child's Aboriginal identity is to be preserved and promoted. It is essential to work in collaboration with the Aboriginal community to establish and preserve an Aboriginal child's identity and connection to heritage and culture.

This standard was rated compliant in 25 of the 27 cases audited (92.6%).

Given that they are a specialized adoption team, RFL works closely with Native Bands in British Columbia and across Canada as MCFD has placed emphasis on the placement of Native child within their community.

Twelve of the 27 randomly selected CS files concerned Aboriginal Children. One of the CS files audited concerned a child of Metis descent. In total then, 44% of the files randomly chosen involved Aboriginal or Metis children. The auditor rated 12 of these 13 files 'compliant' as the SWs noted the child's aboriginal identity, the child's home Band, and included extensive contact and planning with the Band. One of these 13 files was rated 'partially compliant' because, although the child's Band was indicated, and work had occurred with the Band, there were no current communications with the Band and no cultural plan on file for the child.

One file was rated 'non-compliant' as the file did not note whether the child was or was not of aboriginal origins.

For information regarding the 'Cultural Plan of Care' and Aboriginal children please see the following MCFD web information: http://icw.mcf.gov.bc.ca/manuals/cfs_policy/cultural_plan.pdf. To see examples of a 'Cultural Plan' Template and illustrations of completed templates, please follow the links to: O:\CF-Vancouver Coastal_Shared Information\Program Information\Guardianship\Guardianship Corner\Cultural Plans.

2. ASSUMING RESPONSIBILITY FOR A CHILD IN CARE

The auditor looked for documentation confirming the child's legal status, such as court orders, care agreements, citizenship and immigration documents and an assessment of the child's history, current circumstances and needs. This measure also requires documentation that indicates the nature and extent of involvement of family members. This standard requires that

when a child comes into care, the necessary first steps are taken to determine and understand the nature of guardianship responsibilities to the child. Guardianship responsibilities include:

- understanding family history and current circumstances and needs of the child
- involving the parent(s) and others, including cultural communities where applicable, in the day-to-day care and planning for the child, and
- timely planning and decision making that supports reunification or the development of other plans to fulfill the child's need for stability, permanency, and continuity of lifelong relationships.

This standard was rated compliant in all 27 cases audited (100.0%). It was evident from file documentation that RFL team members are making a concerted effort to meet their obligations when assuming responsibility for a CIC. A number of the audited files also contained a detailed family genogram and completed Birth Family Medical and Social History booklets.

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/her needs, or for a child/youth refusing placement reasonable efforts were made to ensure a placement. File information should also indicate that there is an adequate plan in place to address a child's safety needs. This standard reinforces the overriding principle of the CF&CS Act – that a child's safety and well-being are paramount – and the Director's statutory responsibility to ensure a child's safety. This responsibility includes taking action to prevent harm to the child (e.g., providing training, safety equipment, and supervision) and responding promptly to circumstances where the child's safety may be jeopardized.

This standard was rated compliant in all 27 of the 27 cases audited (100%). It is evident from file documentation that RFL team members are working in partnership with parents, caregivers, and community partners to honor and respect children's need for physical and emotional safety.

In two of the files audited, file documentation indicates that MCFD had received child protection reports concerning foster homes in which children under the guardianship of RFL were placed. In neither of these cases did the report relate to the child whose file was being audited. The reports concerned a different child in the home.

In one case the child had resided in separate foster placements that MCFD had investigated regarding separate child protection investigations. This file was rated 'compliant' as in cases the allegations and the MCFD investigations were well documented. In the case of another child, there is currently an investigation into an alleged previous, historical incident of that took place at the foster home. This is ongoing and there is no outcome as yet on the file. However, the allegations and the process leading to the investigation are clear. Therefore, this file was also rated 'compliant'. The clearly documented follow up to these reports illustrates how closely RFL Social Workers monitor the safety of the children in their care.

4. ENSURING THE RIGHTS OF A CHILD IN CARE

The auditor assessed the file for evidence that the child's care conforms to the child's rights as defined by Section 70 of the CF&CSA, that the SW has informed the child of the Rights of Children in Care, and that any reports that a child's rights may have been violated have been addressed. The auditor looked for documentation that when a child or youth comes into care,

the child or youth is informed of these rights and helped to understand of these rights, according to the child's or youth's developmental abilities. The review of these rights with the child or youth should occur on a regular basis. For a younger child or a child with developmental delays, the auditor looked for documentation indicating that S. 70 rights had been reviewed with a person who has regular, ongoing contact with the child, or with the child's caregiver. The rights of CICs, as defined by S.70 of the CF&CSA, do not apply to a child who is in a place of confinement, which includes a youth custody centre under the Young Offenders Act or a mental health facility under the Mental Health Act. This standard reinforces the requirement to respect the statutory entitlements of a CIC under S.70 of the CF&CSA.

This standard was rated compliant in 17 out of the 27 Child Service files audited (63.0%). In each of these compliant cases, the respective files contained clear documentation of a regular review by the SW of the Rights of Children in Care together with the CIC. In two of the files rated compliant, the confirmation of the review stated that it had taken place with the child in question, but the child was too young to understand these Rights. In these cases, it was assumed that the review had taken place with the caregiver. It would be best to specify with whom the review took place.

Of the 10 cases rated non-compliant here, either there was insufficient information on the file to discern whether or not the Section 70 Rights had been reviewed with the child, or there was documentation that these Rights had been reviewed, but not on at least an annual 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 documented evidence that the child and others with a significant relationship to the child were involved as fully as possible in the process, and that any possible barriers to involvement were identified and addressed. The auditor also looked for planning aimed to facilitate the involvement of a CIC in case planning by:

- including the child or youth in all stages of the planning process, according to the child's or youth's developmental abilities;
- consulting with the child or youth in ongoing discussions and planning reviews
- encouraging the child or youth to fully express his or her views, and supporting him or her in doing so;
- including caregivers and others who have a significant relationship to the child or youth, consistent with the child's or youth's views and best interests, and informing the child or youth of all care plans and decisions, according to the child's or youth's developmental abilities.

This standard was rated compliant in 25 of the 27 cases audited (92.6%). One file was rated 'partially compliant', and one was rated 'non-compliant'. The involvement of CICs becomes more intensive as they age, as long as they have no serious developmental delays. Two files stood out as including significant involvement of the youth in care. In one, a youth spoke strongly in favour of an adoption placement with a family had resided with for quite some time. In the other, an was intensively involved in completing a thorough CPOC that detailed educational and career goals and a plan to reach these goals. In these instances, RFL Team members informed and involved children in care about case planning and decision making, to the extent appropriate to the child's developmental level.

On the file rated 'partially compliant', file documentation did not indicate any direct involvement of the youth in care in planning. Youth involvement in planning can be documented in many places, but the CPOC is the document that provides the best opportunity for youth involvement. In one of these files appeared to have been involved in planning, based on comments on the CPOC, but the CPOC did not explicitly cite involvement and did not sign-off on that document.

In the file rated 'non-compliant', documentation did not indicate the involvement of a old youth in the planning process.

6. MAINTAINING PERSONAL CONTACT WITH A CHILD IN CARE

The auditor looked for documentation that demonstrates CICs have private, in-person contact with their SWs as per CIC Standard #9. Frequency of contact with a child is based on his or her level of vulnerability, developmental needs, visibility in the community and is consistent with the goals of the plan of care. The auditor looked for documentation that the SW has private in-person contact with the child at least every 90 days. This standard reflects the importance of developing a meaningful relationship with a CIC. CICs experience many losses when they come into care, which adds to their vulnerability and sense of insecurity. Maintaining regular in-person contact with a CIC assists in addressing some of the difficulties encountered for the child and further promotes the child's direct involvement in planning and decision making.

This standard was rated compliant in 9 out of the 27 cases audited (33.0%). The cases rated compliant clearly documented visits that when averaged out over a year meet or exceed the visit every 90 days as outlined in this Standard. The typical place for this documentation is on the CPOC.

With the 18 cases rated non-compliant here, there was insufficient documentation on the files to determine if the SW had private, in-person contact with the child at least every 90 days since he/she came into Ministry care.

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. According to CIC Service Standard #10, throughout the time a child is in care, the SW should make it a priority to promote the stability and continuity of lifelong relationships for the child, by:

- actively supporting the child in maintaining positive attachments with parents, siblings, extended family, friends, caregivers and others, consistent with the child's best interest;
- making every effort to prevent unnecessary delays in decision making by using collaborative planning and alternative dispute resolution processes to reach agreements on developing and implementing the plan of care;
- reunifying the child with family or extended family, or if that is not possible, developing an alternative out-of-care living arrangement that will provide the opportunity to maintain and develop lifelong relationships; and
- exploring on a regular basis the possibility of reunification with family or extended family.

Promoting and preserving stable, enduring relationships for a CIC is central to maintaining the child's well-being. This standard requires that, before actions are taken and decisions are made, and throughout the time services are provided for the CIC, that services be viewed in the context of how they will affect the child's relationships. All children have a basic need for

stability and continuity of lifelong relationships, including continued or new relationships with immediate and extended family, with peers and with their communities. Children who have this need met have an increased potential for developing meaningful relationships with others into adulthood. This includes relationships with parents, siblings, extended family, friends, caregivers and others with a connection to the child.

This standard was rated compliant in 23 of the 27 audited files (85.2%). Among the many indicators on audited files that RFL Social Workers are doing a good job supporting and encouraging stable relationships and healthy attachments for children in their care were such things as: ongoing visitation with parents, extended family and siblings; and ongoing cultural/community attachments; as well as placement together with their sibling(s).

One of the files rated 'partially compliant' lacked information on whether visits between the child and his parents were ongoing. The parents had visited with the child in the past, but the file notes that difficulties arose _____ and the current status of those visits was not indicated on the file. The other file was rated 'partially compliant' because while the SW had been in contact with the _____, the file does not indicate any planning has occurred regarding visits between the child and the _____ or between the child and another sibling who is also in care.

Neither of the two files rated 'non-compliant' contained planning around connecting the CICs with _____ other family members who were also in Ministry care.

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 and a more comprehensive plan of care for a CIC at six months. As well the auditor looked for information that indicates the plan is reviewed when appropriate and all necessary changes are made when required. The child's plan of care is a "living document" that is reviewed regularly or as significant circumstances change. The documentation should accurately reflect current needs and goals for the child, as well as the services in place to support them.

A plan of care that promotes the child's well-being and achieves the best possible outcomes must address the following areas:

- health, emotional, spiritual and behavioral development
- educational and intellectual development
- culture and identity
- family, extended family and social relationships
- social and recreational involvement
- social presentation and development of self-care skills related to assuming successful independent functioning, and
- placement needs.

Twenty-five of the 27 files audited, (92.6%) were rated 'partially compliant' in this measure. Most files did not contain an up-to-date, current Comprehensive Plan of Care (CPOC). All of the files audited also lacked documentation indicating the plans had been reviewed, on average, every three months.

With the two cases rated 'non-compliant' on this critical measure, the auditor did not find a CPOC or another written plan of care attached to the file.

9. WHEN A CHILD IS MISSING OR HAS RUN AWAY (REPORTABLE CIRCUMSTANCE)

In circumstances where children are missing or have run away, the auditor looked for documentation indicating that the appropriate individuals had been notified, a plan was developed and implemented, and in cases of habitual running away the plan of care was reviewed and strategies developed to address the behaviour. When a child or youth is missing or has run away, notification should be made as soon as possible to:

- the designated director, if the child or youth is at high risk of harm;
- the child's or youth's parent, unless this compromises the child's or youth's safety;
- other people who may be able to play a role in locating the child or youth.

This measure was not applicable to any of the files randomly selected for this audit. Most of the files audited involved children less than ten years of age, and many involved much younger children. These children are much less likely to run away from a foster home.

10. NOTIFICATION OF FATALITIES, CRITICAL INJURIES AND SERIOUS INCIDENTS (REPORTABLE CIRCUMSTANCES)

In circumstances where there is a death or critical injury of a CIC or there is a serious incident that may affect the immediate safety or health of a CIC, appropriate members of the child's family, the designated director, community service providers, and delegated agencies are all informed of the incident, as per CFS Standard #25.

A critical injury is defined as an injury that may result in the child's death or may cause serious or permanent impairment of the child's health, as determined by a medical practitioner. Serious incidents are circumstances involving a child who:

- is in life-threatening circumstances, including illness or serious accident;
- is lost, missing or continually running away to a situation that places him or her at high risk of death or injury;
- is missing for more than 10 days;
- is a victim of abuse or neglect by an approved caregiver, caregiver's staff or caregiver's child;
- is the victim of abuse or neglect by a care provider or care provider's family in an out of care placement;
- has been exposed to a high-risk situation or disaster which may cause emotional trauma;
- has been involved in crimes of violence or major property damage;
- has been abducted.

This standard was rated compliant in both of the applicable cases identified in the audit (100%). This measure was not applicable to the other 25 cases audited. In one case rated compliant, the SW filed an Initial Reportable Circumstance (IRC) report as necessary following an accident involving a CIC. In the other file rated compliant, the auditor found that an IRC had been submitted after a child had been admitted to the hospital

11. PLANNING FOR A CHILD LEAVING CARE

The Auditor looked for documentation that appropriate preparation took place for a child in the process of leaving care. Planning should involve the child, relevant family members, caregivers, and other significant persons in the child's life. For a child/youth returning to his or her family after a period in care under a court order, services should be in place to support the child and family. For children who are leaving care to a planned adoption, the auditor looked at all adoption related documentation attached to the CS file indicating the SW has a CPOC on file detailing preparations for the adoption. For youth 'aging' out of care, the auditor looked for signs that the youth was supported in developing self-care and independence skills and that the youth's capacity for successful living in the community was assessed together with others involved in the youth's plan of care.

This standard was applicable to 14 of the 27 audited files. Thirteen files were rated 'not applicable' as there was no active and current planning for the child to leave care. While the child's plan may have been 'adoption', there were no firm plans in place to begin the process where planning and preparations for discharge needed to be in place. All of the 14 applicable files were rated 'compliant' (100%). Nearly all of the files audited were for children involved in various stages of the adoption process. RFL's high rating on this key measure indicates that the workers understand how deeply this process affects the children, some of whom may be leaving long term foster placements where they had become quite bonded with their caregivers. The most comprehensive document in this regards was the 'adoption CPOC'. This document includes intensive planning among the SW, the prospective adoptive parents and their own SW, and the TL at RFL. Together, they cover every aspect of the adoption, from the child's medical, developmental, and educational needs, to the details regarding the transition of the child into the home. The adoption CPOCs also document a number of different types of pre-placement visits, as well as planning and collaborative work with the foster parent to help the adoptive parent learn details of the child's daily routines and behaviours.

One of the files rated 'compliant' related to a youth commencing the process of 'aging out of care'. In this case the CPOC included intensive co-planning with the strong willed youth in care and her caregiver, and the CPOC dealt in detail with her educational, developmental, cultural and career goals, and put in place concrete strategies for attaining them.

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 developing a child's plan of care. The Child and Family Development Service Standard on Supervisory Consultation and Approval ensures that supervisory consultation is obtained in all significant circumstances and at all key decision points related to service delivery. Supervisory consultation:

- helps to ensure that decisions are consistent with statutory requirements, Ministry service standards, policy and protocols
- promotes accountability
- reflects a commitment to fulfilling delegated responsibilities and good practice, and
- creates opportunities for providing workers with feedback, guidance and support.

This standard was rated compliant in 24 of the 27 cases audited (88.9%). The auditor found evidence of the Team Leader's involvement in planning in file documentation indicating consultation with the TL, in TL discussions with the workers as documented on e-mails, and in

TL sign-offs and/or involvement in the formulation of an array of planning documents including CPOCs, Adoption CPOCs, the 'Registration for Adoption' form, the 'Designation of Child' for post-adoption services, among others. As well, e-mails attached to the files and black book notes provided further evidence of the involvement of the TL in consultations, planning and approval regarding individual children. Of the three cases found non-compliant, important documents such as CPOCs lacked Team Leader sign-offs.

SUMMARY

THE AUDIT TOOL AND THE ADOPTION PROCESS.

A number of SWs at RFL and the TL spoke with the auditor to explain how the audit tool does not fully capture the work being done by the Team. The work that does not appear, according to RFL staff, includes relinquishment work with birth parents, some of the court work, the home studies (which average 15 to 20 pages), and the ongoing residency work after the child is placed. In reply, the auditor stressed the tool is meant to capture the guardianship work at RFL (i.e., as outline in the Child in Care Standards), and that as yet there is no audit tool for Adoptions, so we are unable to audit that work at this time. The SWs described how so much of the work around adoptions is contained on the adoption file. Much of this work is not copied onto the CS file due to confidentiality concerns. After consideration, it does appear that there will be overlap between adoption work and guardianship work that will not be captured by this tool. For example, on Critical Measure (CM) 11, 'Planning for a Child Leaving Care', Adoption planning is key as it entails making detailed preparations for the child's departure from care to the prospective adoptive home. Much of this is captured on the 'Adoption CPOC', however, it is reasonable to assume a thorough document such as the home study report would capture elements that may not be on the CPOC itself. Similarly, it is reasonable to assume that work relevant to CM4, 'Maintaining Personal Contact with a Child in Care', may well be included on a document that covers the 'residency' period, where the SW supervises the first six to twelve months of the child's residency in an adoptive home. This overlap of work between the two functions, work that is not always on the CS file, is important to keep in mind when considering the findings of this audit.

PRACTICE STRENGTHS:

The RFL Team achieved a high level of compliance on a number of measures in the Child in Care [CIC] portion of this audit. Particular areas of strength for RFL included preserving the identity of an Aboriginal Child in Care (CM1), assuming responsibility for a child coming into care (CM2), ensuring a child's safety while in care (CM3), involving a child and considering the child's views in case planning and decision making (CM5), meeting a child's need for stability and continuity of life-long relationships (CM7), notification of Reportable Circumstances (CM10), planning for a child leaving care (CM11) and supervisory approval (CM12).

Respecting and promoting Aboriginal cultural identity and working with each Aboriginal child's home Band(s) is a priority for RFL Social Workers. A high percentage (44%) of the audited files involved Aboriginal children. This adds considerably to RFL Social Worker's workload, as policy requires ongoing contact and planning with Bands located across Canada. This collaborative work includes learning family history, developing cultural plans, and contacting family and extended family to learn if any family members may be appropriate and interested in applying as possible adoptive homes for the child. Then, after considerable time and effort, if no possible placement is forthcoming, and a non-Aboriginal home expresses interest in adopting the child, the SW consults the TL and then commences with the 'exceptions' process, which is also a

labour-intensive undertaking. As the high compliance rating here attests, RFL workers work well within these thorough and labour-intensive policy requirements.

For CICs, all files contained birth certificates, court orders, and other documentation to assist in establishing the worker's legal authority and guardianship duties, and to provide the SW with information related to the child's history, circumstances, and needs. The high compliance rating in CM2 relates to this work.

'Ensuring a child's safety while in care' (CM3) looks at whether the child's placement needs have been met. In this audit the sampled files included a large proportion of CICs who have serious medical needs. These needs require foster placements with specific experience and training. The foster placements provided for the children included caregivers of exceptional skill and dedication. Some of these children went to dozens of medical appointments per year, and a number were regularly hospitalized. These needs were well taken care of. As stipulated under this measure, 'all reports in connection with a child's safety [must be] adequately addressed', RFL Social Workers had children in two separate foster homes in which MCFD had received child protection reports. In each home, MCFD began a 'protocol' investigation of the foster homes in question in order to ensure the safety of the CIC. RFL Social Workers attached the necessary documentation in regards to both protocol investigation providing clarity about the allegations, and the rationale and process meant to address these concerns.

Of the open CS files audited, _____, the average age of the children in care was slightly more than 4 years old. Given the generally young age of the children in care at RFL, Social Workers were often unable to involve young or developmentally delayed children in case planning (CM5), and so, as stipulated by CIC Standards, the workers involved 'caregivers and others with a significant relationship to the child ... in the development and review of the child's plan of care, as consistent with the child's views and best interests'. Other than foster caregivers, the most frequent contributors to the planning were prospective adoptive parents.

Both of the applicable files that had documentation related to 'serious incidents' involving children in care (CM10), included an Initial Reportable Circumstances reports attached by Standards.

The team scored very high on CM11, 'planning for a child leaving care', which provides a cornerstone of all child welfare work, and is an essential measure for a team that places a large proportion of their children in care in adoption homes. As listed above, an impressive amount of preparatory work attempts to ensure a successful transition for fragile children from foster care to prospective adoptive homes. Planning extends from large medical and development issues to minute details regarding the child's personal routines and behaviours.

Lastly, the auditor found that SWs are receiving supervisory consultation/approval (CM12) on a regular basis. Regular supervisory approval ensures that decisions are consistent with statutory requirements and Ministry service standards that are designed to promote accountability, to reflect a commitment to fulfilling delegated responsibility and good practice, and to provide workers with feedback, guidance and support. The auditor noted many instances where best practice was being achieved in overall compliance to the standards.

AREAS FOR IMPROVED PRACTICE:

Among the measures receiving lower ratings on this portion of the audit were 'ensuring the rights of a child in care' (CM3); 'maintaining personal contact with a child in care' (CM6); and CIC 'assessments and planning for a child in care' (CM8).

Seventeen of the 27 files audited (63.0%) were rated 'compliant' on the measure for 'ensuring the rights of a child in care' (CM3). Compliance to the measure requires that a Social Worker document that she or he has reviewed these rights with the CIC. When the child's age or developmental level limits the child's ability to understand these Rights, the SW should review the S. 70 Rights with either a parent or person who visits the child regularly, or with the child's caregiver when there are no regular visits by an adult. The worker can document this contact in a number of ways for the file, including on Child in Care Review Recordings, or simply on 'black book' notes. The most common place to record them is on a section set aside for this specific purpose on the CPOC. A number of files were given credit for this measure when the SW noted that a review had taken place with the child although this was unlikely as the children in question were too young (4 and under) to understand these concepts. In these cases, the auditor assumed the SW had reviewed these Rights with the child's caregiver, which is appropriate. It is best to specify the person with whom these Rights were reviewed.

RFL Social Workers were rated compliant on nine of 27 files audited files for 'maintaining personal contact with a child in care' (CM6). Based on the high quality of work seen over most of the audit, the auditor does not believe that this rating reflects practice in the office. However, workers need to clearly document visits and a summary of the visit. There are a wide variety of ways to do this, including 'black book' notes (which then must be affixed to the file) and review recordings. One of the easiest ways to document visits is on the CPOC document, which provides space for this purpose. The measure specifies that visits should be held 'privately' with the child, and 'at least every 90 days'. A number of RFL workers did document these visits very clearly, most often on the CPOC.

Critical Measure 8 requires ongoing 'assessment and planning for a child in care'. A full assessment and written plan of care for a child is required within 6 months of the child coming into care, with reviews and reassessments at regular intervals thereafter. SWs at RFL completed CPOCs on nearly every file audited, however, they did not meet standards in regards to the regular completion of these documents or in regards to the requirement to 'review the child's plan of care at least every 90 days while the child is in care'. RFL was rated 'partially compliant' in 25 of the 27 (92.6%) of the files reviewed. The difference between the 'compliant' and 'partially compliant' ratings hinged on the regular completion of ongoing CPOCs and reviews of the full CPOCs.

A full reassessment entails the completion of a full, new CPOC. Reviews are different from full reassessments. A review looks at the last fully completed CPOC and comments on progress made towards fulfilling previous goals and any challenges to the past plan. It may also include revisions to that plan. Reviews are often placed on the file chronologically following the most recent full reassessment, dated and co-signed by the SW and the TL. Sometimes reviews take the form of ongoing commentaries written in the margins of the last completed CPOC, each comment dated to separate it from other review commentary that may follow. The auditor did not see ongoing reviews on any of the audited files.

Four of the audited files did have full CPOCs completed on a regular basis, approximately one per year. However, as they did not have any reviews of the CPOC, they were rated 'partially compliant'. The rest of the files rated 'partially compliant' had neither regularly completed CPOCs nor reviews attached. Some had one or two CPOCs completed over a three to five

year period. When CPOCs are not regularly completed, changes to planning may occur but the file may not contain documentation of these changes, or the reason(s) and rationale that brought forth the changes. Should a worker leave a team due to health considerations or a career change, the new worker will have a difficult time picking up the file and providing the child with seamless service that continues the previous worker's planning. Also, many children choose to access their files later in life, and proper file documentation will help them understand decisions that have affected their lives.

12. RECOMMENDATIONS

1. The Community Services Manager (CSM) and the Regional Manager of Service Quality will have a debriefing session with the members of the RFL Team concerning the results and major findings of this audit. To be completed by July 2, 2008.
2. The RFL Team Leader (TL) and the CSM will review the case rating sheets to insure that any cases that received non-compliance ratings in the audit have been reviewed with the individual Social Workers. Each non-compliance rating will be addressed in order to insure that case management meets the Child In Care practice standards. To be completed by September 30, 2008.
3. The CSM and TL at RFL will do a review session with members of the Team on adequately documenting the following aspects of case practice with all children in Ministry care: a) regular discussions about the Rights of Children in Care; b) private, in-person contact with children; and c) quarterly reviews of written plans of care. To be completed by October 31, 2007.

| | |
|--|-------|
| Reed Eurchuk Practice Analyst (A) Vancouver Coastal Region | Date: |
| Larry Peters Manager of Service Quality (A) Vancouver Coastal Region | Date: |
| Sohan Singh, Director Integrated Practice Vancouver Coastal Region | Date: |

| | |
|--|-------|
| | |
| Linda McNulty, Director of Operations Vancouver Coastal Region | Date: |
| Beverly Dicks Regional Executive Director Vancouver Coastal Region | Date: |