

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
Interior Region
Summerland (DMU)

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DIRECTOR'S CASE PRACTICE AUDIT REPORT
NAME OF REGION
NAME OF OFFICE TEAM (CODE)

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SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT NAME OF REGION NAME OF OFFICE TEAM (CODE)

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

Geography/demographics: “*Summer weather forever*” was the claim of one of the founders of the municipality of Summerland. The claim was intended to entice prospective orchardists to the Okanagan Valley in the early 1900s. The community was located on the shore of Okanagan Lake, approximately 18 kilometers north of Penticton and 48 kilometers south of Kelowna. Even after one hundred years, the economy of Summerland continues to flourish based on its orchards, vineyards, and its fruit processing industry. Tourism and retail services also form the foundation of Summerland’s economy.

Approximately 12,000 people live in Summerland. 25% of the population is over 65 years of age. Another 25% of the population is between 45 and 64 years. Although the population of the area mainly consists of Caucasians, many other ethnic/cultural groups live in south Okanagan. There are approximately 800 registered first nations people from the Penticton Band living in the area (although the reserve is physically located in Penticton, it is serviced by the Summerland office). Approximately 300 of these band members live off the reserve, however, very few live in the Summerland community.

Very few public/social services are available to the residents of Summerland. MCFD is the last remaining provincial government office in the community. There is no public transit service from Summerland to Penticton (except for Handi-Dart) and a round trip taxi ride costs approximately \$25.

Youth justice services are provided at the Summerland office by a youth probation officer from the Penticton youth services office (DMP) on a weekly basis. Alcohol and drug services are provided in the high school by a contracted addictions program worker from Penticton. Mental health services are provided at the high school by a clinician from the child and youth mental health office (DKG) in Penticton once per week.

There is no family service centre in Summerland. Services such as special services to children, intensive family preservation, and supervised access are located in Penticton.

Summerland has limited medical services within the community (one walk in clinic), however, residents can access a range of general and specialized health resources is available to residents of the south Okanagan in Penticton. Penticton Regional Hospital has approximately 137 acute care beds. Pediatric services are available, however, there are no child/youth psychiatric services available through the hospital. Physicians in the south Okanagan have access to the Children’s Health Clinic (SCAN – suspected child abuse and neglect) in Kamloops.

The Summerland district office is located on the second floor of the Municipal Hall in downtown Summerland. The boundaries of the district extend north to Okanagan Lake Park (approximately 9 kilometers), south to Eckhardt Avenue in Penticton (which includes the reserve) and west to Faulder/Fish Lake Road (approximately 12 kilometers).

Service Delivery: The Interior Region covers three large areas of the province: Cariboo/Thompson, Shuswap/Okanagan, and 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 regional senior management team consists of a Regional Executive Director, a Director of Regional Operations, an acting Director of Aboriginal Services, and a Director of Child Welfare. Within the region there are six Community Services Managers and two Aboriginal Services Managers. The CSM for the south Okanagan is responsible for services offered by MCFD offices in Grand Forks, Oliver, Penticton, Summerland, and Princeton. The CSM for the south Okanagan is also the regional adoption manager.

1/ Residential Services : The resources team (DMK) is co-located with the Penticton CF&CS office (DMH). This resource team provides residential service to Summerland, Oliver, Penticton, Grandforks, and Princeton. This resource team contains one team leader and four resources social workers. The resource team is responsible for recruitment of foster homes, home studies, and placement requests, providing support to foster parents and managing issues within the foster home. According to the team leader in Summerland, the resources team has struggled with maintaining a full compliment of workers and that this has adversely affected their capacity to recruit and support placements throughout the south Okanagan

When a child requires a foster home placement the DMU social worker phones the duty resources worker and discusses the placement request with her. The DMU social worker provides her with a description of the child and his or her needs, the current circumstances requiring a placement and the anticipated length of time needed for the placement. The DMU social worker also forwards a referral document to the resources social worker which outlines specific issues related to the child and family and what the child may need for care (i.e., medications, allergies, routines, etc). Once this discussion has occurred the resource worker attempts to find a suitable placement for the child. Once this home is chosen the resources worker notifies the DMU social worker and DMU social worker then contacts the foster parent, arranges pre-placement visits where possible and places the child. In the past a resources worker would meets with the DMU team during regular team meetings to discuss placement issues and to provide updates on current placements, foster homes and recruitment. As noted previously, due to staffing issues, the resources team has not been able to continue attending these meetings on a regular basis.

The DMU office has access to the foster homes in Summerland, Oliver/Osoyoos, Penticton and if needed. There is also one residential, specialised resource home located in Oliver and Penticton. These homes are staffed resources that provide 24 hour staffed care to children with significant behavioural challenges/high needs. This resource can

provide care for up to two children and also contains an intensive outreach program component to work with families.

2/ Service Transformation: At the time of the audit, the south Okanagan was undergoing a significant change in its service delivery model. Although each community was going to retain a district office, the specialized investigation team (which had traditionally conducted new child protection investigations in all of the communities in the south Okanagan) was to be disbanded and a new aboriginal services office* created. In addition, a youth services office** was created which integrated CF&CS youth services with youth probation services. Each office in the south Okanagan would continue to be responsible for managing its own intake and child protection investigations on open files, however, workers from the Penticton office* would be responsible for doing child protection investigations in the greater Penticton area and workers from the Summerland office* would be responsible for conducting child protection investigations in Summerland, Oliver, Princeton, and protocol investigations in Grand Forks.

* One social worker from the Summerland office was moved to the new aboriginal services office. The former specialized investigation team consisted of six social workers – three were moved to Penticton, two to Summerland, and one to the aboriginal services team.

** Two social workers from the Penticton CF&CS team (DMH) were moved to the youth services office (DMP) these two workers are supervised by the team leader at DMH.

4. STAFFING

a) **Professional Staff Complement/Staff Turnover:** At the time of the audit staffing at DMU consisted of one team leader, five fully delegated social workers, and one admin support person. The office has continually struggled with maintaining a full compliment of social work staff due to several extended STIP leaves and transfers. Given that there is only one admin support person in the office, backfill has, at times, been problematic (particularly during peak vacation times when there are no admin staff from the Penticton MCFD office available to travel to Summerland in order to cover).

The office was at full compliment at the time of the audit.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
TL					
SW					
SW					

SW					

b) Current Workload

At the beginning of the audit caseload management reports were printed for each of the DMU caseloads. The overall number of open family service files was 35 and the overall number of open child service files was 48. The following is a listing of FS and CS files assigned by caseload.

DMU FS: 3 CS: 2
DMU FS: 1 CS: 5
DMU FS: 14 CS: 8
DMU FS: 3 CS: 10
DMU FS: 6 CS: 12
DMU FS: 8 CS: 11

5. STAFF TRAINING

a) Ministry Training Program	Team Leader	SW 1	SW 2	SW 3	SW 4	SW 5	SW 6
Child Protection Worker (core)							
Resources Worker							
Guardianship (core)							
Adoption (core)							
Clinical Supervision Level 1.							
Clinical Supervision Level 2							
Risk Assessment							
Advanced Risk Assessment							
Enhanced Neglect							
Cultural Awareness							
Integrated Case Management							
Investigative Interviewing							
FAS/E and NAS/E							
Looking After Children							
Substance Misuse							
Youth Alcohol & Drug							
Youth Suicide prevention							
Youth agreements							
District Supervisor module 1							

District Supervisor mod. 2							
Leading the Way							

6. SUPERVISION/CONSULTATION

At the time of this audit the supervision occurred as and when requested by the staff. Formal, scheduled supervision sessions had been attempted however, due to the unpredictable nature of the work and the lack of enthusiasm for formal supervision on the part of the staff these sessions did not continue. most of the supervision is driven by intake. staff continually consult on all active cases.

7. INTAKE AND TRACKING SYSTEMS

- a) **Investigations:** Prior to this audit, Summerland had two social workers designated to screen and respond to requests for service and child protection reports pertaining to families living in the Summerland area (although DMU is responsible for providing service to families living north of Eckhardt Avenue in Penticton, intake reports pertaining to these families were managed by the Penticton DMH team). New child protection reports requiring investigation were forwarded to the specialized investigation team in Penticton – DDC. Reports pertaining to open files at DMU were forwarded to the caseworker responsible for the file. As noted in other sections of this report the service delivery model in the south Okanagan was changing, The intake/investigation function for the south Okanagan/Similkameen (except greater Penticton) was going to move to two new workers in the Summerland office. At the time of this audit the team leader in Summerland did not have a tracking system in place for intake/investigations.
- b) **Family Development Response:** Staff have received training in Family Development Response, however, with the recent change in the service delivery model it was decided to postpone the implementation of FDR in the south Okanagan.
- c) **Ongoing Family Service and Child Service –**
supervision when requested by staff. There is no formal tracking system in place for ongoing family service and child service files. The team leader and staff believe that given the relatively small number of cases within the office and the frequency of informal consultations, that they are able to adequately track these cases.

8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

The members of the Penticton Indian Band belong to the Interior Salish First Nation. As noted previously there are approximately 500 registered first nations people from the Penticton Indian Band (PIB) living on the reserve which is located north of Eckhardt Avenue and therefore within the Summerland catchment area. The ministry has a protocol with the band that describes how child protection investigations will be jointly managed by MCFD and the band. According to the staff at DMU the protocol works well and they

have an excellent working relationship with the band social worker. The PIB offers an aboriginal education program on the reserve (Enowkin) which is available to aboriginal children in the Director's care. In addition the Friendship Centre in Penticton (Ooknakane) offers supports services to aboriginal families living off the reserve.

With the creation of an aboriginal services team in June 2005 child protection services to aboriginal people living on and off the reserve will now be managed by the new office.

SECTION III: AUDIT RESULTS

9. AUDIT SAMPLE

As noted in the terms of reference letter that was sent to the Community Services Manager and Team Leader in advance of this audit, a minimum sample size of between 20% and 25% of cases would be selected for audit. The Summerland office is responsible for receiving, assessing, and investigating reports of child maltreatment and receiving and assessing requests for family support services. In addition staff provide protective family services as well as guardianship services to children in the temporary and continuing care of the Director. According to the Summerland office's Caseload Management Report (CMR) there were 35 family service files and 48 guardianship files open at the time of the audit. Given the relatively small sample size the auditor selected 10 (29%) of the open family service files and 13 (27%) of the open guardianship files. There were 12 family services cases closed between December 2004 and June 2005. The auditor chose 3 (25%).

Where possible, a minimum of three files were selected from each social worker's caseload for audit .

It should be noted that the Critical Measures Audit Tool was not designed to give extensive feedback on open Intake Reports. Given this, "open assessments and investigations" are typically not included in the sample. As the Summerland office has an "intake" function, part of the work completed by workers in this office is not reflected in this report.

Current caseload management reports (CMR) of cases assigned to this office were identified on the Ministry computer system. Open cases were then randomly selected for review as follows:

DMU – 22 files: 5 files were selected for audit.

DMU - 19 files: 5 files were selected.

DMU * – 6 files: 2 files were selected.

DMU – 5 files: 3 files were selected.

DMU – 18 files: 5 files were selected

DMU – 13 files: 3 files were selected

*This is no longer an active caseload as the worker has transferred to another office.

Three files were randomly selected from the list of closed FS files at DMU.

10. CRITICAL MEASURES AUDIT RESULTS

A. CMAT CFS Narrative Summary

B. CMAT CIC Narrative Summary

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

NARRATIVE SUMMARY

Thirteen family service files were audited. Overall compliance to the child and family services standards was **70.1 %**. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

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 of the cases audited. Ten files contained documentation that met the above noted criteria. Of the three files that did not meet the criteria two did not indicate that the involvement of the Métis Society was solicited after a protection report was received and one file did not reflect that an adequate assessment was made at the time a call was received.

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 6 files audited. Of the six files, 4 had documentation reflecting the above criteria. Of the two files that did not meet the criteria the auditors believed that the report indicated that a child was at immediate risk of harm but that immediate action was not taken.

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 eleven of the files audited. Eight of the files had documentation that met the above criteria. The three files that did not meet the criteria exceeded the five day limit for conducting the initial assessment

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.

This critical measure was not applicable to any of the files that were audited.

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 seven of the files audited. Five files contained documentation that met the above criteria. Of the remaining two files it was the opinion of the auditors, based on the information that was documented that the time frame for beginning an investigation was longer than the circumstances warranted.

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: a 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.

This critical measure was applicable to seven of the files audited. Four (57.1%) files had documentation reflecting that the above criteria was met. It was the auditor's opinion that a thorough investigation was not completed in the remaining files. More specifically, in one case the investigation was terminated without, in the auditor's view, sufficient information to not complete an investigation, in other cases key collaterals were not interviewed and in one case a home visit was not made.

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 six of the files audited (note: although seven files contained investigations, one investigation was terminated before the children were interviewed and therefore this CM is n/a).

All (100%) files met the above criteria.

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.

This critical measure was applicable to five of the files audited (note: although seven files contained investigations, one investigation was terminated and one was still open at the time of the audit).

All (100%) of the files met the above criteria.

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 six of the files audited. Only one investigation was completed with thirty days. Three of the investigation were open beyond 90 days. One was open between 60 and 90 days, and one was open between 30 and 45 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 were implemented in a timely manner.

This critical measure was applicable to six of the files audited. Three files met the above criteria. The three remaining files did not have comprehensive risk assessments completed after the child was found in need of protection.

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 has 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.

This critical measure was applicable to six of the files audited. Four files contained documentation that met the above noted criteria. The remaining two files did not contain any documentation reflecting that risk was reassessed.

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 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.

This critical measure was applicable to only one case audited and it did not contain documentation that the Director (and others) were advised at the time of an attempted suicide.

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.

This critical measure was applicable to all thirteen cases audited. ***Twelve cases contained documentation that the team leader was consulted at the above noted points during the case.*** The auditor noted that in one case the team leader was not consulted in a timely manner at a critical point in a case involving a very vulnerable child.

Practice Strengths:

It is commendable that the workers interviewed children in all investigations. In addition it is notable that in all cases the conclusions made at the end of the investigations were supported by the information gathered during the investigation. Documentation indicates that the team leader involvement/consultation is very high. In addition, apart from two incidences when the Métis association was not contacted when a protection report was made, the documentation reflecting screening and the best approach to service delivery is also very good.

Areas For Improved Practice:

The audit identified a number of areas requiring strengthening. These included critical measure #6 (conducting a child protection investigation), CM#9 (concluding the investigation in a timely manner), and CM#10 (developing and implementing a plan to keep a child safe – comprehensive risk assessments). Regarding CM #6 the auditors did not identify an issue that was consistently present. In some cases investigations were (in the auditor’s view) incomplete because key collaterals had not been contacted and in another because a home visit was not completed. Regarding CM#9 the auditors did not find a persistent issue that was affecting staff’s ability to complete investigations within 30 days.

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

NARRATIVE SUMMARY

Thirteen (13) child service files were audited. Overall compliance to the child service standards was **60.7 %**. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

1. Preserving the Identity of an Aboriginal Child in Care

CRITERIA

The Child Service file:

- (a) indicates whether or not the child is Aboriginal.
- (b) 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.
- (c) 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 of the files audited. All files met the above noted criteria. Each of these files had documentation indicating that the child was of first nations descent. There was substantial documentation on several files which reflected attention to cultural planning.

2. Assuming Responsibility for a Child in Care

CRITERIA

The Child Service file:

- (a) contains a 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.

This critical measure was applicable to all of the cases audited. Eleven of the files (84.6%) met the above noted criteria. In both of the cases that were non-compliant there was a lack of documentation pertaining to why the child(ren) came into care and/or the child(ren)'s history.

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.

This critical measure was applicable to all of the cases audited. Nine files had documentation that reflected compliance to this critical measure. Of the three cases that were non-compliant one had a safety related report that was not adequately assessed/investigated and two cases had no documentation describing why the home was chosen for the child or how the home would address the child's needs.

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.

This critical measure was applicable to all of the cases audited. Less than half (6) of the cases had documentation that the child's rights had been explained/reviewed with the child or, in the case of a very young child, someone who has a significant relationship with the child.

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 applicable to all of the files audited. Six of the cases had documentation reflecting compliance to the critical measure. One file was partially compliant and six did not have documentation reflecting that the child has had input into the plan (it should be noted that the auditor looked for evidence of input from worker notes, file recordings, and plans of care).

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 90 days, and whenever there has been a change in placement, social worker, or other significant circumstances

This critical measure was applicable to all of the files audited. Only 5 files had documentation that the children had been seen at a minimum of once 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 applicable to all of the files audited. All of the files met most of the above noted criteria. Eleven were fully compliant and two were partially compliant as a result of minimal documentation.

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 for over 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 behavioural 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.

This critical measure was applicable to all of the files audited. Only three of the files had documentation reflecting that an assessment of needs and a plan of care was conducted/developed and reviewed within the time frames defined by the standard. One of the files had a plan, however, it was outdated. Nine of the files had plans of care that were at least one year old (with most being over two years old) and no reviews of the plan on file.

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 critical measure was applicable to only one file audited. The documentation in that file did not meet the above noted criteria (please note: although excellent steps had been taken to locate the child a "reportable" was not completed).

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 two cases audited. In one case a "reportable" was completed and in another it was not.

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 two cases audited. Both cases had documentation that reflected compliance to the above noted criteria.

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 critical measure was applicable to all of the cases audited. Seven cases had documentation that reflected that the team leader had been consulted during critical decision points in the file.

Practice Strengths:

Two areas in particular stand out as strengths. These are critical measures #2 (assuming responsibility for a child in care) and CM #7 (meeting a child's need for stability and continuity of lifelong relationships). The auditors noted that on most files there are records reflecting that the worker has knowledge about the background of a child and that court orders/agreements are current. In addition, in most files there is documentation that good efforts are made to preserve children's connection to people who are significant in their lives. In addition to the above, the audit reflected strength in the areas of CM#3 (ensuring the safety of children in care) and CM#11 (planning for children leaving care). Records indicate

that in most cases children are placed in homes that can meet their needs and that reports pertaining to their safety are acted upon appropriately. CM#11 was relevant to two of the cases audited and in both cases (100%) there was documentation reflecting adequate planning for the children leaving care.

Areas For Improved Practice:

There were several areas which the audit identified that required strengthening. In particular were critical measures #4 (ensuring the rights of a child in care), #6 (maintaining contact with children in care) #8 (assessments and planning for children in care), and #12 (supervisory approval). In each of these areas there was little documentation on file to indicate that the standards were being met. In most cases it would be possible to remedy this by noting visits with children in worker notes, by noting when rights were explained/reviewed in worker notes or in CPOCs, by completing and updating CPOCs as required by policy, and by making note of TL consultations in worker notes or other areas such as a tracking system (as noted in other sections of this report there is currently no formal tracking system in this office).

Prepared by:
Brendan Flynn
Manager, Audit and Case Review
Interior Region
September 12, 2005

11. AUDIT RECOMMENDATIONS

On December 9, 2005 members of the regional senior management team, the team leader at DMU, and the two auditors convened in a teleconference during which practice issues identified by the audit were discussed and recommendations for addressing the issues were proposed.

It should be noted that the south Okanogan has been in the process of reorganizing its service delivery model since the time of the audit. As of February 1, 2006 the Summerland office (DMU) will be responsible for non-aboriginal intake, investigations, protective family service, support services to families, youth services and guardianship of children and youth in the temporary and continuing custody of the Director within the geographical boundaries noted in the audit report. There has been some changes in district office personnel, however, the current team leader will remain at DMU.

The Regional Director of Operations expects that all CSMs will ensure that tracking systems are in place within all offices by the end of the fiscal year. The Community Services Manager has been actively working with the Team Leaders in the South Okanogan to develop a tracking system for intake, investigations, family service, and guardianship files. References made to

developing a tracking system within these recommendations reflects and respects that this work is currently underway.

- 1) Within 90 days of receiving these recommendations, the team leader will review all of the individual case audit reports (of the files that remain in her office), to ensure that action items identified by the auditors are completed by the case workers. The team leader will advise the CSM when this review has been completed and the CSM will advise the Regional Director of Child Welfare when this task has been completed.
- 2) Within 90 days of the completion of this report the regional manager for audit and case review will re-audit four files that were transferred to the newly formed Penticton aboriginal services team (DWG). The auditor will only re-audit critical measure #1 (preserving the identity of children in care) as it has been revealed that there was material that was not made available to the auditors which could reflect compliance in this area on those four files. The manager will report the findings to the Regional Director of Child Welfare, Community Services Manager of Aboriginal Services, Deputy Director of Aboriginal Services, and the Team Leader at DWG.
- 3) By March 31, 2006 the Community Services Manager will advise the Regional Director of Child Welfare and the Regional Director of Operations that the Team Leader at DMU has implemented a system for tracking intakes, investigations, family service, and guardianship files. More specifically:
 - a) the Team Leader will develop and implement as part of a tracking system a format for documenting that all the essential steps in an investigation have been taken and that necessary Team Leader consultation has occurred.
 - b) the Team Leader will develop and implement as part of a tracking system a format for documenting when children/youth have been seen alone and apart from their caregivers, when their rights have been reviewed, and when plans of care have been developed and reviewed. In addition this format will reflect when consultation has occurred at critical decision points during the child/youth's time in care (i.e. placement, moves, reportable circumstances, conclusion of court orders, etc)
 - c) the Team Leader will advise the CSM when this format has been developed/implemented and the CSM will advise the Regional Director of Child Welfare when this task has been completed. The CSM will provide the Regional Director of Child Welfare with a copy of the format used for tracking.
- 4) Within 30 days of receiving these recommendation the Team Leader will begin scheduling supervision sessions with each staff and that the format of these supervision sessions will be consistent with the Interior region reflective supervision model. The Team Leader will advise the CSM of the schedule and the CSM will advise the Regional Director of Child Welfare when this task has been completed.
- 5) Effective immediately the Team Leader will remind all staff that Comprehensive Risk Assessments and Risk Reduction Service Plans must be completed on all family services

files where there has been a finding that the child is in need of protection. In addition, effective immediately the Team Leader will advise all staff that a Comprehensive Risk Assessment must be completed within 45 days of the conclusion of the investigation and that a Risk Reduction Service Plan must be completed within 15 days of the completion of the CRA. The Team Leader will advise the CSM that this expectation has been explained to staff. The CSM will advise the Regional Director of Child Welfare that this task has been completed on or before March 31, 2006.

Recommendations developed by:

- Nancy McComb: Director of Regional Operations
- John Waters: Deputy Director of Child Welfare
- Bob Pelling: Deputy Director of Child Welfare, Aboriginal Services
- Carman Elduayen: Team Leader
- Rod Barrett: Community Services Manager
- Frankie Williams: Auditor
- Brendan Flynn: Manager of Audit and Case Review

John Waters
A/Regional Director of Child Welfare

Date

Brendan Flynn
Manager of Audit and Case Review

Date

SECTION IV: APPENDICES - AUDIT DATA SUMMARIES

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



Ministry of Children and Family Development
 Official Audits Summary Rating Sheet by Office - CFS
 For audits completed between 2005/Jan/01 ending 2005/Dec/31
 DMU, Summerland Team

Total # of Cases Audited: 13

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery CFS Service Standards #1 and #12	10	76.9%			3	23.1%	
2	When a Child is at Immediate Risk of Harm CFS Service Standard #11	4	66.7%			2	33.3%	7
3	Assessing a Child Protection Report and Determining the most Appropriate Response CFS Service Standard #12	8	72.7%			3	27.3%	2
4	Family Development Response CFS Service Standard #14	0	0.0%			0	0.0%	13
5	Determining the Time Frame to Begin an Investigation CFS Service Standard #16	5	71.4%			2	28.6%	6
6	Conducting a Child Protection Investigation CFS Service Standard #16	3	42.9%			4	57.1%	6
7	Seeing and Interviewing the Child and Family CFS Service Standard #16	6	100.0%			0	0.0%	7
8	Concluding a Child Protection Investigation CFS Service Standard #16	5	100.0%			0	0.0%	8
9	Concluding a Child Protection Investigation in a Timely Manner CFS Service Standard #16	1	16.7%			5	83.3%	7
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	3	50.0%			3	50.0%	7
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response CFS Service Standards #17 and #20	4	66.7%			2	33.3%	7
12	Notification of Facilities and Critical Injuries (Reportable Circumstances) CFS Service Standard #24	0	0.0%	0	0.0%	1	100.0%	12
13	Supervisory Approval	12	92.3%			1	7.7%	
	Total Applicable Indicators: 87 NA Ratings Not Included in Count	61	70.1%	0	0.0%	26	29.9%	82

= 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

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



Ministry of Children and Family Development
 Official Audits Summary Rating Sheet by Office - CIC
 For audits completed between 2005/Jan/01 ending 2005/Dec/31
 DMU, Summerland Team

Total # of Cases Audited: 13

	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>	13	100.0%	0	0.0%	0	0.0%	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	11	84.6%			2	15.4%	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	10	76.9%			3	23.1%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	6	46.2%			7	53.8%	0
5	Involving a Child and Considering the Child's View in Case Planning and Decision Making <i>CIC Service Standard #8</i>	6	46.2%	1	7.7%	6	46.2%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	5	38.5%			8	61.5%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	11	84.6%	2	15.4%	0	0.0%	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	2	15.4%	2	15.4%	9	69.2%	
9	When a Child is Missing or has Run Away (Reportable Circumstance) <i>CIC Service Standard #14</i>	0	0.0%			1	100.0%	12
10	Notification of Fatalities, Critical Injuries and Serious Injuries (Reportable Circumstances) <i>C&FS Standard #24</i>	1	50.0%	0	0.0%	1	50.0%	11
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	2	100.0%			0	0.0%	11
12	Supervisory Approval	7	53.8%			6	46.2%	
	Total Applicable Indicators: 122 NA Ratings Not Included in Count	74	60.7%	5	4.1%	43	35.2%	34

= 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 – Summerland Child & Family Services
(DMU)**

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 in care service standards and develop and implement a plan to increase compliance in these practice areas:
 - a. Ensuring the right of a child in care (CIC Service Standard # 6)
 - b. Developing and maintaining a meaningful relationship with a child in care (CIC Service Standard # 9)
 - c. Involving a child and considering the child's view in case planning and decision making (CIC Service Standard #8)
 - d. Assessing and planning for a child in care (CIC Service Standard # 11)

Mark Sieben
A/Assistant Deputy Minister
April 3, 2006