

CASE PRACTICE AUDIT REPORT

Fort St. John Child and Family Services (QJC)

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

North Region

Director of Child Welfare

Field Work Completed: November 14, 2005 – November 22, 2005
Report Completed: December 20, 2005

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SECTION I: INTRODUCTION

PURPOSE

The purpose of case practice audits is to support practice to promote improved outcomes for children and families served by the Ministry. Through a review of a sample of cases, case practice audits help to confirm good practice and identify areas where practice requires strengthening.

The specific purposes of case practice audits are:

- to confirm good practice and enhance the development of best practice;
- to support the Ministry's service transformation initiatives;
- to assess and evaluate practice in relation to current legislation and standards;
- to determine the current level of practice across a sample of cases;
- to identify cases where additional assessment and/or intervention is required;
- to identify barriers to service provision;
- to assist in identifying training needs;
- to provide information for use in updating and/or amending practice standards or policy.

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

METHODOLOGY

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

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

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

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

The auditors conducted fieldwork from November 14, 2005 to November 22, 2005. The auditors met initially with the team to review the audit purpose and process. During this time the staff were invited to identify files that reflected recent practice shifts e.g., Kith and Kin Agreements, Section 54.1 placements, Family Development Response and Alternate Dispute Resolution.

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

Upon the completion of the audit the auditors met with the team and provided an overview of the results, including general observations, patterns and themes that were identified. The auditors reviewed the findings with the community service manager at a separate meeting. The individual case reports were provided to the team leader and the community service manager.

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

SECTION II: SERVICE DELIVERY

COMMUNITY OVERVIEW

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

MCFD Peace Liard sub region consists of 4 population centers: Fort Nelson, Fort St. John, Dawson Creek and Chetwynd.

The QJC team provides services to the city of Fort St. John, which includes as far north as Pink Mountain, as far south as Kistkatanaw Bridge which is located between Fort St. John and Dawson Creek, as far west as Bear Flats which is located outside of Hudson's Hope and as far east to the Alberta border.

There are 3 First Nation communities that are serviced by the Fort St. John office. The 3 communities are as follows; Doig River First Nations, Blueberry River First Nations and Halfway River First Nations.

The population of the city of Fort St. John is approximately 17,000. It was noted that the majority of the population consisted of young families with children.

The City is located in the heart of majestic Peace River country and is the largest regional service center in north eastern BC, servicing 60,000 people in outlying areas. Fort St. John is located 459 km (276 miles) north of Prince George on Highway 97. Fort St. John is situated 75 km north of Dawson Creek on the Alaska Highway; this thriving community offers a collage of forests, lakes and rivers, hills and valleys, flat farm land and an abundance of wildlife. Fort St. John's key industries are oil and gas, agriculture and forestry.

Identified social problems amongst the client group include domestic violence, alcohol and drug abuse and neglect issues due to a lack of parenting skills. The team leader reports that MCFD provides services to a high number of young mothers. It was also noted that there is a high level of transient families in the community. Families will often move to Fort St. John for employment opportunities however housing is a major issue forcing families to leave the community.

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

STAFFING

The QJC team consists of a complement of a team leader and 6 full time social workers. The team leader reports that there had been several staff transitions during the last year. The team leader reports that 2 staff left the team as a result of leave and 2 new workers were assigned to the team. The team leader reports that 2 senior workers remained with the team.

The team model consists of 6 family service workers and the team leader. Five of the workers are responsible for managing the ongoing family service and guardianship function. One worker is responsible for family group conferencing. The family service workers are not responsible for investigating new reports on files open to them. When a report is received on an open file, the file is transferred to the intake team. The family service worker may assist the intake worker with the investigation. All staff on the team are fully delegated.

The administrative support team consists of a clerk 5 supervisor, 1 clerk 3, and 2OA2s. The Fort St. John office is an integrated office. The administrative team is responsible for the reception and administrative tasks for 2 protection teams, resources, child and youth mental health, youth justice, adoption and community living services. One of the 2 OA2's is responsible for the reception duties and file maintenance. The other OA2 is responsible for contracts. There is a team assistant assigned to the team of QJC. The assistant is primarily responsible for the management of court documents. The clerk 5 is responsible for overseeing all the office related functions. During the audit, the file room was well maintained and organized. The family service files are well-organized into sections that were easy to identify and peruse.

STAFF TRAINING

Please see chart for additional information on staff experience and education. The auditor did not receive information from 3 social workers.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Leader				Full Delegation	
Child Protection Social Worker (1)				Full Delegation	
Social Worker (2)				Full Delegation	
Social Worker (3)				Full Delegation	

The auditor did not receive staff training information from 3 social workers.

completes appraisals on a yearly basis.
completes appraisals on new employees every 6 months during their probationary period. once workers achieve their full growth potential within the grid series there is no real benchmark on when appraisals should be completed.

The Ministry of Children and Family Development implemented a new learning management system to assist employees in managing their learning and development needs. The north region implemented the program in November 2004. The north region sponsored and promoted learning events that were of interest to the employees and that aligned with the priorities of the region's service delivery plan. The learning management system project provided the north region with the e-learning infrastructure and the set of on-line tools. The key drivers behind the initiative were:

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

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

- Employee and organizational learning linked to ministry and regional service plans, human resources planning initiatives, and the budgeting process;
- Consistent application of policies for training approval, eligibility, and reimbursement;
- Common work practices for educational planning;

- Improved tracking and more comprehensive reporting of employee development activities, including employee development histories; and
- Streamlined administrative procedures for managing learning activities across the Ministry.

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

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

Ministry Training Program	Team Leader	SW 1	SW 2	SW 3
Child Protection Worker (core)				
Resources Worker				
Guardianship (core)				
Adoption (core)				
Clinical Supervision Level 1.				
Clinical Supervision Level 2				
Risk Assessment				
Advanced Risk Assessment				
Enhanced Neglect				
Cultural Awareness				
Integrated Case Management				
Investigative Interviewing				
FAS/E and NAS/E				
Looking After Children				
Substance Misuse				
Youth Alcohol & Drug				
Youth Suicide prevention				
Youth agreements				
District Supervisor module 1				
District Supervisor module 2				
Leading the Way				

The auditor did not receive staff training information from 3 social workers.

SUPERVISION AND CONSULTATION

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

The team leader reports that supervision occurs on an ongoing basis. The team leader stated that supervision is scheduled on a weekly basis. The team leader documents notes regarding the supervision and the information is stored in a file folder. The team leader reports that the administrative staff prints a copy of the case management reports and provides it to the team leader. The team leader stated that scheduled reviews sometimes do not occur as social workers are busy with plans of care and placement issues. The team leader reports that she is working on a system to BF reviews. The team leader states that if she is away from the office for a short period of time she is available by cell phone. The team leader reports that she coordinates her vacation with a senior worker to ensure that an alternative team leader is always available. The team leader reports that when the senior social worker is acting the person is not responsible for providing clinical supervision. The nature of their duties involves crisis management. The team leader reports that the intake team leader is also available for consultation when she is not available.

The team leader states that there is no regular scheduled supervision with the community service manager. Supervision is obtained when needed. The nature of contact with the community service manager is either by telephone, email or in person. The team leader stated that the community service manager always responds quickly when required.

ONGOING FAMILY AND CHILD SERVICE AND TRACKING SYSTEMS:

Ongoing Family Service and Child Service:

Given the fact that the intake team manages all intakes the social worker described the case transfer process. The social worker reports when a decision is made to transfer a file for on going protective service the QJC team leader is notified.

The team leader reports that a number of factors are taken into consideration before giving a social worker the file. The team leader describes the following factors: the social workers current caseload and the complexity of the case.

The social workers enter new admissions for children in care with the assistance of the team assistant if required. It is the social workers' responsibility for tracking care plans and reviews. The important key events are tracked on an informal basis with the team leader. Tracking occurs when initiated by the social worker. The electronic system provides a "to do" list that reminds the social worker that legal status and plans of care need to be updated. The worker also tracks the reviews by inputting the information on the MIS appropriate screens. The care plan meetings are held when required. The team leader's expectation for the social worker is to meet with child, foster parent, community members and all other important individuals in the child's life. The social workers are responsible for contacting involved persons in the care plan meeting. The plan of care is

distributed to the appropriate people who required a copy. Children in care are informed of their rights when they first come into care. They are given the booklet and the social worker will review the rights with the child/or youth.

SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

The Fort St. John office serves 3 Aboriginal Bands. The names of the communities are as follows:

- Doig River First Nations: Is one of the 4 Dane-zaa / Beaver Indian communities native to the Peace River area of northeastern British Columbia. Dane-zaa means "Real People" and today there are approximately 1000 Dane-zaa in British Columbia living in the Doig River, Blueberry River, Halfway River and Prophet River communities.
- Blueberry River First Nations: Although there are family links between all the Dane-zaa Bands, the Doig River First Nation people have close ties with the Blueberry River First Nation because they were both part of the Fort St. John Beaver Band until the early 1950's. At this time, some of the reserves were taken away from the people and it was not until 1977 that new reserves were formally re-appointed to the First Nations people.
- Halfway River First Nations: The community consists of 2 subdivisions approximately 100 km northwest of Fort St. John. The reserve is located near Halfway River, a tributary of the Peace River, "halfway" between Fort St. John and Hudson Hope. Seasonal work involves working in the bush, the store, band-operated farm, trapping, big game guiding, slashing, carpentry shop and fire fighting.

It was noted that all of the First Nations communities have very limited resources directly available to the people living on the reserves. They have access to Federal Health and Income assistance. The team leader reports that the First Nations Bands have had sporadic attempts at services such as drug & alcohol counselling, parenting courses/assistance, and general wellness workers. The team leader reports that these services are short-lived. The Aboriginal people have access to services in Fort St. John.

There are no delegated agencies within the Fort St. John area. There is an informal protocol developed which states that MCFD will contact the Band office to advise a designated band representative of any involvement with MCFD and the Band representative will work jointly with MCFD.

The team leader stated that MCFD has a strong working relationship with the Doig River First Nations. The team leader stated that MCFD is working on developing a stronger relationship with the Blueberry River First Nations and the Halfway River First Nations. There is presently a planning committee working in conjunction with MCFD with the intent to create a governance structure that will allow the First Nations to begin taking on Child and Family Service functions.

The team leader has assigned liaison workers to each First Nations community. The workers meet regularly on non-specific issues such as program development, new legislation changes, opportunities, support and planning.

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

Office QJC Children in Care - June 2005 to November 2005							
Aboriginal Status	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Average
Aboriginal	38	38	37	36	36	44	38.2
Non-Aboriginal	13	12	13	14	17	21	15.0
Total	51	50	50	50	53	65	53.2

Office QJC Open FS Files - June 2005 to November 2005							
Aboriginal Status	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Average
Aboriginal	15	15	15	14	17	14	15.0
Non-Aboriginal	32	26	26	29	26	26	27.5
Unknown	2	1	0	0	0	0	0.5
Total	49	42	41	43	43	40	43.0

Office QJC Protection Reports Recorded - June 2005 to November 2005							
Aboriginal Status	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Average
Aboriginal	1	1	2	2	3	0	1.5
Non-Aboriginal	5	0	1	3	1	1	1.8
Total	6	1	3	5	4	1	3.3

Office QJC Total Intakes Recorded - June 2005 to November 2005							
Aboriginal Status	Jun-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05	Average
Aboriginal	1	1	3	2	3	0	1.7
Non-Aboriginal	6	1	1	4	1	2	2.5
Total	7	2	4	6	4	2	4.2

RESOURCES

Residential Resources

The Fort St. John office has a resource worker who is responsible to recruit, approve and support placements. It was noted that the relatively new regional resource agency known as the North Central Family Resources is suppose to assist in recruitment. The resource team leader is located in the Fort St. John office and is responsible for the clinical supervision of the resource worker. The QJC team accesses the resource worker when required. Once the resource worker locates an available home, the child's worker assumes responsibility for placement and for providing the caregivers with essential information (referral form or copy of snapshot) about the child.

The team leader reports that the placements are supported primarily by the resource social worker and the child's social worker. Additional supports may include, peer foster parent support, formal support through North Central Family Resources and community agencies.

The 1 local contracted resource meets quarterly with the intake team leader and the resource social worker. MCFD staff are requested to provide ongoing feedback to either the team leader or the resource social worker in order for concerns to be addressed at the quarterly reviews. A recent protocol was developed to identify strengths and weaknesses and to provide an avenue for regular feedback to both MCFD and group home staff.

The team leader reports that many of the existing, skilled foster parents are full. The team leader reports that MCFD has lost a number of experienced foster homes and MCFD has had limited success in recruiting skilled caregivers that are able to manage the high needs of the majority of children and youth coming into care.

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

Non-residential

There are several contracted resources providing support services to children and families in the Fort St. John area:

- North peace addictions;
- Friendship society alcohol and drug program;
- Children who witness violence;
- Child development center;

- Charlie Lake community counselling;
- First Nations Education centre;
- North Peace community housing;
- Mom's and Tot's;
- Prenatal classes;
- Mom's connect;
- Sexual abuse intervention program;
- Peace Liard community corrections;
- Transition house;
- Homeless shelter.

The following contracts are held at North Peace Community Resources Society:

- Special Services to Children;
- Family Advancement;
- Child and Youth Mental Health and Supported Independent Living.

SERVICE TRANSFORMATION

The community service manager reports that nothing has transpired in regards to service re-design in the Fort St. John area. There have been attempts to gain consensus on shifting non- Aboriginal service provider budget to Aboriginal service providers however this was not successful. The community service manager is working on other program areas and will provide more information in the future.

SECTION III: AUDIT RESULTS

AUDIT SAMPLE

The audit of the Fort St. John Child and Family Service Team (QJC) included a minimum of 20-25% of open Family Service cases; and 20-25% of open Child Service cases.

Caseload Management Reports were printed from the MCFD computer system prior to the commencement of the audit and used to arrive at a sample number. The Case Management Report recorded 37 open Family Services cases (this number included open intakes). Twelve open Family Service cases were audited representing 40% of 30 open Family Service cases. Fifteen out of 56 open Child Service cases were audited, representing 25% of open Child Services cases.

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

Family Service and Child Service cases represent a stratified sample. At least 3 cases were selected from each caseload.

RESULTS: CHILD AND FAMILY SERVICES: ONGOING SERVICE FUNCTION

Practice Strengths:

The audit examined 12 ongoing family service files.

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

The overall high compliance in the initial screening function indicated that staff understand the nature of the work and are able to determine the best response to incoming information, regardless of the source.

There is evidence on the files that MCFD has a good working relationship with community partners, social workers are ensuring the Aboriginal children are registered with their bands and social workers are making appropriate referrals for families.

It was noted that family group conferencing is being used on a regular basis.

The compliance ratings varied between the critical measures.

Areas for Improved Case Practice:

Low compliance was found in critical measures 10 and 11 associated with *Developing and implementing a Plan to Keep a Child Safe & Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response*. The majority of the files audited were lacking Comprehensive Risk Assessments and Risk Reduction Service Plans.

The auditor flagged 5 cases for consideration of a risk assessment and a risk reduction service plan.

Compliance Ratings Per Measure For Open Family Service Cases

1. Screening and Best Approach to Service Delivery

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

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

2. When a Child is at Immediate Risk of Harm

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

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

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

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

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

4. Family Development Response

- N/A

5. Determining a Time Frame to Begin an Investigation

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

- Compliance was met in 11 of 12 cases for 92% compliance. Non compliance was found in 1 case where the investigation did not begin within the 5 calendar days.

6. Conducting a Child Protection Investigation

This critical measure outlines many of the activities involved in an investigation. This includes that all relevant information relating to the report has been reviewed, including

information from people/professionals who have relevant knowledge of the family and that the child's living situation has been directly observed. All of the above steps need to be completed for compliance.

- Compliance was met in 10 of 12 cases for 83% compliance. Non compliance was found in 2 cases, where the living environment was not observed and key collaterals were not completed or not documented.

7. Seeing and Interviewing the Child and Family

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

- Compliance was met in 11 of 12 cases for 92% compliance. Non compliance was found in 1 case where all interviews were not completed or not documented.

8. Concluding a Child Protection Investigation

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

- Compliance was met in 8 of 12 cases for 67% compliance. Non compliance was found in 4 cases where the information collected through out the investigation was incongruent with the finding.

9. Concluding an Investigation in a Timely Manner

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

- Compliance was met in 5 of 12 cases for 42% compliance. Non compliance was found in 7 cases due to a delay over 90 days.

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

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

- Compliance was met in 6 of 11 cases for 55% compliance. Non compliance was found in 5 cases where the cases did not have a completed risk assessment.

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

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

- Compliance was met in 2 of 7 cases for 29% compliance. Non compliance was found in 5 cases where there was no evidence of a risk reduction service plan.

12.Notification of Fatalities and Critical Injuries and Serious Incidents

- N/A

13.Supervisory Approval

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

- Compliance was met in 8 of 12 cases for 67% compliance. Non compliance was found in 4 cases where supervisory consultation was not clear as the cases appeared to drift. The cases did not have review recordings, risk assessments or risk reduction service plans.

RESULTS: CHILDREN IN CARE

Practice Strengths:

Fifteen child service files were audited.

There were many areas of strength found within the Child Service files. There was evidence on the files that social workers are ensuring that children with special needs are receiving assessments. The auditor located several assessments on the files. It was observed that out of care options were being explored and children were placed in living arrangements that met their identified needs. Documentation was also found indicating that appropriate strategies have been planned and implemented to promote stability and continuity of lifelong relationships. It was noted that social workers promote access with important individuals in children's lives.

Areas for Improved Case Practice:

Areas of low compliance involved critical measures 4, 5 and 8 associated with *Ensuring the Rights of a Child in Care, Involving a Child and Considering the Child's Views in Case Planning and Decision Making and Assessments and Planning for a Child in Care*. Based on file documentation it was not clear if the child/youth had been notified of his or her rights. In a few cases the documentation did not reflect if the child/youth had been involved with his or her planning. In terms of completing plans of care the documentation was found to be inadequate resulting in low compliance for this critical measure.

Two files have been flagged for follow up.

Compliance Ratings Per Measure

1. Preserving the Identity of an Aboriginal Child in Care

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

- Compliance was met in 13 of 15 cases for 87% compliance. Partial compliance was found in 2 cases where the child was identified as Aboriginal however a cultural plan was not completed or not documented.

2. Assuming Responsibility for a Child in Care

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

- Compliance was met in 15 of 15 cases for 100% compliance.

3. Ensuring a Child's Safety While in Care

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

- Compliance was met in 15 of 15 cases for 100% compliance.

4. Ensuring the Rights of a Child in Care

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

- Compliance was met in 10 of 15 cases for 67% compliance. Non compliance was found in 5 cases where there was no evidence of the child being informed of his or her rights.

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

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

- Compliance was met in 10 of 15 cases for 67% compliance. Partial compliance was found in 4 cases where there was some evidence that the child was involved with case planning. Non compliance was found in 1 case where the file did not contain a current plan of care or documented evidence to support that the child was involved in case planning.

6. Maintaining Personal Contact with a Child in Care

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

- Compliance was met in 15 of 15 cases for 100% compliance

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

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

- Compliance was met in 15 of 15 cases for 100% compliance.

8. Assessments and Planning for a Child in Care

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

- Compliance was met in 4 of 15 cases for 27% compliance. Partial compliance was found in 5 cases for 33% partial compliance. Non compliance was found in 6 cases where a plan of care could not be located.

9. When a Child is Missing or Has Run Away

- N/A

10. Notification of Fatalities, Critical Injuries and Serious Incidents

In circumstances where there is a death or critical injury of a child in care or there is a serious incident that may affect the immediate safety or health of a child in care, appropriate members of the child's family, the designated director, community service providers, and delegated agencies have been informed of the incident.

- Non compliance was found in 1 of 1 cases for 100% non compliance. In 1 case a reportable circumstance was required.

11. Planning for a Child Leaving Care

- N/A

12. Supervisory Approval

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

- Compliance was met in 12 of 15 cases for 80% compliance. Non compliance was found in 3 cases where there was no evidence of clinical supervision. There were no recordings or plans of care located on the files.

AUDIT RECOMMENDATIONS

Recommendations:

On February 2, 2006, the first audit recommendations development meeting, it was agreed that the audit results of the specialized Intake (QJH) and Family Service/Guardianship (QJC) teams be reviewed as one comprehensive system.

On February 9, 2006, the following recommendations were developed to address the two Fort St. John office audits.

Recommendations brought forward by the Regional Director:

1. The Community Service Manager (Peace/Liard) share and debrief the audit reports with staff.
2. The CSM meet with both Team Leaders to develop a plan to ensure that outstanding work identified in the audit is completed.

3. The audit identifies that difficulty was encountered in the timely transfer of cases from the specialized Intake team to the specialized Family Service/Guardianship team. This section contains three recommendations a, b, and c.

a) The Director of Operations will meet with the CSM to discuss structural changes to address the timely transfer of ongoing Family Service files.

b) The CSM review practice standards related to developing a risk reduction service plan and practice standards relating to reassessing risk in ongoing protective family service cases. A regional Child Protection Consultant will facilitate training, at a date to be determined, related to managing risk and reassessing risk on ongoing protective family service cases.

c) The CSM review the requirements for all children and youth in care to have a current Plan of Care developed through a Plan of Care meeting which includes the significant people in the child or youth's life and that the Plans of Care be informed by available and accessible information including assessments. A regional Guardianship Consultant will facilitate Comprehensive Plans of Care training at a date to be determined.

4. The CSM will meet both Team Leaders to develop a tracking system for Intakes and children's Plans of Care.

Upon receipt of the final report, recommendations #1, 2 will be completed within 60 days.

Recommendation #4 will be completed within 90 days.

Recommendations #3 a, b, and c will be completed within 120 days.

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

<p>Tammy Stubley Regional Auditor/Analyst</p>	<p>Robert Watts Director of Child Welfare</p>
<p>Date:</p>	<p>Date:</p>

Recommendations brought forward by Provincial Director:

Mark Sieben
Provincial Director

Date:

APPENDIX 1: CHILD AND FAMILY SERVICES DATA SUMMARY

OPEN FAMILY SERVICE CASES

	CRITICAL MEASURES	C	PC	NC	NA
1	Screening and Best Approach to Service Delivery CFS Standard #1	100%			
	Number of cases rated: 12 of 12	12			
2	When a Child is at Immediate Risk of Harm CFS Standard #11	100%			
	Number of cases rated: 6 of 6	6			6
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	100%			
	Number of cases rated: 12 of 12	12			
4	Family Development Response CFS Standard #14				
	Number of cases rated: 0 of 12				12
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	92%		8%	
	Number of cases rated: 11 of 12	11		1	
6	Conducting a Child Protection Investigation CFS Standard #15	83%		17%	
	Number of cases rated: 10 of 12	10		2	
7	Seeing and Interviewing the Child and Family CFS Standard #15	92%		8%	
	Number of cases rated: 11 of 12	11		1	
8	Concluding a Child Protection Investigation CFS Standard #16	67%		33%	
	Number of cases rated: 8 of 12	8		4	
9	Concluding Investigation in a Timely Manner CFS Standard #16	42%		58%	
	Number of cases rated: 5 of 12	5		7	
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	55%		45%	
	Number of cases rated: 6 of 12	6		5	1
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	29%		71%	
	Number of cases rated: 2 of 12	2		5	5
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24				
	Number of cases rated: 0 of 12				12
13	Supervisory Approval C&FD Standard on Supervisory Approval	67%		33%	
	Number of cases rated: 12 of 12	8		4	

APPENDIX 2:

CHILDREN IN CARE CASES

	CRITICAL MEASURES	C	PC	NC	NA
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	87%	13%		
	Number of cases rated: 13 of 15	13	2		
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	100%			
	Number of cases rated: 15 of 15	15			
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	100%			
	Number of cases rated: 15 of 15	15			
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	67%		33%	
	Number of cases rated: 15 of 15	10		5	
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	67%	27%	6%	
	Number of cases rated: 15 of 15	10	4	1	
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	100%			
	Number of cases rated: 15 of 15	15			
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	100%			
	Number of cases rated: 15 of 15	15			
8	Assessments and Planning for a Child in Care CIC Service Standard #11	27%	33%	40%	
	Number of cases rated: 15 of 15	4	5	6	
9	When a Child is Missing or has Run CIC Service Standard #14				
	Number of cases rated: 0 of 15				15
10	Notification of Fatalities, Critical injuries and Serious Incidents C&FS Standard #24			100%	
	Number of cases rated: 1 of 15			1	14
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16				
	Number of cases rated: 0 of 15				15
12	Supervisory Approval C&FD Standard on Supervisory Approval	80%		20%	
	Number of cases rated: 15 of 15	12		3	

Director's Case Practice Audit – Fort St John Child & Family Services - QJC

Reviewed by the Assistant Deputy Minister – the following recommendations are being added to this report.

1. Regarding recommendation 3(b), as developed by the Regional Director, the Community Services Manager to also review with the Team Leader and staff, practice standards related to conducting and concluding investigations.
2. Regarding recommendations 3)c), as developed by the Regional Director, the Community Services Manager to review with the Team Leader and staff, the requirement to inform a child in care of their rights and to document when this has been done.

To be completed within 120 days upon receipt of receiving the final report.

Mark Sieben
A/Assistant Deputy Minister
May 8, 2006