

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY
DEVELOPMENT
Princeton DML

Interior Region

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DIRECTOR'S CASE PRACTICE AUDIT REPORT

Interior Region

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SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT Interior Region Princeton DML MCFD Team

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

The town of Princeton is 298 Kms from Vancouver on Highway 3 and located in the foothills of the Cascade Mountains where the Tulameen and Similkameen rivers meet. The town is situated in the Upper Similkameen Indian Band traditional territory but most of the band members live in and around Hedley, one of the small towns serviced by DML.

The main industry of Princeton is forestry followed by tourism. The two rivers and the many lakes in the region make for year round outdoor activities and recreation.

The area served by DML stretches from Manning Park to Keremeos with a number of smaller communities in between. The area is very rural and the smaller communities can be isolated. This causes some difficulties for social workers, such as lack of cell phone reception and for part of the year difficult winter driving conditions

There are approximately 2,684 people living in Princeton. 1,300 in Keremeos and about 4,500 people in the area served by the Princeton MCFD Office. Like many of the more rural areas of B.C. transportation for families is an issue and increases the possibility of isolation.

The two Aboriginal Bands serviced by DML are the Upper Similkameen Band and the Lower Similkameen Band. The Lower Similkameen Band is the larger of the two.

Princeton is part of School District #58 and has 3 elementary schools, one middle school and one secondary school. Busing is required for children from the smaller communities to attend the more senior grades.

There is a General Hospital in Princeton, a long term care facility, an adult mental health drop in centre, an alcohol and drug counseling service and a safe home for women in abusive relationships. The shortage of transportation services does impede people in the outlying areas from accessing these services.

Service Delivery:

The interior Region covers three large areas of the province: Cariboo/Thompson, Shuswap/Okanagan, and the East and West Kootenays. The regional office is located in Kamloops: however, there are sub-regional offices in Kelowna and Nelson. At the time of this audit the regional senior management team consists of a Regional Executive Director, a Director of Regional Operations, a Director of Aboriginal Services, and a Director of Child Welfare. Within the region there are six Community Services Managers and two Aboriginal Services Managers. The Manager for the South Okanagan is responsible for services in Princeton, Grand Forks, Penticton, Summerland and Oliver.

The 3 fully delegated Social Workers at DML share the intake responsibilities and a schedule is made up for a month at a time. The calls/reports that indicate that a child protection investigation is required are transferred to SW 202 for investigation. The Specialised Investigation Team located in Penticton, prior to a recent regional re-organization, had responsibility for a portion of the investigations in Princeton but Princeton found it often was required to take on the investigations(logistics and urgency). This has recently changed to Princeton now having responsibility for all the child protection investigations in their area.

The ongoing FS and CIC cases are assigned geographically with SWs splitting Princeton proper and SW 203 having responsibility for Hedley and SW 201 Keremeos and Cawston.

Residential Services:

SW 201's position is a split position with .5 responsible for Resources. This part of SW 201's work is supervised by the Resources Team Leader at DMK in Penticton. Both the TL and the SWs at Princeton say having the Resource SW in the Princeton office and in the community offers both SWs and Foster Parents good support. The staff described consultation much easier and that it makes for better matching between children and foster homes. Requests for foster homes go directly to SW 201 and she has 9 open Resource Files on her caseload.

Service Transformation:

At this time there wasn't a new initiative to report on. The staff describe their community partners such as the school staff and the RCMP as excellent. Integrated case management is used as often as possible in the planning for children and their families. Family Group Conferencing is offered to families as a means to resolving family issues. At this time there is one open Family Group Conference File in this office.

4. STAFFING

A. Professional Staff Complement/Staff Turnover:

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Leader				Full	
Office Manager				N/A	
OA2				N/A	
Spo4				Full	
Spo4				Full	
SPO 4				Full	

B. Current Workload at time of the audit:

- DML: 10 FS 5 CS 9 Resource Files
- DML: 9 FS 8 CS 1 Family Group Conference File.
- DML: 12FS 8 CS

5. STAFF TRAINING

a) Ministry Training Program	Team Leader	SW 1	SW 2	SW 3	SW 4	SW 5	SW 6
Child Protection Worker (core)							
Resources Worker							
Guardianship (core)							
Adoption (core)							
Clinical Supervision Level 1.							
Clinical Supervision Level 2							
Risk Assessment							
Advanced Risk Assessment							
Enhanced Neglect							
Cultural Awareness							
Integrated Case Management							
Investigative Interviewing							
FAS/E and NAS/E							
Involving a Child and Considering the Child's View in Case Planning and Decision Making							
Substance Misuse							
Youth Alcohol & Drug							
Youth Suicide prevention							
Youth agreements							
District Supervisor module 1							
District Supervisor mod. 2							
Leading the Way							

6. SUPERVISION/CONSULTATION:

The supervision and consultation for the three staff in the Princeton office is done more often as needed rather than pre-arranged meetings. The Investigation Social Worker consults with the TL daily for approximately an hour. During the consultation RD1 is discussed and immediate safety issues are attended to. SW2 meets with the TL every two weeks for case

discussion/consultation and throughout the day as needed. The 3rd SW meets with the TL about every 4 weeks for a scheduled review and as needed at other times. The team is a small one and the contact, as observed by this auditor, is respectful and supportive from one to the other. The SWs state that the consultation with the TL is frequent but does not always get reflected through documentation.

7. INTAKE AND TRACKING SYSTEMS

a) Investigations:

SW does most of the investigations and meets daily with the TL for consultation. If an immediate response is needed the decision on who will do the investigation is made on a case-by-case basis between the TL, the intake worker and the investigation worker. The decision is made taking into consideration factors such as current investigations underway, availability of staff and continuity for families. On occasion, the decision is to have a "new set of eyes" on a situation to better understand the dynamics of the family functioning.

The CSM has consistent contact with the TL **Family Development Response:**
None audited at this time

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b) On Going Family Service and Child Service

Ongoing FS and CS files are assigned to Social Workers and by geography at the completion of an investigation when the decision is made for ongoing services. When a child is removed the file is transferred after the presentation to court. The investigation SW will keep some ongoing FS files if it is determined that would be in the best interest of the family. The CIC files are moved off her caseload as soon as possible to the FS Social Workers as this is determined to be the best practice for serving the ongoing guardianship needs of children

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8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

The Social Workers described the relationship with the Aboriginal Communities as "very intense" with the Lower Similkameen Band, the larger of the two Bands, and with the Upper Similkameen Band "as a good working relationship." The Bands are not delegated and Child Welfare Services are provided by the Princeton office.

The Princeton MCFD staff has an unwritten protocol with the Upper Similkameen Band. If there is a child welfare concern the Band Manager is called and a plan is developed by working together cooperatively and establishing a plan to address

the safety issues. The TL says this team has never had to remove an Upper Similkameen child. Although the Band is not delegated it is seen as having a number of resources to meet the people's needs.

The TL meets with the Lower Similkameen Band Manager every Thursday. The Band is located to the east end of the Valley and the Band Office is located in Keremeos. The process is one of relationship building as well as discussion of child welfare and family services. The TL described a crisis situation that developed with the Band last February and that since that time he has taken over services to the Band.

SECTION III: AUDIT RESULTS

9. AUDIT SAMPLE

As noted in the terms of reference letter that was sent to the Community Services Manager and the Team Leader in advance of the audit, a sample size of between 20% and 25% of open cases would be selected for the audit along with 20 to 25 % of closed within the last 6 month FS files. DML is responsible for receiving, assessing and investigating reports of child maltreatment and receiving and assessing requests for family support services. In addition staff provides protective family services as well as guardianship services to children in the temporary and continuing care of the director. At the time of the audit there were 34 open family service files and 23 open child services files. The auditor selected 10 (25%) open FS files and 6 (25%) open CS files. The auditor then selected 9 closed within the last 6 months FS files for a total of 25 files. The cases were selected from the Caseload Management Report (CMR) of October 3, 2005.

The cases were selected as follows:

DML201---5 open files

DML202---4 0open files---3 closed

DML203---8 open files---3 closed

DML701---2 closed

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 –CHILD AND FAMILY SERVICES

Nineteen investigation and family service files were audited. Overall compliance to the child and family services standards was 88.3%. Information for compliance to the services 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.
- On all files audited the Social Worker documented sufficient information to support a Sec. 16 assessment. There is 100% compliance on the Critical Measure.

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.
- Documentation on one file indicated that a 24 hr response was called for and it was noted that the response took more than 3 days. There is no indication on the file that the TL was consulted about the delay. The other files audited were compliant.

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

CRITERIA

The Family Service file contains documentation indicating:

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.

- 17 of the 18 files audited to this criterion were compliant. On the one other file documentation indicates that the assessment was outside the 5 day requirement. A letter was sent to the parent on the 3rd day asking her to contact the office. Documentation indicated that a home visit should have occurred within 24 hours.

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.

- there were no FDR files audited

5) Determining Time Frame to Begin an Investigation

CRITERIA

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

- Of the 13 files audited to this criteria 11 were compliant. Of the two other files :

- One was assessed to respond within 5 days but the documentation does not support this decision. This was a violent situation

Documentation indicates that an immediate response was required.

- In the second file the decision to respond within 24 hours was supported by the documentation. The response was outside the 24 hours.

6) Conducting a Child Protection Investigation

CRITERIA

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

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

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

● 12 of the 13 files audited to this criterion were compliant. In the one other file there is no documentation to indicate that the other children in the home were interviewed, nor the child's home situation observed.

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

● The documentation on file does not allow the reader to understand the dynamics of this family or the risk

there is limited recording on the outcome of the interview.

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.

● One 1 files Sec. 13 concerns were substantiated and the youngster found in need of protection. There was a concerning statement that was made by one of the adults and further discussion with that person and documentation of the outcome of the interview would be necessary for future case planning.

● 12 of the 13 files audited to this CM were compliant

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.

● 10 of the 13 files audited to this CM were compliant. Of the remaining 3, there was no single reason discernable for the length of time it took to complete the file documentation.

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.

● Of the 7 files audited to this CM 6 were compliant. In the one remaining file the documentation indicates that the safety plan at times compromises the 15 year olds safety and comfort. This file would benefit by the completion of a CRA and a RRSP.

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).

● Of the 3 files audited to this CM 2 were compliant. The other file lacked documentation of how the risk to this youth was assessed and no documentation was available to indicate that a reassessment of risk was completed.

12) Notification of Fatalities and Critical Injuries

CRITERIA

The Family Service file contains documentation confirming:

- a. That an initial report in the prescribed format has been submitted to the designated director within 24 hours of learning of a death or critical injury of a child who has received services within the past 12 months.
- b. That reasonable effort 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.

● N/A

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.

● Of the 19 files audited 17 were compliant to this critical measure. The two remaining files were investigated by the Team Leader and did not have the Managers signature for sign off.

Additional Comments:

Practice Strengths:

Areas of high compliance: Most Critical Measures in the CFS portion of the audit indicate strength in practice. CM #1 Screening and Best Approach to Service Delivery was 100% compliant. All other CMs were over the 75% mark with the exception of one. This is a team that impressed the Auditor with their desire to learn from the audit. Also impressive is their "team work" and respectful support of one another from the OA2 through to and including the Manager.

Areas for Improved Practice:

The one CM that was below 75% was CM 11 Reassessing a plan to keep a Child Safe and Ending a Family Service Response. The one file of three that was non-compliant had no documentation to indicate that a CRA had been completed and no reassessment of risk was on file.

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

NARRATIVE SUMMARY-CHILD SERVICES

Six child services files were audited. Overall compliance to the child service standards was 91.4%. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and an 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 100% COMPLIANT.**

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.

● THIS CRITICAL MEASURE WAS 100% COMPLIANT

3) Ensuring a Child's Safety While in Care

CRITERIA

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

● THIS CRITICAL MEASURE WAS 100% COMPLIANT

4) Ensuring the Rights of a Child in Care

CRITERIA

The Child Service file contains documentation confirming:

- a. That the child's care conforms with the rights defined by s. 70 of the CFCSA.
- b. That the child has been informed of these rights, as appropriate to the child's age and developmental level.
- c. In cases where the child reports that his or her rights have not been respected, that the social worker has met with the child and others involved to try to resolve the issues; that an appropriate dispute resolution process has been offered and promoted where required; that the child has been provided with information about the Office for Children and Youth, the Ombudsman, and other available community or provincial advocacy services; and that the child has been supported throughout the time required to resolve the issue.

● Five of the 6 files audited were compliant to this CM. In the one other file there was no documentation to indicate that the child had been explained his rights while in care.

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

CRITERIA

The Child Service file contains documentation confirming:

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

● THIS CRITICAL MEASURE WAS 100% COMPLIANT

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.

● 4 of the files audited were compliant to this CM. Of the 2 remaining files one of the files indicated the SW had contact within the past 90 days but information was not available to indicate contact prior to this visit. The one remaining file had no documentation about visits with the child.

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 100% COMPLIANT.

8) Assessments and Planning for a Child in Care

CRITERIA

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

● 5 of the files were compliant to this CM. The remaining file was assessed as partial compliance because although the youngster had a current plan of care on her file the plan prior to this was completed in 2003 and there had been no reviews documented during that time period.

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.

- Two files were audited to this critical measure and both were compliant.

10) Notification of Fatalities, Critical Injuries and Serious Incidents

CRITERIA

The Child Service file contains documentation confirming:

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

- N/A

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.

● Two files were audited to this CM and 1 was compliant. On the remaining file there is no documentation to indicate specific planning for this youth about leaving care.

12) Supervisory Approval

CRITERIA

The Child Service file contains documentation of supervisory approval:

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

● THIS CRITICAL MEASURE WAS 100% COMPLIANT

Additional Comments:

Practice Strengths:

Areas of high compliance: Compliance in this office is high for services to children in care. The team has a strong focus on providing the best service possible to children and in discussion presented as taking this responsibility seriously. Their focus throughout was to learn from the audit with a goal of improving practice.

Areas for Improved Practice:

Two CMs were below the 75% mark. CM6 Maintaining personal contact with a Child in Care and CM 11 Planning for a Child Leaving care. It could be that documentation of contact and more thorough documentation of the planning for the children is what's required to bring up compliance in these two CMs.

Areas for Improved practice in all file types:

As this audit had high compliance the areas for suggested improvements are few. It is more a comment of "keep up the good work" and maintain the focus of "Best Practice".

A concern the auditor had (which did not adequately get picked up in the audit) was the lack of cell phone reception and isolation in the greater Princeton area and the outcome this at times can have on practice. Discussed at the time of the audit was the practice of the Investigation SW leaving a business card and a note at the family home asking the parent to contact the Social Worker. This is done when the SW has no cell phone service and is uncomfortable approaching the parent by herself. The concern is that this practice, at times, can delay what should be a 24 hour response.

Frankie Williams
Auditor
Interior Region

Signature _____

Brendan Flynn
Manager, Quality Assurance/Case Review
Interior Region

Signature _____

Date: 2005-12 -11

11. Audit Recommendations

On January 24, 2006 Members of the Regional Senior Management Team, the Team Leader for DML, the Manager of Audit and Quality review and the Auditor met through a conference call. The social work practice of the DML team was discussed. The strengths of the team were acknowledged and practice issues identified through the audit process were discussed. The following recommendations for addressing the issues were proposed.

1) The Director of Operations, Interior Region will develop and implement along with the Community Services Manager a formal tracking system to be used by all offices in the Interior Region.

- Team Leaders will ensure that ongoing formal tracking of intakes, investigations, family service and services to children in care of MCFD will be underway by the end of this fiscal year.
- Community Services Managers will expect all offices to have a formal tracking system in place 90 days after the February meeting of the CSMs.
- The Director of Operations will advise the Director of Child Welfare 90 days after the CSM meeting the tracking system selected for use in the Interior Region.

2) The Team Leader and the Community Services Manager will continue to review the tools and the tracking framework for case practice currently in place at DML. This review will determine any required changes and add support to what is currently effective.

The review will look at tracking:

- Intake
- Family services
- Risk assessments
- Reassessing risk
- Significant events for children in care
- Services to youth.

Formal and informal tracking of the supervision of staff by the Team Leader will be part of the review. Any significant changes or issues will be brought forward to the Director of Operations and the Director of Child Welfare.

3) The Hedley area was identified by staff, through the audit process, as an area in need of services and an area often difficult in which to provide child protection services and services to families. The Community Services Manager and the Team Leader along with staff will meet to discuss the family service and child protection needs for Hedley. The focus will be on community outreach and the involvement of stakeholders and residents in identifying the service needs.

The CSM will advise the Director of Operations and the Director of Child Welfare of the progress of the project within 90 days from the sign off of the audit recommendations.

4) It is forecasted that there will be some staff turnover in the next 12 months at DML. In the past Princeton MCFD has had difficulty in recruiting permanent, long term, social work staff. The Director of Operations, Community Services Manager and the Team Leader will develop a plan within the next 3 months to recruit to the predicted social work vacancies.

Recommendations developed by:

Rick Childerhose
Director of Child Welfare, Interior Region

Signature: _____

John Waters
Deputy Director of Child welfare, Interior Region

Signature: _____

Brendan Flynn
Manager of Quality Assurance and Case Review, Interior Region

Signature: _____

Frankie Williams
Analyst/Auditor Case Review, Interior Region

Signature: _____

DATE: _____

SECTION IV: APPENDICES - AUDIT DATA SUMMARIES
A. CRITICAL MEASURES AUDIT -CHILD AND FAMILY SERVICES (CMAT-CFS)

DATA SUMMARY

Office Code: DML

Total # of cases audited: 19

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	%	#	
1	Screening and Best Approach to Service Delivery CFS Standard #1	19	100%			0	0%	
2	When a Child is at Immediate Risk of Harm CFS Standard #11	5	83.3%			1	16.5%	13
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	18	94.4%			1	5.6%	0
4	Family Development Response CFS Standard #14	0	0%			0	0%	0
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	11	84.6%			2	15.4%	6
6	Conducting a Child Protection Investigation CFS Standard #15	12	92.3%			1	7.7%	6
7	Seeing and interviewing the child and family CFS Standard # 16	10	76.9%			3	23.1%	
8	Concluding a Child Protection Investigation CFS Standard #16	12	92.3%			1	7.7%	6
9	Concluding Investigation in a Timely Manner CFS Standard #16	10	76.9%			3	23.1%	6
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	6	85.7%			1	14.3%	12
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	2	66.7%			1	33.3%	16
12								
13	Supervisory Approval C&FD Standard on Supervisory Approval	17	89.5%			16	10.5%	
Total Applicable Indicators: 137		121	88.3%	0	0.0%	16	11.7%	109

= Number of applicable cases

%= Percent of total

Rating Definitions:

C Full compliance to the standard

PC Partial compliance: The intent of the standard is met but significant practice issues have not been addressed

NC Non-compliance to the standard's criteria requirements

NA Not applicable to the standard being measured.

**CRITICAL MEASURES AUDIT - CHILDREN IN CARE (CMAT-CIC)
DATA SUMMARY**

Office Code: DML

Total # of cases audited: 6

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	6	100%					
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	6	100%					
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	6	100%					
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	5	83.3%			1	16.7%	
5	Involving a Child and Considering the Child's View in Case Planning and Decision Making CIC Service Standard # 8	6	100%					
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	4	66.6%			2	33.3%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	6	100%					
8	Assessments and Planning for a Child in Care CIC Service Standard #11	5	83.3%	1	16.7%			
9	When a Child is Missing or Has Run Away CIC Service Standard #14	2	100%					4
10	Notification of Fatalities, Critical Injuries and Serious Incidents C&FS Standard #24	0						6
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16	1	50%			1	50%	4
12	Supervisory Approval C&FD Standard on Supervisory Approval	6	100%					
Total Applicable Indicators: 58		53	91.4%	1	1.7%	4	6.9%	14

= Number of applicable cases

%= Percent of total

Rating Definitions:

C Full compliance to the standard

PC Partial compliance: The intent of the standard is met but significant practice issues have not been addressed

NC Non-compliance to the standard's criteria requirements

NA Not applicable to the standard being measured.

ADDENDUM

Service Issues - Provide a brief description of key issues or barriers that impact service delivery that staff has identified.

The Staff identified lack of services to clients as a major barrier; the lack of money to provide them and the lack of money to provide transportation to the few currently available. In addition the rural small town environment sees a transient work force of service providers. Princeton was described as a place to go get experience and then leave. They describe this as difficult for continuity of service to families.

Signature: _____

Signature: _____

Director's Case Practice Audit – Princeton - DML

Reviewed by the Assistant Deputy Minister – no further recommendations to add.

Mark Sieben
Assistant Deputy Minister
May 31, 2006