

CASE PRACTICE AUDIT REPORT

Mackenzie Child and Family Services (QGJ)

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

North Region

Director of Child Welfare

Field Work Completed: February 20, 2006 – March 03, 2006

Report Completed: March 14, 2006

**CASE PRACTICE AUDIT REPORT
Mackenzie Child and Family Services (QGJ)**

TABLE OF CONTENTS

SECTION I: INTRODUCTION

- PURPOSE
- METHODOLOGY

SECTION II: SERVICE DELIVERY

- COMMUNITY OVERVIEW
- STAFFING
- STAFF TRAINING
- SUPERVISION AND CONSULTATION
- INTAKE AND TRACKING SYSTEMS
- FAMILY SERVICE AND TRACKING SYSTEM
- CHILDREN IN CARE AND TRACKING SYSTEM
- SERVICES TO ABORIGINAL CHILDREN AND FAMILIES
- RESOURCES
- SERVICE TRANSFORMATION

SECTION III: AUDIT RESULTS

- AUDIT SAMPLE
- RESULTS: CLOSED FAMILY SERVICE
- RESULTS: OPEN FAMILY SERVICE
- RESULTS: CHILDREN IN CARE
- AUDIT RECOMMENDATIONS

SECTION IV: APPENDIX

APPENDIX 1: DATA SUMMARY CFS
APPENDIX 2: DATA SUMMARY CIC

SECTION I: INTRODUCTION

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 was conducted proactively by the Director's office in the North Region. Proactive audits of district offices providing child protection, guardianship, youth and non protective family services are systemically conducted according to a 3 year cycle. The North Region conducts case practice audits as an integral component of their quality assurance plan.

METHODOLOGY

The audit was conducted in accordance with the Case Practice Audit Methodology and Procedures Document (April 2004). The specific audit tool used in conducting this audit was:

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

The current critical measures tool (April 2004) included 13 critical measures for the Child and Family Service Standards and 12 critical measures for the Child Service Standards.

The audit of the Mackenzie Child and Family Service team was asked to include a minimum of 20-25% of open family service cases and a minimum of 20-25% of open child service cases.

The auditor conducted the fieldwork from February 20, 2006 to March 03, 2006. The auditor met initially with the team leader and the team to review the audit purpose and process. During this time the social workers were invited to identify files that reflected recent practice shifts e.g., Kith and Kin Agreements, Section 54.1 placements, Family Development Response and Alternate Dispute Resolution.

After the audit, the team leader, 1 social worker and the office manager were interviewed with respect to office systems, service delivery structure, and community resources.

Upon the completion of the audit the auditor met with the team leader and the team to provide an overview of the results, including general observations, patterns and themes that were identified. The individual case reports were provided to the team leader and the community service manager. The individual case reports are thorough and detailed highlighting the life of the case.

Files were audited based on documentation found on the physical files.

SECTION II: SERVICE DELIVERY

COMMUNITY OVERVIEW

The northern region is comprised of rural and urban communities with varying population size.

The QGJ team provides services to the area of Mackenzie, which includes as far east as Honeymoon Creek, as far west as Black Pine, as far south as McLeod Lake and as far north as Fort Ware.

The Mackenzie office serves 3 Aboriginal Bands. The following Bands are:

- McLeod Lake;
- Tsay keh Dene;
- Kwadacha (Fort Ware)

Mackenzie is a small community of approximately 5,200 people, in the heart of the forest industry. Mackenzie is the gateway to Williston Lake, created for the W.A.C. Bennett Dam on the Peace River. Mackenzie is located on Highway 39, only 29 km from Highway 97, placed at the base of the beautiful Omineca Mountain Range, and positioned within the Rocky Mountain Trench.

Identified social problems amongst the client group include physical and sexual abuse, domestic violence and alcoholism. The team leader reports that there has been an increase in parent teen conflict.

The north region's management structure includes the regional executive director, director of operations, director of child welfare, deputy director and the community service manager who administered the delivery of child protection services and oversees ongoing and integrated child and family service delivery.

STAFFING

The QGJ team consists of a team leader and 2 social workers. One of the social workers is a permanent worker assigned to the Mackenzie team and 1 of the social workers is on a temporary assignment from another office in the region. A full compliment consists of a team leader and 3 social workers.

Prior to the team leaders' assignment there was a temporary team leader from September 2004 to April 2005. Between 2001 and 2005 there were several acting team leaders. The Mackenzie office did not receive a permanent team leader until April 2005. The structure of the team model consists of an integrated caseload, which entails all functions including intake, on going protective family service, resources and guardianship to children and youth in care. The team leader manages the resource caseload. Both social workers and the team leader are fully delegated.

At the time of the audit the auditor did not review any protection files affiliated with 2 Aboriginal Bands as the Mackenzie office is in progress of transferring files to another protection team in the Prince George. A decision has been made by the community service manager to transfer all protection responsibilities from the communities of Fort Ware (Kwadacha) and Tsay Keh Dene. These communities often have closer relationships (including the Band offices) with Prince George. Many support services are also provided out of Prince George including youth probation, child and youth mental health and adult mental health. Teams are being developed to better support these communities.

The administrative support team consists of one Clerk 5 supervisor. The administrative staff is responsible for providing file management, opening and closing intakes, transferring files and correspondence. During the audit, the file room was well maintained and organized.

STAFF TRAINING

. Please see chart for additional information on staff experience and education.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Leader				Full Delegation	
Child Protection Social Worker (1)				Full Delegation	
Child Protection Social Worker (2)				Full Delegation	

performance appraisals on an annual basis.

The Ministry of Children and Family Development implemented a new learning management system to assist employees in managing their learning and development needs. The north region implemented the program in November 2004. The north region sponsored and promoted learning events that were of interest to the employees and that aligned with the priorities of the region's service delivery plan.

The learning management system project provided the north region with the e-learning infrastructure and the set of on-line tools. The key drivers behind the initiative were:

- (a) the expectation that all north region employees will prepare an employee performance and development plan (EPDP) on an annual basis; and
- (b) the expectation of increased financial accountability in the regions for managing educational resources.

The learning management system provided several benefits for the north region in the following areas:

- Employee and organizational learning linked to ministry and regional service plans, human resources planning initiatives, and the budgeting process;
- Consistent application of policies for training approval, eligibility, and reimbursement;
- Common work practices for educational planning;
- Improved tracking and more comprehensive reporting of employee development activities, including employee development histories; and
- Streamlined administrative procedures for managing learning activities across the Ministry.

In addition to the learning management system employees completed a survey in 2003 as the first step in a regional employee training and performance development plan. The purpose of the survey was to create a strategic plan to address employee and organizational training needs and performance evaluations. The survey highlighted a need to have a strategic plan and identified tremendous strengths within the region. The region had developed an initial project charter that looked towards a long-term goal of incorporating a balance between regional staff training needs and performance evaluations considering the needs of employees and the organization.

In the fall of 2005 the north region developed a Regional Educational Committee. The purpose of the committee is to develop recommendations for regional professional conferences, to develop initiatives and to encourage regional participation.

Ministry Training Program	Team Leader	SW 1	SW 2
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 module 2			
Leading the Way			

SUPERVISION AND CONSULTATION

The team leader provides supervision and clinical consultation with respect to the delivery of child protection.

supervision occurs on an ongoing basis. case by case supervision is provided as needed.

supervision occurs on a monthly basis. recently the monthly supervision has been missed due to

other workload demands.

once the transfer of files are completed and the social workers do not need to attend Fort Ware as frequent this will allow monthly supervision. during supervision several items are reviewed. These areas include: how the family came to MCFD attention, the service plan and the monitoring of the family.

If the team leader is away from the office for a short period then he is available by cell.

The team leader plans to arrange for an acting team leader.

The team leader states that there is no regular scheduled supervision with the community service manager. The team leader reports that he will contact the community service manager to initiate supervision or ask questions. If concerns arise the team leader will contact the community service manager by email or phone. The nature of contact with the community service manager is either by telephone, email or in person. The community service manager has attended the Mackenzie office approximately 5 times over the last year to dealt with a variety of tasks.

INTAKE AND TRACKING SYSTEMS

Investigations

The intake function is managed by the 2 social workers on the team. The social worker who receives the call is responsible for the call. It was noted that this system has worked as the team is very cooperative. plans to implement a rotation schedule to ensure there is a balanced workload. The intake worker will take the caller's information and load it onto the MIS system. The intake worker screens, assesses, completes a prior contact check, and consults with the team leader.

The first assessment is made based on the history of the family and the nature of the report. It is the responsibility of the intake worker to manage the case until completion. If a decision has been made to manage the case as a protection file it is the responsibility of the worker to manage the file on an ongoing basis. The intake reports are tracked electronically as the QGJ social workers are consistent and proficient in the use of the MIS/CIS systems.

ONGOING FAMILY AND CHILD SERVICE AND TRACKING SYSTEMS:

Ongoing Family Service and Child Service:

tracks all family service cases and children in care xx

tracking has not been occurring on a regular basis due to other competing demands.

The social worker enters new admissions for children in care. It is the social workers' responsibility for tracking care plans and reviews. The electronic system provides a "to do" list that reminds the social worker that legal status and plans of care need to be updated.

The care plan meetings are held when required. all significant players in the child's life are invited to the care plan meeting. The social worker is responsible for contacting involved persons in the care plan meeting expectation that the child is given a booklet on his/her rights when taken into care.

SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

There are 3 Band within the Mackenzie area. The following names are:

- McLeod Lake
- Tsay Keh Dene
- Fort Ware (Kwadacha)

As noted earlier Tsay Keh Dene and Fort Ware will be serviced by a team in Prince George. Once the transfer is completed the Mackenzie office will be responsible for 1 Aboriginal community.

The following chart provided a breakdown of services provided to Aboriginal and Non Aboriginal people in the last 6 months.

Office QGJ Children in Care - September 2005 to February 2006							
Aboriginal Status	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Feb-06	Average
Aboriginal	24	22	22	22	18	17	20.8
Non-Aboriginal	8	8	6	6	7	5	6.7
Total	32	30	28	28	25	22	27.5

Office QGJ Open FS Files - September 2005 to February 2006							
Aboriginal Status	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Average
Aboriginal	42	41	40	30	28	18	33.2
Non-Aboriginal	27	30	33	33	34	27	30.7
Total	69	71	73	63	62	45	63.8

Office QGJ Open Protection Reports Recorded - September 2005 to February 2006							
Aboriginal Status	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Average
Aboriginal	13	7	12	6	4	4	7.7
Non-Aboriginal	7	5	6	6	5	5	5.7
Total	20	12	18	12	9	9	13.3

Office QGJ Open Total Intake Recorded - September 2005 to February 2006							
Aboriginal Status	Aug-05	Sep-05	Oct-05	Nov-05	Dec-05	Jan-06	Average
Aboriginal	13	7	13	6	7	4	8.3
Non-Aboriginal	8	6	6	7	5	7	6.5
Total	21	13	19	13	12	11	14.8

RESOURCES

Residential Resources

In the Mackenzie office the team leader is responsible to recruit, approve and support placements. The QGJ team accesses the team leader when required. Once the team leader locates an available home, the child's worker assumes responsibility for placement and for providing the caregivers with essential information (referral form or copy of snapshot) about the child. there are very little resources available in Mackenzie.

The team leader reports that new homes are recruited by

word of mouth from current foster families and also by advertising. The team leader has monthly meetings with the foster parents and a representative of the foster parent association. The purpose of the meeting is to support the foster parents and deal with issues.

The QGJ team has access to regional resources in Prince George or other areas of the region.

Non Residential Resources

The Ministry has a number of contracts with Mackenzie counselling services for support services to the community. The following programs are:

- Infant Development;
- Supported Child Development;
- Family Development;
- Child/Youth support, and Mental Health services;
- The child and youth mental health contract with Mackenzie counselling services is designed to provide both adult and child/youth services.

The school district provides Aboriginal liaison workers, counsellors and a school psychologist.

SERVICE TRANSFORMATION

Recently, the Ministry has transferred Child Protection responsibility for the communities of Tsey Kay and Kwadacha to Prince George. These communities often have closer relationships (including the band offices) with Prince George. Many support services are also provided out of Prince George including youth probation, some Child and Youth Mental Health and adult Mental Health. Teams are being developed to better support these communities.

SECTION III: AUDIT RESULTS

AUDIT SAMPLE

The audit of the Mackenzie Child and Family Service Team (QGJ) included a minimum of 25% of the number of child protection intakes closed between September of 2005 and February of 2006 (6 months); a minimum of 20-25% of open Family Service cases; and 20-25% of open Child Service cases.

Caseload Management Reports were printed from the MCFD computer system prior to the commencement of the audit and used to arrive at a sample number. The Case Management Report recorded 43 open Family Services cases (this number included

open intakes and the cases that are being transferred to the Prince George protection

team). Eight open Family Service cases were audited representing 88% of 11 open ongoing Family Service cases. In the last 6 months 49 family service cases were closed. Twelve out of the 49 family service cases were audited representing 25% of the closed files in the last 6 months. Six out of 21 open Child Service cases were audited, representing 25% of open Child Services cases.

The Child Service sample is representative of cases involving Temporary Custody Orders and Continuing Custody Orders.

Family Service and Child Service cases represent a stratified sample.

RESULTS: CHILD AND FAMILY SERVICES: INTAKE FUNCTION

PRACTICE STRENGTHS:

Areas of high compliance included critical measures associated with screening and obtaining sufficient information from the caller to support an appropriate assessment. The auditor found screening and best approach to service delivery emphasized the importance of completing a careful assessment of calls and requests for services as the basis for informing decisions about services that may support and benefit the family. Screening took into account the family's and community's strengths, needs, culture, and beliefs to strengthen their capacity to safely care for their children.

Aboriginal bands were identified within the files and efforts to contact, consult and notify Aboriginal agencies were well documented.

Intakes and supervisory consults were clearly documented.

A high compliance was found within the critical measure (CM3) associated with *Assessing a child Protection Report and Determining the Most Appropriate Response*.

AREAS FOR IMPROVED PRACTICE:

There was a small number of cases reviewed that were coded as an investigation and all of the steps were not completed. The auditor found that both parents were not being interviewed, the home environment was not always being observed and key collaterals were not always documented. It is preferred practice to complete all the steps of the investigation in order to support an accurate finding.

One file was flagged for follow up as a thorough investigation was not completed resulting in a premature closure.

Compliance Ratings Per Measure For Closed Family Service Cases

1. Screening and Best Approach to Service Delivery

The auditor looked for documentation which demonstrated the following: sufficient information was gathered and the family history was reviewed, requests for service were adequately assessed, services offered and/or provided were appropriate and an Aboriginal service provider or delegated agency had been contacted where applicable.

- Compliance was met in 11 of 12 cases for 92% compliance. Non compliance was found in 1 case where there was no evidence of contact with the Aboriginal service provider.

2. When a Child is at Immediate Risk of Harm

- Compliance was met in 1 of 1 case for 100% compliance.

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

The auditor looked for documentation that demonstrated that the worker had obtained and collected sufficient information to assess a report and determine the best child welfare response.

- Compliance was met in 12 of 12 cases for 100% compliance.

4. Family Development Response

- N/A

5. Determining a Time Frame to Begin an Investigation

Where a determination has been made to investigate the auditor looked for documentation determining that the time frame for beginning the investigation was appropriate to the report and confirmation that the investigation was initiated within the time frame specified.

- Compliance was met in 6 of 9 cases for 67% compliance. Non compliance was found in 3 cases where the investigation was not initiated within the time frame specified.

6. Conducting a Child Protection Investigation

This critical measure outlines many of the activities involved in an investigation. This includes that all relevant information relating to the report has been reviewed, including information from people/professionals who have relevant knowledge of the family and that the child's living situation has been directly observed. All of the above steps need to be completed for compliance.

- Compliance was met in 8 of 9 cases for 89% compliance. Non compliance was found in 1 case where the investigation was lacking key collateral checks and the home was not observed.

7. Seeing and Interviewing the Child and Family

This critical measure requires that the social worker interviews the subject child, siblings, parents, and the Aboriginal community involved if applicable. Each investigation includes at a minimum: seeing the child and all other vulnerable children in the home, interviewing the child and all other children in the home, where developmentally appropriate and with supports if necessary, and seeing and interviewing the parents. All of the above steps need to be completed for compliance.

- Compliance was met in 6 of 9 cases for 67% compliance. Non compliance was found in 3 cases where all family members were not interviewed.

8. Concluding a Child Protection Investigation

This critical measure requires the auditor to review whether or not the decision about the child needing protection is consistent with the facts that were gathered during the investigation and that all steps required to address the child's safety needs have been considered and implemented.

- Compliance was met in 6 of 9 cases for 67% compliance. Non compliance was found in 3 cases where the information collected through out the investigation was incongruent with the finding.

9. Concluding an Investigation in a Timely Manner

This critical measure requires that there is documentation that demonstrates the investigation was concluded within 30 calendar days. The documentation includes the sign off by the team leader.

- Compliance was met in 6 of 9 cases for 67% compliance. Non compliance was found in 3 cases where the investigation was not completed within 30 days.

10. Developing and Implementing a Plan to Keep a Child Safe

The auditor looked for documentation that reflected safety planning that occurred after there was a "finding" that the child was in need of protection. This plan should include an assessment of needs, risks, and strengths, review mechanisms, consider the child's need for stability and the participation of family in keeping the child safe. This would involve the completion of the British Columbia risk assessment.

- Compliance was met in 2 of 2 cases for 100% compliance.

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

The auditor looked for documented evidence that the plan to keep the child safe has been reviewed as appropriate with key players. (Risk Reduction Service Plan) In ending a Protective Family Service Response, the auditor looked for documentation that indicated an assessment had been completed that indicated the parents were able to keep the child safe without protective services.

- Compliance was met in 1 of 2 cases for 50% compliance. Non compliance was found in 1 case where there was no evidence of a risk reduction service plan.

12. Notification of Fatalities and Critical Injuries and Serious Incidents

- N/A

13. Supervisory Approval

The auditor looked for documentation that reflected consultation with supervisors or managers at all critical points: assessing reports, decision on a response, conducting and concluding an investigation, notifying police, determining a child's need for protection, developing an ongoing safety plan, the court process, removal of a child, placement of a child, reunification, transferring responsibility for or ending services and exceptions to policy.

Compliance was met in 12 of 12 cases for 100% compliance.

RESULTS: CHILD AND FAMILY SERVICES: ONGOING SERVICE FUNCTION

Practice strengths:

In general, files were well organized. The auditor was able to locate the selected files with ease.

The auditor examined 8 ongoing family service files. Of the 8 files 7 are being managed as ongoing protection files. There was 1 file that was being managed on a support basis.

High compliance (100%) was found in a number of critical measures:

- *(CM1) associated with Screening and Best approach to Service Delivery;*
- *(CM2) when a child is at risk of harm;*
- *(CM3) Assessing a Child Protection Report and Determining the Most Appropriate Response;*
- *(CM5) Determining a Time Frame to Begin an Investigation;*
- *(CM8) Concluding a child protection investigation.*

Areas for improved practice:

Low compliance was found in critical measures (CM10) associated with *Developing and Implementing a Plan to Keep a Child Safe (33%)* and (CM11) associated with *Reassessing a Plan to Keep A Child Safe and Ending a Family Service Response (33%)*. In some of the files audited, Comprehensive Risk Assessments and Risk Reduction Service Plans were not documented and documentation did not reflect that risk was reassessed when there was a significant change in the child or family's circumstances. In some of the cases Comprehensive Risk Assessments had not been completed at critical points during the case management process. However, it should be noted that where completed the auditor found that Comprehensive Risk Assessments were thorough and proper consideration and weight was given in assessing overall risk rating. As a result, the safety/support plans articulated in Risk Reduction Service Plans (RRSP) were very inclusive of the risk factors identified.

Four files were flagged for follow up for consideration of a risk assessment and a risk reduction service plan. There was a finding of protection in all 4 cases. Without a risk assessment and a risk reduction service plan it was difficult to capture the plan for the family.

Compliance Ratings Per Measure For Open Family Service Cases

1. Screening and Best Approach to Service Delivery

The auditor looked for documentation which demonstrated the following: sufficient information was gathered and the family history was reviewed, requests for service were adequately assessed, services offered and/or provided were appropriate and an Aboriginal service provider or delegated agency had been contacted where applicable.

- Compliance was met in 8 of 8 cases for 100 % compliance.

2. When a Child is at Immediate Risk of Harm

In reports where a child is at immediate risk of harm the auditor looked for documentation that adequate steps were taken to ensure the child's immediate health and safety, including a safety plan. If a child protection worker was not able to ensure that a child was seen immediately, the auditor would look for documentation describing alternative steps taken to ensure the child's immediate safety.

- Compliance was met in 4 of 4 cases for 100% compliance.

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

The auditor looked for documentation that demonstrated that the worker had obtained and collected sufficient information to assess a report and determine the best child welfare response.

- Compliance was met in 8 of 8 cases for 100% compliance.

4. Family Development Response

- N/A

5. Determining a Time Frame to Begin an Investigation

Where a determination has been made to investigate the auditor looked for documentation determining that the time frame for beginning the investigation was appropriate to the report and confirmation that the investigation was initiated within the time frame specified.

- Compliance was met in 7 of 7 cases for 100% compliance.

6. Conducting a Child Protection Investigation

This critical measure outlines many of the activities involved in an investigation. This includes that all relevant information relating to the report has been reviewed, including information from people/professionals who have relevant knowledge of the family and

that the child's living situation has been directly observed. All of the above steps need to be completed for compliance.

- Compliance was met in 5 of 7 cases for 72% compliance. Non compliance was found in 2 cases where the investigation lacked key collateral checks and the home was not observed.

7. Seeing and Interviewing the Child and Family

This critical measure requires that the social worker interviews the subject child, siblings, parents, and the Aboriginal community involved if applicable. Each investigation includes at a minimum: seeing the child and all other vulnerable children in the home, interviewing the child and all other children in the home, where developmentally appropriate and with supports if necessary, and seeing and interviewing the parents. All of the above steps need to be completed for compliance.

- Compliance was met in 5 of 7 cases for 72% compliance. Non compliance was found in 2 cases where all interviews were not completed.

8. Concluding a Child Protection Investigation

This critical measure requires the auditor to review whether or not the decision about the child needing protection is consistent with the facts that were gathered during the investigation and that all steps required to address the child's safety needs have been considered and implemented.

- Compliance was met in 7 of 7 cases for 100% compliance.

9. Concluding an Investigation in a Timely Manner

This critical measure requires that there is documentation that demonstrates the investigation was concluded within 30 calendar days. The documentation includes the sign off by the team leader.

- Compliance was met in 5 of 7 cases for 72% compliance. Non compliance was found in 2 cases due to a delay over 30 days.

10. Developing and Implementing a Plan to Keep a Child Safe

The auditor looked for documentation that reflected safety planning that occurred after there was a "finding" that the child was in need of protection. This plan should include an assessment of needs, risks, and strengths, review mechanisms, consider the child's need for stability and the participation of family in keeping the child safe. This would involve the completion of the British Columbia risk assessment.

- Compliance was met in 2 of 6 cases for 33% compliance. Non compliance was found in 4 cases as the auditor was not able to locate a risk assessment on file.

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

The auditor looked for documented evidence that the plan to keep the child safe has been reviewed as appropriate with key players. (Risk Reduction Service Plan) In ending a Protective Family Service Response, the auditor looked for documentation that indicated an assessment had been completed that indicated the parents were able to keep the child safe without protective services.

- Compliance was met in 2 of 6 cases for 33% compliance. Non compliance was met in 4 cases as the auditor could not locate a risk reduction service plan on file.

12. Notification of Fatalities and Critical Injuries and Serious Incidents

- N/A

13. Supervisory Approval

The auditor looked for documentation that reflected consultation with supervisors or managers at all critical points: assessing reports, decision on a response, conducting and concluding an investigation, notifying police, determining a child's need for protection, developing an ongoing safety plan, the court process, removal of a child, placement of a child, reunification, transferring responsibility for or ending services and exceptions to policy.

- Compliance was met in 6 of 8 cases for 75% compliance. Non compliance was found in 2 cases as they appeared to drift. There was no evidence of tracking or clinical supervision. The files were lacking risk assessments, risk reduction service plans and there were no review recordings.

RESULTS: CHILDREN IN CARE

Practice Strengths:

Six child service files were audited.

High compliance (100%) was met in a couple of critical measures.

- *(CM2) Assuming responsibility for a child in care;*
- *(CM3) Ensuring a child's safety while in care.*

Areas for Improved Case Practice:

Areas of low compliance related to inadequate documentation regarding: preserving the identity of an Aboriginal child in care (50%) ensuring the rights of a child in care (67%) , maintaining personal contact with a child in care (34%), and assessments and planning for a child in care (0%). In regards to preserving the identity of an Aboriginal child in care, the auditor did not find strong evidence that the Aboriginal children were connected with their extended families or their Aboriginal communities.

The auditor noted that in many cases, the child service (CS) file did not contain documentation that the social worker has had private in person contact with the child at least every 90 days. Frequency of contact with a child or youth is based on his or her level of vulnerability, developmental needs and visibility in the community. At minimum contact with each child or youth in care should occur:

- As soon as possible after the child or youth comes into care
- when the child or youth moves into a foster home, other residential resource or other living arrangement
- when there is significant change in the child's or youth's circumstances, plan of care or family
- when there is a change in whoever is responsible for providing guardianship services, and
- privately at least every 90 days.

With regards to completing assessments and planning for a child in care, many of the children in care did not have current plans of care on file. There appeared to be a period when plans of care were completed. However, the documentation was found to be inadequate, resulting in low compliance for this critical measure. The auditor noted that documentation of a full assessment and written plan of care with the involvement of the child, the family and extended family, the Aboriginal community, the caregiver, and any other significant person involved in the child's life, was inadequate. In addition, the auditor found that plans of care were not reviewed at least every 90 days while the child is in care, when circumstances arose that made a review necessary, when there is a change in the overall goal of the plan.

Compliance Ratings Per Measure

1. Preserving the Identity of an Aboriginal Child in Care

In this critical measure the auditor looked for documentation that reflected whether a child in care was Aboriginal. In the case of an Aboriginal child, the documentation identifies the Band and/or Community, the child's status and membership number, or application for status, indication that the social worker understands the child's history and current circumstances. The auditor also looked for a cultural plan within the file that reflected the social worker's efforts in promoting the child's Aboriginal heritage.

- Compliance was met in 3 of 3 cases for 50% compliance. Partial compliance was found in 2 cases for 33% partial compliance. Non compliance was found in 1 case where there was no evidence supporting the preservation of a child's Aboriginal identity.

2. Assuming Responsibility for a Child in Care

The auditor looked for confirmation of the child's legal status such as court orders, agreements and an assessment of the child's history and current circumstances.

- Compliance was met in 6 of 6 cases for 100% compliance.

3. Ensuring a Child's Safety While in Care

Where a child has been brought into care, the auditor looked for documentation to indicate that the child has been placed in a living arrangement that meets his or her needs, or for a child/youth refusing placement reasonable efforts were made to ensure a placement. File information also indicates that there is an adequate plan in place to address a child's safety needs. The auditor looked for documentation to ensure the physical safety and emotional well-being of a child or youth in care.

- Compliance was met in 6 of 6 cases for 100% compliance.

4. Ensuring the Rights of a Child in Care

The auditor viewed the documentation to ensure that the social worker has informed the child of the Rights of Children in Care, and that any reports that a child's rights may have been violated, have been addressed. The auditor looked for documentation that when a child or youth comes into care, they are informed of these rights and are assisted in the understanding of these rights, according to the child's or youth's developmental abilities. Furthermore, the review of these rights with the child or youth occurs on a regular basis.

- Compliance was met in 4 of 6 cases for 67% compliance. Non compliance was found in 2 cases where there was no evidence that the child was informed of his or her rights.

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

In planning and making decisions for a child, the auditor looked for documentation that supported that the child and other significant individuals to the child were involved as fully as possible in the case planning process and that any possible barriers to involvement were identified and addressed.

- Compliance was met in 1 of 6 cases for 17% compliance. Partial compliance was found in 5 cases where there was slight evidence that the child was involved with case planning.

6. Maintaining Personal Contact with a Child in Care

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

- Compliance was met in 2 of 6 cases for 33% compliance. Non compliance was found in 4 cases where the social worker has not met privately with a child in care every 90 days.

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

The auditor looked for documentation to demonstrate that efforts had been made to promote continuity for the child by supporting contact with significant people in the child's life and maintaining connections to the child's cultural heritage and identity.

- Compliance was met in 4 of 6 cases for 66% compliance. Partial compliance was found in 1 case for 17% partial compliance. Non compliance was found in 1 case where a child in care had not been connected with her biological family.

8. Assessments and Planning for a Child in Care

The auditor looked for documentation that an initial plan of care was prepared within the first 30 days of a child entering care, a more comprehensive plan of care was developed for a child in care within six months and that the care plan contained the information outlined in CIC Service Standard #11.

- Partial compliance was met in 4 of 6 cases for 67% compliance. Non compliance was found in 2 cases where the child was lacking a plan of care.

9. When a Child is Missing or Has Run Away

- Compliance was met in 1 of 1 case for 100% compliance.

10. Notification of Fatalities, Critical Injuries and Serious Incidents

- Compliance was met in 1 of 1 case for 100% compliance.

11. Planning for a Child Leaving Care

- N/A

12. Supervisory Approval

The auditor looked within the Child Service file for documentation of supervisory approval when a child was placed, when reuniting a child with his or her family, when transferring responsibility for or ending services and when a child's plan of care is developed. The Child and Family Development standard on Supervisory Consultation and Approval ensures that supervisory consultation is obtained in all significant circumstances and at all decision points relating to service delivery.

- Compliance was met in 5 of 6 cases for 83% compliance. Non compliance was found in 1 case where the case appeared to drift. The last plan of care was completed in 2004. There were outstanding issues that needed to be addressed. The auditor was not able to find strong evidence that the case was tracked.

AUDIT RECOMMENDATIONS

Contextual Piece:

Staffing stability has been an ongoing issue for this office. As well, this office is responsible for providing services to two First Nation communities with “fly-in” access only. The Community Services Manager took action just prior to the time period of the Audit. Accordingly, responsibility for the communities was transferred to a Prince George team who has a greater ability to respond thus allowing this office to focus on the Mackenzie community.

Recommendations:

1. The Community Services Manager will share and debrief the audit report with staff.
2. The Community Services Manager to initiate discussion and renew Protocol with Royal Canadian Mounted Police (RCMP).
3. The Community Services Manager to meet with staff to discuss the critical importance of completing all the steps of an investigation related to Standard #16.
4. The Director will ensure that the Regional Guardianship Consultant will facilitate training to staff by June 30th, 2006 related to Comprehensive Plans of Care.
5. That the Director re-audit a sample of Child Service files to ensure staff are completing and documenting Comprehensive Plans of Care by January 2007.
6. The Community Services Manager meet with the Team Leader to develop a tracking system to ensure Risk Assessments and Risk Reduction Service Plans are completed in a timely manner.

Within receipt of the final report, recommendations #1, 3 and 6 will be completed within 60 days.

Recommendation #2 will be completed within 120 days.

Recommendation #4 will be completed by June 30th, 2006.

Recommendation #5 will be completed by January 31, 2007.

The CSM will advise the Director of Child Welfare and the Regional Executive Director in writing when the recommendations have been completed. The Director of Divisional Operations will be copied for tracking purposes.

Tammy Stublely
Regional Auditor/Analyst

Robert Watts
Director of Child Welfare

Date:

Date:

Recommendations brought forward by Provincial Director:

Mark Sieben
Provincial Director

Date:

CLOSED FAMILY SERVICE CASES

	CRITICAL MEASURES	C	PC	NC	NA
1	Screening and Best Approach to Service Delivery CFS Standard #1	92%		8%	
	Number of cases rated: 12 of 12	11		1	
2	When a Child is at Immediate Risk of Harm CFS Standard #11	100%			
	Number of cases rated: 1 of 12	1			11
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	100%			
	Number of cases rated: 12 of 12	12			
4	Family Development Response CFS Standard #14				
	Number of cases rated: 0 of 12				12
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	67%		33%	
	Number of cases rated: 9 of 12	6		3	3
6	Conducting a Child Protection Investigation CFS Standard #15	89%		11%	
	Number of cases rated: 9 of 12	8		1	3
7	Seeing and Interviewing the Child and Family CFS Standard #15	67%		33%	
	Number of cases rated: 9 of 12	6		3	3
8	Concluding a Child Protection Investigation CFS Standard #16	67%		33%	
	Number of cases rated: 9 of 12	6		3	3
9	Concluding Investigation in a Timely Manner CFS Standard #16	67%		33%	
	Number of cases rated: 9 of 12	6		3	3
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	100%			
	Number of cases rated: 2 of 12	2			10
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	100%			
	Number of cases rated: 2 of 12	2			10
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24				
	Number of cases rated: 0 of 12				12
13	Supervisory Approval C&FD Standard on Supervisory Approval	100%			
	Number of cases rated: 12 of 12	12			

APPENDIX 2: CHILD AND FAMILY SERVICES DATA SUMMARY

OPEN FAMILY SERVICE CASES

	CRITICAL MEASURES	C	PC	NC	NA
1	Screening and Best Approach to Service Delivery CFS Standard #1	100%			
	Number of cases rated: 8 of 8	8			
2	When a Child is at Immediate Risk of Harm CFS Standard #11	100%			
	Number of cases rated: 4 of 8	4			4
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	100%			
	Number of cases rated: 8 of 8	8			
4	Family Development Response CFS Standard #14				
	Number of cases rated: 0 of 8				8
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	100%			
	Number of cases rated: 7 of 8	7			1
6	Conducting a Child Protection Investigation CFS Standard #15	72%		18%	
	Number of cases rated: 7 of 8	5		2	1
7	Seeing and Interviewing the Child and Family CFS Standard #15	72%		18%	
	Number of cases rated: 7 of 8	5		2	1
8	Concluding a Child Protection Investigation CFS Standard #16	100%			
	Number of cases rated: 7 of 8	7			
9	Concluding Investigation in a Timely Manner CFS Standard #16	72%			
	Number of cases rated: 7 of 8	7			1
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	33%		67%	
	Number of cases rated: 6 of 8	2		4	2
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	33%		67%	
	Number of cases rated: 6 of 8	2		4	2
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24				
	Number of cases rated: 0 of 8				8
13	Supervisory Approval C&FD Standard on Supervisory Approval	75%		25%	
	Number of cases rated: 8 of 8	6		2	

APPENDIX 2:

CHILDREN IN CARE CASES

	CRITICAL MEASURES	C	PC	NC	NA
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	50%	33%	17%	
	Number of cases rated: 6 of 6	3	2	1	
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	100%			
	Number of cases rated: 6 of 6	6			
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	100%			
	Number of cases rated: 6 of 6	6			
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	67%		33%	
	Number of cases rated: 6 of 6	4		2	
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	17%	83%		
	Number of cases rated: 6 of 6	1	5		
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	33%		67%	
	Number of cases rated: 6 of 6	2		3	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	66%		34%	
	Number of cases rated: 6 of 6	4		2	
8	Assessments and Planning for a Child in Care CIC Service Standard #11	0%	67%	33%	
	Number of cases rated: 6 of 6	0	4	2	
9	When a Child is Missing or has Run CIC Service Standard #14				
	Number of cases rated: 1 of 1				1
10	Notification of Fatalities, Critical injuries and Serious Incidents C&FS Standard #24			100%	
	Number of cases rated: 1 of 1				1
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16				
	Number of cases rated: 0 of 6				6
12	Supervisory Approval C&FD Standard on Supervisory Approval	83%		17%	
	Number of cases rated: 6 of 6	5		1	

Director's Case Practice Audit – MacKenzie Child and Family Services - QGJ

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

1. That the Regional Director of Child Welfare ensure that the intent and requirements of the following child in care service standards are reviewed with staff by June 30, 2006.
 - Ensuring the Rights of a Child in Care – CIC Services Standard # 6
 - Involving a Child and Considering the Child's Views in Case Planning and Decision Making – CIC Service Standard # 8
 - Maintaining Personal Contact with a Child in Care – CIC Service Standard # 9
 - Meeting a Child's Needs for Stability and Continuity of Lifelong Relationships – CIC Service Standard # 10

Mark Sieben
Assistant Deputy Minister
June 1, 2006