

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
Interior Region
Kelowna Aboriginal Services DWD

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Interior Region

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SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT Interior Region Kelowna Aboriginal Services (DWD)

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:

Kelowna is situated on the eastern shore of Okanagan Lake, 395 km east of Vancouver. Kelowna is the largest city in the south central Region of the Province of British Columbia.

Kelowna is well known for its hot summers and temperate winters and offers all the amenities of a "big city"

Kelowna is home to a General hospital that offers full medical services. At this time it does not house as one of its services a dedicated child wellness SCAN Clinic. The SCAN Clinic is situated in the Regional Hospital in Kamloops. While this clinic is a great asset for the Social Workers in the Interior Region it still requires an hours trip for the Kelowna Social Workers and their clients.

The Kelowna Aboriginal Services Team is located on the outskirts of the city of Kelowna and provides services to the Aboriginal population from Peachland to Oyama. The Aboriginal Reserve communities served belong to the Westbank First Nation. The largest of these Reserves is Tsinstikeptum no. 9 located on McDougall Creek, on the west shore of Okanagan Lake, 6 miles S.W. of Kelowna.

Demographics:

The population served by the Kelowna Aboriginal Team resides both on and off reserve. The largest population of Aboriginal people live off reserve and have their origins from many different bands, communities and provinces. No statistics could be located for the number of Aboriginal people living in the DWD service area. There are approximately, according to B.C. Stats, 10,325 Aboriginal people living in the Okanagan. It is estimated there are about 3,200 children under the age of 15 in this group. Census information was not available on the number of Aboriginal people living on the Westbank Reserves. There are 634 people registered to Westbank as of August 2005.

Westbank is part of the Okanagan Nation Alliance. There is no delegated Aboriginal child welfare agency that serves Westbank.

There is a Friendship Centre that offers services to Urban Aboriginal people and also Métis Community Services for the Métis residents. MCFD offers the only fully delegated services for Aboriginal people in the Kelowna area. The Team Leader of DWD says the majority of child protection investigations and Family Service/Children in Care files are for the Aboriginal folks living off reserve.

Service Delivery:

The Interior region covers three large areas of the Province of BC: Shuswap/Okanagan, Cariboo/Thompson and the East and West Kootenays. The Regional Office is located in Kamloops and there are sub regional offices in Kelowna and Nelson. At the time of this audit the Regional Sr. Management Team consists of a Regional Executive Director, a Director of Regional Operations, a Director of Child Welfare and Director of Aboriginal Services. Within the Region there are six Community Services Managers and two Aboriginal Services Managers. The Aboriginal Services Manager for the Okanagan is responsible for the Aboriginal services in Kelowna.

DWD is responsible for services to Aboriginal families and children in the Kelowna area of the Interior Region.

The Aboriginal Services Team Leader says she was hired to the position of Aboriginal Team Leader. There was a transition that happened over an 8 month period October/02 to May/03 and at that time all new staff formed the Aboriginal Services Team DWD. The team started with 100 FS and CS Aboriginal Services Files. In October of 2003 an acting TL took over this newly forming team. During this time there was more staff turn over at DWD. Currently the Team Leader and 5 Social Workers make up this team and all are fully delegated. DWD is co-located with DWC the Aboriginal Guardianship Team. These two teams work together to provide a continuity of service to Aboriginal children and their families in the Kelowna area.

Residential Services:

Residential services are provided through the Kelowna Resource Team. Obtaining aboriginal placements for children is very difficult, according to the DWD Team Leader, as there are few available. The Social Workers do look to the community, family and friends for placement of Aboriginal children.

4. STAFFING

a. Professional Staff Complement/Staff Turnover:

The Team Leader identified that for a year there has been significant staff turn over within the whole team. The administrative staff consists of an Acting Office Manager and one full time auxiliary OA2. There are 5 fully delegated Social Workers on the team.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Leader				Full	
Spo 24				Full	
Spo 24				Full	
Spo 45				Full	
Spo 24				Full	
Sw4				Full	

b) Current Workload

At the time of the audit the caseload management report (July 25, 2005) revealed the following distribution of work at DWD:

65 open CS files

65 open FS

17 FS files closed within the last 6 months

- DWD 13 CS/10 FS
- DWD 22 CS/06 FS
- DWD 09 CS/11 FS
- DWD 06 CS/10 FS
- DWD14 CS/14 FS
- **DWD 203 08/FS in process of being assigned to the above caseloads
- **DWD 03/FS carrying 3 files

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							
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 Community Development Family Violence Acute Trauma Stress							

6. SUPERVISOR CONSULTATION:

The Team Leader meets with each Social Worker once a week to go over their individual cases. The team meets once a week to a prepared agenda. Case discussion and distribution of cases occurs at that time.

the Social Workers are aware when consultation is required. This Auditor observed that case discussion/consultation happens frequently throughout the day.

7. INTAKE AND TRACKING SYSTEMS

- a) Investigations:
- b) Investigations are done by the Kelowna Investigation team DDB and are transferred to DWD at the completion of the investigation, or when a child is removed, after the presentation to court.
- c) There is ongoing open communication between the Team Leaders at DWD and DDB.
- d) A culturally sensitive practice is being applied at DWD and the investigations that require the specific skills and knowledge of an Aboriginal person are given to Social Worker DWD . It is recognized the approach will be different and that exceptions to policy and standards are required. This practice has approval of the Management Team.
- e) This approach is used when a report comes in concerning a situation at the Westbank Reserve. SW is the primary worker for the Reserve and she works in partnership with the Staff at Westbank. SW is spending time building relationships with the people of Westbank and believes this will lead to much better communication between MCFD and the Band.
- f) The Team Leader at DWD consults with SW and Team Leader DDB on these cases ensuring all the consultation points of an investigation have been met.
- g) **Family Development Response:** none audited

On Going Family and Child Services

- The five SWs on the DWD team are responsible for FS and CS services. When a child becomes Continuing Care status the file is transferred to the Guardianship Team-DWC.

The FS Team DWD is responsible for the Comprehensive Risk Assessments and for having the children's plans of care up to date.

there was confusion about the requirement to complete Comprehensive Risk Assessments.

it has been made clear to the team that CRAs must be done. There is a plan in place to bring the files up to date.

8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

This is an Aboriginal Services Team and it is recognized that the work must be accomplished with a culturally sensitive approach to practice. Family Group Conferencing is practiced as often as possible and includes as many family members as are available and willing to participate. Integrated Case Management is arranged very early on in the life of a case.

There is an "old" protocol in place with the Westbank Band and a new one that has been started but yet to be completed at the time of this audit. All members of the DWD Team and Community Service Team from Westbank Reserve were part of developing the protocol.

As mentioned previously, the primary Social Worker for the Westbank Band is SW . She works in partnership with the Band Delegate and Family Support Worker. She takes on as many of the cases and investigations as she can. If it is not possible for her to take a case she works closely with the SW who has conduct of the file.

SECTION III: AUDIT RESULTS

9. AUDIT SAMPLE

The terms of reference letter was sent to the Aboriginal Services Manager and Team Leader prior to the initiation of the Kelowna Aboriginal audit. It explained that an audit sample size 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 were 65 open FS files, 14 selected to audit and 65 open CS files, 14 selected to audit. There were 17 closed FS within the last 6 months and 4 selected to audit. A random selection was chosen from the open files on individual caseloads at approximately 20% of the FS Social Worker caseloads.

The individual cases were selected as follows:

- DWD 299-5 files: 3 CS---2 FS open
- DWD 204-9 files: 2 CS---4 FS open---3 closed
- DWD 244-5 files: 3 CS---2 FS open
- DWD 222-5 files: 2 CS---3 FS open
- DWD 255-7 files: 4 CS---2 FS open ---1 FS closed
- DWD 203-2 files: 0 CS---1 FS open ---1 FS closed

In selecting the files the Auditor attempted as random a selection as possible and took into consideration caseload size and area of responsibility. Throughout the audit process it became necessary to make some changes to the files selected because of the “ongoing” nature of child protection work.

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

19 Investigation and Family Service files were audited. Overall compliance to the family services standards was 78.9%. 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 files that were audited. 15 (78.9%) were compliant and 4 (21.1%) were non-compliant. In one file it seemed that the information was taken by one team and passed on to another for investigation ---there was a delay of about 6 days--- it seems that the two teams did not consult where there was possible sec. 13 concerns within the caller information. In another the information indicated an immediate response which didn't happen. In the remaining two files the

family was identified as aboriginal which required consultation with the Aboriginal Community and there is no documentation to indicate this occurred.

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 9 of the 19 files audited. Of these 7 were compliant and 2 non-compliant. In one the report was of a very violent incident, the safety plan was not adequate and was not assessed as an immediate risk at time of call. The other file indicated a child was left in a home where there was family violence and she ended up being assaulted. The safety plan was not supported by documentation.

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 19 files. 16 (84.2%) were compliant and 3 (15.8%) were non-compliant. On two files the response decision was over 5 days.

● On the other despite the child (and her mother) disclosing that a person in her home physically assaulted her it was 3 days before she was seen by the social worker. Documentation indicated that a protection response was indicated.

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.

- No cases to audit 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 19 files.13 (72.2%) of the files contained documentation to support the decisions for the time frame chosen and to indicate the SW responded in that time frame.
- Of the 5 (27.8%) that did not meet the criteria all files indicated that there was a delay in beginning the investigations.

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, has 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.

- This critical Measure was applicable to 18 of the 19 files audited. 11(61.1%) of the files met the above criteria and 7(38.9%) did not.
- In 4 of the files there is no indication that the children were interviewed;
- in 2 files the home living situation of the child was never seen:
- in one the aboriginal community was not included in the investigation
- In another the father of the child was never interviewed.

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 of the 19 files audited.
- 13 (72.2%) had documentation supporting the criteria while 5(27.8%) did not.
- Of the 5 that were rated non-compliant the children were not interviewed in 4
- Of the one remaining one of the parents was 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.

This critical measure was applicable to 18 of the 19 files audited. 17(94.4%) of the files met the criteria and 1(5.6%) did not.

In the one file that did not meet the criteria the number of steps omitted indicates that the investigation should not have been concluded.

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 18 of the 19 files audited. 12(66.7%) were compliant and 6(33.3%) were not. Of the 6 noncompliant
- 4 ---were 31 to 45 days
- 1 ---was 61 to 90 days
- 1 ---was 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.*

- 14 of 19 files audited were applicable to this critical measure. Of the 14, 7 were compliant and 7 were rated noncompliant.
- Cases rated compliant had documentation that an assessment and a plan to keep the children safe had been developed with the family and other significant individuals.
- The 7 cases that were noncompliant had documentation that indicated the children were in need of protection and the Risk assessment and plan was not completed or not current.

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).

- This Critical Measure was applicable to 9 of the 19 files audited. 2 (22.2%) of the files were compliant and 7(77.8%) were noncompliant.
- The two compliant files contained a current review assessment.
- Of the 7 noncompliant files none had a CRA completed and no RRSP was ever completed
- On 2 of the files the children had been returned home and no documentation/RRSP to indicate how this decision was made.
- On 2 of the files there is no documentation to show if any follow up occurred with the family

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.

● 0 files were applicable to this critical 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.

- This critical measure was applicable to all 19 files. Of these 15 were compliant and 4 noncompliant
- Of the 15 compliant files there was documentation to indicate that the Supervisor had been consulted and the Supervisor's signatures was on file.
- Of the 4 non compliant files there was inadequate documentation to indicate that supervisor consult and approval for significant decisions had taken place.

Additional Comments:

Practice Strengths: Areas of high compliance

The following 2 Measures showed strength in practice:

Assessing a child protection report and determining the most appropriate response was supported by the documented information (84.2%)

The reasons for concluding a child protection investigation were well documented- (94.4%)

The following Critical Measures were in the medium high range: Screening and Best Approach to Service delivery, When a Child is at Immediate Risk of Harm, Determining The time Frame to Begin an Investigation, Seeing and interviewing the Child and Family, and Supervisory Approval.

Areas for Improved Practice:

The areas of assessments are of very low compliance. Developing and implementing a plan to keep a child safe and a re-assessment of risk are areas that require a focus to improve the practice. The lack of a comprehensive risk assessment and risk reduction service plan are reflected through this low rating. Along with this a number of files also lacked recording or a clear plan describing the protection services to the family which would make re-assessing the plan and risk to the children very difficult especially for a social worker new to the file.

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

NARRATIVE SUMMARY

15 Child Services files were audited. Overall compliance to the child service standards was 46.7%. 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

TheChild 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, and 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 15 of the files audited
- 9(60%) of the files were compliant, 2(13.3%) were partially compliant, and 4(26.7%) were non compliant
- Of the two partially compliant files the children have had some contact with family and their aboriginal community but no cultural plans exist on the files
- The four files that were not compliant there are no cultural plans in place and no documentation to indicate contact with the local aboriginal services/community

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.

- The critical measure was applicable to all 15 files audited. 8(53.3%) of the files were compliant and 7(46.7%) were noncompliant)
- Of the compliant files there is a copy of the current court order on file and documentation indicates the SW has an understanding of the child's history, needs and the family functioning.
- Of the noncompliant files the birth certificate for the child has not been applied for and the court documents are not current or not on file. The files have little or no documentation to indicate that the social worker has an understanding of the child's needs or knowledge of the family history and relationships.

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.

- The critical measure was applicable to all 15 files. 14(93.3%) were compliant and 1(6.7%) was noncompliant.
- On the compliant files documentation indicates that the child is placed in a resource that meets their needs and there is no indication of any safety needs that require intervention.
- The noncompliant file had no information to show where the children currently reside. The last address on file is from the August/03 snapshot and September/04 in the transferring summary.

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. 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 15 files audited. 8 (53.3%) of the files were compliant and 7(46.7%) were noncompliant.
- Of the compliant files documentation indicates that the SW has reviewed Section 70 rights with the child.
- Of the non compliant files the auditor was unable to determine from the file if the sec 70 rights had been reviewed 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 15 files audited. 4 (26.7%) were compliant, 1(6.7%) had partial compliance and 10(66.7%) were non compliant.
- Of the compliant files documentation indicates that the child and/or significant others were involved in planning and decision making.
- The one partial compliant file indicated that a brief plan of care had involved the infant's aboriginal community in planning but a CPOC and/or LAC are still to be completed
- On the 10 remaining non compliant files there was no documentation on file to indicate the child had been involved in planning. There was either no plan/CPOC or the plan was out of date.

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.

- This critical measure was applicable to 15 files. 2(13.3%) of the files were compliant and 13(86.7%) were rated as non-compliant.
- The 2 compliant files had documentation to indicate that the SW has regular contact with the child as per standards.
- In the other 13 files it could not be determined from the file if the SW had in person/private visits with the child as per standard or contact as otherwise required.

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 life long relationships.
- This critical measure was applicable to all 15 files. 9(60%) were compliant, 3(20%) had partial compliance and 3(20%) were found to be non-compliant.
 - The compliant files had documentation that indicated the SW makes an effort to support the child in ongoing contact with family and significant others and by

assuring the child has contact with his/her cultural community. Efforts were made to prevent delays in decision making.

- The partially compliant files had documentation to show that the children had contact with some family members but this factor does not seem to be fully explored. In one of the files there is a significant delay in planning for the child.
- In the non-compliant files there is no documentation to indicate that planning for stability and continuity of lifelong relationships has occurred.

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**

- This critical measure was applicable to all 15 files audited. 4(26.7%) were compliant, 3(20%) had partial compliance and 8(53.3%) were non-compliant.
- The 4 compliant files had a plan of care completed and documentation to show the child's medical needs are being attended to.
- The partially compliant files had documentation to show planning for the child and a brief plan of care for court purposes or a recently outdated CPOC.
- The non-compliant files had no CPOCs, no LAC and no CRA on file for the children. There was no written plan of care 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 not applicable to the files audited.

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 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.
- 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 not applicable to any of the files audited

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 2 of the files audited. 1 (50%) was compliant and 1(50%) was not compliant.
- Documentation on the 1 compliant file indicates the SW was taking steps to prepare the child for adoption.
- On the file that was non-compliant the child was returned to the parent's care and there is no documentation on file to indicate the steps taken to prepare the child and parent for the return.

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.

- The critical measure was applicable to all 15 files. 5(33.3%) of the files were compliant and 10(66.7%) were non-compliant.
- The 5 compliant files have documentation indicating the supervisor has been consulted and has signed approval as required.
- The 10 non-compliant files have no documentation that the social worker has consulted or sought approval as per: standards.

Additional Comments:

Practice Strengths: Areas of high compliance:

The area of practice that shows high compliance is ensuring the child's safety while in care.

Areas for Improved Practice:

Documentation on the child's file is an area that requires improvement and if accomplished would make for higher compliance throughout the file.

Two areas that show high non-compliance could change significantly if a brief note was added to the files. (CM 6 and CM 12)

The lack of documented planning and assessments for children in care offers the reader little insight into who the child is, what planning is in place for the child and the current risk if the child was to be returned to the care of their parents.

Frankie Williams

Auditor Name

October 20th 2005

Date of Report

11. Audit Recommendations

1) Within 30 days of receiving this report the Team Leader will ensure that the individual case audit reports are reviewed and that outstanding issues identified by the auditor are addressed. The Team Leader will advise the Aboriginal Services Manager when this task has been completed and the Manager will advise the regional Director of Child Welfare.

2) The Team Leader and DWD staff will identify all files requiring a Comprehensive Risk Assessment and Risk Reduction Service plan. A strategy and timeline for completion of the assessments will be developed. The Aboriginal Services manager will advise the Director of Child Welfare and the Director of Operations within 30 days of the team's plan for completing the assessments. The Aboriginal Services Manager will update the Director of Child Welfare and the Director of Operations every 30 days after the initial report to advise of progress until the backlog of Comprehensive Risk Assessments and Risk Reduction Service Plans have been completed.

3) To address the lack of information on both FS and CS files the Team Leader will format a list of the required documentation, recording what has been completed to date and noting the work still to be documented. A time frame for completing the outstanding work will be developed. This will be sent with the list to the Aboriginal

Services Manager by the Team leader within 30 days of receiving these recommendations. The Aboriginal Services manager will send the information to the Director of Operations and the Director of Child Welfare.

4) The Aboriginal Services Manager and DWD Team Leader will discuss with the Community Services Manager and the Intake Investigation Team Leader the file format and procedures used when transferring files between teams. The existing practice or protocol will be reviewed and measured for effectiveness. The Child Protection Consultant could be used to assist with the process. Any changes from the existing practice will be brought to the teams for discussion and approval. The Aboriginal Services Manager will advise the Director of Operations and the Director of Child Welfare of the file transfer procedure/protocol within 60 days of receiving this report.

5) A staffing strategy will be developed by the Director of Operations, the Aboriginal Services Manager and the Team Leader. The strategy will address the backlog of assessments and other required file documentation and identify what is needed to assist the team to complete the required recordings. The Director of Operations will advise the Director of Child Welfare of the staffing strategy within 60 days of signing off the audit report.

Recommendations developed by:

Nancy McComb – regional Director of Operations
John Waters – a/regional Director of Child Welfare
Bob Pelling – Deputy Director of Aboriginal Services
Patti Toleman – Aboriginal Services Manager
Frankie Williams – regional Auditor
Rachel Stoodley – Team Leader
Brendan Flynn – Manager, Audit and Case Review

Date: February 7, 2006

SECTION IV: APPENDICES - AUDIT DATA SUMMARIES

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

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	
1	Screening and Best Approach to Service Delivery CFS Standard #1	15	78.9%			4	21.1%	
2	When a Child is at Immediate Risk of Harm CFS Standard #11	7	77.8%			2	22.2%	10
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	16	84.2%			3	15.8%	0
4	Family Development Response CFS Standard #14	0	0			0	0	19
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	13	72.2%			5	27.8%	1
6	Conducting a Child Protection Investigation CFS Standard #15	11	61.1%			7	38.9%	1
7	Seeing and Interviewing the Child and Family CFS Standard #15	13	72.2%			5	27.8%	1
8	Concluding a Child Protection Investigation CFS Standard #16	17	94.4%			1	5.6%	1
9	Concluding Investigation in a Timely Manner CFS Standard #16	12	66.7%			6	33.3%	1
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	7	50%			7	50%	5
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	2	22%			7	77.8%	10
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24	0	0	0	0	0	0	19
13	Supervisory Approval C&FD Standard on Supervisory Approval	15	78.9%			4	21.1%	
Total Applicable Indicators:179		128	71.5%	0	0	51	28.5%	68

**B. CRITICAL MEASURES AUDIT –CHILDREN IN CARE (CMAT-CIS)
DATA SUMMARY**

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	9	60.0%	2	13.3%	4	26.7%	
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	8	53.3%			7	46.7%	
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	14	93.3%			1	6.7%	
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	8	53.3%			7	46.7%	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	4	26.7%	1	6.7%	10	66.7%	
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	2	13.3%			13	86.7%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	9	60.0%	3	20.0%	3	20.0%	
8	Assessments and Planning for a Child in Care CIC Service Standard #11	4	26.7%	3	20.0%	8	53.3%	
9	When a Child is Missing or Has Run Away CIC Service Standard #14	0	0			0	0	15
10	Notification of Fatalities, Critical Injuries and Serious Incidents C&FS Standard #24	0	0	0	0	0	0	15
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16	1	50%			1	50%	13
12	Supervisory Approval C&FD Standard on Supervisory Approval	5	33.3%			10	66.7%	
Total Applicable Indicators: 137		64	46.7%	9	6.6%	64	46.7%	43

ADDENDUM

Service Transformation –the team of DWD is focused on providing a culturally sensitive practice. All team members are involved with the West Bank 1st Nations Social Development Team in writing a protocol to guide the work.

Service Issues ; A key issue for this team is the staff turnover that has occurred over the past 2 years. Team building is still in process. Another key issue at the time of the audit was that DWD had no cell phones. The caseload is heavy and there is a concern that the team does not have the capacity to do an immediate response. One of the social workers that came to the team came with a caseload and the back up that was to be provided never arrived.

***Director's Case Practice Audit – Kelowna Aboriginal Services -
DWD***

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

1. The Regional Director of Child Welfare re-audit the office by December 31, 2006.

Mark Sieben
A/Assistant Deputy Minister
May 8, 2006