

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY
DEVELOPMENT
Salmon Arm DHD

Interior Region

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DIRECTOR'S CASE PRACTICE AUDIT REPORT

Interior Region

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SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT Interior Region Salmon Arm District Office (DHD)

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;
- 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 Case Practice Audit Methodology and Procedures Document (April 2004). The specific Audit tools used in conducting this audit are indicated below (check applicable).

- ✓ Critical Measures Audit Tool for Child and Family Service Standards
- ✓ Critical Measures Audit Tool for Child In Care Service Standards

SECTION II: SERVICE DELIVERY

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

3. COMMUNITY OVERVIEW

Geographic:

Salmon Arm is the largest community on the Shuswap Lake and is strategically situated on the Trans Canada Highway centrally located between Vancouver and Calgary. On May 15, 2005 Salmon Arm became Canada's newest city. This beautiful community is tucked into the shore of the Salmon Arm Bay of the Shuswap Lake and is surrounded by hillsides. It has a moderate climate with four distinct seasons.

The area offers an abundance of recreational activities, winter and summer and the city itself offers many shops and other facilities. Over heard by this auditor, on CBC radio, was the announcement that Askew's Grocery store in Salmon Arm won the award for the Best Small Supermarket in Canada.

The MCFD Office (DHD) is located close to the downtown core of Salmon Arm and from this location also provides service to Enderby, Sicamous, Sorrento, Malakwa and the surrounding rural areas. On a good day it takes anywhere from 30 minutes to an hour to reach these locations. In winter it is of course even longer.

Family Court is held in Salmon Arm on a weekly basis but for any trial longer than one day the social workers and families must travel to Vernon an hour drive away.

The city does have a hospital and family doctors but for cases demanding the skills and knowledge of a SCAN Clinic it is a 90 minute drive to Kamloops.

DHD also offers services to the aboriginal people living off reserve and for three of the four bands in the area. This will be covered further on in the report.

Demographics:

Salmon Arm has a small visible minority population and a population of approximately 1350 aboriginal people living in the area. Due to the moderate climate and "lower stress" life style, Salmon Arm is becoming home for retiring urbanites and others looking for a slower pace of living and year round recreation.

Salmon Arm's diversified economy includes forestry, agriculture, tourism and manufacturing. Recreation is fast becoming an industry for Salmon Arm as it is for many of the more "rural" areas of B.C.

According to BC Statistics approximately 50% of the families in the Salmon Arm area have children which compares to 60.5% of families in B.C. who have children. Lone parents make up 26.5% which compares to 25.7% of lone parent families in B.C.

The Indicators of Children at Risk and Indicators of Youth at Risk, places Salmon Arm some where in the middle between the worst and best regions in B.C.

The social workers at DHD state that in their practice/cases there is an increasing misuse of drugs and alcohol amongst both parents and youth. Particularly a marked increase in the use of "crystal meth".

Service Delivery:

The Interior Region covers three large areas of the Province: Cariboo/Thompson, Shuswap/Okanagan and the East and West Kootenays. The regional office is located in Kamloops; however, there are sub-regional offices in Kelowna and Nelson. At the time of this audit the senior regional management team consists of a Regional Executive Director, a Director of Regional Operations, a Director of Child Welfare, and an Acting Director of Aboriginal Services. Within the Region there are six Community Services Managers and two Aboriginal Services Managers. The CSM for the North Okanagan is responsible for services offered by MCFD staff in Vernon, Revelstoke, Golden and Salmon Arm.

The team leader at DHD, Salmon Arm describes the team as a stable one with little staff turn over. The team at DHD does both investigation and family services. There is a specialized case load for services to aboriginal people DHD222. Four social workers do investigations' with one of the social workers, DHD221, having responsibility for intake/screening. There are 4 social workers that provide ongoing family services. Salmon Arm DHD is co-located with a small Resources Team (supervisor off site) and a Guardianship Youth Services Team DEB. There also is an adoption social worker located on site that is part of a regional service and is not supervised by the Salmon Arm team leaders. This co-location assists with an easier communication between teams and offers continuity for the clients.

The DEB Team offers guardianship services to all children who are in care under a CCO. They also provide all youth services.

Residential Services:

Two resources social workers are co-located in the Salmon Arm office and supervised by a TL located in Vernon. The 2 resources social workers have responsibility for all aspects of resources work: recruitment of foster homes, home studies, placement requests, providing support to foster parents and issue management within the foster home. They also keep a current emergency/after hour's bed list for the other social work teams to access as needed. Requests for the placement of children in care go to these two social workers. The child's social worker forwards a referral document to the resource worker describing the needs of the child and identifying any particular concerns and/or special needs. A discussion then takes place between the two social workers to determine the most appropriate place for the particular child. The co-location of the two teams assists with easier face to face planning for the children. This still does not mean that it is always possible find a perfect match for a child.

The child's social worker arranges the pre-placement visit, if time and circumstances allow for one, and places the child in the foster home. It is the responsibility of the child's social worker to support the child in the home. The resources social worker

supports the foster parents with the focus remaining, the care and best interest of the child.

4. STAFFING

a. Professional Staff Complement/Staff Turnover:

At the time of this audit staffing at DHD consisted of one team leader, 8 social workers, an office manager and 4 administrative support staff. The information indicates that the staff at Salmon Arm is stable with many long service employees.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Leader				full	
N14					
R9					
OA2					
OA2					
OA2					
N24				Full	
N24				Full	
N24 N24 N24				Full Full Full	
N24 N24 N24				Full Full Full	

6. SUPERVISION/CONSULTATION

The team Leader meets with the intake/investigation team each morning to discuss the previous day's intakes and assign cases. When a matter is urgent the intake SW meets with the TL as soon as possible and includes the duty investigation SW in the consultation.

The team leader meets with the family service team once a week for case discussion/consultation. The whole team meets twice a month. Every 2nd and 4th Wednesday. Ongoing consultation and case tracking is done more informally. The social workers stated that the team is in the process of developing a schedule for each SW to meet with the TL for bi-weekly supervision. The social workers interviewed stated that some SWs already meet with the TL on a regular basis and others are clear when consultation with the TL must occur.

7. INTAKE AND TRACKING SYSTEMS

a) Investigations:

There are 4 social workers at DHD that do the intake and investigations for the team. One does all the intakes and screening for DHD and 3 do the ongoing investigations. The 4 FS social workers do their own investigations on open cases but if needed the investigation workers will assist or do the investigation. The Investigation team meets together with the TL every morning to consult and for case assignment. There is a schedule for determining the duty investigation worker for the day. The team leader is available throughout the day for ongoing consultation and by cell phone if not in the office.

After hours is done by "catch as catch can" There is no standby schedule but there is an emergency foster parent list that is kept up to date by the 2 on site resource SWs. There is also an emergency bed subsidy home in Salmon Arm.

The intakes are tracked by the TL and the team at the daily meetings

There is a written protocol between the local RCMP and the local MCFD Office which documents the guidelines on how they work together. The team describes the relationship as positive and supportive one to the other----a good working relationship.

b) Family Development Response:

While there were no family development response files audited this training has been received.

c) On Going Family Service and Child Service

There are 4 social workers at DHD that do the ongoing family and child services. One of the 4 is responsible for a program called Creative Choices. This program offers a service to families with youth where there is serious conflict between parents and the youth. The goal is to assist the family to resolve conflict in a non-violent way and keep youth out of care. Another of the FS social workers has responsibility for the aboriginal files at DHD. This gives the aboriginal families in the area a primary social worker to communicate with.

FS for families with youth 14 and over and families of children 12 and 13 who are criminally involved are transferred to and receive service from the Guardianship/Youth Team DEB.

Children who remain in care under a CCO have their files transferred to DEB to receive service. One SW provides guardianship service to children under 12 and another for the children 13 to 19. There is a plan put in place on how to do the transfer with the least upset to the child. This again is made easier by the co-location of the teams.

8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

There are a number of aboriginal bands in the greater Salmon Arm area. Spullumcheen is the largest and does provide its own Child and Family Services. They have had full delegation for many years under a very unique bylaw. If a call comes into the intake social worker at DHD for a Spullumcheen family the information is received and immediately phoned to the Spullumcheen Agency. The Agency and MCFD work cooperatively as required.

Adams Lake Band and Niskonlith Band have some services provided by Secwepemc Family Services. This is a non-delegated agency that has a written protocol with MCFD which sets out the working relationship between the two services. DHD provides all delegated services to both Bands.

Little Shuswap Band has opted not to join this agency and MCFD provides Child and Family Services to Little Shuswap Band. There is a written protocol in place. The Aboriginal Services Files are on one caseload at DHD.

SECTION III: AUDIT RESULTS

9. AUDIT SAMPLE

The terms of reference letter that was sent prior to the initiation of the DHD audit, identified an audit sample of 20-25% of open family and child service files and 20-25% closed family service files within the last 6 months were to be audited.

Current caseload management reports (CMR) of cases assigned to this office were identified on the Ministry computer system. Cases were then randomly selected for review as follows: there are 133 open FS files, 20 selected to audit and 26 open CS files, 7 selected to audit. There were 70 -closed within the last 6 months FS files and 6 selected to audit. A random selection was chosen from the open files on individual caseloads at approximately 20% of the FS social worker caseloads. There were a couple of cases that could be audited from the intake workers cases but most of the intake investigation work was caught through the FS caseloads.

The individual cases were selected as follows:

DHD214--1 CS 2 open FS

DHD215—2 open FS

DHD216—1CS- 2 open FS -1 closed FS

DHD218—4 open FS -2 closed FS

DHD219—1CS -1 open FS

DHD221—1 open FS

DHD222—1 CS—2 Open FS

DHD224—3CS—1 open FS

DHD225—1 open FS

DHD330—2 open FS-2 closed FS

10. CRITICAL MEASURES AUDIT RESULTS

10A. CRITICAL MEASURES AUDIT - CHILD AND FAMILY SERVICES (CMAT-CFS)

Twenty six (26) Family service files were audited (20 open and 6 closed) Overall compliance to the Child and Family Service Standards was 80.6% Information for determining compliance to the standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

The files were audited to the most recent completed intake report. The focus for CM 1 to 9 is on the most recent investigation and ongoing family service is reflected in CM 10 to 13.

NARRATIVE SUMMARY

1) Screening and Best Approach To Service Delivery

CRITERIA

The Family Service file contains documentation indicating:

- a) That the social worker receiving the information has obtained sufficient information from the caller to support an appropriate assessment.
- b) That the social worker has reviewed the information provided by the reporter, ministry records and any additional information gathered in assessing whether the child may need protection as defined in s.13 of the CFCSA.
- c) That an Aboriginal service provider or delegated agency has been contacted when appropriate, when a request for service or a child protection report is received for an Aboriginal child.

● This critical measure was applicable to all 26 files. 24 were compliant. On one of the two noncompliant files the documentation indicates that the last 3 investigations

were never completed and that the Social worker appears to have not obtained adequate information from the caller. This file was referred to the Team Leader. In the other file there was no PCC on file nor does it appear that the file was reviewed.

2) When a Child is at Immediate Risk of Harm

CRITERIA

The Family Service file contains:

- a) An appropriate determination that the child may be at immediate risk of harm and documentation of adequate steps taken to see the child and ensure the child's immediate health and safety.
- b) documentation of any circumstances in which the worker was unable to see the child in a time frame that would ensure the child's immediate health and safety, and therefore requested another person to initially see and/or interview the child.

● This critical measure was applicable to 13 of the audited files. Of these 11 were compliant. On the other two files there was no documentation that the immediate safety assessment adequately addressed the possible immediate risk to child.

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

CRITERIA

The Family Service file contains documentation indicating:

- a) That the social worker has determined an appropriate response to the report, conducting a child protection investigation only when alternative approaches would not ensure the child's safety.

● This critical measure was applicable to all the files audited with 22 of the files compliant.

● Of the 4 remaining files documentation indicated:

● In 1 the assessment was never completed

● In 3 the section 16 assessment was not supported by the documentation

4) Family Development Response

CRITERIA

Where a Family Development Response option has been selected, the Family Service file contains:

- a) Documentation of the decision to provide a family development response.
- b) A completed assessment which identifies the family's strengths and risk factors and the community services the family has agreed to accept in order to meet the needs.
- c) An appropriate determination that the nature of the harm and level of risk to the child may be adequately addressed through a Family Development Response.
- d) A documented plan to support the family that adequately addresses the child's health and safety throughout the process.

- e) Appropriate conclusions and plan revisions, based on regular reassessments, as to whether the risks identified can effectively be addressed through the Family Development Response and if the services continue to meet the family's needs.
- f) Documentation that in the event of a determination that the Family Development Response does not continue to ensure the child's health or safety (Section 13 of the CF&CS Act), that a report is made to a delegated social worker.

In all cases where a Family Development Response has ended, the Family Service file contains either an assessment that supports a conclusion that the parents are able to keep the child safe (Section 13 of the CF&CS Act) without further F.D.R. services, or documentation of the commencement of a child protection investigation.

● Not audited at this time

5) Determining Time Frame to Begin an Investigation

CRITERIA

Where a determination has been made to investigate, the Family Service file contains a documented appropriate determination as to the time frame to begin the investigation and confirmation that the investigation was begun within that time frame.

● This critical measure was applicable to 18 of the files audited. 16 were compliant of the two files; one had no intake or documentation on file regarding the removal of an infant. The other the 2 intakes dated Oct. and Dec.2004 were never completed. The intakes were concerns about a teen mom and her baby.

6) Conducting a Child Protection Investigation

CRITERIA

Where a determination has been made to investigate, the Family Service file contains:

- a) Documentation that all relevant and necessary information related to the report, including existing case records and files, have been reviewed.
- b) Documentation that information from people who may have relevant knowledge of the family and/or child has been obtained.
- c) Documentation that the child's living situation has been directly observed.
- d) Where required by policy in specific circumstances:
 - ▶ Documentation that a medical examination of the child has taken place and a copy of the medical report is on file, or where a medical examination was not done, the reasons are documented.
 - ▶ Documentation that a child with capacity has given consent to medical treatment and has not received medical treatment without their consent unless so ordered under section 29 of the CF&CS Act or in compliance with other legislation. (Examples: An unconscious child who requires critical treatment and a parent/guardian is not available or required treatment under public or mental health legislation).
 - ▶ Documentation that the aboriginal community and/or identified delegated agency have been contacted and involved, according to established protocols.
 - ▶ Where a child is considered to be in immediate danger and the child or family cannot be located, there is documentation that the police were involved and information/action alerts were completed as required.

- ▶ Where in the course of an investigation, a conclusion has been reached that a child does not need protection, there is documentation of any decision to discontinue the investigation and where required, of any alternative response chosen.

- 18 files were audited to this critical measure with 13 compliant. Of the remaining 5 files:
- Documentation on one indicates that the intake was never completed
- On the other 4 files documentation indicates that some required steps in the investigations were not completed.

7) Seeing and Interviewing a Child and Family

CRITERIA

Where a determination has been made to investigate, the Family Service file contains documentation that:

- a) The child has been seen and, where developmentally appropriate, interviewed.
- b) All other vulnerable children in the home have been seen and, where developmentally appropriate, interviewed.
- c) The parent/s have been seen and interviewed.
- d) If the child is aboriginal, the aboriginal community or agency is involved, if appropriate

- This critical measure was applicable to 18 files with 14 compliant. Of the four remaining files:
- The documentation on one indicates the investigation was not completed
- On all 4 the children or other significant family members were not interviewed

8) Concluding a Child Protection Investigation

CRITERIA

The Family Service file documents:

- a) A decision as to whether or not the child is in need of protection (as defined under section 13 of the CF&CS Act), which is consistent with the facts gathered during the investigation.
- b) All necessary steps required to address the child's need for protection have been considered and implemented.

- 17 files were applicable to this critical measure and 13 were compliant. On the remaining 4 files :
- 2 files had incomplete investigations
- On 2 others there was no PCC completed and the reporter was never notified of the outcome of the investigation.

9) Concluding a Child Protection Investigation in a Timely Manner

CRITERIA

The Family Service file documents that the investigation was completed within 30 calendar days.

- This critical measure was applicable to 16 of the files audited. 11 were compliant of the 5 remaining files
- .6 to 60 days to complete
- 2 were over 90 days

10) Developing a Plan to Keep a Child Safe

CRITERIA

The Family Service file contains:

- a) A documented plan which:
 - ▶ Adequately addresses the child's safety needs.
 - ▶ Identifies the strengths of the child and family that mitigate the safety risks to the child.
 - ▶ Considers the child's needs for stability and continuity of relationships.
 - ▶ Considers the participation of extended family in keeping a child safe.
 - ▶ Identifies the time frames for a review of the plan.
- b) Documentation that adequate services and strategies to address the child's safety needs was implemented in a timely manner.

Note: This critical measure does not include the reassessment section of the CFS standard, which is covered in Critical Measure # 11.

- This critical measure was applicable to 12 of the files audited. 9 were compliant. Of the 3 remaining files :
- the investigation on one was never completed
- on the other two, one does not have a CRA and both lack a documented plan to keep the children safe

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

CRITERIA

The Family Service file contains:

- a) Documentation on an ongoing and regular basis, of reassessments and any adjustments to the plan necessary to keep the child safe, or when significant changes in the circumstances of the family or child have occurred.
- b) Documentation that the plan to keep the child safe and any reassessments are reviewed with the child as appropriate, with those who have a role in keeping the child safe and wherever possible, with those involved in the plan development.

- c) Documentation that in all cases where a Protection Family Service Response has ended, the family service file contains an assessment that supports a conclusion that the parents are able to keep the child safe without further protection family services.

Notes

1. Only those portions of CFS standard #17 above related to reassessment are relevant to this criterion.
2. Criteria (c) is cross-referenced to CFS standard #20 (Ending Child Protection Services to a Child and Family).

- 12 of the files audited were applicable to this critical measure. 8 were compliant
- Of the four remaining files there was no documentation to indicate that a re-assessment of risk had been done and no RRSP was on file.

12) Notification of Fatalities and Critical Injuries

CRITERIA

The Family Service file contains documentation confirming:

- (a) That an initial report in the prescribed format has been submitted to the designated director within 24 hours of learning of a death or critical injury of a child who has received services within the past 12 months.
- (b) That reasonable effort has been made to inform and offer support to the child's legal guardians and appropriate members of the child's family and extended family.
- (c) That community service providers and delegated agencies involved with the child have been informed of the incident.

- There were no files applicable to this measure.

13) Supervisory Approval

CRITERIA

The Family Service File contains documentation of circumstances requiring supervisory approval and documentation of approval including at a minimum when:

- a) Determining if an intake call or information is a protection report.
 - b) Deciding on a response to a child protection report and an appropriate response time.
 - c) Conducting and concluding a child protection investigation.
 - d) Notifying the police.
 - e) Determining whether a child needs protection.
 - f) Developing an ongoing safety plan.
 - g) Using the court process.
 - h) Removing a child.
 - i) Placing a child.
 - j) Reuniting a child with their family.
 - k) Transferring responsibility for or ending services.
- *An exception to policy has been considered and approved.

- All files audited were applicable for this measure. 21 were compliant.
- On the five remaining files there was no documentation to indicate consultation with the team leader had occurred for all critical steps.

Additional Comments:

Practice Strengths: Areas of high compliance

CM.1 Screening and Best Approach to Practice, CM.2 When a Child is at immediate risk of Harm, CM.3 Assessing a Child Protection Report, CM.5 Determining the Time Frame to Begin an Investigation and CM.13 Supervisor Approval had documentation on file that indicated strength in practice.

The documentation on many of the files audited was thorough and explained the involvement of MCFD in the lives of the families.

Areas for Improved Practice:

With Critical Measures 6 to 11 there were indications that documentation needed improvement in a number of areas. Compliance to standards could be adequately addressed and practice improved by the completion of a Comprehensive Risk Assessment and Risk Reduction Service Plan.

10B. CRITICAL MEASURES AUDIT - CHILDREN IN CARE (CMAT-CIC)

NARRATIVE SUMMARY

7 child services files were audited. Overall compliance to the child service standards was 78.8%. Information on 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:

1) Preserving the Identity of an Aboriginal Child in Care

CRITERIA

TheChild Service file:

- Indicates whether or not the child is Aboriginal.
- Identifies the Aboriginal community or First Nation with which the child is affiliated, and contains documentation of the child's status and membership number, or of application for status as appropriate.
- Indicates that the social worker has developed an understanding of the history and current circumstances of the child and family, by involving the child, the family, the child's Aboriginal community, any significant people in the child's life, and community members who have been or will be involved in the child's life.

(d) Indicates that a cultural plan has been developed for the child within six months of the child coming into care, if the child is an Aboriginal child as defined in the CFCSA. (See Cultural Plan for Aboriginal Children in Care - Draft, November 2003)

- This Critical measure was applicable to all 7 files. 4 were compliant with the critical measure. Of the 3 remaining files:
- 2 were silent on whether the child was aboriginal
- On 1 there was no documentation to indicate that a cultural plan was in place for the child.

2) Assuming Responsibility for a Child in Care

CRITERIA

The Child Service file:

- a) Contains copy of the court order, adoption consent, voluntary care or special needs agreement, or other documentation confirming the child's legal status as a Child in Care, and documentation of citizenship and immigration status, if applicable.
- b) Documents the nature and extent of involvement of the child's parents and other family members.
- c) If the child is not Aboriginal, identifies any unique cultural identity as applicable.
- d) indicates that the social worker understands the child's history and current circumstances and needs.

- 6 of the files were compliant with this CM. On the 1 file that was non-compliant there was no CPOC on file and no documentation to indicate the involvement of the parents or other family members.

3) Ensuring a Child's Safety While in Care

CRITERIA

- (a) The Child Service file contains documentation confirming that the child has been placed in a living arrangement that addresses the child's identified needs, including safety needs, or that, in the case of a youth who refuses placement; all reasonable efforts have been made to assure such a placement.
- (b) The Child Service file contains documentation that all reports in connection with a child's safety have been adequately addressed; or that an adequate plan is in place to address them.

- All files audited were (100%) were compliant with this measure.

4) Ensuring the Rights of a Child in Care

CRITERIA

The Child Service file contains documentation confirming:

- a) That the child's care conforms with the rights defined by s. 70 of the CFCSA.
- b) That the child has been informed of these rights, as appropriate to the child's age and developmental level.

- c) In cases where the child reports that his or her rights have not been respected, that the social worker has met with the child and others involved to try to resolve the issues; that an appropriate dispute resolution process has been offered and promoted where required; that the child has been provided with information about the Office for Children and Youth, the Ombudsman, and other available community or provincial advocacy services; and that the child has been supported throughout the time required to resolve the issue.

● 4 of the files were compliant with this measure. Of the 3 remaining files there was no documentation to indicate that the child had been explained his rights while in care.

5) Involving a Child and Considering the Child's Views in Case Planning and Decision Making

CRITERIA

The Child Service file contains documentation confirming:

- a) that the child has been involved as far as possible in the development and review of his or her plan of care, as appropriate to the child's age and developmental level.
- b) that the caregivers and others with a significant relationship to the child have been involved in the development and review of the child's plan of care, as consistent with the child's views and best interests.
- c) That appropriate steps have been taken to address any identified barriers to informing and involving the child in case planning, such as providing an interpreter or involving people who can promote a greater understanding of the child's views about cultural, identity, or other issues

● This critical measure was 100% compliant to all the files audited

6) Maintaining Personal Contact with a Child in Care

CRITERIA

The Child Service file contains documentation that the social worker has had private in-person contact with the child at least every 90days, and whenever there has been a change in placement, social worker, or other significant circumstances.

● Of the 7 files audited 3 were compliant. Of the 4 remaining files there was no documentation to indicate that the social worker had private in-person contact with the child at least every 90 days.

7) Meeting a Child's Need for Stability and Continuity of Lifelong Relationships

CRITERIA

The Child Service file contains documentation confirming:

- a) That efforts have been made to promote continuity for a child in care by supporting contact with parents and family members, and other significant people in the child's life, where such contact is in the child's best interests; and by maintaining connections with the child's cultural heritage and identity.
- b) That appropriate strategies have been planned and implemented to promote stability and continuity of lifelong relationships, including the exploration of maintaining existing relationships, re-establishing past relationships, and planning for the development of new lifelong relationships.

● This critical measure was found to be 100% compliant in the files audited.

8) Assessments and Planning for a Child in Care

CRITERIA

- a) **The Child Service file contains an initial written plan of care, prepared within 30 days of a child's admission to care, which addresses:**
 - ▶ the overall goal for the child, including the establishment of stable and ongoing living arrangements
 - ▶ contact with parents and other family members, community, and others involved with the child, as appropriate services required to implement the plan of care
 - ▶ the child's health care needs and appointments
 - ▶ the child's education
 - ▶ the child's involvement in social, recreational and spiritual instruction and activities
- b) **If the child has been in care forever six months, the Child Service file contains a thorough assessment of the child's needs, and a written plan of care. As appropriate, the child, the child's family, the caregiver, a representative of the child's Aboriginal community (if the child is Aboriginal), and other significant people in the child's life, are to be involved in the development of the plan of care. The plan of care should address the following:**
 - ▶ 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
 - ▶ placement
- c) **The Child Service file contains documentation confirming that there has been a review of the child's written plan of care at least every 90 days while the child remains in care.**

- 5 files were compliant with this measure, 1 had partial compliance(14.3) partial compliant and 1 was non-compliant. Of the partial compliant measure the child had a brief plan of care prepared upon application for a CCO. The child has been in care since May/04 and does not have a CPOC on file. On the one file that was non-compliant the documentation indicates that a CPOC is long over due.

9) When a Child is Missing or Has Run Away

CRITERIA

The Child Service file contains documentation confirming:

- a) that the designated director, the child's parent if appropriate, and others who may assist in locating the child, have been notified as soon as possible when a child in care is missing or has run away.
- b) that the police have been notified and that appropriate identifying information has been provided to the police.
- c) that an appropriate plan has been developed and implemented to locate the child.
- d) if the child habitually runs away under circumstances that place him or her at high risk of harm that the plan of care has been reviewed to develop strategies to address the high-risk behaviour.
- e) if the child has been located, that all interested parties have been notified and appropriate action has been taken according to MCFD policy.

- This measure was applicable to one file with 100% compliance

10) Notification of Fatalities, Critical Injuries and Serious Incidents

CRITERIA

The Child Service file contains documentation confirming:

- a) that an initial report in the prescribed format has been submitted to the designated director within 24 hours of learning of a death, critical injury, or serious incident involving a child in care.
- b) that reasonable efforts have been made to inform and offer support to the child's legal guardians and appropriate members of the child's family and extended family.
- c) that community service providers and delegated agencies involved with the child have been informed of the incident.
- d) that the Public Guardian and Trustee has been notified of the death or critical injury of a child in care for whom the Public Guardian and Trustee is guardian of the estate; and that the Public Guardian and Trustee has been notified of any serious incident involving a child in care for whom the Public Guardian and Trustee is guardian of the estate, if that incident may affect the child's legal or financial interests.

- This Critical Measure was applicable to 2 of the files audited ---there was 100% compliance.

11) Planning for a Child Leaving Care

CRITERIA

The Child Service file contains documentation confirming:

- (a) that appropriate preparation takes place when a child will leave care, including involving the child, relevant family members, caregivers, and other significant persons in planning for the transition; arranging for appropriate services to support the child and family after the child has left care; arranging for a medical examination if necessary or if requested by the child or family; and ensuring that the child and caregiver have the opportunity to discuss the transition.
- (b) that MCFD staff coordinate and monitor the transition from care to placement with parents or other out-of-care placement, ensuring that the child has all of his or her belongings; that the child and/or person assuming care have all necessary documentation and information; that the child and/or the person assuming care have information about the reinstatement of health care coverage; and, if applicable, that the person assuming care has been provided with information about application for or reinstatement of the Child Tax benefit.
- (c) that all youth in care are supported in developing self-care and independence skills.
- (d) that a youth's capacity for successful living in the community is assessed with the participation of others involved in the youth's plan of care.
- (e) that, prior to leaving care, a youth is provided with appropriate information and support in obtaining the necessities noted in the Standard Statement.
- (f) that, prior to leaving care, a youth is assisted in obtaining identification and personal records, and with information on how to request access to his or her files.

- this critical measure was applicable to 1 file and was 100% compliant

12) Supervisory Approval

CRITERIA

The Child Service file contains documentation of supervisory approval:

- (a) When placing a child;
- (b) When reuniting a child with his or her family;
- (c) When transferring responsibility for or ending services;
- (d) When a child's plan of care is developed;
- (e) when child's plan of care is reviewed.

- This CM was applicable to all files audited 6 of the files were compliant. The one remaining file had no documentation to indicate that the supervisor had been consulted and no TL signature on the SNA.

Additional Comments:

Practice Strengths: Areas of high compliance

The overall rating of 78.8% does indicate strength in practice. Some of the files reviewed had thorough documentation. It was indicated by documentation that the social worker knew the child, saw the child, and was involved in planning for the well being of the child.

The files indicated that the TL is consulted and is part of the decision making. The files were well organized, documentation when available was easy to locate.

Areas for Improved Practice:

Practice would be improved if the files with non-compliance had current recordings, especially plans of care and documentation to show when social workers had contact with the children.

In addition it is important to consider the wisdom of doing a family social and medical history early on when a child does come into care. Much needed information can be over looked or never able to be obtained by the delay in getting crucial family medical and social histories.

Areas for Improved practice in all file types.

For many files this auditor found that improved documentation would better indicate the "Best Practice" occurring for children in care and the Families that we serve.

As discussed with some administrative support staff putting the current court order, court documents, the intake that brought the child into care and the original birth certificate in plastic sleeves on the current volume of the file is very helpful. It would assist with the current and timely planning for children in our care.

Prepared by:
Frankie Williams
Regional Auditor
October 31, 2005

11) RECOMMENDATIONS

Draft Recommendations: Salmon Arm (DHD) Audit

On December 5, 2005 Members of the regional senior management team, the team leader for DHD and the auditor met through a conference call. The practice issues identified through the audit were discussed and recommendations for addressing the issues were established.

1) The Director of Operations, Interior Region, will develop and implement along with the Community Services Managers a formal tracking system to be used by all offices in the Interior Region. Team Leaders will ensure that ongoing formal tracking of intakes, investigations, family service and services to children in the care of MCFD will be underway by the end of this fiscal year. The Director of Operations will expect all offices to have a formal tracking system in place 90 days after the February meeting of the

CSMs. The Director of Operations will advise the Director of Child Welfare within the 90 days which tracking system is being used and any other progress to date.

2). The Community Services Manager will advise the Director of Child Welfare directly when the Team Leader for DHD has implemented the tracking system. This will be done within 60 days after the approval of a formal tracking system for the region.

3) The Community Services Manager for the North Okanagan has actively involved the Team Leaders and the Guardianship Social Workers in the development of a Guardianship Network Project. A forum is scheduled for March 1,2005. The CSM will advise the Director of Operations and the Director of Child Welfare the outcomes of this forum and the implications for improved practice.

4) The Team leader of DHD will review with each Social Worker the current contact with their children in care. A BF system will be developed to ensure that all children in care are aware of and have been explained their rights and that their rights are being reviewed. CIC Service Standard # 6. Social Workers will be encouraged by the Team Leader and the Community Services Manager to begin using this BF system. The Community Service Manager will advise the Director's Office within 30 days of receiving these recommendations that this system is in place at DHD.

5) The Team Leader will discuss with the team the quality of contacts with children in care, the level of expected interaction and ensure that the Social Workers are aware of the child's current life experiences. It will be reported to the Director of Child Welfare by the Community Services Manager within 30 days of receiving these recommendations that this discussion has occurred, and that all children in care of DHD have had a visit alone and in private with their social worker within the last 90 days. Tracking of contact and services to children in care will make up part of the tracking system being developed by the Team Leader at DHD.

John Waters
A/Director, Child Welfare
Interior Region

Date

Frankie Williams
Auditor
Interior Region

Date

SECTION IV: APPENDICES

APPENDIX 1: DATA SUMMARY - CMAT CFS



Ministry of Children and Family Development
 Official Audits Summary Rating Sheet by Office - CFS
 For audits completed between 2005/Jul/31 ending 2005/Sep/15
 DHD, Salmon Arm Protection Svcs

Total # of Cases Audited: 26

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery CFS Service Standards #1 and #12	24	92.3%			2	7.7%	
2	When a Child is at Immediate Risk of Harm CFS Service Standard #11	11	84.6%			2	15.4%	13
3	Assessing a Child Protection Report and Determining the most Appropriate Response CFS Service Standard #12	22	84.6%			4	15.4%	0
4	Family Development Response CFS Service Standard #14	0	0.0%			0	0.0%	24
5	Determining the Time Frame to Begin an Investigation CFS Service Standard #16	16	88.9%			2	11.1%	6
6	Conducting a Child Protection Investigation CFS Service Standard #16	13	72.2%			5	27.8%	6
7	Seeing and Interviewing the Child and Family CFS Service Standard #16	14	77.8%			4	22.2%	6
8	Concluding a Child Protection Investigation CFS Service Standard #16	13	76.5%			4	23.5%	7
9	Concluding a Child Protection Investigation in a Timely Manner CFS Service Standard #16	11	68.8%			5	31.3%	8
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	9	75.0%			3	25.0%	12
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response CFS Service Standards #17 and #20	8	66.7%			4	33.3%	12
12	Notification of Facilities and Critical Injuries (Reportable Circumstances) CFS Service Standard #24	0	0.0%	0	0.0%	0	0.0%	24
13	Supervisory Approval	21	84.0%			4	16.0%	
	Total Applicable Indicators: 201 NA Ratings Not Included in Count	162	80.6%	0	0.0%	39	19.4%	118

= 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

Run Date: 2005/Oct/28 10:27AM

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APPENDIX 2: DATA SUMMARY - CMAT CIC



Ministry of Children and Family Development
Official Audits Summary Rating Sheet by Office - CIC
 For audits completed between 2005/Aug/01 ending 2005/Oct/01
 DHD, Salmon Arm Protection Svcs

Total # of Cases Audited: 7

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care <i>CIC Service Standard #1 and C&FS Standard #19</i>	4	57.1%	0	0.0%	3	42.9%	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	6	85.7%			1	14.3%	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	7	100.0%			0	0.0%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	3	50.0%			3	50.0%	0
5	Involving a Child and Considering the Child's View in Case Planning and Decision Making <i>CIC Service Standard #8</i>	7	100.0%	0	0.0%	0	0.0%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	3	42.9%			4	57.1%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	7	100.0%	0	0.0%	0	0.0%	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	5	71.4%	1	14.3%	1	14.3%	
9	When a Child is Missing or has Run Away (Reportable Circumstance) <i>CIC Service Standard #14</i>	1	100.0%			0	0.0%	6
10	Notification of Fatalities, Critical Injuries and Serious Injuries (Reportable Circumstances) <i>C&FS Standard #24</i>	2	100.0%	0	0.0%	0	0.0%	5
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	1	100.0%			0	0.0%	6
12	Supervisory Approval	6	85.7%			1	14.3%	
	Total Applicable Indicators: 66 NA Ratings Not Included in Count	52	78.8%	1	1.5%	13	19.7%	17

= 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

Director's Case Practice Audit – Salmon Arm (DHD)

Reviewed by the Assistant Deputy Minister - the following recommendation is being added to this report.

1. By May 31, 2006, the Community Services Manager will review with the Team Leader and staff the requirements and intent of the following child and family services standards and develop and implement a plan to increase compliance in these practice areas:
 - a. Conducting a child protection investigation (CFS Service Standard # 16)
 - b. Concluding a child protection investigation in a timely manner (CFS Service Standard # 17)
2. I would also like to suggest that you assist the Community Services Manager to establish an After Hours Protocol and Procedures.

Mark Sieben
A/Assistant Deputy Minister
April 4, 2006