DIRECTOR'S CASE PRACTICE AUDIT REPORT
Vancouver Island Region

Port Hardy Integrated Team (KMB)

Field Work Completed: November 2005
Report Completed: February 2006

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 Standard s 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 KMB social workers also participated 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 given to the Team Leader to review and share with staff.

<u>**SECTION II: COMMUNITY CONTEXT**</u>

3. SERVICE AREA

a) Geographics:
The KMB office is located in Port Hardy in the Northern section of Vancouver Island (Mt Waddington Regional district) and services a large isolated geographical area, which is 20,288 square kilometers in size. The Mt Waddington Regional district is comprised of four municipalities, (Alert Bay, Port Alice, Port Hardy and Port McNeill), several Aboriginal reserves and many small unincorporated communities. Some communities are only accessible by float plane or boat, and some communities are accessible by road, however are a significant distance away from Port Hardy. Traveling to these communities can involve significant time for social workers.

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

<u>**Population**</u>

	Total Population (2004)	Aboriginal (2001)	Other Minorities (2001)
Port Hardy	4581	-	
North Vancouver Island Mt Waddington Regional District	13,603	2660	2,265

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

<u>**Social demographics**</u>

	North Vancouver Island	BC
Education & Income		
• % of Income Assistance Caseload that are single parent families (2004)	22.2%	19.1%
• % of Unemployment beneficiaries ages 19-64 (2004)	5.8%	3.4%
• % of population ages 25-54 without High school completion (2001)	27.5%	17.2%
• % of 18 year old who did not graduate (average 2002-2004)	38.5%	24.9%
Serious Crime incidences per 1000 population (average 2001-2003)		
Violent	2.8	2.9
Property	12.4	12.6
Total Serious Crime	15.2	15.4
Non Cannabis drug offences	218.1	149.9
Illicit drug deaths (2003)	11.4	6.7
Spousal Assault	7.1	2.3
Serious Juvenile (12-17) Crime rate incidences per 1000 Population (average 2001-2003)		

Violent	5.9	2.8
Property	10.3	3.5
Total Serious	16.2	6.4
Non Cannabis drug offences	45.1	46.8

Health

- Infant Mortality Rate (per 1000 live births) (1999-2003) — 12.7 — 4.0
- Potential years of life lost due to suicide/homicide (1999-2003) — 10.9 — 5.4
- Teen Pregnancies (per 1000 women 15-17) (2000-2002) — 47.7 — 20.5

Per Capita Alcohol Sales (April 2003-March 2004)
note this does not reflect what % is due to tourism — 651 — 454
- Dollars Spent
- Liters consumed — 104 — 58

Child Abuse Rate incidences per 1000 population (2003) — 29.9 — 7.6
Children in Care Rate incidences per 1000 population (December 2004) — 14.3 — 9.9

The team leader and staff report that Fetal Alcohol Spectrum Disorder effecting both parents and children is a significant issue in this community.

The major industries in this community are forestry, fishing and salmon farming.

c)   Service Delivery:
KMB is an integrated team that provides intake, investigation, guardianship, protective family services, youth probation, and resources. KMB is located in one office. Youth mental health services are located in a different office location. The community services manager with responsibility for KMB is based out of Campbell River and is available by phone and email. The community services manager attends the office on average once per month and as needed.

i)   Residential Services
The KMB team leader supervises the resource worker for this community. When a placement is needed the social worker advises the resource worker and team leader of a need for potential resource at the daily team meeting and provides information to the resource worker. The social worker then completes a resource request form which contains information on placement needs, expected length of time needed, number of children, behaviours, special needs and family information. The resource worker obtains a placement and informs the social worker. The social worker and/or resource social worker place the child/ren in the resource and at the time of placement reviews with the caregiver the child/ren's needs. Different resources have different expectations for information sharing; some resources have developed lists of questions to be completed at the time of placement. The social worker provides the caregivers with a referral document, medical authorization form, family information, and the healthcare passport. The social worker provides the caregivers with access information as soon as it is confirmed with the family.

The resource social worker is responsible for maintaining an updated resource list for the community which details all restricted placements, foster placements, how many beds are

available, which children are in the caregiver's home and contact information. This is available to all workers.

In December 2005 a behavioral consultant was hired for this area to provide supports to caregivers. The behavioral consultant can assist caregivers with understanding child behaviours, dealing with discipline, as well as self care for caregivers. This position has 21 hours per week available to work with caregivers. There are no foster parent support persons available in the community to support caregivers during the protocol investigation process. A foster parent support person from the Courtenay area is available for caregivers who are subject of protocol investigations.

ii)   Service Transformation Plan
- ❑ The KMB office and community partners are participating in the Family Development Response training initiative which has since been completed (January 2006).
- ❑ The KMB office and community partners have participated in Integrated Case Management joint training initiative.
- ❑ KMB staff have liaison responsibilities where they are responsible for liaising with particular program areas (e.g. committees, initiatives, working groups, aboriginal bands, supported child care, and RCMP)
- ❑ The Port Hardy Aboriginal bands and KMB staff participate in the Aboriginal Working Group. The focus of this group is to support children in out of care options, and to increase opportunities to maintain children in their aboriginal communities. This group provides practical assistance to families. For example, if a family needs furniture, has been evicted or has been identified as having drug/alcohol issues and this has been identified as a barrier to having children returned, the working group will help with practical assistance to assist the family such as financial supports to obtain furniture or housing, or to attend drug and alcohol treatment programs. Requests for assistance are submitted to the working group which is then reviewed by the group members for approval.
- ❑ The Port Hardy community is in the process of implementing mediation.
- ❑ All community agencies, including MCFD participate in a circle meeting where agencies come together and provide updates on agency services, needs, barriers, planning.
- ❑ FASD committee with the goal of building awareness in the community and bringing services to the community.
- ❑ Weekly support group for parents with FAS or parents of FASD children
- ❑ Queen Alexandra Hospital Foundation provided funding last year for a coordinator to set up supports for Fetal Alcohol Spectrum Disorder in the community. This culminated with White Crow camp in the summer of 2004 which families impacted by FASD attended.

iii)   Service Issues/Barriers
The staff of KMB identified several barriers and issues that impact services in this community:
- ❑ There is limited capacity with services in the community and many programs have a waitlist for services.
- ❑ Differing opinions between Aboriginal communities and MCFD staff regarding what constitutes adequate qualifications and education for support workers.
- ❑ Impact of colonization on aboriginal communities
- ❑ Limited pool of mediators in the community to implement the mediation initiative with the closest mediators being located in Campbell River. MCFD and the community are looking at possible solutions to this issue.
- ❑ Significant numbers of parents and children who are affected by FASD.

❑ The Port Hardy hospital is not able to deliver babies, and the majority of pregnant women are sent to Comox when their babies are about to be born. Port McNeil is able to manage some births if it is low risk. This creates challenges for families regarding travel and childcare.

4.   STAFF TRAINING

Ministry Training Programs	Team Leader	SW 1	SW 2	SW 3	SW 4	SW 5
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

KMB staff meet each morning to review any new After Hours Memos, intakes, RCMP reports, duty schedule, band communication, caseloads, file transfers, assigning new cases.
                                meeting as an opportunity to set up consultation and tracking supervision meetings   .   setting up a regular clinical supervision schedule.

Clinical supervision and caseload tracking is schedule when either requested by the team leader or worker. During clinical supervision the team leader reviews with the social worker case management reports, current intakes and investigations, caseload activities and planning.

6. INTAKE AND TRACKING SYSTEMS

a)   Investigations:
A screener is assigned at the morning meeting on a daily basis to receive and assess new reports. New reports received from After Hours or the previous day by the screener are reviewed and assigned at this meeting for follow up. The screener reviews all new reports with the team leader during the day for action and assignment.
currently establishing an intake/investigation tracking system. The team is currently in the process of redesigning the service delivery model.

b)   Family development Response:
The KMB office is in the process of planning implementation of family development response for January 2006.

c)   Ongoing Family Service and Child Service

process of implementing a tracking system for risk assessments, reviews, and plans of care.

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	
Social Worker				Full	
Social Worker				Partial	

				Full	
Social Worker				Full	

Caseload Characteristics

b) Current Workload

File Type	November 2005	Monthly Average *Nov 2005 to Nov 2005*
Child Protection intakes	16	24
Requests for Family Support Services	1	3
Requests for Youth Services	0	.5
Total Intakes	17	30
Child In Care Files	58	51
Aboriginal Children In Care	52	48
Family Services	95	88
Supervision Orders	17	20

(MARS 2005)

The three most commonly identified section 13 concerns reported over past 6 months (MARS, June 2005 to November 2005) were

❑ Neglect
❑ Parent unable or unwilling to care for child
❑ Physical abuse

Caseload Characteristics for 2005

Children and Youth Served Over Previous Six Months

Month	Aboriginal CIC's	Non-aboriginal CIC's	Total CIC's	Youth Support Services	Supervision Orders
June	45	5	50	0	27
July	48	2	50	0	23
Aug	47	2	49	1	22
Sept	44	4	48	1	17
Oct	56	6	62	1	22
Nov	52	6	58	1	17

Ages of children and youth

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

(Nov 2005, MARS)

Children in Care by Legal Authority   After Care Plan

Legal Authority	# of

	# of CIC's

	CIC's
Continuing Custody	18
Adoption Act	1
Interim Order	7
Removal of Child	6
Temporary Custody	22
Voluntary Care Agreement	1
Custody of other, supervision of Director	4

(Nov 2005, MARS)

After Care Plan	
Adoption	17
Independent Living	1
Not Coded	4
Place with Relative	1
Place within Aboriginal Community	1
Return to Parent	33
Substitute Care	1

(Nov 2005, MARS)

8. ABORIGINAL SERVICES

There are two significant historical events which continue to significantly impact Aboriginal communities in the Port Hardy area.

There are many survivors of the residential school system living in the Port Hardy area, who attended the Alert Bay Indian Residential School which opened in1929 and closed in1975. Many of these survivors have reported experiencing significant abuse while attending this school as children, which as is well documented, has had a long term impact for survivors.

According to the *Looking Forward Looking Back Report of the Royal Commission on Aboriginal Peoples* (1996) in 1964 two bands, Gwa'Sala from Takush and 'Nakwaxda'xw from Bahas, were coerced by the federal government to move from their own established reserves to a combined reserve in the town of Port Hardy. There is significant history of colonialism, federal government policies and actions of assimilation and residential schools in this community that continued into the 1970s. This created massive social destabilization in the aboriginal community and has left a legacy of social problems that profoundly affects the current generation of children and families.

In November 2005, at the time of audit, 54% of the aboriginal children in care are members of the Gwa' sala'nakwaxda'xw Band.

Aboriginal Bands within the Port Hardy office catchment's area:
- Gwa'Sala-'Nakwaxda'xw
- Gwawaenuk Tribe
- Kwa-wa-aineuk
- Kwicksutaineuk-Ah-Kwaw-Ah-Mish
- Kyuquot Band
- Whe'la'la'u
- 'Namgis
- Oweekeno Nation
- Quatsino
- Tanakteuk
- Tlatlasikwala
- Tlowitsis-mum taglia
- Tsawataineuk

Aboriginal agencies and services
- Gwa'Sala-'Nakwaxda'xw Health &Family Services
- 'Namgis Family Support
- Nuu-Chah-Nulth Community & Human Services
- Sacred Wolf Friendship Centre

Protocols with Aboriginal Communities and Agencies
Usma Nu Chul Nuth, RCMP and MCFD
A signed off protocol is in place that outlines procedures and agreements for: registering and transferring files; investigation of child abuse/neglect reports; family service transfers; development and use of childcare resources; transfer of child service files; CIHR/GFA; adoption; serving notices of hearing; conflict resolution; and, training. Bands included in this protocol are: Nush Hatlaht, Ehattesaht,

Quatsino, Gwa'sala-Nakwaxda-xw and MCFD
A protocol is in place that is currently being revised that outlines procedures and agreements for: roles and responsibilities for reporting child abuse; identifying contact persons; disclosure at the band school; consultation for case planning; and, permanency and adoption planning.

Namgis and MCFD
A draft protocol is in place that outlines procedures and agreements for: legal duty to report, file transfer, resources off reserve, accessing information, service provision for off reserve, adoption, dispute resolution, training, protocol review process, and notice of changes.

Cape Mudge band and MCFD
A signed off protocol is in place that outlines procedures and agreements for: collaborative approach to case planning, information sharing, responding to reports on reserve, designated representatives, responding to reports off reserve, tape recorders/audio visual equipment, risk assessments, collaborative case planning, protecting children/alternatives to removal, placement of children, case planning for children in care, dispute resolution process, review and management of protocol.

Wuiknuxv and MCFD
A signed off protocol is in place that outlines procedures and agreements for: collaborative approach to case planning, responsibilities, information sharing, responding to reports on reserve and off reserve, tape records, risk assessments alternatives to removal, placement of children, case planning, dispute resolution, review and management.

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 20% of closed investigations, open family services and open child services cases were selected for this audit. KMB is responsible for intake/investigation, protective family services and guardianship. At the time of the audit there were 96 open family service files and 58 child services files. A data set was compiled by obtaining Closed Investigation reports from the MARS website for the previous six months. This data was then randomly sorted using an Excel spreadsheet, and the first 34 files (20%) of each caseload were selected to create the audit sample. Open Family Services and Child Services files were selected from current case management reports via the same random sampling process using an Excel spreadsheet.

The intake reports available for KMB on MCFD MARS indicate there were 169 completed intake and investigation reports over the past 6 months (Apr to Sept 2005). 30 closed intake files were audited representing 20% of the intakes received within the last 6 months. In addition, 19 open family services file were audited representing 20 of the open, on-going family service files. 13 child services files were audited representing 20% of open 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
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 *CFS Service Standards #1 and #12*	47	94%			3	6%	
2	When a Child is at Immediate Risk of Harm *CFS Service Standard #11*	18	81.8%			4	18.2%	28
3	Assessing a Child Protection Report and Determining the most Appropriate Response *CFS Service Standard #12*	39	95.1%			2	4.9%	9
4	Family Development Response CFS Service Standard #14	0	%			0	%	50
5	Determining the Time Frame to Begin an Investigation *CFS Service Standard #16*	20	90.9%			2	9.1%	28
6	Conducting a Child Protection Investigation CFS Service Standard #16	17	77.3%			5	22.7%	28
7	Seeing and Interviewing the Child and Family *CFS Service Standard #16*	15	68.2%			7	31.8%	28
8	Concluding a Child Protection Investigation CFS Service Standard #16	18	85.7%			3	14.3%	29
9	Concluding a Child Protection Investigation in a Timely Manner *CFS Service Standard #16*	11	52.4%			10	47.6%	29
10	Developing and Implementing a Plan to Keep a Child Safe *CFS Service Standard #17*	7	38.9%			11	61.1%	32
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response *CFS Service Standards #17 and #20*	5	41.7%			7	58.3%	38
12	Notification of Fatalities and Critical Injuries (Reportable Circumstances) *CFS Service Standard #24*	1	100%			0	%	49
13	Supervisory Approval	49	98.0%			1	2%	
	Total Applicable Indicators: 302 NA Ratings Not Included in Count	247	81.8%	0	0	55	18.2%	348

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: 47 files
Non-Compliant: 3

- *2 files required further information gathering/clarification of information*
- *1 file required a more comprehensive review of history*

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: 18 files
Not Applicable: 28 files
Non-Compliant: 4 files

- *3 reports contained information that indicated there was possible immediate risk of harm that was either not assessed or assessed at the time of report*
- *1 file contained a safety plan that was not adequate or not completed after a determination of possible immediate risk of harm was identified.*

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: 39 files
Not Applicable: 9 files
Non-Compliant: 2 files

- *1 file documented a response decision that was made outside of the 5 day time requirement*
- *1 file did not contain adequate information to complete a section 16 assessment 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: 20 files
Not Applicable: 28 files
Non-Compliant: 2 files

- *2 files documented that the social worker was unable to initiate a response in the determined response time*

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: 17 files
Not Applicable: 28 files
Non-Compliant: 5 files

- *In 2 files it was unclear from documentation if the child/ren were directly observed and/or interviewed by the social worker*
- *In 1 file it was unclear if sufficient collateral information was collected*
- *In 1 file it was unclear from the documentation if the home was directly observed by the social worker*

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: 15 files
Not Applicable: 28 files
Non-Compliant: 7 files

- *In 3 files it was unclear if the child/ren were interviewed or if the interview was sufficient and directly observed by the social worker*
- *In 2 files it was unclear if all parents had been interviewed*
- *In 1 file it was unclear if the home environment had been directly observed by the social worker and this may have been critical to the investigation*
- *In 3 files, where there was documented information regarding domestic violence the parents were interviewed jointly rather than individually in private*

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: 29 files
Non-Compliant: 3 files

- *In 2 files there was insufficient information documented to determine a child's need for protective services*
- *In 1 file the protective response to a finding of needing protective services was not adequate given circumstances and information documented*

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: 10 files
Not Applicable: 29 files
Non-Compliant: 11 files

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: 7 files
Not Applicable: 32 files
Non-Compliant: 11 files

- *In 9 files there was a determination of a child/ren needing protective services and the assessment/plan was not completed or not current at the time of audit*
- *In 1 files the Risk Assessment was on file, the risk reduction services plan was not completed and/or current*
- *In 1 file the service plan was on file but the risk assessment 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: 5 files
Not Applicable: 38 files
Non-Compliant: 7 files

- *In 4 files documentation on file indicated a significant change had occurred and a review of the risk assessment and risk reduction services plan had not been completed*
- *In 3 files a review risk assessment had been completed but there was no completed review risk reduction service plan on file.*

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: 49 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: 49 files
Non-Compliant: 1 file

- *In one file, an investigation was signed off for approval by the Acting team leader who had completed some work on the file during the investigation*

PRACTICE STRENGTHS:

- Screening and Best Approach to Service Delivery **94%**
  CFS Service Standards #1 and #12
- Assessing a Child Protection Report and Determining the most Appropriate Response **95.1%**
  CFS Service Standard #12
- Determining the Time Frame to Begin an Investigation **90.9%**
  CFS Service Standard #16
- Supervisory Approval **98%**

- Conducting a Child Protection Investigation   **77.3%**
  CFS Service Standard #16
- Seeing and Interviewing the Child and Family   **68.2%**
  CFS Service Standard #16
- Concluding a Child Protection Investigation in a Timely Manner   **52.4%**
  CFS Service Standard #16
- Developing and Implementing a Plan to Keep a Child Safe   **38.9%**
  CFS Service Standard #17
- Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response   **41.7%**
  CFS Service Standards #17 and #20

NARRATIVE SUMMARY - CHILD SERVICES

13 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:

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*	1	7.7%	12	92.3%	0	0	
2	Assuming Responsibility for a Child in Care *CIC Service Standard #4*	13	100%			0	0	
3	Ensuring a Child's Safety While in Care *CIC Service Standard #5*	13	100%			0	0	
4	Ensuring the Rights of a Child in Care *CIC Service Standard #6*	5	38.5%			8	61.5%	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making *CIC Service Standard #8*	13	100%	0	0	0	0	
6	Maintaining Personal Contact with a Child in Care *CIC Service Standard #9*	11	84.6%			2	15.4%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships *CIC Service Standard #10*	12	92.3%	1	7.7%	0	0	

#		Compliant	%	Partial	%	Non-Compliant	%	NA
8	Assessments and Planning for a Child in Care *CIC Service Standard #11*	9	69.2%	2	15.4%	2	15.4%	
9	When a Child is Missing or has Run Away *CIC Service Standard #14*	0	0			0	0	13
10	Notification of Fatalities, Critical injuries and Serious Incidents *C&FS Standard #24*	1	100%	0	0	0	0	12
11	Planning for a Child Leaving Care *CIC Service Standards #15 and #16*	3	100%			0	0	10
12	Supervisory Approval	13	100%			0	0	
	Total Applicable Indicators: 121 **NA Ratings Not Included in Count**	94	77.7%	15	12.4%	12	9.9%	35

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: 1 file
Partially Compliant: 12 files

- *12 files did not contain a documented cultural plan that met the requirements as outlined in the Cultural Plan Policy for aboriginal children. All 12 files demonstrated significant and active involvement with aboriginal communities, families and bands.*

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: 13 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: 13 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: 5 files
Not Applicable: 0 files
Non-Compliant: 8 files

- *In all 8 files there was no documentation on file to demonstrate the social worker had reviewed the section 70 rights with the child or an alternative.*
- *In 5 of the files it was observed that the child's age or capacity would be a barrier, and the rights would need to be reviewed 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: 13 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: 11 files
Non-Compliant: 2 files

- *In 2 files the auditor was unable to determine from documentation if the social worker's contact with the child met the requirements as per standards*

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   12 files
Partially Compliant 1 file

- *1 file was determined to be partially compliant based on the child being young and experiencing a significant number of moves during a short period of time. It was observed from documentation that several of the moves were beyond the worker's control and were at the request of the different caregivers for various reasons.*

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: 3 files

- *In 2 files the immediate assessment and plan had been completed, but the comprehensive assessment and plan was not completed and was overdue by less than one year*

Non-Compliant: 2 files

- *2 files contained comprehensive assessment and plans but a review 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 files
Not Applicable: 13 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: 1 file
- *In the reportable circumstances report completed there was excellent and thorough documentation of the youth's history, which had significant bearing on his circumstances*

Not Applicable: 12 files
Non-Compliant: 0 files

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: 3 files
- *In 3 files where the child will be leaving care in the near future, documentation indicated the social workers were engaged in comprehensive planning to facilitate the child's transition with significant family, community and aboriginal involvement.*

Not Applicable: 10 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: 13 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 **92.3%**
  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 **7.7%**
  CIC Service Standards #1 and #19
- Ensuring a Child's Safety While in Care **38.5%**
  CIC Service Standard #5
- Assessments and Planning for a Child in Care **69.2%**
  CIC Service Standard #11

Michelle Webber	Thomas Weber
Regional Auditor	Director of Child Welfare &
Vancouver Island Region	Deputy Director Adoptions
June 27, 2005	Vancouver Island Region

12. RECOMMENDATIONS

These recommendations were developed in consultation with, Caren Van Der Mark, Community Services Manager, Lorie Hurst, Team Leader, the staff of KMB, Alex Scheiber, Deputy Director Vancouver Island Region, Michelle Webber, auditor.

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 Community Services Manager will review with the KMB staff the standards for:
   - Investigations
   - Risk Assessments
   - Risk Reduction Services Plan
   - Comprehensive Plans of Care
   - Cultural plans for Aboriginal Children in Care

4. The Team Leader will implement a tracking system for Investigations, Comprehensive Risk Assessments, Risk Reduction Services Plans and Plans of Care and implement strategies to ensure these are completed as per standards and report back on the strategies and tracking system implemented.

5. The Team Leader will ensure that staff advise and review with all children in care the section 70 rights of children in care on an annual basis through Comprehensive Plan of Care tracking.

6. The Team Leader will incorporate expectations for timeframes for completion of required casework activities within regularly scheduled supervision

7. The Director of Child Welfare for the Vancouver Island Region will:

   - facilitate a forum with MCFD staff in Port Hardy and members of the Gwa'sala-Nakwaxda'XW Band on the subject of child safety
   - provide in-service training for staff in Port Hardy on risk assessment analysis

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 1-6 have been completed by April 30, 2006

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

Provincial Director

Ministry of Children and Family Development
Date: _____

Director's Case Practice Audit – Port Hardy Team (KMB)

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

Mark Sieben
A/Assistant Deputy Minister
April 4 2006