

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

Port Alberni Community Services (KFC)

**Field Work Completed: January 2006
Report Completed: Month/Day/Year**

TABLE OF CONTENTS

SECTION I: INTRODUCTION

1. PURPOSE
2. METHODOLOGY

SECTION II: PRACTICE IN THE COMMUNITY CONTEXT

3. SERVICE AREA OVERVIEW
4. STAFF TRAINING
5. SUPERVISION/CONSULTATION
6. INTAKE AND TRACKING SYSTEMS
7. STAFFING
8. ABORIGINAL SERVICES

SECTION III: CASE PRACTICE REVIEW

9. AUDIT SAMPLE
10. CRITICAL MEASURES AUDIT - CHILD AND FAMILY SERVICE STANDARDS
 - Data Summary
 - Narrative Summary
11. CRITICAL MEASURES AUDIT -CHILD IN CARE SERVICE STANDARDS
 - Data Summary
 - Narrative Summary
12. RECOMMENDATIONS

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 (check applicable).

- 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 KFC social workers were also asked to participate in a discussion regarding the office service delivery and barriers to effective service delivery. An exit meeting with the team including Team Leader and team was conducted at the conclusion of the audit to review the findings. At the conclusion of the audit, individual case audit reports were sent to the Team Leader.

SECTION II: COMMUNITY CONTEXT

3. SERVICE AREA

a) Geographics:

The KFB catchment area consists of the city of Port Alberni, the districts of Ucluelet and Tofino, and the community of Bamfield. Port Alberni is located in the center of Vancouver Island at the head of the Alberni Inlet (Alberni-Clayoquot Economic Development Commission). The major centers in this catchments area are the incorporated municipalities of Port Alberni, Ucluelet and Tofino with a total population of 32,155. Forestry, fishing and tourism are the primary industries in this community (BC Stats, 2004).

b) Demographics:

The following demographic profile information for Port Hardy/North Island was obtained from BC Statistics

Population

	Total Population (2004)	Aboriginal (2001)	Other Minorities (2001)
Alberni (including outlying communities)	32,155	4,905	1,090

**note there are no 2004 population statistics available on the aboriginal or other minorities' population*

Social demographics

	Alberni	BC
<u>Education & Income</u>		
• % of Income Assistance Caseload that are single parent families (2004)	24.3	19.1
• % of Unemployment beneficiaries ages 19-64 (2004)	5.4	3.4
• % of population ages 25-54 without High school completion (2001)	25.1	17.2
• % of 18 year old who did not graduate (average 2002-2004)	35.5	24.9
<u>Serious Crime incidences per 1000 population (average 2001-2003)</u>		
Violent	2.8	2.9
Property	14.3	12.6
Total Serious Crime	17.1	15.4
Non Cannabis drug offences	82.4	149.9
Illicit drug deaths (2003)	5.1	6.7
Spousal Assault	4.9	2.3
<u>Serious Juvenile (12-17) Crime rate incidences per 1000 pop (average 2001-2003)</u>		
Violent	5.2	2.8
Property	17.4	3.5
Total Serious	22.6	6.4
Non Cannabis drug offences	48.5	46.8

Health

• Infant Mortality Rate (per 1000 live births) (1999-2003)	5.4	4.0
• Potential years of life lost due to suicide/homicide (1999-2003)	7.1	5.4
• Teen Pregnancies (per 1000 women 15-17) (2000-2002)	34.4	20.5
• Per Capita Alcohol Sales (April 2003-March 2004)		
• Dollars Spent	600	454
• Liters consumed	90	58
<i>Note** this does not specify what % is due to tourism</i>		
• Child Abuse Rate incidences per 1000 population (2003)	22.6	7.6
• Children in Care Rate incidences per 1000 population (December 2004)	24.3	9.9

The KFC Team Leader noted that there are a wide variety of social problems that social workers encounter such as multigenerational abuse, substance abuse and poverty. According to MCFD MARS statistics, the Alberni health region has an average household income of 45,329 which is below the provincial average household income of 50,667. there is a lack of suitable housing with a low vacancy rate that creates difficulty for people on assistance to find suitable and affordable housing. The team leader notes that providing services to family who live on the West Coast is difficult as it is some distance from the District office and workers must travel to the community, there is a lack of available services and it is difficult to monitor families in this isolated community. The team leader reports the community has identified that crystal methamphetamine use and sexual exploitation are significant issues and as a result task force's and committees are in the process of assessment and developing action plans to address these issues.

c) Service Delivery:

The Community Service Manager for Port Alberni and Courtenay oversees service delivery for this community. There are two district offices in Port Alberni - Intake and Family Service (KFB) and an inter-disciplinary team (KFC) which is responsible for guardianship, adoption, residential resources, child and youth mental health and probation. KFB and KFC are co-located. KFB and KFC are also co-located with the Ministry of Human Resources. The two Ministries have different entrances and waiting rooms. KFB and KFC share a pool of administrative support staff, which includes an office manager, and four administration support staff. The administrative support staff are responsible for reception at both buildings.

Services to off-reserve Aboriginal people are in the process of being transferred to USMA Child and Family Services (USMA), the fully delegated Aboriginal Agency responsible for Aboriginal child welfare services in the area. The team leader position has been filled on a temporary basis as a number of positions are being transferred to the USMA. Once the position transfers are completed there will be one team (KFC) and one team leader position for the Port Alberni office. This change will result in loss of positions and staff report feeling anxious and stressed about the future loss of jobs.

Aboriginal children in Continuing Custody in the area are currently the responsibility of USMA. The Aboriginal Agency currently manages child protection for families on reserve which includes investigation, family services, guardianship and resources. USMA and MCFD staff engage in constant liaison as aboriginal families move off and on reserve. Once a family has been living on reserve for a minimum of three months, USMA accepts responsibility for service provision.

MCFD is currently in negotiations regarding the delivery of services for Métis children and families. The team leader reports that the development of protocols and determining budget allocations to facilitate these transfers takes a great deal of time.

i) Residential Services

The 1.5 resource social worker on KFC provides services to both KFB and KFC. When a placement is needed, the child’s social worker contacts the resource social worker to meet and discuss the child’s needs and placement options. The child’s social worker and the resource social worker discuss the mix of children in the home and the fit of the child being proposed for placement in the resource. Staff report there are often limited available and appropriate homes to choose from. The resource social worker maintains an emergency resource list and the child’s worker is responsible for placement decisions when an emergency placement is needed. When the child is placed, the child’s social worker provides the foster home with relevant information including a copy of the court order, agreement, referral document and assessments if applicable.

The KFC Team Leader states there is an active local chapter of the foster parents association in the Port Alberni area that has a support person available to support foster parents. According to the KFC Team Leader, if needed, extra supports such as daycare, relief or child care workers are available to support foster parents if budget allows. The resource worker attends foster parent local meetings and provides training and orientation of foster parents. The resource worker and other social workers in the office provide training on new policy to foster parents. The foster parents have their own network for relief, but the resource worker will assist if necessary new foster parents in finding relief. The Team Leader reports there are several challenges with resources as at times; there are no vacancies in foster homes, difficulty in placing sibling groups together, finding placements for youth with behavioral issues, and no staffed group homes in the area. Port Alberni does have some family style group homes where caregivers share a childcare worker who provides recreational services and takes out the youth from all the group homes in the evening for a few hours. In cases where the youth has been identified as having exceptional needs, an individual resource contract with resources is completed.

ii) Service Transformation Plan

KFC has been participating in the mediation program in the last 4 to 5 months and the team leader reports this has been useful and positive. Staff are utilizing mediation in a variety of circumstances including “custody of other” and additional out of care planning options.

Implementation of Family Development Response by the office is currently underway.

4. STAFF TRAINING

Ministry Training Programs	Team Leader	SW 1	SW 2	SW 3
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

policy for staff to consult on an as needed basis for risk decisions, returning children, emergencies, or any practice issue. The team leader facilitates formal supervision every two weeks with each social worker.

KFC and KFB staff meet together every Tuesday at which time group case consultation is a standing agenda item.

At the time of audit an EPDP was in progress for all staff on KFC. The team leader facilitates professional development

6. INTAKE AND TRACKING SYSTEMS

a) Investigations:

Intake and investigations are the responsibility of KFB.

b) Family development Response:

The implementation of family development response is currently in progress.

c) Ongoing Family Service and Child Service

KFC provides ongoing protective family services and guardianship services to both children in care via court order or agreement as well as children in the continuing custody of the director. caseload overview tracking sheet with each worker through

supervision to monitor risk assessments, risk reduction service plans, plans of care and review dates. Case transfers take place at the weekly staff meeting, at which time files designated for transfer are identified. The transferring worker provides an outline of the case, issues, services, what has been completed, needs and strengths of the family. A decision as to who will take conduct of the case is decided at that meeting.

7. STAFFING

a) Staff Complement/Staff Turnover:

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

KFC has experienced several staffing changes in the past year. In February 2005 two workers were seconded to USMA to provide guardianship services. In October 2005 the team lost an FTE position. In the past year one worker transferred to another community and a new worker has joined the team. With the changes in staffing and transfer of cases to USMA, all caseloads had to be redistributed to the remaining workers, which results in workers needing time to familiarize themselves with the families.

MCFD staff report that the recent review, subsequent media attention and plans for further reviews of the death of an aboriginal child in this community has created a great deal of stress for both the USMA agency staff and MCFD staff.

b) Current Workload

File Type	January 2006	Monthly Average <i>Jan 2005 to Dec 2005</i>
Child In Care Files (total)	43	46
Aboriginal Children In Care	14	10
Non Aboriginal Children In Care	29	36
Family Services	39	26
Supervision Orders	8	6.5
Youth Agreement Files	1	1
Youth Services Files	1	1

Caseload Characteristics for 2005/2006

Children and Youth Served Over Previous Six Months

Month	Aboriginal CIC's	Non- aboriginal CIC's	Total CIC's	Youth Support Services	Youth Agreements	Supervision Orders
August	9	37	46	0	0	3
September	11	34	46	1	1	2
October	9	33	45	1	1	9
November	10	29	42	1	1	9
December	16	29	39	1	1	8
January	14	29	43	1	1	8

Ages of children and youth

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

(January 2006, MARS)

Children in Care by Legal Authority

Legal Authority	# of CIC's
Continuing Custody	16
Interim Order	7
Removal of Child	
Temporary Custody	12
Voluntary Care Agreement	6
Not Coded	1

(January 2006, MARS)

After Care Plan

After Care Plan	# of CIC's
Adoption	3
Independent Living	2
Not Coded	1
Place with Relative	7
Return to Parent	21
Substitute Care	9

(January 2006, MARS)

8. ABORIGINAL SERVICES (if applicable)

USMA is currently responsible for all child welfare matters with families who are living on reserve. Off reserve services for Aboriginal people in Port Alberni include the Port Alberni Friendship Center which provides family support and health services. USMA offers off reserve voluntary services such as infant development, public health, and counseling.

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 January 3, 2006, a sample size of between 20% and 25% of open cases were selected for this audit. KFC is responsible for ongoing protective family services and child in care services. At the time of the audit there were 36 open family service files, and 41 child services files. A data set of open Family Services and Child Services files were selected from current case management reports available via a random sampling process using an Excel spreadsheet. 16 open family services file were audited representing 45% of the open, on-going family service files. 19 child services files were audited representing 45% of open child service files for children in care.

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

NARRATIVE SUMMARY – ONGOING PROTECTIVE FAMILY SERVICES

16 protective family service files were audited. Overall compliance to Child and Family service standards was **80.3%**. 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:

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		N A
		#	%	#	%	#	%	
1	Screening and Best Approach to Service Delivery <i>CFS Service Standards #1 and #12</i>	14	87.5%			2	12.5%	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11</i>	10	90.9%			1	9.1%	5
3	Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard #12</i>	9	69.2%			4	30.8%	3
4	Family Development Response <i>CFS Service Standard #14</i>	0	0			0	0	0
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	8	88.9%			1	11.1%	7
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	9	100%			0	0%	7

7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	8	88.9%			1	11.1%	7
8	Concluding a Child Protection Investigation <i>CFS Service Standard #16</i>	9	100%			0	0%	7
9	Concluding a Child Protection Investigation in a Timely Manner <i>CFS Service Standard #16</i>	5	55.6%			4	44.4%	7
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #17</i>	9	75%			3	25%	4
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response <i>CFS Service Standards #17 and #20</i>	1	11.1%			8	88.9%	7
12	Notification of Fatalities and Critical Injuries (Reportable Circumstances) <i>CFS Service Standard #24</i>	0	0	0	0	0	0	16
13	Supervisory Approval	16	100%			0	0%	0
	Total Applicable Indicators: 122 NA Ratings Not Included in Count	98	80.3%	0	0	24	19.7%	86

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: 14 cases

Non-Compliant: 2 cases

- *In 1 case further review of history was required to complete the assessment*
- *In 1 case further follow up to gather sufficient information was needed*

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: 11 cases

Not Applicable: 5 cases

Non-Compliant: 1 case

- *In 1 case indication of possible immediate risk of harm was not assessed immediately*

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

The auditor looked for documentation that demonstrated that the worker had and 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: 9 cases

Not Applicable: 3 cases

Non-Compliant: 4 cases

- *In 2 cases the response decision to a protection report was made outside of the 5 day time frame*
- *In 2 cases there was insufficient information documented to determine a response decision*

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 was begun within that time frame.

Compliant: 8 cases

Not Applicable: 7 cases

Non-Compliant: 1 case

- *In 1 case the response time documented was not supported by the information documented*

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: 9 cases

Not Applicable: 7 cases

Non-Compliant: 0 cases

- *All cases audited were compliant in this measure*

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: 2 cases

Not Applicable: 7 cases

Non-Compliant: 1 case

- *In 1 case the parental interview did not meet the required standard of practice*

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: 9 cases

Not Applicable: 7 cases

Non-Compliant: 0 cases

- *All cases audited were determined to be compliant in this measure, where the conclusion was supported by the documented information.*

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: 5 cases

Not Applicable: 7 cases

Non-Compliant: 4 cases

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: 9 cases

Not Applicable: 4 cases

Non-Compliant: 3 cases

- *In 3 cases a comprehensive assessment of risk was documented, but a documented risk reduction services plan was not found on the file*

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: 1 case

Not Applicable: 5 cases

Non-Compliant: 8 cases

- *In 1 case a review of risk and the service plan was not completed prior to a file transfer*
- *In 7 cases the review of both the risk assessment and service plan were overdue at the time of audit*

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: 0 cases

Not Applicable: 16 cases

Non-Compliant: 0 cases

- *In all cases audited there were no incidents documented that required the director be notified*

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: 16 cases

Non-Compliant: 0 cases

PRACTICE STRENGTHS:

- When a Child is at Immediate Risk of Harm **90.9%**
CFS Service Standard #11

- Conducting a Child Protection Investigation **100%**
CFS Service Standard #16
- Concluding a Child Protection Investigation **100%**
CFS Service Standard #16
- Supervisory Approval **100%**

AREAS FOR IMPROVED PRACTICE:

- Assessing a Child Protection Report and Determining the most Appropriate Response **69.2%**
CFS Service Standard #12
- Concluding a Child Protection Investigation in a Timely Manner **55.6%**
CFS Service Standard #16
- Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response **11.1%**
CFS Service Standards #17 and #20

NARRATIVE SUMMARY - CHILD SERVICES

19 child service files were audited. Overall compliance to the child service standards was **81.5%**. 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:

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 CIC Service Standards #1 and #19	16	84.2%	3	15.8%	0	0	
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	19	100%			0	0	
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	19	100%			0	0	
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	10	52.6%			9	47.4%	0

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>	14	73.7%			5	26.3%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	16	84.2%	3	15.8%	0	0	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	7	36.8%	11	57.9%	1	5.3%	
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	0	0	19
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	6	84.7%			1	14.3%	12
12	Supervisory Approval	19	100%			0	0	
Total Applicable Indicators: 178 NA Ratings Not Included in Count		145	81.5%	17	9.6%	16	9%	50

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: 16 cases

Partially Compliant: 3 cases

- 3 cases were rated partially compliant as they did not contain cultural plans that met the policy requirements, although in all 3 files there was evidence of significant aboriginal community involvement

Non-Compliant: 0 cases

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 cases

Non-Compliant: 0 cases

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 cases

Non-Compliant: 0 cases

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: 10 cases

Non-Compliant: 9 cases

- *In 6 cases the auditor was unable to determine from documentation if the social worker had reviewed the rights of children in care with the child*
- *In 3 cases where the child's age or capacity was a barrier it was unclear from documentation if the social worker reviewed the rights of children in care with someone who could act in the child's best interest*

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 cases

Partially Compliant: 0 cases

Non-Compliant: 0 cases

- *All cases audited were found to be compliant in this measure as they demonstrated evidence of significant child and family involvement in decision making and planning*

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: 14 cases

Non-Compliant: 5 cases

- *In 5 cases the auditor was unable to determine if the social worker had been having contact with the child on a regular basis as per standards (every 3 months) over the past 3 years*

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 16 cases

Partially Compliant 3 cases

- *In 3 cases it was unclear what specific arrangements were in place for the child to have safe, regular and positive contact with their family members.*

Non-Compliant: 0 cases

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: 7 cases

Partially Compliant: 11 cases

- *In 6 cases the immediate assessment and planning had been completed but the comprehensive assessment and plan was overdue by less than one year*
- *In 5 cases it appeared from documentation that regular reviews as required by standards were not being completed regularly over the past 3 years (every 6 months)*
- *In 2 cases the immediate assessment and planning was completed after 30 days*

Non-Compliant: 1 case

- *In 1 case the comprehensive assessment and plan was overdue by 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 cases

Not Applicable: 19 cases

Non-Compliant: 0 cases

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 cases

Not Applicable: 19 cases

Non-Compliant: 0 cases

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: 6 cases

Not Applicable: 12 cases

Non-Compliant: 1 case

- *1 case was determined to be non compliant where the child was 16 or older and an assessment of the youth's capacity for independence had not been completed or planning to develop those skills. It was noted by the auditor that this youth has been living in another province as a run away and it is difficult to complete this practice area.*

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 cases

Non-Compliant: 0 cases

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%**
- Planning for a Child Leaving Care **85.7%**
CIC Service Standards #15 and #16
- Supervisory Approval **100%**

AREAS FOR IMPROVED PRACTICE:

- Ensuring the Rights of a Child in Care **52.6%**
CIC Service Standard #6
- Maintaining Personal Contact with a Child in Care **73.7%**
CIC Service Standard #9
- Assessments and Planning for a Child in Care **36.8%**
CIC Service Standard #11

Michelle Webber
Regional Auditor
Vancouver Island Region
June 27, 2005

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

12. RECOMMENDATIONS

These recommendations were developed in consultation with, Larry Pond, Community Services Manager, Laurie Money, Team Leader, the staff of KMB, 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 bi-weekly individual supervision sessions the status, 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
 - Contact with Children In Care
 - Comprehensive Plans of Care
5. The Director and Deputy Director will raise the issue of low provincial compliance rate for critical measure #8 (Assessments and Planning for Children in Care) at a provincial director's meeting and discuss strategies for addressing this issue including reviewing the existing assessment and planning tools required for planning for children in care. This has been completed (March 8, 2006).

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 8th, 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 – Port Alberni Community Services - KFC

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

Mark Sieben
Assistant Deputy Minister
May 31, 2006