

**DIRECTOR'S CASE PRACTICE AUDIT REPORT
Vancouver Island Region**

Duncan Child and Resource Services (KDB)

**Field Work Completed: October 2005
Report Completed: December 2005**

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1. PURPOSE

The purpose of case practice audits is to support practice principles that promote improved outcomes for children and families. 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. All regions are expected to conduct regional case practice audits in accordance with the Quality Assurance Standards for case practice audits.

2. METHODOLOGY

The audit was conducted to meet provincial standards in accordance with Case Practice Audit Methodology and Procedures Document (March 2003). The specific audit tools used in conducting this audit are indicated below.

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

The auditor met initially with the team to review the audit purpose and process. During the audit, the team leader was interviewed with respect to office systems, and service delivery. The KDB social workers were also invited to participate in a discussion regarding the office service delivery, barriers to effective service delivery and recommendations for improving services. An exit meeting was conducted at the conclusion of the audit to review the findings with the team leader, and social workers. At the conclusion of the audit, individual case audit reports were given to the team leader.

SECTION II: COMMUNITY CONTEXT

3. SERVICE AREA

a) Geographics:

The Child and Resource team (KDB) services the Cowichan Valley area. This region covers approximately 373,000 hectares, and stretches from the Malahat in the south, to the town of North Oyster in the north, west to the Pacific Ocean (Pacific Rim National Park and Trail) and includes the communities of Honeymoon Bay and Youbou on Cowichan Lake. The Cowichan Tribes Land, which falls into this geographical area, is the responsibility of the delegated Aboriginal agency, Lalum'utul' Smun'eem. There is one main hospital in Duncan, with Chemainus having one small hospital. The ministry office is located in downtown Duncan.

There are several local protocols that are negotiated and followed by this office. These include: Aboriginal agencies, RCMP, the hospital, local schools, and an internal protocol between the three MCFD teams regarding file transfers.

b) Demographics:

The following demographic information was obtained from the BC Statistics 2004 Demographic Profile of the Cowichan Valley District. The total population for the Cowichan Valley area is approximately 77,338 (2004). Of this population, 8.8% of the population is Aboriginal and 3.9% belong to other Visible Minority groups. The staff report observations of a wide variance in income levels in the community. Staff report observing pockets of extreme poverty in some areas compared to areas with very high income families, with the lower income areas being Duncan, Crofton, Chemainus and Lake Cowichan. These lower income areas have been observed by to generally have larger numbers of children as compared to the higher income families. In the Cowichan Valley 24.9% of families are paying more than 30% of their income for housing costs. 5.9% of families in the Cowichan Valley are receiving Income Assistance Benefits, and of the clients receiving this assistance, 33.3% are single parent families. The team leader reports the two main industries are forestry and agriculture. The mill in Youbou closed down a few years ago, which had a significant impact on the community. Many people who live in the South end of the community work in Victoria and commute, and many access services in Victoria.

The Cowichan Valley area is made up of a number of distinct communities which include Lake Cowichan, Crofton, Chemainus, Kuper Island, Shawnigan Lake, Cobble Hill, Mill Bay and the town of Duncan. Staff report observing a variety of issues with the clients they work with such as drug and alcohol use, drug trafficking, family violence, pockets of isolation, sexual and physical abuse, neglect, and mental health issues. Staff have observed that when the Crofton mill shuts down in winter there is an increase in reporting, for issues of domestic violence and parent/teen conflict. Drug use and trafficking is observed by staff to be an emerging issue for the Cowichan Valley community that is becoming more and more prevalent, particularly in the use and production of crystal methamphetamine. Staff reported that it appears that domestic violence is a significant issue in the Cowichan Valley community. According to BC STATS, the incidence rate for family violence from 2001 to 2003 was 3.4 incidences per 1000 population, compared to a provincial incidence rate of 2.3 per 1000 population.

Staff also reported observing a high number of teenage pregnancies, which is supported by information obtained through BC Vital Statistics below:

Year	BC	Van. Island	Cowichan	Lake Cowichan
2005 (to date)	3.7%	5.5%	5.7%	18.2%
2004	3.5%	5.2%	7.3%	10%
2003	3.7%	5.2%	5.4%	3.7%

(BC Vital Statistics, Summary Statistics by Local Health Areas, 2003, 2004, 2005)

c) Service Delivery:

There are two buildings that house Ministry for Children and Family Development services in the Cowichan Valley. The Child and Resource team (KDB) is co-located with the Child Protection Intake/Investigation team (KDF), and Child and Youth Mental Health (KDD). The Permanency Planning and Youth Services (KDC) which includes youth probation is located in a separate building at a different location. The Community Services Manager with responsibility for this community is located in the Nanaimo Regional Office.

i) Residential Services

The resource team is responsible of residential resources which includes recruitment and training for the Cowichan Valley area. The Duncan team leaders meet and review residential needs on a regular basis.

If a placement is required for a child the social worker contacts the resource duty worker to request a placement. If a child requires a placement via After Hours, these are accessed through a resource list of emergency placements. Upon placement foster parents are given the medical confirmation form, the admission medical form, a referral document, and verbal information. The referral document contains information on allergies, the child’s needs, medications, and family information. The social worker also gives the foster parent clothing for the child if possible, a list of contact people that are known at time of placement, and arranges for contact with the family as soon as possible.

Potential restricted foster placements are referred to the resource team to complete the assessment and approval of the home. For children who are placed in the “custody of a person other than a parent”, including section 8 Kith and Kin agreements, the Investigation team (KDF) and the Family Service Team (KDB) completes the assessment, approval and contract.

Aboriginal foster homes are requested through the delegated agencies, who have responsibility for Aboriginal caregivers on reserve.

Caregivers are supported in caring for children through their resource worker and through a contracted resource support worker.

ii) Service Transformation Plan

- The team leader is the liaison for community planning meetings for “Success by 6”, an early childhood development initiative.
- KDB staff are planning to participate in the domestic violence task force the local RCMP are initiating in the community.

- KDF, KDB team leaders and the Community Services Manager are meeting with contractors and service providers in the planning process for the implementation of Family Development Response for families with children ages 0 to 12.
- The team leader reports that KDB staff work closely with delegated agency staff in providing services to aboriginal families and children, as well as in negotiating the transfer of Continuing Custody Wards to the agencies for guardianship services.

4. STAFF TRAINING

Ministry Training Programs	Team Leader	SW 1	SW 2	SW 3	SW 4
CPW Training Program (core)					
Resources SW Training					
Guardianship Core Training					
Adoption Core Training					
Clinical Supervision Level 1.					
Clinical Supervision Level 2					
Risk Assessment					
Advanced Risk Assessment					
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 training module 1					
D/S training mod. 2					
Leading the Way					

5. SUPERVISION/CONSULTATION

formal scheduled clinical supervision. During these sessions the team leader and social worker review the caseload, practice, administrative requirements and professional development.

performance

appraisals for each worker on KDB.

6. INTAKE AND TRACKING SYSTEMS

a) Investigations:

KDB provides primarily protective family services and child in care services to families where the children are under 12 years of age. When there are existing or similar concerns reported the investigations are conducted by the KDB social worker with conduct of the file. If new or heightened information is reported on families who are receiving services from this team, the investigation is conducted by the intake/investigation team. When investigations are completed by the intake/investigation team (KDF) and if there is a finding that the children require protective services and the children are under 12 a comprehensive risk assessment is completed and the file is transferred to KDB for ongoing family services.

b) Family Development Response:

The KDB, KDF and KDC team leaders are in the process of jointly planning how Family Development Response will be managed in the Cowichan Valley.

c) Ongoing Family Service and Child Service

Once an investigation is completed by KDF and there is a determination that a child/ren requires protective services and the child/ren are under 12 years of age, they are transferred to KDB. Wherever possible, a transfer meeting occurs between the family and both workers to provide an opportunity to introduce the new worker to the family, and to discuss concerns identified and services for the family.

The team leader monitors ongoing family and child services through regular monthly supervision and informal case specific consultation.

Consultation for key decision points and alternative measures occur during formal and informal supervision. KDB staff use a least disruptive measures checklist prior to removing children.

7. STAFFING

a) Staff Complement/Staff Turnover:

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Leader				Full	

SW				Full	
SW				Full	
SW				Full	
SW				Full	

b) Current Workload

**Caseload Characteristics for 2005
Children and Youth Served Over Time**

Month	Aboriginal CIC's	Non- aboriginal CIC's	Total CIC's	Supervision Orders
April	23	25	48	14
May	24	21	45	17
June	26	22	48	15
July	25	22	47	18
Aug	23	25	48	12
Sept	22	24	46	13

(Mars, 2005)

Ages of children and youth

Age	# of CIC's	Age	# of CIC's	Age	# of CIC's
0	8	6	2	12	1
1	5	7	1	13	1
2	5	8	2	14	2
3	4	9	2	15	1
4	3	10	2	16	0
5	4	11	1	17	0
				18	0

(Oct 2005, MARS)

Month	Placement in Custody of other 41(1)(b)		Family Group Conference		Mediation		Family Relations Act Placements	
	Initiated	Completed	Initiated	Completed	Initiated	Completed	Initiated	completed
April			1					
May			1	1				
June			2	3				
July					1			
August			2	2				3
Sept	1			1				2

(VI Research Analyst)

Children in Care by Legal Category

Legal Authority	# of CIC's
Continuing Custody	8
Interim Order	21
Removal of Child	1
Temporary Custody	12
Voluntary Care Agreement	2

(Oct 2005, MARS)

Placement	# of CIC's	After Care Plan	# of CIC's
Regular Family Care	6	Adoption	3
Restricted Family Care	11	Place with Relative	1
Level 1 Care	11	Place within Aboriginal Community	1
Level 2 Care	5	Return to Parent	39
Level 3 Care	1		
Contracted Resources	1		
Parents/Relatives	7		
Other Resource	1		
Missing/Runaway	1		

(Oct 2005, MARS)

Month	Intake, Investigation and Ongoing Family Services					
	Section 8 Kith and Kin	Protection Reports	Request for Family Support Services	Ongoing Family Service Cases	Clients	
					Families	Children and Youth
April	0	1	0	53	53	155
May	0	3	0	51	51	146
June	0	2	0	54	54	150
July	0	4	0	52	52	148
Aug	0	5	0	48	48	138
Sept	0	4	0	48	48	134

(2005, MARS)

Between April and September 2005, the two most common section 13 concerns identified in the intakes received were neglect and parents unable to care for their child. (Mars 2005)

8. ABORIGINAL SERVICES

There are five First Nations Bands within the KDB catchment area that this office provides services to: Cowichan tribe members who live off reserve. Malahat First Nations, Penelakut First Nations (Kuper and Chemainus), Halalt First Nations (Chemainus), and Lake Cowichan First Nations. As well the office provides services to local Metis families and First Nations families who are from other areas.

KDB has protocol agreements with the Delegated Agencies Kwumut'le'lum (level 13) and Cowichan Tribes Lalum'utum'Smuneem (level 15/16) that represent the local bands. The negotiated protocol agreement with Lalum'utum'Smuneem is formalized and the protocol agreement with Kwumut'le'lum is currently in draft.

The current goal is to transfer all continuing care wards, who are registered members of the Cowichan Band and removed off reserve, to the delegated agency. The agency will then provide guardianship services for these wards.

If families have resided on reserve for 3 months, Lalum'utum'Smuneem will provide services for these families as per the negotiated protocol, and the file is transferred from KDB to the delegated aboriginal agency.

Both delegated agencies have their own foster parents and MCFD shares aboriginal foster homes in order to place aboriginal children in aboriginal homes.

SECTION III: CASE PRACTICE REVIEWS

9. AUDIT SAMPLE

As noted in the terms of reference letter that was sent to the Community Services Manager and Team Leader, a sample size of 40% of closed investigations files from the past 6 months, 40% of open Family Services files and 40% of open Child Service files were selected for this audit after consultation with the team leader. KDB is responsible for intake, investigation, protective family services and guardianship for children under 12. A data set was compiled by obtaining closed investigation reports from the MARS website for the previous five months. This data was then randomly sorted using Excel spreadsheet, and the first 40% of files were selected to create the audit sample. Open Family Services and Child Services files were selected from current case management reports via a similar random sampling process using Excel spreadsheet.

The intake reports for KDB on MCFD MARS indicate there were 19 intake and investigation reports over the previous 6 months. KDB completes investigations received on current open files for their team. Of the 19 reports, 19 (100%) were child protection reports. 5 closed intake files were audited representing 40% of the intakes received within the last 6 months. In addition, 17 open family services file were audited representing 40% of the open, eligible, on-going family service files. 19 child services files were audited representing 40% of open, eligible child service files for children in care.

10. CRITICAL MEASURES AUDIT TOOL FOR CHILD AND FAMILY SERVICE STANDARDS

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	C		PC		NC		NA
		#	%	#	%	#	%	
1	Screening and Best Approach to Service Delivery <i>CFS Service Standards #1 and #12</i>	21	81%			4	19%	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11</i>	15	100%			0	0	0
3	Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard #12</i>	21	100%			0	0	0

4	Family Development Response CFS Service Standard #14	0	0					21
5	Determining the Time Frame to Begin an Investigation CFS Service Standard #16	17	94.4%			1	5.6%	3
6	Conducting a Child Protection Investigation CFS Service Standard #16	15	83.3%			3	16.7%	3
7	Seeing and Interviewing the Child and Family CFS Service Standard #16	14	77.8%			4	22.2%	3
8	Concluding a Child Protection Investigation CFS Service Standard #16	18	100%			0	0	3
9	Concluding a Child Protection Investigation in a Timely Manner CFS Service Standard #16	4	22.2%			14	77.8%	3
10	Developing and Implementing a Plan to Keep a Child Safe CFS Service Standard #17	15	78.9%			4	21.1%	2
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response CFS Service Standards #17 and #20	2	14.3%			12	85.7%	7
12	Notification of Fatalities and Critical Injuries (Reportable Circumstances) CFS Service Standard #24	1	100%			0	0	20
13	Supervisory Approval	21	100%			0	0	
	Total Applicable Indicators: 202 NA Ratings Not Included in Count	160	79.2%	0	0	42	20.8%	71

= Number of applicable cases

% = Percent of total cases reviewed

NARRATIVE SUMMARY- CHILD AND FAMILY SERVICES

21 Investigation and Family Service files were audited. Overall compliance to the child and family services standards was 79.2%. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

1. SCREENING AND BEST APPROACH TO SERVICE DELIVERY

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, an aboriginal service provider or delegated agency had been contacted where applicable.

Compliant: 17 files

Non Compliant 4 files

- 4 files were non-compliant where it was determined that a more comprehensive review of history was required in gathering sufficient information to support a section 16 assessment.

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 see the child and ensure the child's immediate health and safety, including a safety plan. If unable to ensure that a child was seen immediately, the auditor would look for documentation describing alternative steps taken and who was asked to see the child instead to ensure their immediate safety.

Compliant: 15 files

Not Applicable: 6 files

- *No indication that a child might have been at immediate risk of harm at time of report*

Non-Compliant: 0 files

3. ASSESSING AND DETERMINING THE MOST APPROPRIATE RESPONSE TO CHILD PROTECTION REPORTS

The auditor looked for documentation that demonstrated that the worker had collected sufficient information to make a decision about the type of response and, in the view of the auditor, that the decision to provide a specific response was supported by the information.

Compliant: 21 files

Not Applicable: 0 files

Non-Compliant: 0 files

4. FAMILY DEVELOPMENT RESPONSE

When a family development response option has been selected the auditor looked for documentation detailing the rationale for providing an FDR, a completed assessment, a plan for supporting the family and keeping the child safe. See Critical Measure #4 for further information. Not applicable for this audit

5. DETERMINING THE 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 commenced within that time frame.

Compliant: 17 files

Not Applicable: 3 files

Non-Compliant: 1 file

- *In 1 file documentation indicates social worker was not able to initiate response within time frame*

6. CONDUCTING A CHILD PROTECTION INVESTIGATION

This critical measure outlines many of the activities involved in an investigation. These include: documentation that all relevant information relating to the report has been reviewed, documentation that information from people who have relevant knowledge of the family has been obtained, documentation that the child living situation has been directly observed, etc.

Compliant: 15 files

Not Applicable: 3 files

Non-Compliant: 3 files

- *In 2 files it appeared from documentation the child was not seen or interviewed*
- *In 1 file it appeared from documentation the parent was not seen or interviewed*

7. SEEING AND INTERVIEWING THE CHILD AND FAMILY

This critical measure requires that the worker sees and when possible interviews the subject child, siblings, parents, and involves the aboriginal community if applicable.

Compliant: 14 files

Not Applicable: 3 files

Non-Compliant: 4 files

- *In 2 files the subject child/ren were not seen or interviewed or the interview was insufficient*
- *In 1 file the parent was not interviewed*
- *In 1 file the step parent in the home was 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 protective services 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.

Compliant: 18 files

Not Applicable: 3 files

Non-Compliant: 0 files

9. CONCLUDING A CHILD PROTECTION INVESTIGATION IN A TIMELY MANNER

This critical measure requires that there is documentation that demonstrates the investigation was concluded within 30 calendar days.

Compliant: 4 files

Not Applicable: 3 files

Non-Compliant: 14 files

- *In 5 files the investigations were observed to be complex and required more time than 30 days to complete thoroughly.*

10. DEVELOPING AND IMPLEMENTING A PLAN TO KEEP A CHILD OR YOUTH SAFE

The auditor looked for documentation that reflected safety planning that occurred after determining that the child was in need of protective services. 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.

Compliant: 15 files

Not Applicable: 2 files

Non-Compliant: 4 files

- *In 1 file there was a determination that children required protective services and the assessment and plan were not completed at the time of audit or not current on the file*
- *In 3 files the assessment of risk was completed but the plan was either not completed at the time of audit or not current*

11. REASSESSING A PLAN TO KEEP A CHILD SAFE AND ENDING A FAMILY SERVICE RESPONSE

The auditor looked for documented evidence that the plan to keep the child safe has been reviewed as appropriate with those involved. In ending a Protective Family Service Response, the auditor looked for documentation indicating an assessment had been completed supporting the conclusion that the parents were able to keep the child safe without protection services.

Compliant: 2 files

Not Applicable: 7 files

Non-Compliant: 12 files

- *In 9 files significant changes had occurred and the auditor was unable to find a completed review assessment or plan*
- *In 1 file the regular review of the assessment of risk and plan was overdue*
- *In 2 files the plan had been reviewed but the auditor was unable to find a review of the assessment of risk*

12. NOTIFICATION OF FATALITIES AND CRITICAL INJURIES (REPORTABLE CIRCUMSTANCES)

The auditor looked for documentation to confirm in the case of a fatality or critical injury, the designated Director was notified and that the appropriate people were notified and offered support in a timely way

Compliant: 1 file

Not Applicable: 20 files

Non-Compliant: 0 files

13. MANAGEMENT AND SUPERVISORY CONSULTATION

During this audit the auditor looked for documentation that reflected consultation with supervisors or managers at ALL critical points.

Compliant: 21 files

Non-compliant 0 files

PRACTICE STRENGTHS:

- When a Child is at Immediate Risk of Harm **100%**
CFS Service Standard #11
- Assessing a Child Protection Report and Determining the most Appropriate Response **100%**
CFS Service Standard #12
- Determining the Time Frame to Begin an Investigation **94.4%**
CFS Service Standard #16
- Concluding a Child Protection Investigation **100%**
CFS Service Standard #16
- Notification of Fatalities and Critical Injuries (Reportable Circumstances) **100%**
CFS Service Standard #24
- Supervisory Approval **100%**

AREAS FOR IMPROVED PRACTICE:

- Concluding a Child Protection Investigation in a Timely Manner **22.2%**
CFS Service Standard #16
- Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response **14.3%**
CFS Service Standards #17 and #20

11. CRITICAL MEASURES AUDIT TOOL FOR CHILD IN CARE STANDARDS

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	C		PC		NC		NA
		#	%	#	%	#	%	
1	Preserving the Identity of an Aboriginal Child in Care <i>CIC Service Standards #1 and #19</i>	9	47.4%	10	52.6%	0	0	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	19	100%			0	0	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	19	100%			0	0	

4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	3	15.8%			16	84.2%	
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	19	100%	0	0	0	0	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	16	84.2%			3	15.8%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	19	100%	0	0	0	0	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	9	47.4%	6	31.6%	4	21.1%	
9	When a Child is Missing or has Run Away <i>CIC Service Standard #14</i>	0	0			0	0	19
10	Notification of Fatalities, Critical injuries and Serious Incidents <i>C&FS Standard #24</i>	0	0	0	0	1	100%	18
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	4	100%			0	0	15
12	Supervisory Approval	19	100%			0	0	
	Total Applicable Indicators: 176 NA Ratings Not Included in Count	136	77.7%	16	9.1%	24	13.6%	52

NARRATIVE SUMMARY - CHILD SERVICES

19 child service files were audited. Overall compliance to the child service standards was 77.7%. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

1. PRESERVING THE IDENTITY OF AN ABORIGINAL CHILD IN CARE

In this critical measure, the auditor looked for documentation that reflected whether a child in care was aboriginal or not. 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, and a cultural plan for the child.

Compliant: 9 files

Partially Compliant: 10 files

- In 10 files the auditor was unable to find a cultural plan on file that meets the guidelines as per the Cultural Plan policy requirement.

Non-Compliant: 0 files

2. ASSUMING RESPONSIBILITY FOR A CHILD IN CARE

The auditor looked for confirmation of the child's legal status such as court orders, agreements, citizenship and immigration documents and an assessment of the child's history, current circumstances and needs. This measure also requires documentation that indicates the nature and extent of involvement of family members.

Compliant: 19 files
Non-Compliant: 0 files

3. ENSURING A CHILD'S SAFETY WHILE IN CARE

The auditor looked for documentation to indicate that the child has been placed in a living arrangement that meets the child's 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 any identified safety needs.

Compliant: 19 files
Non-Compliant: 0 files

4. ENSURING THE RIGHTS OF A CHILD IN CARE

The auditor assessed the file for evidence that the child's care conforms to their rights as defined by section 70 CFCSA, 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.

Compliant: 3 files
Not Applicable: 0 files
Non-Compliant: 16 files

- *In 7 files the auditor was unable to find documentation on file that demonstrated the social worker had reviewed the section 70 CFCSA rights with the child in the past 12 months.*
- *In 9 files the child's age or capacity was a barrier (ie. Child was an infant) and it did not appear from documentation the social worker had reviewed the section 70 rights with someone who could act on the child's behalf in their best interest. In reviewing this issue with the staff it was determined that this practice was being implemented in many cases with members from the aboriginal community but it was not formally documented as such.*

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 evidenced the child and others with significant relationships to the child were involved as fully as possible in the process and that any possible barriers to involvement were identified and addressed.

Compliant: 19 files
Partially Compliant: 0 files
Non-Compliant: 0 files

6. MAINTAINING PERSONAL CONTACT WITH A CHILD IN CARE

The auditor looked for documentation that demonstrates the child has had private in person contact with their social worker as per CIC standard #9 during the past three years.

Compliant: 16 files
Non-Compliant: 3 files

- *In 3 files the auditor was unable to verify that the social worker had seen the child in person a minimum of every 3 months.*

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 stability and 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. As well, the auditor looked for evidence of strategies that were implemented to promote stability and continuity of lifelong relationships and planning for the development of new lifelong relationships

Compliant: 19 files
Partially Compliant: 0 files
Non-Compliant: 0 files

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 for a child in care for over six months and that the plans contained the information outlined in CIC standard 11. As well the auditor looked for information that indicates the plan is reviewed when appropriate.

Compliant: 9 files

Partially Compliant: 6 files

- *In 2 cases the initial assessment and plan had been completed but a review was overdue by less than one year*
- *In 4 cases the assessment and plan was not on the file or was in progress of being completed but was overdue by less than one year but the initial plan was completed*

Non-Compliant: 4 files

- *In 1 case the review assessment and plan was overdue by more than one year*
- *In 3 cases the auditor was unable to find a completed assessment and plan on the file and the child had been in care for more than one year*

9. WHEN A CHILD IS MISSING OR HAS RUN AWAY (REPORTABLE CIRCUMSTANCE)

In circumstances where children are missing or have run away, the auditor looked for documentation indicating that the appropriate individuals had been notified, a plan was developed and implemented, and in cases of habitual running away the plan of care was reviewed and strategies developed to address the behaviour.

Compliant: 0 Files

Not Applicable: 19 Files

Non-Compliant: 0 files

10. NOTIFICATION OF FATALITIES, CRITICAL INJURIES AND SERIOUS INCIDENTS (REPORTABLE CIRCUMSTANCES)

In circumstances where a death or critical injury has occurred for a child in care, the auditor looked for documentation indicating a Reportable Circumstances form had been completed, the director and Public Guardian and Trustee were notified, and reasonable efforts to notify and support the child's family and community services providers.

Compliant: 0 files

Not Applicable: 18 files

Non-Compliant: 1 file

- *In 1 file a medically fragile child had been hospitalized due to significant health reasons that could compromise the child's health and a reportable was not found on file.*

11. PLANNING FOR A CHILD LEAVING CARE

When children were leaving care the auditor looked for documentation indicating that transition preparation took place involving the child, family, and other relevant and significant individuals. When youth in care had reached the age of majority, the auditor looked for information to indicate an assessment of the youth's capacity for living independently had been assessed; the youth had been supported to develop self care and independence skills, and provided with assistance to obtain necessities as outlined in CIC standard #16.

Compliant: 4 files

Not Applicable: 15 files

Non-Compliant: 0 files

12. SUPERVISORY APPROVAL

During this audit the auditor was looking for documentation that reflected consultation with supervisors or managers at ALL critical points including placement, reunification, transferring responsibility, ending services, initial plan of care, plan of care reviews, and any significant changes in the child's circumstances.

Compliant: 19 files

Non-Compliant: 0 files

AREAS OF PRACTICE STRENGTH

- Assuming Responsibility for a Child in Care **100%**
CIC Service Standard #4
- Ensuring a Child's Safety While in Care **100%**
CIC Service Standard #5
- Involving a Child and Considering the Child's Views in Case Planning and Decision Making (*CIC Service Standard #8*) **100%**
- Meeting a Child's Need for Stability and Continuity of Lifelong Relationships **100%**
CIC Service Standard #10
- Planning for a Child Leaving Care **100%**
CIC Service Standards #15 and #16
- Supervisory Approval **100%**

AREAS FOR IMPROVED PRACTICE:

- Preserving the Identity of an Aboriginal Child in Care **47.4%**
CIC Service Standards #1 and #19
- Ensuring a Child's Safety While in Care **15.8%**
CIC Service Standard #5
- Assessments and Planning for a Child in Care **47.4%**
CIC Service Standard #11

Michelle Webber
Regional Auditor
Vancouver Island Region
DATE:

Thomas Weber
Director of Child Welfare &
Deputy Director Adoptions
Vancouver Island Region
DATE:

12. RECOMMENDATIONS

These recommendations were developed in consultation with, Mark Armitage, Community Services Manager, Becky Medina, Team Leader, Alex Scheiber, Deputy Director Vancouver Island Region, Michelle Webber, Regional Auditor/Analyst.

1. The Community Services Manager will ensure the audit report is shared with staff.
2. The Community Services Manager with the Director of Operations Vancouver Island Region will assess the workload and capacity issues identified by the Team Leader.
3. The Team Leader will ensure that investigations open over 30 days are tracked and monitored consistent with the Vancouver Island Region Plan for reducing Child Protection Investigations open over 30 days.
4. The Team leader will incorporate into regular individual supervision sessions practice expectations and assist workers in prioritizing the following casework activities:
 - Risk assessment and plans and review of risk assessment and plans
 - Rights of Children In Care
 - Cultural Plans for Aboriginal Children In Care
 - Comprehensive Plans of Care

The Director of Operations Vancouver Island Region will provide a written confirmation to the Director of Child Welfare of the Vancouver Island Region that recommendations 1, 2, 3, 4 have been completed by June 8 2006

Thomas Weber
Director of Child Welfare &
Deputy Director Adoptions
Vancouver Island Region
Date:

Provincial Director
Ministry for Children and Family Development
Date:

**Director's Case Practice Audit – Duncan Child and Resource Services -
KDB**

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

Mark Sieben
Assistant Deputy Minister
May 31, 2006