



Much More than Paperwork Proper Planning Essential to Better Lives for B.C.'s Children in Care

**A Representative's Audit on Plans of Care
March 2013**



REPRESENTATIVE FOR
CHILDREN AND YOUTH

March 26, 2013

The Honourable Bill Barisoff
Speaker of the Legislative Assembly
Suite 207, Parliament Buildings
Victoria, B.C. V8V 1X4

Dear Mr. Speaker,

I have the honour of submitting the report *Much More than Paperwork: Proper Planning Essential to Better Lives for B.C.'s Children in Care* to the Legislative Assembly of British Columbia. This report is prepared in accordance with Section 6(b) of the *Representative for Children and Youth Act*.

Sincerely,

A handwritten signature in black ink, reading "meturpellafond". The signature is written in a cursive style and is positioned above the printed name of the sender.

Mary Ellen Turpel-Lafond
Representative for Children and Youth

pc: Mr. Craig James, QC
Clerk of the Legislative Assembly

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Executive Summary

This report presents the findings of an audit on the plans of care for children and youth who are in the long-term care of the Province of British Columbia.

On average, there are nearly 4,500 such children in B.C. at any one time. They have come into continuing care because their parents have been unable to provide a safe home. Most of them have experienced abuse, neglect and other traumatic circumstances that have increased their vulnerability. For these children, the Province has assumed the role of prudent parent, and its child welfare system has a duty to provide focused and comprehensive care and support to improve their opportunities and outcomes.

The Ministry of Children and Family Development (MCFD) is responsible for planning for the children in its care and must fulfil this responsibility in order to ensure the most positive outcomes possible. This planning is neither an option nor a luxury, although the audit shows that it often seems to be treated as both by a ministry continually preoccupied with crisis management.

The audit examined the lives of 100 children and youth in continuing care as of March 31, 2011. These children's files were randomly selected from MCFD regions and delegated Aboriginal Agency (DAA) offices across the province.

A review of all ministry planning tools, policies, guidelines and standards was also conducted in order to understand the assessment and planning process for developing a Comprehensive Plan of Care (CPOC), mandated for each child in care by ministry standards.

Overall, the Representative's audit found a disturbingly low level of compliance with practice standards for assessment and planning. Of the 100 children's files examined, only five included CPOCs that were fully compliant with ministry standards. Only 52 of the children had CPOCs that could be considered current.

The audit found scattered and ineffective documentation of planning for these children and youth, as well as evidence of a lack of understanding about the importance and purpose of comprehensive and regular planning and intervention for vulnerable children and youth.

Of the 100 children whose files were audited, 60 were identified as Aboriginal. But only three of those children had a cultural plan – a critical element in ensuring children remain connected to their traditions and cultural heritage and required by the *Child, Family and Community Service Act*. The number of children in the audit with an out-of-date CPOC was also much higher among Aboriginal children (27) compared to non-Aboriginal children (13).

There is only one word to describe the findings of this audit – unacceptable.

Executive Summary

It is tempting for some to dismiss CPOCs as bureaucratic paperwork. But for children and youth in care, these documents and the process behind them are required to form an evolving life plan that includes a thorough assessment of their state when they arrive in care, as well as detailed, up-to-date documentation about how the physical, emotional, mental health or other challenges they face will be addressed by those supporting them. CPOCs are essential to the well-being of these children.

Plans of care are intended to be outcome-focused and developed in collaboration with the child, family, extended family, and the team of professionals supporting the child. These CPOCs should be reviewed regularly by the social worker and the child and be updated to reflect the current needs and goals of the child at each review. Ministry standards require that each plan be reviewed every 90 days, and more frequently under certain circumstances, with a comprehensive review done every six months.

In eight of the 100 children's files audited, there was no plan of care found. In the case of the other children, even when there was a plan of care, it was often out of date, incomplete, or written more like a status report than a properly documented assessment accompanied by a focused and accountable plan of action. The audit found that 92 of the 100 children and youth whose case files were audited included a CPOC, but only 52 were considered current and only five of the plans met both the 90-day and six-month review standards.

The ministry's own internal audit results also show historically low compliance by social workers in completing and regularly reviewing plans of care. The Representative had hoped to see improvements regarding this standard, since the ministry has long been aware that compliance is an issue. However, there has been no focused strategy or leadership to improve compliance in this important area. In addition, in recent years the ministry has reduced the number of practice audits it conducts annually, a troubling fact given the lack of any improvement.

When interviewed as part of the Representative's audit, social workers said their challenges include having enough time to transfer the information from case notes to CPOCs, and finding the time to summarize notes. Workers indicated that often their caseloads and the crisis aspect of their work leads to the completion of CPOCs being put on hold. The majority of social workers and team leaders stated that CPOCs become a high priority only when an audit is being done.

Most social workers said they relied on memory and notes to monitor assessment and planning, and few kept a formal record that reflected the intended structure and organization of a CPOC. The most common outcomes workers considered as indicative of well-being included the stability of the placement, school success, connection to family and adoption.

The majority of CPOC documents contained little evidence that the progress of services and interventions provided was being tracked in order to determine if the identified needs of the child were being met. For example, nearly half of the children and youth whose files were audited had been diagnosed with a mental health issue or special need, yet many of those children and youth did not have a Child and Youth Mental Health (CYMH) worker or a Child and Youth with Special Needs (CYSN) worker in place.

The audit findings also showed very little participation in plans by the child or youth, caregiver, birth and extended family or any other significant people in the child or youth's life.

The Representative believes that the ministry's existing practice standards require a close examination. It is unlikely that social workers do not want to meet standards; rather it is likely that they simply feel they cannot meet them or fail to see the relevance of them. If it is agreed that certain core standards (new or existing) are reasonable, practical, relevant and achievable, then the ministry must seriously consider what the consequences will be if standards are not met and hold regional managers and social workers accountable for ensuring that they are.

As part of a review of standards, the ministry must also ensure that social workers receive training on how to conduct proper assessment and planning, so that they understand the importance of developing meaningful, relevant and accountable plans for the children and youth in their care.

More work must be done to help support social workers to learn how to develop effective cultural plans for Aboriginal children in care. Of the three cultural plans that did exist among the 60 Aboriginal children whose files were audited, not one was up to date. The ministry must work to develop tools and resources to assist workers to help preserve the cultural identity of all Aboriginal children in care, and work with the DAAs and Aboriginal communities to ensure that these tools and resources are culturally appropriate.

The recommendations in this report are focused on concrete and practical changes that will impact the lives of children and youth in care in significant and positive ways. The Province has a responsibility to those vulnerable young people to ensure accurate and comprehensive record-keeping, with attention to detail that tells the story of each child and lays out a plan with their goals, the supports required to achieve them and the actions necessary to implement and monitor that plan.

Introduction

Most parents want the best for their children. They want to know how well their children are doing and they want to help them succeed. Parents generally have high aspirations, dreams and hopes for their children. They want their children to feel safe and nurtured, to be healthy and to grow up and achieve success in life.

Children and youth in care deserve the same. The role of being a good parent is a difficult one in natural families, and can be even more difficult in substitute families, where caregivers such as foster parents have the often challenging task of caring for children living away from their parental home.

Most parents don't keep detailed records of their children's lives – they don't have to, as they carry the stories of childhood milestones and experiences and retell them over and over. The details of their children's lives are all around them, in everything from their artwork displayed on the refrigerator to reminders about upcoming medical appointments, family gatherings and celebrations, photos, school report cards and assignments.

Unlike children who live in their birth homes, children in care rarely have the same parents for their entire duration in care. Typically, they are moved and raised by a succession of parent figures or group home staff, and their social workers change from time to time. Therefore, for children in care, the Province has an extra duty that requires accurate and comprehensive record-keeping, with the attention to detail that tells the story of that child and lays out a plan with their goals for the future and the supports required to achieve those goals.

It is important to understand that each child's plan is an evolving document. The plan acts as a record, so the information about the child's progress and interventions is not lost. When there is a change in social worker or caregiver, a well-documented plan can help maintain continuity of the child's interventions and services without interruption. These documents can also provide children with the only reliable record they will have of their childhood once they have become adults.

Oversight of Plans of Care

External oversight of plans of care is not new to MCFD. The former Children's Commissioner had a mandate to review plans of care for children in the continuing custody of the ministry, to ensure these plans met legislative and policy standards. The Commissioner found that "*children in continuing care are vulnerable to 'drift' in foster care, moving from one placement to another, with behavioural concerns, developmental delays and poor educational outcomes, often because of a lack of planning and assessment.*"¹ These care plan reviews by the Children's Commissioner continued until 2002², when that office was disbanded. More than a decade later, the issues raised by the Children's Commissioner persist.

¹ *Weighing the Evidence: A Report on B.C.'s Children and Youth*, 1999 Annual Report, Children's Commissioner.

² Hughes, E.N. (2006). *BC Children and Youth Review: An Independent Review of BC's Child Protection System*. Victoria, B.C.

Many of the Representative's previous reports have found issues related to the lack of assessment and planning for vulnerable children. For example, the Representative's 2009 report *Housing, Help and Hope: A Better Path for Struggling Families*, found inadequate planning that fell below reasonable practice standards and the Representative's 2013 report *Who Protected Him? How B.C.'s Child Welfare System Failed One of Its Most Vulnerable Children*, found that poor assessment and planning were major factors in the ministry failing to address the complex special needs of an individual child.

The ministry's own practice audits have revealed low compliance rates in meeting the standards for assessment and planning for children and youth in care. The overall provincial compliance rate in 2008 was approximately 30 per cent. Not only is the ministry failing to achieve full compliance in ensuring every child in care has a plan of care, but the number of audits conducted each year has also been declining. The continued low compliance and shrinking number of audits by the ministry are matters of concern for the Representative.

Audit Details

Under Section 6(b) of the *Representative for Children and Youth Act (RCY Act)*, the Representative is responsible for monitoring, reviewing, auditing and conducting research on the provision of designated services, making recommendations to improve the effectiveness and responsiveness of those services, and commenting publicly on any of these functions.

The Representative's audit of plans of care focuses on whether the ministry is meeting the policy and standards for care planning for those children and youth under the continuing custody of the ministry. The aim of the audit is to ensure that care plans are addressing each child or youth's individual needs and interests and setting goals and outcomes to meet both their immediate and longer term needs.

This audit consisted of an extensive file review of 100 active files for children in continuing custody as of March 31, 2011. The audit sample was selected based on a stratified sampling strategy using proportionate allocation to accommodate the regional caseload distribution (i.e. Interior, Coast Fraser, Vancouver Island and the North regions). The sample was limited to children who were subject to a Continuing Custody Order (CCO), or were subject to the *Family Relations Act* or *Adoption Act*. The samples within each region were randomly selected.

Audit Incident

The audit took place between June and September 2011. The ministry was provided a list of files to be reviewed on specific dates, to allow sufficient notice and minimize disruption to social workers who may have been doing significant planning for a child. Originally, the Representative's staff intended to conduct the file reviews at regional ministry offices. However, during the first scheduled file review at a regional office, it was discovered that ministry staff had compromised the Representative's audit by including inappropriate changes to plans of care, rushing completion of plans of care on requested files, and removing files from the room designated for the review.

Introduction

This incident was deeply troubling to the Representative, as improperly prepared plans of care were quickly completed by a worker, without the involvement of the children in care, the caregivers or other significant people in the children's lives. These plans were signed by the social worker and supervisor, as approved plans, the day before the Representative was to receive them.

These actions necessitated a change in audit procedures and the selection of a new random sample of files to remove the chance of any interference. Rather than visiting the regional office, direction was given by the Representative for the files to be sent directly to the Representative's office within 48 hours, with a reminder to staff not to interfere with the audit process. The Representative also requested that senior officials in the ministry review the original audit file list for the region in which the incident occurred, and further requested all other regions review the original list, to ensure that no further files included improperly completed plans of care.

Children and youth in care have the right under s. 70 of the *CFCS Act* to participate in the development of their plans of care, and the right to be informed about decisions that affect them.³ The findings and recommendations of this audit should be considered in the context of good planning and assessment to ensure that the needs and interests of all children in care are considered, so that informed decisions can be made to support these children and youth to reach their full potential.

What is a Plan of Care?

A Plan of Care is an "action-based planning tool for children in care, used to identify specific developmental objectives based on continuous assessments of the child's evolving needs and the outcomes of previous decisions and actions. Care plans are completed by the child's worker with the involvement of the child, the family, the extended family, the Aboriginal community if the child is Aboriginal, the caregiver, service providers and significant people in the child's life."⁴

³ Section 70 of *CFCS Act*

⁴ *Joint Educational Planning and Support for Children and Youth in Care: Cross Ministry Guidelines*, Ministry of Children and Family Development, 2008.

Child, Family and Community Service Act [RSBC 1996] Chapter 46

Section 70: Rights of children in care

70 (1) Children in care have the following rights:

- (a) to be fed, clothed and nurtured according to community standards and to be given the same quality of care as other children in the placement;
- (b) to be informed about their plans of care;
- (c) to be consulted and to express their views, according to their abilities, about significant decisions affecting them;
- (d) to reasonable privacy and to possession of their personal belongings;
- (e) to be free from corporal punishment;
- (f) to be informed of the standard of behaviour expected by their caregivers and of the consequences of not meeting their caregivers' expectations;
- (g) to receive medical and dental care when required;
- (h) to participate in social and recreational activities if available and appropriate and according to their abilities and interests;
- (i) to receive the religious instruction and to participate in the religious activities of their choice;
- (j) to receive guidance and encouragement to maintain their cultural heritage;
- (k) to be provided with an interpreter if language or disability is a barrier to consulting with them on decisions affecting their custody or care;
- (l) to privacy during discussions with members of their families, subject to subsection (2);
- (m) to privacy during discussions with a lawyer, the representative or a person employed or retained by the representative under the Representative for Children and Youth Act, the Ombudsperson, a member of the Legislative Assembly or a member of Parliament;
- (n) to be informed about and to be assisted in contacting the representative under the *Representative for Children and Youth Act*, or the Ombudsperson;
- (o) to be informed of their rights, and the procedures available for enforcing their rights, under
 - (i) this Act, or
 - (ii) the *Freedom of Information and Protection of Privacy Act*.

(2) A child who is removed under Part 3 is entitled to exercise the right in subsection (1) (l), subject to any court order made after the court has had an opportunity to consider the question of access to the child.

(3) This section, except with respect to the Representative for Children and Youth as set out in subsection (1) (m) and (n), does not apply to a child who is in a place of confinement.

Child, Family and Community Service Act
[RSBC 1996] Chapter 46

Section 2: Guiding principles

This Act must be interpreted and administered so that the safety and well-being of children are the paramount considerations and in accordance with the following principles:

- (a) children are entitled to be protected from abuse, neglect and harm or threat of harm;
- (b) a family is the preferred environment for the care and upbringing of children and the responsibility for the protection of children rests primarily with the parents;
- (c) if, with available support services, a family can provide a safe and nurturing environment for a child, support services should be provided;
- (d) the child's views should be taken into account when decisions relating to a child are made;
- (e) kinship ties and a child's attachment to the extended family should be preserved if possible;
- (f) the cultural identity of aboriginal children should be preserved;
- (g) decisions relating to children should be made and implemented in a timely manner.

Background Information

When the government assumes responsibility for caring for children living away from the parental home, that responsibility includes not only ensuring safety and preventing harm, but also promoting the children's well-being. Focused, full and ongoing attention must be paid to the needs of children in care, as these children often have experienced significant trauma and may require specialized supports.

Assessment

An assessment is a dynamic and ongoing process that occurs within the context of the developmental needs of the child or youth. It is the foundation of effective planning and is based on information gathered from a range of sources, with an objective analysis of that information, so that informed decisions can be made.

A key part of the assessment is to take into account the perspectives of all those involved including the child or youth (if he or she is old enough to participate), the parents and extended family, the caregiver and other significant people in the child's life, including teachers, health professionals and, if the child is Aboriginal, members of the Aboriginal community.

The process of assessment is complex, requiring the social worker to gather information during consultations and meetings and analyze the information to assess the child's needs.

It also involves a review of past interventions and services, and determining how they addressed the child's needs.

MCFD's policy and standards state that the child's assessment is to examine the following developmental domains:

- Placement
- Health
- Education
- Identity, Culture and Religion
- Family and Social Relationships
- Emotional and Behavioural Development
- Social Presentation
- Self-Care Skills.

Planning

The assessment provides a context and basis for planning to develop the services and interventions required by the child. The plan should focus on the needs of the child or youth, set objectives and intended outcomes, and identify the resources required for implementation. The plan should also include a process for reviewing the progress made in achieving the outcomes.

Planning for children in care must be considered in the context of the overall goal of permanence and stability, and ensuring that children do not “drift” through the foster care system, having multiple placements over extended periods of time. Permanency planning is the process of making long-term arrangements for children in care with families that can offer stable, life-long relationships and a sense of belonging. Research has shown that “drift in care” results in children being deprived of a sense of belonging and identity.⁵

Permanency planning is not just about placement, it is about strengthening the child’s relationships, identity, and sense of belonging – key objectives in any case plan for a child in care.

Assessment and planning for children in care must identify the best possible permanency outcome in a timely manner. Effective case planning can help identify important early intervention and prevention approaches.

What We Know About Children in Care

During the last five years, the number of children in care in B.C. has declined, from 9,237 in March 2008 to 8,049 by March 2012. The number of children subject to a CCO has also declined, from 5,255 to 4,549 in that same period.

Table 1: Children in Care in British Columbia, March Month-end Caseload

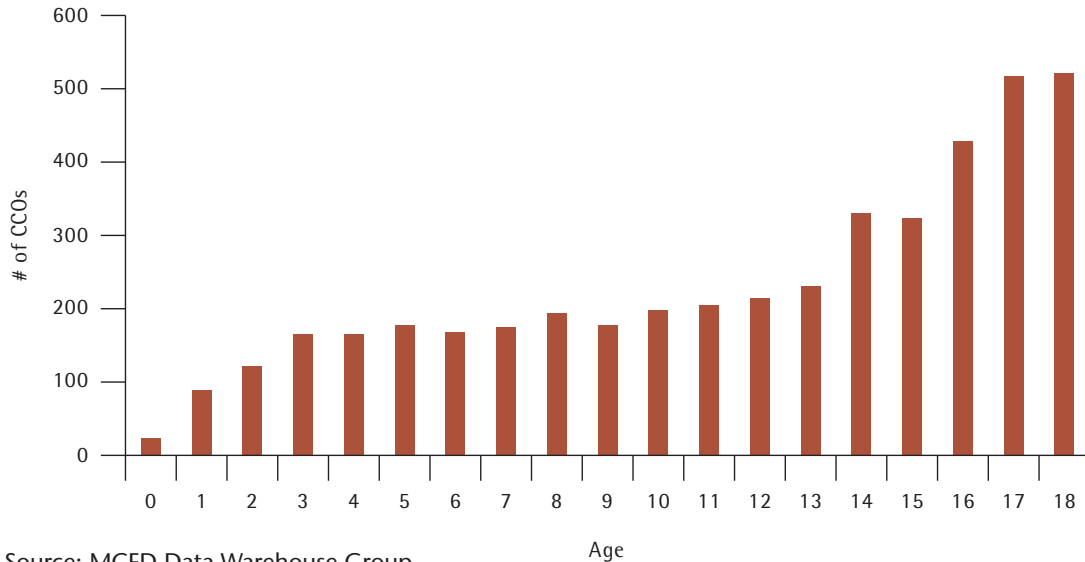
	March 2008	March 2009	March 2010	March 2011	March 2012
Number of Children in Care	9237	8959	8528	8373	8049
<i>Number of Children in Temporary Care</i>	1713	1632	1539	1407	1332
<i>Number of Children in Continuing Custody</i>	5255	5169	4951	4815	4549
<i>Percentage of Children in Care on CCO</i>	56.9%	57.7%	58.1%	57.5%	56.5%

Source: MCFD

As of December 2012, there were 8,169 children in care of the government, of which 4,401 (or 54 per cent) were children subject to a CCO. Forty per cent of youth subject to a CCO were between the ages of 15 and 18 – a period when transition to adulthood planning is critical. Nearly 70 per cent of the children subject to a CCO were 10 years of age or older and many had already spent a number of years in foster care.

⁵ Tilbury C., Osmond, J. (2006). *Permanency Planning in Foster Care: A Research Review and Guidelines for Practitioners*, Australian Social Work, 59, 3, 265-280.

Figure 1: Children in Continuing Custody by Age, December 2012 Caseload

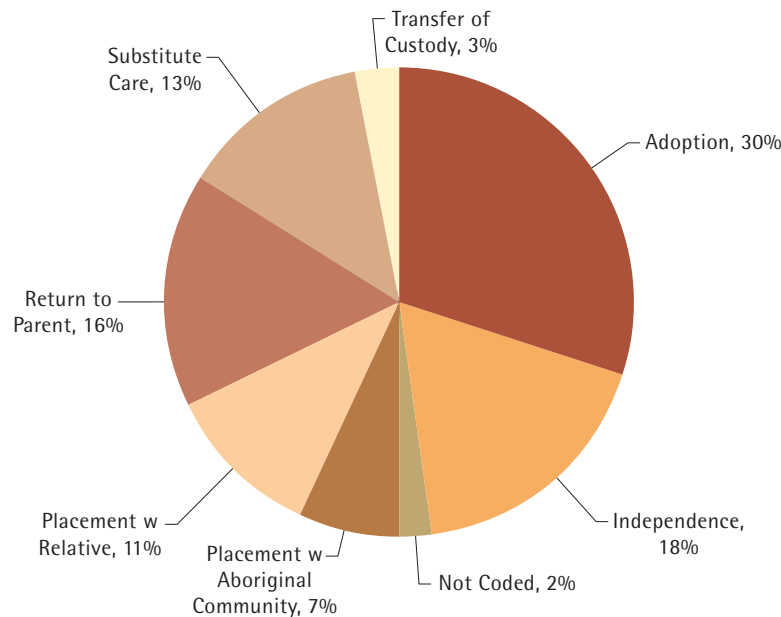


Source: MCFD Data Warehouse Group

The ministry’s goal is to seek permanency for all children and youth, especially those subject to a CCO. This is achieved through finding and supporting lifelong connections, including a stable, healthy and lasting living arrangement. These connections can include the child’s birth family, extended kin, friends, foster and adoptive parents and/or other caring adults identified by the youth.

Of the children in permanent care as of December 2012, 30 per cent had adoption as their after care plan goal, followed by independence (18%) and return to parent (16%).

Figure 2: Percentage of CCO by After Care Plan, December 2012 Caseload



Source: MCFD Data Warehouse Group

Care Planning in B.C.

Children's Commissioner Reviews of Plans of Care

The Children's Commission was established in 1996 in response to the recommendations of Judge Thomas Gove in his report on the death of Matthew Vaudreuil. The Gove Inquiry identified the importance of planning for children in care. The *Children's Commission Act* required the Commissioner to provide monitoring oversight by whether the ministry was meeting legislative requirements and policy standards for care planning for children in continuing custody.

The monitoring of plans of care by the Children's Commissioner began in May 1998 and ended in 2002, when that office was disbanded. The monitoring of plans of care was based on a random audit of the plans for children in continuing custody. The Commission reviewed the children's care plans and placement history. If the commission found that a child's care plan did not comply with ministry standards, it was returned for revision.

The initial compliance rate in 1998 for plans meeting legislative and policy requirements was very low, at eight per cent. With the introduction of standardized planning formats and guardianship standards, compliance rates rose to 20 per cent in 1999 and, by 2000, the commission reported that 54 per cent of current plans were fully compliant. Although improvements had been made since 1998, in 2000 the Commissioner still noted the lack of involvement of Aboriginal communities in planning for Aboriginal children in care.

By 2001/02, improvements seen in the previous years were no longer evident. Fewer than half of the children in continuing custody had a current plan of care. The Commission reported that compliance in care plans was related to age. Children under the age of five were much more likely to have a plan that met standards and policy than were older youth. There remained a continued lack of involvement of Aboriginal communities in planning for Aboriginal children. By 2001, the percentage of children in care with a current plan had dropped to 43 per cent.

Overall, the Children's Commissioner found that the plans reviewed lacked needs assessment and analysis. Services were listed without specifying needs. Plans of care were more likely to be status reports than plans to identify needs and how to meet those needs.

MCFD Practice Audits

MCFD routinely conducts practice audits as a baseline for measuring the level of practice, and identifying areas in which the practice requires strengthening. An audit is one way to monitor outcomes for children and families receiving ministry services, and to also be accountable to the public.

The audit program has evolved over the years since it was first implemented in the early 1980s. The last major change to the audit program was in 2002. A new audit tool – the Critical Measures Audit Tool (CMAT) – was developed to measure compliance with key ministry service standards.

A case practice audit is based on a random sample of children's cases to be tested against the CMAT tool. A minimum of between 20 and 25 per cent of the files opened or closed in an MCFD office within six months prior to the audit are supposed to be selected for auditing. The files are reviewed in detail and any that are identified with serious case practice issues or concerns are brought to the attention of MCFD team leaders.

Once the audit is completed, a report is drafted and the findings are reviewed with the team and management. Any recommendations arising from the audit are tracked provincially in the Integrated Case Practice Audit Tool (ICPAT)⁶ to measure actions taken in response to the recommendations.

In recent years, the number of MCFD case practice audits has declined significantly. In 2006, approximately 455 files were audited. By 2010, it was clear that the ministry was no longer running its full audit program, as only 94 files were audited – a decline of nearly 80 per cent.

There are 12 critical measures considered in the ministry's Service Standards for Children in Care. Many of the critical measures are related or applicable to the overall planning and assessment for children in care, particularly CIC Service Standard 11. (For more on CIC Service Standard 11, see Appendix 2.)

⁶ MCFD, *Case Practice Audit Methodology and Procedures Draft*, April 2004.

Table 2: MCFD Provincial Audits on Children in Care Standards

Full Compliance Scores, 2006 to 2010						
	Critical Measures	2006 Total # of files audited: 455	2007 Total # of files audited: 582	2008 Total # of files audited: 402	2009 Total # of files audited: 254	2010 Total # of files audited: 94
1	Preserving the Identity of an Aboriginal Child in Care (CIC Service Standards #1 and CFCS Standard #19)	83.3%	78.0%	84.3%	79.5%	89.4%
2	Assuming Responsibility for a Child in Care (CIC Service Standard #4)	90.3%	88.8%	91.8%	93.7%	94.7%
3	Ensuring a Child's Safety While in Care (CIC Service Standard #5)	89.2%	92.6%	90.8%	93.3%	92.6%
4	Involving a Child and Considering the Child's Views in Case Planning and Decision Making (CIC Service Standard #8)	59.4%	53.9%	54.4%	57.7%	67.0%
5	Maintaining Personal Contact with a Child in Care (CIC Service Standard #9)	78.0%	76.5%	77.6%	74.8%	71.3%
6	Ensuring the Rights of a Child in Care (CIC Service Standard #6)	60.4%	54.3%	51.2%	50.4%	50.0%
7	Meeting the Child's Need for Stability and Continuity of Lifelong Relationships (CIC Service Standard #10)	82.6%	89.7%	89.3%	89.0%	84.0%
8	Assessments and Planning for a Child in Care (CIC Service Standard #11)	49.7%	40.5%	29.9%	37.0%	35.1%
9	When a Child is Missing or Has Run Away (Reportable Circumstances) (CIC Service Standard #14)	71.4%	70.7%	89.7%	80.8%	100.0%
10	Notification of Fatalities, Critical Injuries and Serious Incidents (Reportable Circumstances) (CFCS Standard #24)	50.8%	52.6%	53.3%	48.6%	64.7%
11	Planning for a Child Leaving Care (CIC Service Standards #15 and #16)	80.3%	70.8%	74.6%	83.2%	83.0%
12	Supervisory Approval	83.3%	83.2%	79.6%	80.7%	87.2%
	Overall Level of Compliance	75.0%	72.8%	72.1%	73.1%	72.1%

Source: Integrated Case Practice Analysis Tool, MCFD

1. Compliance rates are calculated based on the number of compliant files divided by the number of applicable files.
2. Figures shown in table do not include partial compliance.
3. Compliance rates should consider the total number of files audited. These figures may change each year.
4. Figures shown exclude DAAs.

In 2006, the provincial rate for files that met full compliance with CIC Service Standard 11 was 49.7 per cent. By 2008, this rate had fallen to 29.9 per cent and, by 2010, it was 35.1 per cent. When reviewing the regional compliance rates for this standard, the Representative found considerable variation both within and across regions.

Table 3: MCFD Children in Care Standard Audit Compliance Rates for CIC Service Standard #11, 2006 to 2010

MCFD Children in Care Standard Audit Compliance Rates						
Assessments and Planning for a Child in Care (CIC Service Standard #11)						
	2006	2007	2008	2009	2010	5-Year Average
Interior	64.3%	44.8%	34.0%	45.1%	36.4%	44.9%
Fraser	48.1%	47.6%	44.4%	29.3%	11.1%	36.1%
Vancouver Coastal	70.5%	58.7%	29.1%	31.3%	44.4%	46.8%
Vancouver Island	27.2%	13.6%	20.3%	43.8%	36.4%	28.3%
North	39.3%	31.3%	35.8%	38.5%	0.0%	29.0%
Province	49.7%	40.5%	29.9%	37.0%	35.1%	38.4%

Source: Integrated Case Practice Analysis Tool, MCFD

1. Results are based on applicable files that met full compliance.
2. 2010 result for North region is based on zero applicable files.

The five-year-average full compliance rate for assessment and planning between 2006 and 2010 ranged from 28.3 per cent (Vancouver Island) to 46.8 per cent (Vancouver Coastal), with a provincial average of 38.4 per cent.

The Representative notes that ministry auditors themselves continue to see and report the same reasons for why a plan of care is receiving a partial or non-compliant rating as noted in the comments from MCFD audit staff:

“... files were given non-compliance as there was no documentation that a thorough review assessment (as required every six months) or review of the plan of care (as required every three months) was completed.”

“... files did not contain the required documentation for CIC Service Standard #11.”

“... planning documents were not completed regularly or the reviews of planning were not up to date.”

Delegated Aboriginal Agency Case Practice Audits

The compliance in assessment and planning for Aboriginal children served by DAAs is based on the Aboriginal Case Practice Audit Tool's criteria for developing a CPOC and monitoring and reviewing that plan. On average, there are seven audits of DAAs a year in B.C.

The compliance varies among agencies – ranging anywhere from 25 per cent to 100 per cent compliance. Audit sample sizes also varied greatly. The Representative found agency results difficult to understand and interpret.

The Representative seeks further explanation and details to fully understand the criteria used by DAAs to assess compliance in assessment and planning.

History of Looking After Children UK

In 1991, the Department of Health in the United Kingdom established a working group of experts to examine child welfare outcomes and how they could be identified and measured. The premise of this working group was simple – good parenting produces good outcomes. The working group developed several instruments that were age-specific and monitored children's development and progress across key dimensions. These instruments – the Action and Assessment Record (AAR) – were part of a conceptual framework known as Looking After Children (LAC).

The LAC material was piloted across several child welfare systems in the UK to evaluate its effectiveness in planning for children in care. The AAR identifies the child's needs from birth to adulthood in seven dimensions:

- Health
- Education
- Identity
- Family and social relationships
- Social presentation
- Emotional and behavioural development
- Self-care skills.

The AAR was designed to set out what good parental care means in practice, and ensure that government's actions enhance quality of care and promote well-being.

Canadian National Project – Looking After Children

The LAC model was introduced in Canada in the mid 1990s as part of an increasing focus on accountability for client outcomes. In 1996, the LAC in Canada pilot project was initiated in B.C. in partnership with six provinces.

B.C. participated in the pilot project to test and evaluate the LAC model and its materials in five locations: Kamloops, Prince George, Surrey, Salmon Arm and Dawson Creek.⁷ The pilot began in 1998 and ended in 1999.

The LAC materials consisted of an AAR and a CPOC to enable the measurement of a child's progress, assess the standard of care and assess the outcomes for the developmental domains. The AAR set out what "reasonable parental care" might mean in practice. When a child is in care, a number of people share the responsibility for parenting, and it is critical that planning be done in a formalized way. The AAR helped workers set goals and make formal plans for children in care.

There are six age-related AAR booklets (*Under 1, 1 to 2 years, 3 to 4 years, 5 to 9 years, 10 to 14 years and 15 and over*) that are designed to assess children's progress and outcomes in relation to the care they receive. Each booklet includes two parts: the assessment section and the CPOC. Each record documents the progress that is made across the developmental domains (i.e. health, placement, education, etc.)

There is a CPOC for each developmental domain in the LAC booklet, which is to be based on the information from the assessment. The plan identifies the specific needs and services required to achieve the desired outcomes, and the target dates to obtain those services.

After the pilot project, feedback from participating provinces noted that the booklets incorporated all major developmental dimensions. The booklets also provided an opportunity for workers to raise and discuss issues, such as drugs and alcohol, in a sensitive manner. Additionally, the tool asked for concrete steps to fulfil goals in the action plans and identified the person(s) responsible for seeing these through.

Barriers were also identified and discussed. Participants found that "buy-in" to the philosophy of LAC was necessary in order for it to be successful, specifically the shift in thinking and support from managers to commit to the process, as child welfare work is often crisis-driven. The importance of training was seen as a major issue, as any lack of training would impact the LAC approach, particularly a lack of training on how to use the tool. Another barrier was the time required to complete an AAR. However, participants were unable to suggest elimination of any questions in any of the domains that might help reduce the time spent to complete the booklet.

A final symposium was held in 1999 to discuss the implementation of LAC with the recommendation that all jurisdictions in Canada commit to either piloting or expanding implementation of LAC. In 1999, B.C. fully implemented the LAC model.

⁷ *Looking After Children Training Manual, Foster Parent Participant Guide*, Ministry for Children and Families (now MCFD).

Planning Tools – Looking After Children and the Comprehensive Plan of Care

According to the ministry's Children in Care Standards (2004), the assessment and planning tools for children in care include:

- The LAC Assessment and Action Record and Comprehensive Plan of Care. The LAC is used when a child is under the continuing custody of a designated director, care under s.29 of the *Family Relations Act*, or long term-care under the *Adoption Act*.
- The CPOC Assessment and Planning Guide for Children in Care. The CPOC is used when a child is in care by agreement, interim order or temporary order.

The ministry developed a condensed version of the LAC booklet, the *Comprehensive Plan of Care Assessment and Planning Guide for Children in Care (CPOC)*, which included the same domains as the original LAC, but focused only on a narrative assessment (no tick boxes), and the same plan of care table that summarizes the needs, outcomes, goals and services as in the LAC booklet.

The CPOC is a paper document, and has only two age-related templates – one for children under nine, and one for children older than nine. The division is somewhat arbitrary and not particularly helpful since strengths and issues of relevance when working with a three-year-old tend to be very different from those of a nine-year-old; similarly, what is important in the life of an 11-year-old rarely has meaning for a 17-year-old.

One of the benefits of the original LAC tools is that the questions are much more sensitive to age and there are more specific questions that target the child's developmental stage – including questions social workers may not have considered to ask the child.

For example, Table 4 compares questions taken directly from the MCFD CPOC and the LAC, both in the education domain. The MCFD CPOC (under and over 9 years) presents the same education questions regardless of the child's age. However, the LAC education questions are tailored to the child's developmental age and identify key education milestones that are expected for that age group.

Table 4: LAC and CPOC Comparison of Sample Guiding Questions – Education Domain

CPOC	Education Domain Sample Guiding Questions
0 to 18 yrs	<p>Is the child attending school on a regular basis?</p> <p>Does the child/youth have special needs related to education?</p> <p>What subjects does the child/youth like and dislike?</p>
LAC	Education Domain Sample Guiding Questions
Under 1 year	<p>Is the baby given opportunities to play with toys and other play things?</p> <p>Do the caregivers talk, sing or play with the baby?</p>
1 to 2 yrs	<p>How frequently is the children read to, shown picture books or told stories?</p> <p>Is the child given opportunity to play with toys and playthings such as crayons, boxes, containers, and water?</p>
3 to 4 yrs	<p>Does the child go to preschool or daycare?</p> <p>Has a developmental delay been noted?</p> <p>How often does the child have an opportunity to use drawing and colouring materials?</p>
5 to 9 yrs	<p>Does the child attend public school?</p> <p>Does the child have special needs?</p> <p>What does the child enjoy most at school?</p>
10 to 14 yrs	<p>What courses or subjects is the youth taking?</p> <p>What grades/marks have they achieved?</p> <p>What goals have you set in your learning plan this year?</p> <p>Do you read when you are not in school?</p>
15 and over	<p>Has your school arranged work experience for you?</p> <p>Do you have a job?</p> <p>Have you made plans for further education or training after grade 12?</p> <p>Do you take part in sports or clubs?</p>

Note: Table does not include all questions in the Education domain from either tool.

Source: MCFD

Care Planning in B.C.

Since 1999, both tools have been available to social workers. However, over time, the use of the LAC tool was limited or phased out and what remains now is the CPOC tool. Some regions may still be using the LAC booklets for small children; however, the majority of workers are using the CPOC tool or modified CPOC planning tools.

According to the ministry, many modified versions of the CPOC have been developed over time (see Appendix 1). Most of the modifications are in formatting and style, and all have retained the same domains and narrative assessment requirements. MCFD's regions have also allowed the use of File Recording formats, Youth Independence Planners and Integrated Case Management Meeting Minute formats as acceptable CPOC planning tools. With so many different acceptable CPOC formats, inconsistencies in how the tools are applied, including the quality of information and planning, are inevitable.

What is essential is that all workers have access to guides and resources that allow them to develop and execute a CPOC with all the qualities intended in the original concept of LAC and CPOC.

Methodology

Audit Criteria

The Representative developed audit criteria by which compliance with the standards, policies and legislative requirements relevant to plans of care could be measured. These criteria helped determine reasonable audit evidence to form observations and conclusions.

A review of all the MCFD planning tools, policies, guidelines and standards was conducted in order to understand the assessment and planning process for plans of care. The CPOC and LAC tools were reviewed to understand the type of information that would have to be collected, documented and analyzed by a worker in order to conduct a narrative assessment.

The Representative set the following criteria:

- The child's plan of care is developed within the guidelines as defined in the *CFCS Act* practice standards for children in care
- The plan of care reflects the current situation and progress has been made from the previous plan
- The plan of care is completed as required, with an assessment, identified needs and goals to meet those needs
- Documented evidence shows that the plan of care has been reviewed, assessed, and monitored on a regular basis
- The child's views and the views of the child's parent(s), caregivers, extended family and other people significantly involved in the child's life are considered in the planning
- The child or youth participates in the plan of care process.

Information from the children's files and CPOCs (or other planning documents) was tested against the criteria.

Sampling for File Review

The audit sample was based on the number of children in care of the government on March 31, 2011 – either subject to a CCO, or under the *Family Relations Act* or *Adoption Act*. As of that date, there were 8,373 B.C. children in care, 4,913 of whom were subject to a CCO or one of those two acts. Of those 4,913 children, 98 per cent were subject to a CCO.

For the time period covered by this audit, B.C.'s child in care population was managed across five regions. This was adjusted to four regions effective June 2011, when the Fraser and Vancouver Coastal regions were merged into the Coast Fraser region. A very small proportion of cases are managed by the ministry's provincial office.⁸ For the purposes of the audit, the sample was stratified by the original five regions.

⁸ CCO/FRA cases, where most are migrants.

Stratified Sampling Strategy

The majority of the children in the sample population are subject to a CCO, are older and may have been in care for most of their lives. Because of their length of time in care, the files are quite large and comprise several volumes. Although the Representative’s review was focused on a child’s current plan with comparisons to the previous plan, the time to review one file ranged from three hours to a full day. Due to a limited amount of time and resources for this project, it was not possible to conduct a sample size larger than 100. The 100 files were selected using proportionate allocation as the stratified sampling strategy.⁹

This option works well when aiming to get an accurate estimate of the total population when there are variations between sub-populations (i.e. regions).

The Audit Sample

Of the 4,913 children in care, 100 children’s files (the “sample” or “audit sample”) were selected based on a stratified random sample. The audit sample consisted of 53 females and 47 males. The average age of the children in the audit sample was 11.9 years, while the median age was 13.5 years. Fifty per cent of the youth were between the ages of 14 and 18.

Aboriginal Children

Sixty children were identified as Aboriginal and 40 as non-Aboriginal. Of the 60 Aboriginal files, 53 children were identified as First Nations. (For definitions of Aboriginal, First Nations and Métis, see Glossary.)

Table 5: Number of Aboriginal and Non-Aboriginal Files in Audit

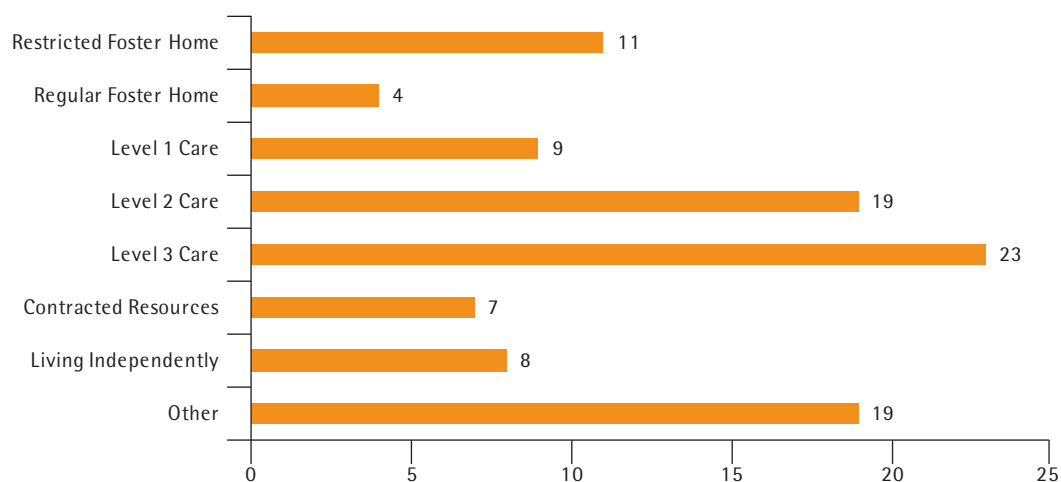
	Number
Aboriginal	60
<i>First Nations</i>	53
<i>Métis</i>	7
Non-Aboriginal	40
Total	100

Types of Placement

Fifty-one children were living in a type of specialized foster care home.¹⁰ Nearly a quarter (23 per cent) were living in Specialized Level 3 homes – homes for children who require the most extensive daily care and have complicated special needs. Nineteen per cent of the children were living in Specialized Level 2 homes. (For complete definitions of the types of homes, see Glossary.)

⁹ With a sample size of 100, the margin of error is approximately 10 per cent.

¹⁰ Level 1, Level 2 and Level 3 homes.

Figure 3: Number of Children by Placement Type (100)

There were 19 children living in other placements, including:

- Adoptive home (7)
- First Nation funded home (3)
- First Nation funded specialized care (1)
- Specialized child care (3)
- Intensive child care resource (1)
- Living with relative (1)
- Living with boyfriend and foster home half-time (1)
- Living with father even under CCO (1)
- Unknown – No fixed address (1).

Child Protection Concerns – Reason for Care

Reasons for a child being in care are prescribed in Section 13.1 of the *CFCS Act*. The current file coding standard allows for up to three reasons for entry to care. The most common reason recorded for a child entering care is: “*Parent unable/unwilling to care*,” accounting for 47.2 per cent, followed by “*Neglect by parent with physical harm*,” at 25.8 per cent, and “*Physical harm by Parent*” – at 6.9 per cent. Table 6 shows the frequency of protection reasons recorded for the children in the audit sample.¹¹

¹¹ Reasons for service as recorded by the child snapshot attached to the CS file.

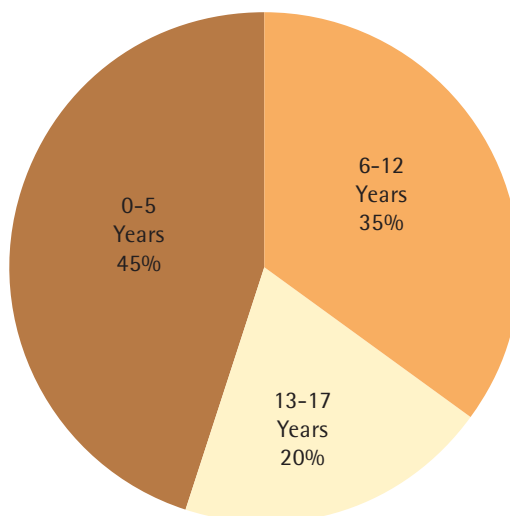
Table 6: Frequency of “Reasons for Care” Recorded

Reason for care	Percentage
Parent unable/unwilling to care	47.2%
Neglect by parent with physical harm	25.8%
Physical harm by parent	6.9%
Child abandoned: inadequate provision	6.3%
Emotional harm by parent	3.8%
Deprived of necessary health care	3.1%
Parent not protecting from abuse	2.5%
Sexual abuse/exploitation by parent	1.3%
Parent refusal to treatment of condition	1.3%
Parent deceased: inadequate provision	1.3%
End of agreement parent unable/unwilling to care	0.6%

Age at Time of Being Taken into Continuing Care

Figure 4: Percentage of Children by Age Group at Time of CCO

Forty-five per cent of the children in the audit sample were under the age of six when placed under a CCO, compared to 35 per cent who were between six and 12 years of age.



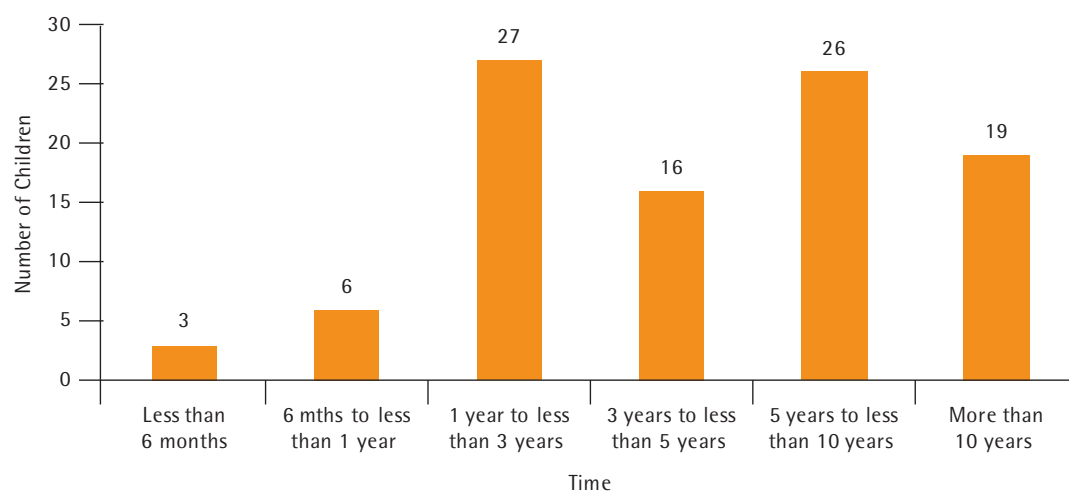
Note: Excludes *FRA* and *Adoption Act* wards.

Length of Time in Care Subject to a CCO

Figure 5 shows the length of time the children in the audit sample were in care based on the most recent CCO date recorded at the time of review. The average length of time spent in care subject to a CCO was 5.5 years.

Nearly half of the children (46 per cent) had been subject to a CCO for five years or more. It is important to note that this figure does not include the time the child spent in temporary care prior to the CCO.

Figure 5: Length of Time in Care Under CCO (97*)



* Note: Excludes *FRA* and *Adoption Act* wards.

Number of Placements Since CCO

A wealth of research¹² shows that placement instability for children living in care is associated with emotional and behavioural problems. Multiple placement changes and unplanned placements can lead to negative outcomes, including a loss of belonging. Minimizing the number of placement changes for children in care, especially unplanned moves, is essential to ensuring good outcomes. Promoting placement stability affords children in care opportunities to develop positive and supportive relationships.

For the audit sample, the number of placements was estimated from the date when the CCO (or status under the *Family Relations* or *Adoption Act*)¹³ was granted. The estimate includes the placement for stays longer than 72 hours, and does not include hospital stays, youth custody stays or periods when children or youth were missing. It is based on the location history recorded in the child's file.

¹² Barth et al (2007), Price et al (2008), Unrau et al (2008).

¹³ The child's status under the *FRA* means guardianship is under a director pursuant to s. 29(3). If the child's status is under the *Adoption Act*, the child's guardianship is transferred to a Director of Adoption.

Sixty-six of the children remained in the same placement or experienced two placements after the CCO was granted. Thirty-four of the children experienced between four and 15 placements after the CCO was granted.

Legal Status

The audit sample was based on the children in care caseload on March 31, 2011. As of Dec. 31, 2012, 73 of the 100 children whose files were included in the audit were still in care and 27 had left care (10 were adopted and 17 aged out of care).

Limitations of the Review

While the sample was random, stratified by region and ample in size and representation, there is a limit to what can be learned about practice through this approach. A review of social workers' documentation about case assessment, planning, critical events and activities is necessary but not sufficient on its own to understand the totality of what has or has not happened with children and youth in care.

Child welfare practice requires meaningful relationships among the child or youth in care, family and community members, caregivers and the social worker. The existence and quality of these relationships is almost impossible to discern from a review of case files. Only rough proxy measures are available, such as:

- the frequency of contact with the child and family
- the existence of a CPOC
- the offering and use of plan of care meetings and family conferencing
- the appropriate signatures on a plan of care or cultural plan
- the extent to which the worker has documented key events and milestones in the child's life.

For this reason, the review was supplemented with two other qualitative methods of collecting information – interviews with ministry staff and a facilitated group discussion with youth who were in the care of the government at the time, or had previously been in care.

Ministry staff were interviewed to explore their perspectives on assessment and planning for children in care, including the standards, practice and planning tools related to plans of care. Discussion topics included what was working well in practice and what was not. Direct service staff (guardianship workers) and team leaders were invited to participate. Staff were selected based on the cases that were audited; however, staff were not interviewed about specific children. A total of 28 interviews were conducted between January and March 2012.

The interviews with workers and team leaders were not based on a random sample of all staff in those roles. Instead, potential interviewees were approached in the offices from which the files were selected. Not all those invited to participate were available and, in those situations, another staff person from the same office was asked to participate. It was hoped that by choosing staff from a variety of offices across the province – both urban and rural, and both ministry offices and DAAs – that this sample would represent the diverse opinions and experiences of the people who work directly with children in care.

The Representative also partnered with the Federation of BC Youth in Care Network (FBCYICN) to consult with young people in and out of care about their views on planning and plans of care. A consultation was held in June 2012 with 21 youth.

Youth who either were in care or had previously been in care were approached with the assistance of the FBCYICN and asked to participate in a focus group. Using this approach, important and rich information was provided, however there was no expectation that the views expressed represented those of all youth in care.

A youth online survey was also developed and implemented in August 2012. The online survey of youth in care or those previously in care got broad distribution and promotion, again with the assistance of the FBCYICN. The survey offered an opportunity for youth to provide input into the review.

Limited interviews and outreach to MCFD staff and youth in care do not combine to provide a statistically representative sample of either group. But, by including both quantitative and qualitative information in this report, valuable insight and information has been gained into what is happening with the children and youth in the care of the government and those who support them. Much can be learned from their voices and unique perspectives.

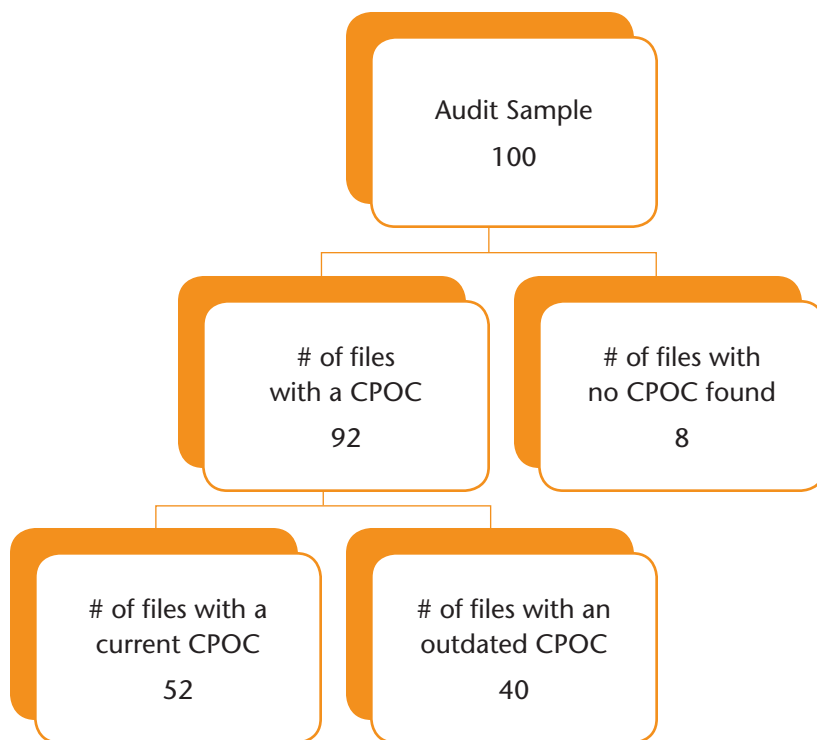
Detailed Audit Findings

The ministry is responsible for ensuring that every child in care has a CPOC. Ministry CIC Standard 11 stipulates that, within a maximum of 30 days of a child coming into care, an initial plan of care be developed. It also stipulates that, within six months of a child coming into care, a complete and thorough assessment of the child’s needs be completed and a written plan of care be developed and implemented.

The ministry’s internal audit results show historically low compliance by social workers in completing and regularly reviewing plans of care. Because of the known low compliance in completing CPOCs, the Representative reviewed the children’s most recent files¹⁴ for a CPOC, whether it was current or not. The audit found that the physical case files of 92 children had a CPOC, while eight children’s files had no CPOC.

The files of the 92 children with a CPOC were further reviewed to determine if the CPOC was current. CPOCs with a start date and/or assessment complete date no earlier than June 1, 2010 were accepted as current (approximately one year prior to the date of the Representative’s review). Of those 92 files, the audit found 52 met criteria for having a current CPOC, while 40 included CPOCs that were out of date.

Figure 6: Number of Current CPOCs in Audit Sample



¹⁴ Most recent two volumes were reviewed for all children at time of review.

The audit sample by regions (Table 8) found that Vancouver Coastal had the highest percentage of files (68 per cent) with a current CPOC, followed by the Vancouver Island and Interior regions (50 per cent). The North region had the highest percentage of out-of-date CPOCs (46 per cent). The number of children in the entire audit sample with an out-of-date CPOC was much higher among Aboriginal children compared to non-Aboriginal children (Table 9).

Note: Figures include files from DAAs.

Table 7: Status of CPOCs by Region

# of children with	Interior	Fraser	Vancouver Coastal	Vancouver Island	North	Province
A Current CPOC	10	11	15	10	6	52
Out-of-date CPOC	9	11	5	9	6	40
No CPOC found in file	1	3	2	1	1	8
Total	20	25	22	20	13	100

Table 8: Percentage of CPOCs by Status and Region

# of children with	Interior	Fraser	Vancouver Coastal	Vancouver Island	North	Province
A Current CPOC	50%	44%	68%	50%	46%	52%
Out-of-date CPOC	45%	44%	23%	45%	46%	40%
No CPOC found in file	5%	12%	9%	5%	8%	8%

Table 9: Status of CPOCs by Aboriginal and Non-Aboriginal Children in Audit

Number of children with a CPOC	Current		Out-of-Date		No CPOC found	
	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal	Aboriginal	Non-Aboriginal
	29	23	27	13	4	4
	52		40		8	

Reviewing a Plan of Care

The ministry's CIC Standard 11 (Appendix 2) states that a review of the child's CPOC is required at least every 90 days and that a comprehensive review should be done at least every six months. The importance of reviewing the plan is to enable tracking and measuring progress that has been made on the child's plan, specifically with regard to interventions and services and to alter the plan as needed.

The ministry's own internal audits indicate that low compliance in meeting CIC Standard 11 is mostly due to the inability to meet the deadlines of doing both the 90-day and the six-month reviews. Meeting both requirements could be achievable if a worker scheduled a CPOC review every 90 days, documented that a review of the plan had taken place, and indicated that the plan is active and what adjustments are being made to the written plan.

Of the 52 files with a current CPOC, 43 files lacked documentation to verify that a review occurred at least every 90 days. Additionally, there were 48 files with an out-of-date CPOC or no CPOC. Within the full audit sample, 91 of 100 files did not meet the ministry standards to review a plan of care at least every 90 days and to conduct a comprehensive review every six months.

The audit found only five files which met both review standards. Two files met the 90-day review standard, but not the requirement for a comprehensive review.

Table 10: Outcome of MCFD Review Standards for Current CPOC

Of the 52 Current CPOCs		
90 day review	6 month review	# meeting review criteria
✓	✓	5
✗	✗	43
✗	✓	1
✓	✗	2
✓	N/A ¹⁵	1

91 of 100 files did not meet the 90-day review and six-month comprehensive review standards

¹⁵ At time of review, CPOC was only three months old.

According to the ministry's own internal audit findings between 2009 and 2012, practice analysts rarely found files that met full compliance with the review standards. In the internal audits, MCFD practice analysts often noted the following:

“ . . . files had some documentation that reviews had or were taking place, however, the documentation did not conform to the requirements as outlined by the standard.”

“The critical difference between files rated ‘compliant’ and those rated ‘partially compliant’ involves the ongoing updating and adjusting the care plans for children in care.”

“ . . . the auditor did not find a CPOC or another written plan of care attached to the file.”

“Social workers at [office] had completed CPOCs on nearly every file audited, however, they did not meet standards regarding regular completion of these documents or in regards to the requirement to review the child's plan of care at least every 90 days.”

These findings are not new to the ministry. During the last five years, nearly every Director's case practice audit found files that were partially or completely non-compliant due to lack of documentation as outlined by the standards. The five-year-average full compliance score is approximately 38 per cent for the province and between 28 to 46 per cent for the regions (see Table 3).

Case Example 1

Age of child at time of audit: 9

Age when child came into continuing care: 7

Issue: Child's file lacked documentation

This Aboriginal child's physical case file contained a CPOC with an assessment start date of January 2010 and a completion date of November 2010. Every domain was completed by the social worker with several needs arising from each, with a description of services to be provided. There was no cultural plan in the child's file.

Observations:

The child's physical case file had nothing filed in the last eight or nine months, with the exception of a memo of complaint from the child's Aboriginal band to the ministry, but no indication of what the complaint was about.

The child was also removed from his aunt and uncle's home and placed in a new First Nations foster home, with no information as to why or who the new foster parents were. The file contained no correspondence, or case notes. The audit was not able to confirm if the CPOC is being monitored, or if the services have been (or are being) provided.

In the interviews conducted with MCFD staff as part of the Representative's audit, respondents were asked whether the review standards were reasonable and what they do to meet these standards. Responses varied from seeing the standards as reasonable to indicating the comprehensive review should be done annually rather than every six months.

Many social workers said that they found it difficult to meet the standards, citing the amount of time it takes to complete a CPOC and competing priorities. The majority of respondents were not surprised at the low compliance score for the province and indicated that the low compliance was due to caseload size, workload and dealing with crises first and planning later.

Compliance in Date Entry Recording in CPOCs

The CPOC document requires that social workers record the following dates on the written plan of care:

- Date assessment begun
- Date assessment completed
- Dates the CPOC covers
- Date of completion of last CPOC
- Date CPOC reviewed
- Next review date.

Social workers are also supposed to record the “*Last Plan of Care*” date into the information management system (MIS SWS); the system then automatically generates a “*Next Plan of Care*” reminder one year forward. This allows ministry staff to identify when plans of care in the system are due for review.

The date entries for CPOCs help to determine if a written plan is current, when a CPOC is up for review, what the planning period is covering (i.e. a one- two- or three-year plan), when the assessment was started and completed and when the supervisor reviewed and approved the plan. Additionally, there are dates recorded when the participants have reviewed and signed the plan.

It would make sense to consider that the plan of care is implemented and active once it is agreed to by all parties and signed off by the supervisor. However, precisely how the dates are recorded and used by field staff seems to be a large part of the reason why the ministry continues to have low compliance in regularly reviewing plans of care.

The audit found that there is inconsistency in date recording. As a result, determining what period the plan is covering and whether the assessment is completed is challenging.

If a plan covers a two- to three-year time period, anyone reading the plan must know precisely when the assessments were written and when updates were made, otherwise it is impossible to determine the dates of written entries during the time frame of the plan. The lack of date entry also contributes to social workers having to spend hours reviewing historical CPOC information in the files, to determine what is relevant and which assessment entries are current. This leads to many workers repeating the work of the previous social worker, rewriting the entire CPOC and filling in gaps.

Case File Documentation

The ministry’s Children in Care Standard 3 states “*All case documentation for a child in care is accurate and complete and includes the information about the child’s views, the child’s history, the child’s care experiences, learning experiences and progress, achievements, milestones and significant events, including photographs, creative works and writings, the child’s family history, medical history and current circumstances, the services provided and actions taken for the child while in care and the child’s written plan of care.*”

This standard reflects the importance of keeping accurate and completed case records for a child in care. The child’s file should contain the necessary information for any social worker to develop a CPOC to meet the child’s needs.

Basic Child in Care Information

The child snapshot profile is a short summary of the child's key information that is recorded by the worker in the ministry's electronic system (MIS SWS). A copy of the child snapshot profile is attached to the child's physical file and includes information such as:

- File information – child's worker, related case files (e.g. siblings)
- Child information – name, address, contact information, date of birth, personal health number
- Family or household information
- Legal authority history
- Case plan information – after care plan, plan of care status, review dates
- Health and behaviour information – interests/skills, behavioural information, physical health
- Personal, medical and school information
- Admission information
- Aboriginal information
- Other contacts/professionals/significant family
- Location history.

The Representative's review of children's case files found that many of the snapshot profiles were not updated on an annual basis. Of the 100 files, only 17 showed health and behaviour information last updated in fiscal 2011/12 and only 18 showed personal, medical and school information updated to the most current year.

Nearly one quarter of the files had outdated information as far back as fiscal year 2008/09 – nearly three years old.

Table 11: Last Recorded File Update for Child’s Personal Information by Fiscal Year

Fiscal Year	Health and Behaviour Information # of files	Personal, Medical and School Information # of files
2011/2012	17	18
2010/2011	32	27
2009/2010	15	20
2008/2009	13	11
2007/2008	6	4
2006/2007	6	0
2005/2006	0	0
Pre 2005/2006	4	1
Not Available	7	19
Total	100	100

Note:

1. Last recorded file update is from the child snapshot report.
2. Not Available means no date and/or information have been recorded in the child snapshot report.

An annual update to school information for school-age children should be the minimum education information expected in a child’s CPOC. Instead, the review found many records included historical school information inconsistent with the current school and grade the child or youth was attending.

The ministry’s policy on case documentation is a good reminder to social workers to accurately collect and retain relevant information that serves as the child’s historical record. This policy includes a list of information that a child’s file should have, which is also information that is required to develop a plan of care. Throughout the audit, the Representative expected to find evidence across children’s physical files that met case documentation compliance for CIC Standard 3.

The Representative found that the health and behavioural information collected in the electronic system is not reliable because it is not updated on a regular basis. Workers record the information in the system the first time a child comes into care, and further updates are rarely made.

In April 2012, the ministry implemented a new Integrated Caseload Management system (ICM) to replace its existing information system. The ICM system was expected to improve the way the ministry managed information and delivered services. Since implementation, a number of concerns have been brought to the Representative’s attention which led to a public statement outlining several problems and concerns.¹⁶

¹⁶ The Representative’s Statement on the Integrated Case Management System, July 2012.

ICM issues reported by the Representative that impact planning and assessment for children in care that are relevant to this audit include:

- Child snapshot reports that are no longer available
- Difficulty locating health and behavioural information
- New child and family assessments that are not linked to the CPOC.

Development plans for new planning and assessment tool and data structure are being considered for phase 4 of the ICM project. The expected date for implementation of this phase is subject to MCFD’s internal review.

Maintaining Regular Contact with Children in Care

Section 70 Rights

Every child in care has rights defined by section 70 of the *CFCS Act* and they are to be regularly informed of and educated about these rights and entitlements according to their developmental level.

Section 70 rights include that a child is fed, clothed and nurtured, is consulted and given the opportunity to express his or her views and is involved in and informed about his or her plan of care. Whenever a child comes into care, he or she must be informed of their section 70 rights and the social worker is to review those rights with the child on a regular basis.

When the child or youth has been informed of his or her rights, the date is to be recorded in their plan of care. Social workers are to ensure that this process occurs on an annual basis and are to record it in the child’s file each time.

The Representative’s audit found close to 50 per cent of files included evidence of children and youth being informed of their section 70 rights, mostly indicated in their CPOC documents (current and out of date). Some files included dates when that review took place, however, many did not.

Table 12: Number and Percentage of Children who had Been Informed of Their Section 70 Rights

	# of children	%	# of children with current CPOC	%
Informed	46	46%	27	52%
Not Informed	38	38%	13	25%
Child is too young	16	16%	12	23%
Total	100		52	

Seeing a Child Privately Every 90 Days

Maintaining regular and consistent contact with a child or youth in care is essential to the development of a meaningful relationship and to the child or youth's care and healthy development. Regular contact enables the social worker to supervise the child's care, get to know the child, seek the child's views and inform them of decisions that affect them, including those in their plan of care. More frequent visits should occur if the child or youth has severe or serious emotional or developmental difficulties. These visits must be documented and the nature of the visit should be included in the CPOC as well.

Ministry standards (CIC Standard 9) state that, at a minimum, social workers should have in-person contact with a child in care:

- As soon as possible after the child comes into care
- When the child moves into a foster home, other residential resource or with a family
- When there is significant change in the child's circumstances, plan of care or family
- When there is a change in whoever is responsible for providing guardianship services
- Privately at least every 90 days.

The audit found evidence that nearly 70 files showed the social worker had maintained some form of regular contact with the child or youth during the past year. However, only 23 per cent of files included documented evidence that tracked private visits (face to face) with the child or youth at least every 90 days. The majority of contact between children and social workers was indirect – by email or phone call.

Table 13: Number and Percentage of Children Regularly Contacted by Their Social Worker in the Last Year

	# of children	%	# of children with current CPOC	%
Yes, Evidence of Contact	67	67%	32	61.5%
No Documented Evidence	33	33%	20	38.5%
Total	100		52	

Note: Results based on whether contact was made in 2010.

Table 14: Number and Percentage of Children who Met Privately with Their Social Worker at Least Every 90 Days

	# of children	%	# of children with current CPOC	%
Yes, Evidence of Private Visit	23	23%	13	25%
No Documented Evidence	77	77%	39	75%
Total	100		52	

Most social workers emphasized the importance of seeing the children for whom they are responsible and spending time with them, but said that other tasks such as paperwork, administrative duties and dealing with a child in crisis competed for the time they had to visit everybody on their caseload.

When asked what they meant by paperwork, responses included filling out forms, updating information in the system, writing case notes, entering running records, writing CPOCs, managing family files and making case meeting notes.

Most social workers stated that paperwork can be distracting, but needs to be done and that bureaucracy – such as learning a new case management system and taking the related training – can take additional time. Workers also identified that when a crisis occurs in one of their cases, it takes priority and is often a large part of their work.

Guardianship Workers' Comments

"My caseload right now makes it hard to see 31 kids once a month."

"Cannot get to CPOCs – I'm in crisis mode."

All workers and team leaders indicated that the standard to visit the child privately every 90 days was a reasonable standard and an absolute minimum. However, some expressed difficulty in meeting the standard if their caseload was too high and especially if the social worker was carrying a diversified (generalist) caseload.

In Aboriginal agencies, the standard is to meet privately at least every 30 days and this, too, was seen as a reasonable standard. However, workers indicated it was also sometimes difficult to meet, for the same reasons.

Evidence of Participation in the CPOC Process

The CPOC process clearly states that the development and review of the plan of care is to include the child, the child's family (whenever possible), the child's caregiver and other persons or service providers involved with the child and the child's family.

Evidence of CPOC participation was determined by the participant's signature on the CPOC document. This indicates that the participant had the opportunity to review the CPOC and agreed with the plan by signing the document.

Of the 52 files with a current CPOC:

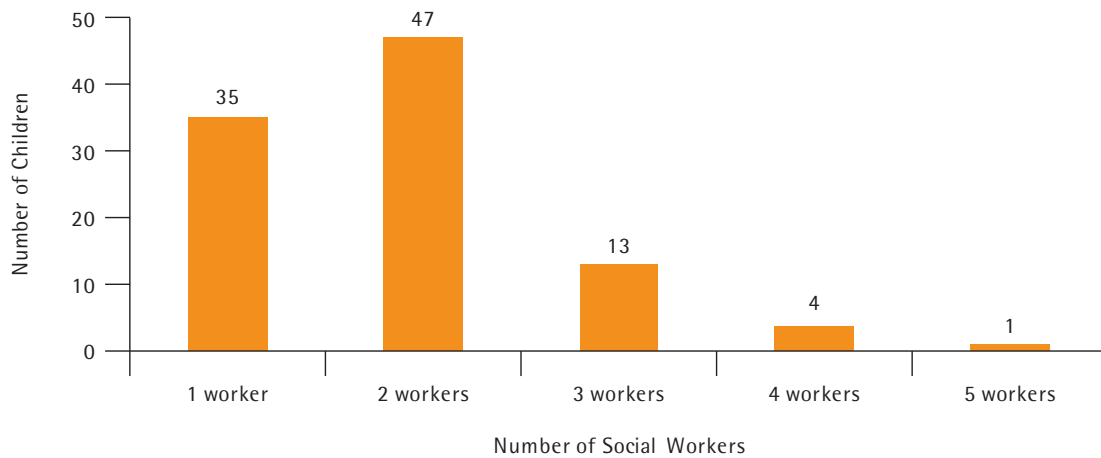
- 13 showed the signature of only the social worker and supervisor, no other participant
- 20 showed the signature of the social worker, supervisor and at least one other participant (child or caregiver)
- 9 showed the child or youth's signature.¹⁷

Number of Social Workers Assigned to the Child

In order to maintain continuity in planning and caring for the child's needs, maintaining stability in workers assigned to manage the child's planning is critical, rather than experiencing multiple workers.

The Representative attempted to count the number of social workers who managed the child's case since April 1, 2009. However, MCFD does not collect or track the number of social workers as part of the child's file history. The Representative is not able to verify this information and was only able to provide a rough estimate based on searching paper documentation to locate social workers' names identified on case plans.

Figure 7: Number of Social Workers Assigned Since April 1, 2009



¹⁷ Excludes the 12 children who were unable to sign.

Assessment and Planning in CPOCs

For the purposes of the audit, written narrative assessments for each developmental domain were reviewed for the 52 files that had a current CPOC. Reviewers were looking for assessments that considered the needs of the child for a particular domain, as defined in the CPOC tools, policies and guidelines.

Files that did not have a current CPOC were reviewed to determine if key information was documented and recorded in the file and if the social worker was demonstrating good record-keeping for the child in terms of gathering the type of information needed to develop a plan of care.

Table 15: Summary of CPOC Developmental Domain Planning and Assessment Results

Domain	Evidence the Assessment considered the suggested questions in the domain (52)	Evidence that Assessment Considerations included an Action Plan (52)
Placement	37	27
Health	36	29
Education	33	24
Identity, Culture and Religion	41	24
Family and Social Relationships	44	31
Self-care Skills	44	30
Social Presentation	39	26
Emotional and Behavioural	40	28

Figures are based on files with a current CPOC at time of review (52).

Findings by Domain

A brief overview of the findings by each domain follows, with examples of identified needs and the action plan for the domain that have been taken directly from the 100 children or youth's files that were part of the audit.

Placement Domain

The placement domain focuses on the suitability of the child's placement and the number and continuity of placements. It asks workers to consider if the placement is meeting the child's short- and long-term needs, what is and is not working well, how the placement is helping the child to do well and if the placement's environment is working well for the child.

The audit found that 37 of the 52 files with current CPOCs included assessments that addressed the majority of these issues. Nearly all the assessments described the placement history of the child since removal, where the child was currently living, the names of current caregivers and how long the child had been living with them.

Each child’s CPOC had an overall goal, which is the child’s permanency plan – return to parent, adoption, transfer of custody, placement with extended family, placement with Aboriginal community, placement with foster family/specialized residential care or independence.

There were files with assessments that described in detail how the child was doing in the placement and also included information about the child’s plan for a permanent home. This domain could benefit by expanding the assessment to explicitly include information about the child’s permanency plan – what the plan is, what steps are being taken to achieve it and what progress is being made. Instead, the Representative found the placement domain primarily focused on the placement history of the child or youth.

In reviewing the physical files with a current CPOC, the Representative found a lack of documentation describing strategies or action plans to meet the child’s permanency plan, including what progress had been made over time to achieve this goal.

The placement domain is supposed to specify whether the placement meets the child’s short- and long-term needs. The Representative expected to find assessments detailing what the permanency plan strategies are for the child’s long-term placement need. Instead, in most cases, the Representative only found what the social worker selected or “checked-off” on the child or youth’s permanency plan with comments that stated “permanency planning to begin.”

Figure 8: Permanency Plan on CPOC Template

Overall Goal <i>(please tick)</i>		
Return to parent(s)	→	<input type="checkbox"/>
Placement with extended family	→	<input type="checkbox"/>
Placement within aboriginal community	→	<input type="checkbox"/>
Foster family or residential care	→	<input type="checkbox"/>
Independent living	→	<input type="checkbox"/>
Adoption	→	<input type="checkbox"/>
The overall goal(s) should also be reflected under each of the headings in the Comprehensive Plan of Care		

Source: MCFD

Based on the entire sample (100), the findings were that approximately 27 per cent of files had a current CPOC in place that included a completed placement assessment and an associated action plan.

Examples of identified placement needs and intervention in ministry CPOCs:

Specific Need	Desired Outcome	Description of Services to be provided based upon the child/youth's needs	Person Responsible	Target Date	Results of Review
Child needs a permanent home.	Child has a permanent home	Permanency planning to begin		Ongoing	
Support child/youth in placement by visiting home and addressing concerns that may arise	Social worker will aim to visit the home as often as possible	Social worker will visit the home as often as possible		Every two months	
Child/Youth needs to continue to have a stable, long-term placement	Child/Youth will continue to have a stable, long-term placement	Child/youth will continue to reside with caregiver until a successful transfer of custody, 54.1 is complete		Date specified	
Permanency plan needs to be done for child/youth					
Both children should have their own bedroom and proper beds, as they have outgrown bunk beds		Purchase beds		Date specified	
Child/youth with long-term placement	Child/youth to be adopted by current caregiver	Caregiver to continue care for child/youth with the support of social worker		Date specified	Achieved

Health Domain

The health domain focuses on the child or youth's health and well-being. The questions in this domain relate to whether the child is receiving the necessary health care, including preventative care, and if any health problems or disabilities are being addressed.

Most parents living with their child on a daily basis would likely know all of this information. It is extremely important for children in care that this type of information is recorded and well documented so that caregivers know the health history and needs of the child. This also helps ensure the social worker and others responsible for the child's care are paying attention to their health care needs and ensuring the appropriate interventions and services are in place.

Of the 52 files with a current CPOC, nearly 70 per cent (36) had documented information that considered the child's health, physical development, health care and medical needs.

In the files that did not have a current CPOC, the Representative's office looked for information regarding the child or youth's health information. For the most part, documentation such as case notes, phone logs or emails typically would indicate that there was a need to make an appointment (i.e. dentist or doctor) or to follow up with the caregiver to see if they had made the appointment.

Files that had been transferred from one social worker to another showed a lack of documentation and record-keeping of basic health information such as:

1. Does the child have any allergies? If so, what are they?
2. Is the child on any medication? If so, what are the medications and what are they for?
3. Has the child received any of the following services: medical, dental, vision or hearing?
Is the child/youth due for any of these? Has the child received any medical assessments?
4. Does the child/youth wear glasses?
5. What is the child/youth's height, weight?
6. Is the child's weight of any concern?
7. Are routine immunizations up to date?
8. Does the child have any medical conditions? (e.g. asthma, diabetes, disabilities, allergies, etc.)
Have you received any advice on this?
9. Has the child/youth suffered any injury?
10. What sort of physical activities does the child/youth participate in?

As children in care reach their teen years, discussions with the social worker about drugs, alcohol, sex and contraception must take place, to ensure youth are aware of these issues and informed to make decisions.

Detailed Audit Findings

The audit found that only 36 of the 52 files with current CPOCs included the child's health and well-being, physical health, healthcare and medical concerns in the narrative assessment. The narrative assessment indicated the status of the child's health, followed by any health-related matters that had occurred during the past year, such as a cold or flu, doctor visit, dental check-up, asthma, etc.

Generally, social workers were able to describe the child's historical health information. However, the comprehensiveness and detail of the information varied widely across the sample – some identified needs and services/interventions in great detail, while others lacked information or simply answered the suggested domain questions in a brief manner.

All files were reviewed to see if basic dental, vision and hearing issues were being monitored or considered. More than 60 per cent of files did not identify any concerns in these areas; however, it was difficult to determine when the child or youth last attended an appointment or check-up. The ministry does have paper checklists on which workers can record this information; however, it is not tracked very well. Additionally, there appears to be no place to record this type of information in the information system (MIS SWS).

Of the 52 files with a current CPOC, many addressed the sample questions provided in the template, although they varied in terms of the amount of information and level of detail gathered. At a minimum, the social worker indicated or rated the child's overall health, included comments about medical and dental visits (those that occurred or if the child required one), as well as information about the child's health condition or disability.

Based on the 100 files, the findings were that approximately 29 files met criteria to have in place a current CPOC that included a health assessment and associated action plan.

Examples of identified health needs and intervention in ministry CPOCs:

Specific Need	Desired Outcome	Description of Services to be provided based upon the child/youth's needs	Person Responsible	Target Date	Results of Review
Child's medication is...(list of meds)	Child has all the required support given multiple diagnoses	Child will take all medication prescribed	Foster parent	Ongoing	
Child has diagnosis of ADHD and RAD	Child has all the required support	Child will continue to get support from foster parent and social worker		Ongoing	
Child needs braces		Funding is required			
Child needs to have immunizations up-to-date and a copy of immunization schedule given to adoptive parents	To ensure that adoptive parents are aware of all the immunizations child has received and can ensure that child is immunized against all diseases as needed	Foster parent to ensure immunizations are up to date and copy provided to adoptive parents Documentation will also be provided showing receipt of H1N1 vaccines	Foster parent	Date specified	
Youth needs to be referred to a drug and alcohol counsellor. Social worker to discuss with (youth) to make arrangements			Individual	Date specified	
Child will receive medical, dental and optometry care as needed	Child will attend all regularly scheduled medical, dental appointments		Foster parent, youth and social worker		

Education Domain

Educational attainment is associated with almost every measure of population health and well-being.

It is an essential part of the assessment process for the social worker to understand the educational progress of the child. The assessment should consider other school-related matters that affect school performance, such as expectations for good grades, participation in school activities, absenteeism and school friends. The Representative's previous reports have found that many children in care have higher incidences of behaviour problems and mental health issues.

As a good parent, the role of the social worker is to ensure that the child or youth's educational needs are met. This includes reviewing report cards, attending parent-teacher meetings and having ongoing discussions with the child about school.

For all school-age children, MCFD records must ensure that at the beginning of every school year, the name of the school, the name of the teacher and principal and the grade in which the child is enrolled are kept on the file and entered in the information system, along with all report cards.

In two joint reports¹⁸ with the Provincial Health Officer, the Representative has examined the educational experiences of children in care and youth in care involved with the youth justice system. Both reports found that many children and youth are not meeting expectations in fundamental skills such as reading, writing and numeracy and that only 30 per cent of youth in care graduate from high school.

In the report *Kids, Crime and Care, Health and Well-Being of Children in Care: Youth Justice Experiences and Outcomes*, the Representative and Provincial Health Officer recommended:

“That every school in British Columbia assign a single staff person to oversee education planning, monitoring and attainments of the children in care that attend their school....”

MCFD and the Ministry of Education collaborated to implement this recommendation. Plans of care and case files were reviewed to determine if this information was recorded on file.

Social workers were asked about their knowledge of the child or youth's experience at school. The questions in this domain are designed to determine if the child's educational needs are being met, and if there are opportunities for the child to learn special skills and to take part in activities at school.

¹⁸ *Health and Well-being of Children in Care: Educational Experiences* (2007) and *Kids, Crime and Care: Youth Justice Experiences and Outcomes* (2009). Representative for Children and Youth and Provincial Health Officer.

Of the 52 files with a current CPOC, the audit found 33 that contained information regarding the child's education which addressed most of the questions provided in the CPOC template. However, the assessments were more like status reports and rarely mentioned how well the child was performing in school. The audit found the following:

- Close to 70 per cent of files contained current school information
- Only 50 per cent of files had a recent school report card or interim report card
- Just over 40 per cent of files had identified school personnel responsible for education planning for the child or youth in care.

Children in Care with Educational Special Needs

The Representative found that 59 of the 100 children or youth had documentation that identified them as having special needs and required an Individual Education Plan (IEP). Of those 59 files, a copy of the IEP was found in only 30 files. One child was not attending school at the time of the review, and no IEP was found for the other 28 files.

An IEP is a written plan that contains information about the child and outlines the learning activities and aspects of the educational program that are designed to meet his or her unique needs. It describes the individualized goals, adaptations and/or modifications and the services to be provided as well as a means of tracking achievement.

IEPs include goals and objectives much like a CPOC. Parents are key participants in the development of an IEP, as they know their child well and can talk about their child's strengths and needs. As part of the ministry's guardianship role, it is vital that social workers be involved in IEP planning, to document the IEP and ask questions about the plan and how they can best support the child.

Based on the entire sample, the findings were that approximately 24 per cent of these children and youth in care had a current CPOC in place in which a worker completed an education assessment and the associated action plan.

The Ministry of Education defines a student with special needs as a student who has one or more of the following: a disability of an intellectual, physical, sensory, emotional or behavioural nature, a learning disability or exceptional gifts or talents.

Examples of identified education needs and intervention in ministry CPOCs:

Specific Need	Desired Outcome	Description of Services to be provided based upon the child/youth's needs	Person Responsible	Target Date	Results of Review
Child needs help at school as he is developmentally delayed	Child to have help at school to address his developmental needs	Child is currently on a modified IEP program at school, as he performs at the intellectual level of Grade 1		Review in six months	
Child needs to keep working on developing his weaknesses	Child to continue working on and developing his weaknesses	School personnel, foster parent and social worker to encourage and help child to continue developing his weaknesses			
Child needs to have an assessment by teacher	Child will have an assessment by teacher	Foster parent will keep in touch with the school in order to make sure child has an academic assessment so that a school program can be devised to meet his specific needs		Date specified	
Caregiver to follow up with school on child's progress	Caregiver to follow up with school regarding child's progress	Foster parent to meet with teacher on child's progress; to problem solve strategies to do better in Grade 6, if necessary		Throughout the school year	
Child needs to improve in math	Child improves his grade and feels more confident in math class	Foster parent will look into math tutoring for child		Date specified	

Identity, Culture and Religion Domain

The identity, culture and religion domain is intended to make sure that the child or youth has developed a positive self-image, a strong sense of identity, understands and accepts the reasons why they are in care and has opportunities to learn about their birth family, culture and religion. Workers are asked to collect information such as:

- What kinds of rituals/traditions does the child or youth participate in?
- Does the child or youth understand why he or she is in care?
- Describe the child or youth's culture. Do they belong to a particular culture or religion?
- What opportunities are available for the child or youth to explore and participate in his or her culture and/or religion?
- If the child or youth is Aboriginal, is the Aboriginal community informed and involved in planning?
- Is there a life book – a record of significant information or events in the life of the child or youth?

Of the 52 files with a current CPOC, 41 contained information in the assessment about the child's identity, culture and/or religion. Workers tended to focus primarily on the child's birth family information in this domain, which is repetitive as it is already captured in the placement domain.

The cultural component of this domain is for all children in care, not just Aboriginal children. However, it was rare to find cultural information for children of other ethnic backgrounds. It was unclear whether the children had any opportunities to speak their first language or practice their religion, or had any opportunities to meet people from their own ethnic or cultural background.

The information included in the assessment for Aboriginal children included details about the child's Aboriginal heritage, where their birth parents or extended family were from, the band or Aboriginal community they belonged to and their participation in cultural activities.

From both the information found in the file review and the interviews with social workers, it is clear that this domain is a challenging one for many social workers. It is difficult for social workers to have knowledge of the many different types of ethnic and cultural backgrounds and their traditions and rituals and for workers to understand what is important for the young person to learn about.

In typical families, information about history and cultural traditions is passed from generation to generation, from elders and parents who explain the traditions and why they are important. Social workers who were interviewed cited this domain as one of the most difficult to complete a thorough assessment for children in care.

Based on the entire sample, approximately 24 per cent had a current CPOC in place that included a completed identity, culture and religion assessment and an associated action plan.

Examples of identified identity, culture and religion needs and intervention in ministry CPOCs:

Specific Need	Desired Outcome	Description of Services to be provided based upon the child/youth's needs	Person Responsible	Target Date	Results of Review
Foster parents will continue to maintain contact with child's family through email and phone contact		Foster parents will arrange a visit with child's family	Foster parent		
To attend cultural events and gatherings in the area of (city) which are appropriate		Foster parent will attend cultural events with child			
Child needs to continue to actively participate in cultural events and activities	Child will continue to participate in cultural events/ activities	Foster parent will continue to support and encourage child in communicating, interacting and participating in cultural events/ activities. Child will communicate with foster parents and SW if there are additional events/ activities that she would like to be a part of		Ongoing	
Child needs to be baptized in the Roman Catholic Church as per her family's wishes	Child will be baptized in the Roman Catholic Church as per her family's wishes	Foster parents will arrange for child's baptism. SW will follow-up with foster parents to confirm family's wishes		Date specified	

Cultural Plans for Aboriginal Children and Youth In Care

The ministry's CIC Service Standards 1 and 2¹⁹ require that the social worker should ensure that a cultural plan for each Aboriginal child and youth in care is developed in partnership with the Aboriginal community, caregivers and the child or youth.²⁰ The cultural plan is completed when the child comes into care and is reviewed on an annual basis or more frequently if there is a change in circumstances.

Cultural plans are a way to ensure that each Aboriginal child or youth in care is connected to their culture and has an understanding of their traditional language, spirituality and heritage. The cultural plan identifies the role of the social worker, the Aboriginal community, and the caregiver and what they will each do to preserve the child's Aboriginal identity.

Ministry guidelines to assist the delegated worker on the types of information to be collected include:

- What band/community does the child belong to?
- Is the child eligible for membership?
- How will the band/community participate in this child/youth's life?
- Who will gather or assist the child/youth in gathering information such as family and genealogy, language, cultural ceremonies, traditional foods, spiritual practices, etc.?
- How will the child participate in culturally sensitive ceremonies?

The ministry's cultural plan guidelines do not reference the CPOC specifically as the tool for cultural plans. Because the guidelines do not specify a format or template, it is not surprising that many workers are not clear what a cultural plan should look like or how to write one. Some workers who were interviewed said they had talked to workers who had written a cultural plan that had been approved by a supervisor and used that as a reference.

During the file review, any files that included a cultural plan were identified and reviewed. In those files, cultural plans were found with identical domains to the CPOC. Of the 60 Aboriginal children's files, only three included documented evidence that met the guidelines for having a cultural plan. That means 57 Aboriginal children or youth in the audit sample did not have any documented evidence of a cultural plan.

Guardianship Workers' Comments

"People just put it together. There are no domains like a CPOC, just a blank Word document, no template."

"No, there are no templates, other than a CPOC."

¹⁹ Children in Care Service Standard 1: Preserving the Identity of an Aboriginal Child in Care and Children in Care Service Standard 2: Providing Services that Respect a Child's Culture and Identity.

²⁰ Cultural Plan for Aboriginal Children, MCFD.

Detailed Audit Findings

Of the three files that included a cultural plan, all appeared to be out of date. One was prepared and signed by the guardianship social worker only and did not contain much of the information recommended by the ministry's cultural plan guidelines. The plan stated the child would participate in two cultural ceremonies a year, prepare and serve traditional foods in the home once a year, and attend CIC camp each summer.

The second file contained an out-of-date plan that had been developed when the child was seven-years-old. This youth was 18-years-old at the time of the audit and there was no evidence the plan had been reviewed. The plan was developed as part of the ROOTS program (Re-Exploring Planning for Aboriginal Children in MCFD Care).

The third file contained another cultural plan developed by a ROOTS worker. The plan has no date, except for a date when it was faxed in 2010. The plan identifies tasks to be completed by the First Nation band, the foster parent, the ministry and the ROOTS worker. All parties supporting the youth's cultural plan, including the youth, signed the plan. The plan does not include a specific action plan or dates for completion of the tasks.

The purpose of the ROOTS program is to ensure that Aboriginal children in the care of the ministry have a plan that will respect and preserve their identity with ties to their family, Aboriginal community and heritage. Among a ROOTS worker's responsibilities are to complete a family genogram, determine the cultural ancestry of the child, liaise with the Aboriginal community, foster parent and social worker and develop a cultural plan. The ROOTS program is operating in some areas of the province.²¹

The ROOTS exploration guide provides a series of questions related to the child's strengths and challenges, their family (relationship/contact/members), their care history and cultural involvement. The guide also includes a community capacity and assessment and planning section. Although it is out of date, this is the most thorough, detailed version of a cultural plan that the Representative found in this audit. It has a detailed action plan to increase family connection, community connection and connection to culture.

It is evident that extensive training is required for workers to be able to write effective cultural plans and develop strategies that help preserve the child's unique identity and maintain connections to their community. It is also critical that their community is actively involved at all stages of the planning. The most common statement found in the audit across Aboriginal children's CPOCs under the culture, identity and religion domain was for the child or youth to attend a potlatch or other cultural ceremony. Cultural planning for Aboriginal children and youth in care should be much more comprehensive and meaningful than this.

²¹ Email from Ministry of Children and Family Development. MCFD has verified that there are currently 12 contracted and two internal ROOTS workers across the province.

Each Aboriginal band and community has a unique history and heritage. There are many different languages, cultural practices and spiritual beliefs amongst B.C.'s Aboriginal people. Workers with guardianship responsibilities rarely have knowledge of the various Aboriginal cultures. Therefore it is vital that Aboriginal communities be actively involved with cultural planning. It is the shared role of the child's worker, First Nations and Aboriginal communities to work with Aboriginal children and youth in care to explain the importance of their cultural heritage, identity, and traditional teachings.

The ministry needs to do more to support workers to ensure that cultural connections are built and maintained for each child or youth in care. The ROOTS program may be an excellent resource.

Life Books for Children and Youth in Care

One of the ways the ministry has encouraged social workers, caregivers and foster parents to help support a child's sense of identity is through the development of life books. Life books are a record of significant information or events that can take the form of a scrapbook or photo album. They can include photos, drawings, information about the child's birth history and family, details of their time in each foster care placement, a record of their immunizations, favourite toys, school achievements and awards. The life book is presented to children when they leave care and is a record they can refer to as they grow older.

Of the 100 files reviewed, only 35 contained documented evidence that a life book existed. Of the 35 files, only 13 mentioned that a contribution was made to the life book during the last year.

The Representative is concerned that when these children leave care, only a few will have a life book that contains their childhood memories and history. It is the ministry's responsibility as prudent parent to ensure that all children in care, especially children subject to a CCO, have a life book that is being updated on a regular basis. This should be documented, including who is responsible for collecting photographs and mementos and recording developmental milestones for the child or youth.

In addition to looking for mention of life books in the files, the audit also checked to see if there were photographs of the child or youth in care in their file. The audit found close to 70 per cent of files contained a photo, however, only 30 per cent of those contained a recent photo (dated within the last year). There were many files with outdated photographs, such as the 17-year-old whose file included a photo from when she was 14. It is important to keep current photographs of all children in care, as this information is vital for accurate record-keeping, for when there are changes in social workers, and for police use if the child runs away or is missing.

Family and Social Relationships Domain

Ministry standards (CIC Standard 10) identify the importance of a child's need for continuity in relationships, including contact with parents, relatives and friends, and require that provision for this must be included in the plan of care. This domain deals with the child or youth's relationship with family, friends and others and whether they know how to contact an adult who will help them if needed, if they have opportunities to develop emotional ties with at least one caregiver, and if they have contact with their birth family, relatives and friends, and have positive attachments with adults and peers.

Workers are asked the following questions as a guideline for gathering information:

- How does the child get along with the people with whom they live?
- Is the child in touch with a birth relative? With whom?
- Is there an adult who could help the child in a crisis?
- Does the child/youth have friends? Are they able to make friends easily?

If the children from this audit sample had siblings, the Representative's staff reviewed the information to determine if the sibling placement and contact information was easily attainable and if it contained information about their birth family.

The audit found that among the 52 files with a current CPOC, nearly 85 per cent included information about the child's family and social relationships.

All files were reviewed for any information related to siblings such as:

1. Is the child placed with siblings?
2. If the child has been separated from their sibling(s), are there contact arrangements?
3. Does the child/youth have contact arrangements with birth family or extended family?
4. Has he/she made contact with family in the last year?
5. Does the child have a relationship with at least one positive, caring adult other than the foster family or social worker?

Of the 100 children and youth in this audit, 80 had a sibling. Of the 80, 37 of the children and youth were placed with their sibling(s) and 43 were not. For 20 children, no information about siblings was found.

Nearly 70 per cent of the 100 files showed evidence that the child or youth had some form of family contact arrangement and efforts had been made to connect with their family during the past year.

Based on the entire sample (100), the findings were that approximately 31 per cent had a current CPOC in place that included a completed family and social relationship assessment and an associated action plan.

Examples of identified family and social relationship needs and intervention from ministry CPOCs:

Specific Need	Desired Outcome	Description of Services to be provided based upon the child/youth's needs	Person Responsible	Target Date	Results of Review
Youth needs to see his younger siblings	Youth has visited his siblings	Social worker (SW) needs to arrange an in-person visit	SW and foster parents	Date specified	
Youth needs contact with siblings		Maternal grandmother to locate 'lost' grand kids in the care of the ministry for SW to make contact for youth			
Child needs to have more frequent visits with her younger siblings	Child will have more frequent visits with her younger siblings	SW will plan visits with the younger siblings. SW will ask the foster parents for their availability then create a visiting schedule		Date specified	
Child needs to see his family	Child will feel more connected to his healthy First Nation family	Visits to be arranged as appropriate to child's psycho-social needs	SW	Ongoing	
Good boundaries. Child can be overly friendly and affectionate with strangers and is at more risk than the average child to become sexually abused	Child maintains good boundaries Adoptive parents to take extra care to protect child from potential sexual abuse	Adoptive parents will supervise and coach Adoptive parents will be very vigilant	Mental health worker	Ongoing	
Child needs safe and structured contact with family and extended family	Child will continue to have ongoing support to enhance/foster relationships		Foster parent, child and SW	Ongoing	

Social Presentation Domain

This domain is intended to ensure that a child or youth in care is helped to understand what sort of impression they make on other people and how they can adapt to different situations.

Social presentation skills are learned in early childhood, such as parents teaching children to say “please” “thank you” and “excuse me.” Other social skills learned in adolescence include knowing how to adjust behaviour and conversation to different situations at home, at school or with people they don’t know very well.

It is important that a child in care understands the connection between social presentation and social acceptance, as a person’s appearance, personal habits and social behaviour greatly influence how he or she will be perceived and treated by others.²²

The following questions are used to help guide the worker’s information gathering for planning in this domain:

- Is the child’s clothing and grooming age-appropriate?
- Does the child or youth’s overall appearance give people the impression that they take care of themselves properly?
- Is the child or youth polite with friends and adults?
- Can the child or youth adjust his/her behaviour and conversation to an increasingly wide range of situations?
- Describe how the child or youth communicates – both verbal and non-verbal. What are his or her strengths? Is there anything he or she would like to change?

Of the 52 files with a current CPOC, 39 had information about the child or youth’s social presentation skills in the assessment and 26 of the 39 identified an action plan for the identified needs. For the most part, workers were able to describe in general their opinion of the child’s overall appearance (e.g. how well they dress), how they present themselves and how the child/youth is perceived by others.

Based on the entire sample, the finding was that approximately 26 per cent had a current CPOC in place that included a completed social presentation assessment and an associated action plan.

²² *Practice Standards for Guardianship*, Ministry for Children and Families, 1999 (now MCFD).

Examples of identified social presentation needs and intervention from ministry CPOCs:

Specific Need	Desired Outcome	Description of Services to be provided based upon the child/youth's needs	Person Responsible	Target Date	Results of Review
Child needs to work on her social skills		Foster parent, teachers and counsellors will continue to help child work on her social skills			
Child needs to learn social boundaries and distinguish between positive and negative friendships					
Child needs to learn that it is "not okay to hurt others"	Child learns appropriate boundaries and does not hurt others	Foster parents ensure that child understands the differences between inappropriate and appropriate communication	Foster parent	Ongoing	
Therapy may help youth develop better social boundaries		A one to one worker to support positive role modeling and consistent boundary setting			
Youth will learn about personal boundaries	Youth will understand the importance of personal boundaries	Foster parent will teach youth about boundaries	Foster parent	Ongoing	

Emotional and Behavioural Development Domain

This domain focuses on the child or youth's emotional and behavioural development. Several studies²³ have suggested that children in care have a higher incidence of mental health concerns, often related to pre-placement events and traumas. Identifying emotional and behavioural concerns may benefit the child in obtaining specialized assessment to get an opinion, diagnosis, treatment and support.

The following questions are asked to guide information-gathering for planning in this domain:

- Is there an assessment on file?
- If so, is there a diagnosis?
- Who made it and when?

If there is already an assessment on file, this domain will often include the specialist's assessment and recommendations. Often, the recommendations may be specified as an action item in the plan.

When children and youth are diagnosed with a mental health problem or special needs, they often have treatment plans that have been developed by specialists. These treatment plans and the opinions from specialists need to be considered in developing the CPOC.

These specialists play an important role in supporting the assessment and planning process as part of an integrated case management approach. The following information needs to be considered when planning in this domain:

- How will the mental health and/or special needs diagnosis impact the child or youth long-term?
- How will these issues impact other developmental areas?
- Is there transitional planning that will need to take place in the future, such as application to adult mental health or adult community living services?
- Are there well-documented records in the child's child service file so that any social worker would easily be aware of the diagnosis and treatment, who the clinician is, and who the CYMH or CYSN workers are?

Based on the entire sample, the findings were that approximately 28 files had a current CPOC in place that included a completed emotional and behavioural development assessment and an associated action plan.

²³ *Looking after Children in Canada: Final Report*, June 2008; Chernoff R. et al (1994).

Case Example 2

Age of youth at time of audit: 13

Age when came into continuing care: 12

Issue: CPOC was initiated but no updates were provided for over two years

This 13-year-old boy's mother died in a car accident. The child was placed in a foster home for 18 months, then was placed with relatives, then was returned to the foster home.

The child's behaviours escalated after returning to the foster home, including sexual and self-harming behaviours and exposing himself. He was admitted to the hospital for suicidal and homicidal statements. The child was not able to return to the foster home due to his behaviour (at the request of the foster parents) and was later placed in a restricted foster home. The child has received counselling and a mental health assessment.

Observations:

The child's last CPOC was written and completed in one day in December 2010, with all domains completed with identified needs, services to be provided and action items to do. At that same time, a file transfer recording was completed for the file to be transferred to a new social worker, as the child was granted a CCO in November 2010.

Since December 2010, no updates or reviews were ever completed in the CPOC. In 2011, several important concerns were documented by copies of email and correspondence, which included the social worker's concerns about the child's escalating behaviours and suicidal statements and the social worker's requests for counselling and assessments. There were long, detailed emails regarding the child's placement history, referral forms for services and a progress report from the counsellor.

There is no comprehensive and collaborative plan for the child and it is not clear if the CPOC in December 2010 is still being followed. There is no document that describes the child's progress, instead the file shows the piecemeal provision of care and monitoring.

Detailed Audit Findings

Of the 52 files with a current CPOC, the emotional and behavioural developmental needs were considered in the assessments of 40 children and youth. However, only 28 of the 40 identified an action plan for the identified needs.

Forty nine per cent (49 files) of the children in the full sample of 100 had records documenting that the child had been diagnosed with a mental health problem or special need and was receiving some form of treatment, counseling or therapeutic support. Of the children or youth diagnosed with a mental health problem and/or special need, almost 40 per cent did not have a Child and Youth Mental Health (CYMH) worker, and close to 57 per cent did not have a Child and Youth with Special Needs (CYSN) worker or key worker (key workers provide support to children with FASD and, in some regions, to children with developmental behavioural conditions).

Table 16: Number and Percentage of Children with Mental Health or Special Need Diagnosis

	# of children	%
Mental health only	8	16.3%
Special need only	10	20.4%
Both mental health and special need	31	63.3%
Total	49	100.0%

Table 17: Number and Percentage of Children Who Had a CYMH Worker

	# of children	%
Yes	20	40.8%
No	19	38.8%
Not applicable	10	20.4%
Total	49	100.0%

Table 18: Number and Percentage of Children Who Had a CYSN or Key Worker

	# of children	%
Yes	13	26.5%
No	28	57.1%
Not applicable	8	16.3%
Total	49	100.0%

Case Example 3

Age of youth at time of audit: 14

Age when came into continuing care: 7

Issue: Child's special needs not adequately assessed or monitored in a plan of care

This youth has been living with the same foster parent since coming into care in 2004. The ministry has designated this child as having a special service need. He has a moderate mental handicap, severe speech and language delays and has been designated for Community Living BC (CLBC) care when he reaches adulthood.

The youth communicates by using sign language and receives private speech therapy. He has severe cognitive delays and lacks appropriate social behaviour. He has ongoing respite services and after-school care support workers, and is taking prescribed medications for his anxious and aggressive behaviour.

Observations

The last completed CPOC for this child was in 2004/05. It was very difficult to locate information in the file, such as medical and dental information – including information about his last check-up. The physical file contained assessments for CLBC designation from many health professionals; however, there was no central document that adequately assessed the health professionals' concerns and recommendations in his most recent files. The audit was unable to determine if his special needs are being monitored or what progress has been made.

The file review was not able to determine if there was a CYSN worker involved with this youth, or which professionals were currently involved in his life, such as a doctor, behaviour consultant, therapist, etc. The snapshot report for health and behaviour information had not been updated since July 2008. No personal, medical or school information had been recorded in the most recent snapshot report. Copies of the foster parent reports in the physical file end in 2008.

Paper copies of email correspondence were found in the file. The majority of the concerns regarding the child's needs were discussed and reported by email conversations between the guardianship social worker and team leader. Through the email correspondence, several issues were identified, including difficulty in managing his behaviour, running away from school and injuring himself, and difficulty transitioning to high school. There was a request to re-implement Cognitive Behavioural Intervention (CBI) services and a need to find a support worker. The emails suggest that the worker was managing the child's needs by email correspondence.

Youth Justice Involvement

When a youth in care comes in contact with the youth justice system, it is important to examine the reasons why this occurred. In the report *Kids, Crime and Care*, the Representative and the Provincial Health Officer found that children in care experience much higher rates of being charged than other youth and are more likely to end up in custody. The report also found that the offences most often associated with youth in care are related to the administration of justice, such as failure to attend court and breaching conditions of bail or probation.

In the context of planning and assessment, the Representative expects that the guardianship worker and youth justice professionals ensure the appropriate supports, resources and treatment plans are being provided to the youth to address the root causes of conflict with the law.

Case Example 4

Age of youth at time of audit: 16

Age when came into continuing care: 4

Issue: Lack of planning and assessment for youth involved in the youth justice program

At the time of the audit, the youth was residing in a residential group home. He had a current CPOC that covered from December 2010 to present, with written entries in the CPOC in 2011. In 2009 and 2010, the youth was involved with the youth justice system as the result of a variety of charges and spent time in remand custody. Case file notes state concerns regarding the youth's behaviour, including physical altercations, refusing to attend school, self-harming behaviour, and continued breach of probation orders.

The youth was attending a residential treatment program. A critical incident occurred that involved the youth taking pills on two occasions. He was admitted to hospital both times. A suicide note was left by the youth at the residential treatment facility. Restraints were used at the hospital, but the youth was released after it was determined that there was no medical or psychiatric reason to keep him in hospital.

Observations

The CPOC on file did not include an assessment of the youth's needs and lacked a plan of action. The CPOC resembled a running record of written entries focused on the past. The CPOC did not reference the youth justice involvement, including his time in and out of custody.

The youth was admitted to a residential treatment program, where his treatment plan included goals in areas such as: arts and leisure, budgeting, court/legal involvement, employment, exploitation concerns, family relationships and life skills. The CPOC did not reference this plan or its goals – there was simply a copy placed in the youth's physical file.

The CPOC stated that the youth was receiving psychiatric counselling and should seek mental health services in 2011. The youth was placed on a waiting list for mental health services. The CPOC did not provide any details of what the purpose and objective of these services was. The CPOC did not have any goals or objectives for any of the CPOC domains. The youth did not participate in the development of the CPOC and there were no plans for transition to adulthood.

Detailed Audit Findings

The Representative's audit contained a very small number of cases of youth who were involved in the youth justice system – fewer than 10 per cent. The majority of the youth were 15 or 16 years of age when they first came into contact with the youth justice system.

Several of the youth in this group were subject to an Intensive Support and Supervision Order, and some had spent time in a youth custody centre. The audit found that the youth who did spend time in a custody centre experienced physical altercations, damaged property and exhibited self-harming behaviour. The youth in custody participated in programming, including counseling or attending youth forensic psychiatric services.

The audit found that the majority of the youth involved with youth justice had outdated CPOCs on file. In fact, most of these outdated CPOCs covered the time periods when the youth came in contact with youth justice, but failed to indicate this, as no reviews were being documented (i.e. 90-day and six-month reviews).

For the youth with a current CPOC, the audit found that the CPOCs were written like status reports, with a focus on the past rather than being forward-looking. The audit found that for many of the youth, the youth justice system clearly identified their issues, behaviours and risk factors and provided recommendations to address these concerns through conditions placed on the youths' probation or Intensive Support and Supervision Order(s). These youth often ended up breaching the conditions that were placed on them.

In reviewing the youth justice files, the Representative expected to find documented evidence of communication and planning for the youth between the guardianship worker and youth justice professionals (such as a probation officer).

However, there was little evidence of communication between the guardianship worker and probation officer, with distinct lines between each worker's role – child welfare versus youth justice. The guardianship worker focused primarily on the youth's placement in foster care and relied on the youth justice system to deal with the youth's problematic behaviour.

There were few action plans outlining the interventions or supports in place to address the myriad of concerns guardianship workers and probation officers identified for these youth. These concerns included developmental disabilities, mental health issues, aggressive behaviour, anger issues, lack of school attendance, drug and alcohol addiction, self-harming and suicidal behaviour and physical altercations.

At the time of the audit, most of the youth involved with the youth justice system were 17 and 18 and will be aging out of care soon. For those who did age out during the audit, it was not clear where the youth would be living, who would be supporting them, or what services would be in place for them.

Self-Care Skills Domain

This domain focuses on the specific self-care skills that a child or youth has or needs to develop, as appropriate for their age and ability. The children in the audit sample may remain in care until they turn 19, and when they leave care, most are expected to have the necessary skills to live independently as a productive member of society.

The following questions should be considered in gathering information for the assessment based on what is age- and ability-appropriate:

- Can the child use the bathroom alone?
- Can the child dress/undress himself?
- Can the child feed herself?
- Can the child put on a coat and tie his shoes?
- Can the youth make her bed and pick up after herself?
- Can the youth manage his own time, cook a simple meal, or remain at home alone?
- Can the youth use a bank machine?
- Is the youth prepared for the tasks needed to live independently when she reaches 19 years of age, such as managing housing, banking, and getting a job?

This domain is another example where the ministry's CPOC broad age guidelines in the template (either under nine years of age or over nine) provide questions that are asked in relation to all children and youth, rather than questions that are age-appropriate.

For example, the LAC booklet for children who are three to four years of age focuses on whether the child knows how to use the toilet, wash and dry their hands and use a fork and knife. The questions for older youth (15 and over), are more geared towards accomplishments such as getting a driver's license, looking for a job, or attending post-secondary school.

The Representative expected to find CPOCs that focused on specific self-care skills, and included information on how these skills were being developed by the child or youth. Instead, the audit found very basic responses to the guiding questions, with "yes" or "no" answers and often with very little details. The audit found very limited focus on targeted self-care skills that were relevant for the child or youth's age.

For older youth, there was more focus on to-do lists for the social worker detailing things that needed to be done before the youth aged out of care, such as getting identification, securing housing or applying for any eligible youth programs such as Agreements with Young Adults.

Of the 52 files with a current CPOC, 44 (or 85 per cent) considered the guiding questions in the CPOC template; however, many lacked details about the acquisition of the necessary self-care skills. Of the 44 files, 30 had an action plan.

Detailed Audit Findings

Based on the entire sample, the findings were that approximately 30 per cent had a current CPOC in place that included a completed self-care skills assessment and an associated action plan.

Examples of identified self care skills and intervention from ministry CPOCs:

Specific Need	Desired Outcome	Description of Services to be provided based upon the child/youth's needs	Person Responsible	Target Date	Results of Review
Child to continue to develop her developmental milestones	Child will meet her developmental milestones based on her abilities	Guardian to provide opportunities where child can expand her self-care skills	Guardian	Ongoing	
Foster parent will continue personal care for child in all areas		Foster parent will provide all the personal care needed to meet child's special needs			
Child still needs help brushing his teeth	Child will be able to brush his teeth on his own	Foster parent will continue to work with child to teach him this skill	Foster parent	Ongoing	
Youth needs to have age-appropriate homemaking skills	Youth to have age-appropriate homemaking skills	Foster parent to work with youth on cleaning, simple meals, laundry and other skills associated with keeping a house		Review in 6 months	
Child needs to continue to learn age-appropriate self care skills	Child will continue to learn age-appropriate self care skills	Foster parents will continue to give child age-appropriate learning experiences which will assist child in learning self care skills		Ongoing	

Youth Transition to Adulthood Planning

When children in care turn 19, their relationship with the ministry generally ends, which sets them apart from other children whose relationship with their parents generally continues. It is important to support these youth in care in developing self-care and independence skills before they reach the age of 19. These skills include being able to find a place to live, getting the basic living essentials and obtaining adequate financial and social support.

Ministry Standard 16²⁴ requires that “*every effort be made to assist a youth in care in developing the capacity, skills, support and resources needed to face the challenges and adversities that accompany successful living in the community.*”

The audit sample included 39 files for youth 16 and older at the time of review. Of the 39 files, 21 had documented evidence that some attention was being paid by the social worker to transition planning. This was found primarily in case notes or emails that identified a “list of things to do” before the youth ages out of care – such as housing, getting identification or referral service. However, only 10 files had a documented plan identified within the CPOC, a Youth Independence Planner (YIP) or Plan for Independence (PFI) document that identified goals and actions. The audit found that these 10 plans contained generic goals with very few details of the steps needed to meet them.

Youth Independence Planner is a self-assessment document completed by the youth that collects information about various areas of the youth’s life including: where they live, physical health, mental well-being, family and friends, social, recreational, cultural, education, employment and independent living skills. Youth are asked to identify strengths, needs and goals with their social worker.

Plan for Independence is a tool for goal-setting with youth. Youth are asked to identify strengths, risk factors and short- and long-term goals with their social worker.

Nearly 600 youth age out of the foster care system in B.C. each year. A large percentage of these youth end up on income assistance within six months of aging out of care (49 per cent in 2010/2011²⁵). The ministry has been working on strategies to improve youth transitional planning, including a 2007 pilot project to develop measurement tools to evaluate outcomes of youth receiving transition services – the YIP and PFI.

The ministry completed an evaluation of the tools in September 2011. The evaluation included feedback from social workers, youth workers and youth who participated in the pilot project. The evaluation reported that participants experienced significant challenges integrating the new tools into practice, difficulties scheduling meetings to complete the youth planning tools and challenges monitoring the progress of the youth plans.

²⁴ CIC Standard 16: Promoting Resiliency and Skills for Successful Community Living.

²⁵ *Public Reporting of Performance Measures*, Ministry of Children and Family Development, 2012.

In the evaluation the workers stated that the tools were simply another paperwork exercise. Youth participants found that statement to be “*particularly unsettling since youth expressed a strong desire for a well-thought-out plan that would guide their transition to adulthood.*” The youth also reported that workers routinely used generic goals that don’t accurately reflect what the youth wants to accomplish and that youth needed more details on specific steps they must follow to achieve their goals.

The evaluation made several recommendations about the tools and using them with youth. The Representative has not been informed by the ministry on the status of these tools or whether the recommendations will be implemented.

Under the ministry’s previous leadership in 2007, several planning and practice pilot sites were created under the former Child and Family Assessment Planning and Practice (CAPP) initiatives. At that time, social workers who were participating in the CAPP pilots were asked to use the PFI tools for youth rather than the CPOC templates.

Qualitative Information

Youth Consultation

A group of youth from the FBCYICN was consulted and an on-line youth survey to obtain feedback, concerns and ideas about plans of care from youth in and out of care in B.C. was conducted to supplement the audit data.

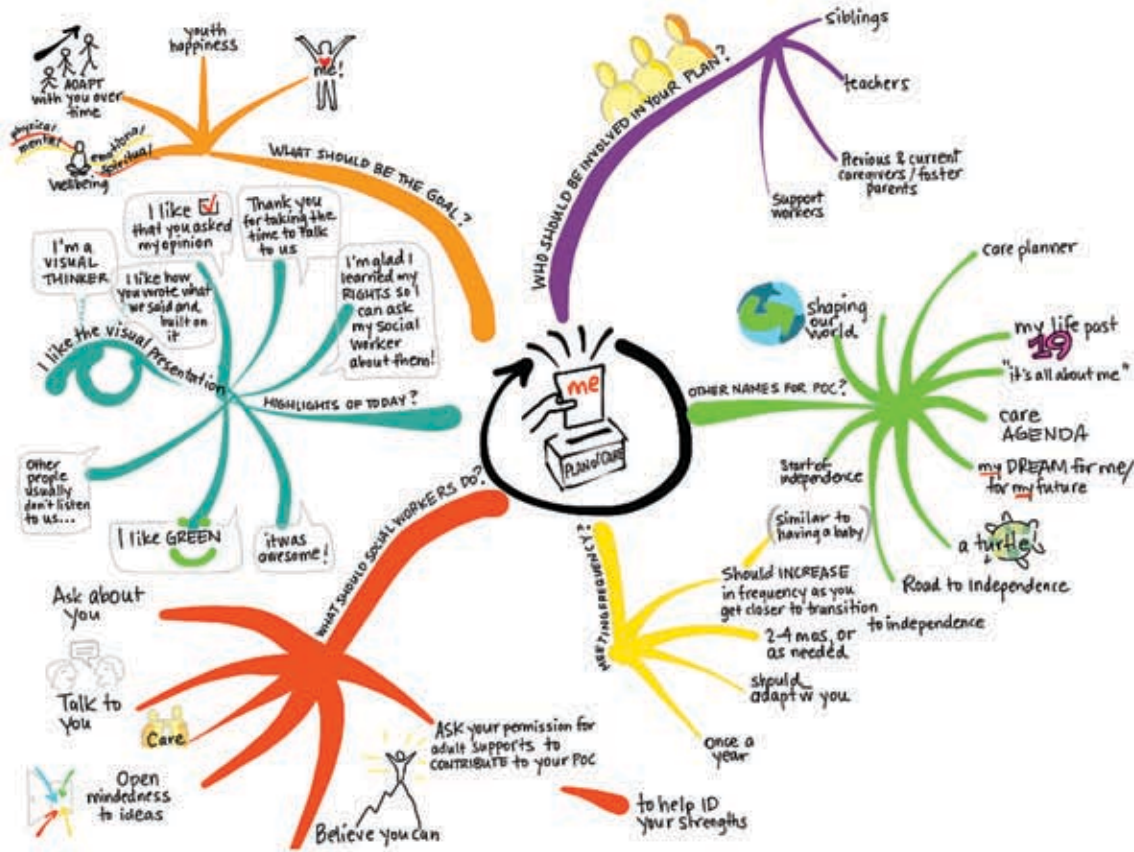
These youth had varying experiences during their time in care. The Representative learned that some youth were familiar with their plan of care, while others had very limited knowledge.

Youth in and out of care were asked what they thought should be the main purpose or goal of a plan of care, and many reported that a plan of care should be about the youth’s life, outline their goals, focus on their strengths and be adaptable as they grow.

One youth stated that “*a plan of care goal should be about the youth, make each plan suit the youth and help them in all ways possible to excel in their life in all areas, mentally, physically, psychologically, everything.*”

The majority of the youth in the focus group stated they met with their worker to discuss their plan of care at least once a year. One youth said that the frequency of seeing a social worker, especially when a youth is transitioning out of care, should be similar to someone who is pregnant and must see their doctor on a regular basis for check-ups which get more frequent closer to the due date. Surveyed youth also agreed that workers should go over their plan of care with them at least every three months.

Visual Representation of the Feedback from Youth Focus Groups



	yes	no	maybe	no response
Have you seen this POC tool?	10	0	0	0
Have you ever received your POC?	10	0	0	0
Have you ever talked to your SW about your plan?	10	0	0	0
Has your SW helped you plan for transition to independence?	10	0	0	0
Did you know this was part of your POC?	10	0	0	0
Are your views/ideas included in your POC?	10	0	0	0
Have you been told about your rights around your POC?	10	0	0	0
If you identify as Aboriginal, have you been given the chance to connect with your culture?	10	0	0	0
Have you been encouraged to connect to your culture?	10	0	0	0
Have other adult supports been involved in your POC?	10	0	0	0
If still in care, have you talked with your SW privately in the last 3 months?	10	0	0	0



Detailed Audit Findings

Another youth suggested that meetings with social workers should happen when things change, such as a foster home change and, starting at 16, they should occur every three months. Youth who participated in the survey reported seeing their social worker at least every three months, which was much higher than the youth in the focus group discussion, who reported ranges in meeting their social worker from once a year, to when they were in trouble, to whenever they felt like it.

Youth were asked what social workers could do to ensure that the youth's voice, needs and ideas were included in their plan of care, and what workers could do to engage youth to be more involved. The youth suggested that social workers should:

- Ask youth to be more involved
- Be more open-minded to ideas the youth have
- Ask youth who they want to invite to share in their planning.

Significantly, youth in the group discussion wanted to know what their social worker and the other significant people in their lives considered the youth's strengths to be. Youth were interested to know what people saw in them that they couldn't see for themselves.

One of the highlights during the youth group discussion came when youth were asked if they liked the term "plan of care" and, if not, what their plans should be called. The question was asked to see if youth in care had the same negative reaction to the term "plan of care" or CPOC as social workers had shared in their interviews.

The youth were very excited to share suggested new names for their plans. These included: "Start of Independence," "Transition into Freedom," "My Dream for Me," "It's All About Me" and "My Dream for my Future."

The question sparked a sense of ownership and connection with the plan for the youth, and their responses showed that a plan of care is not just a document, but can be something that is unique for each of them and something to which they are attached and committed.

The youth online survey drew a low response. However, comments from completed surveys were helpful and similar to the youth focus group feedback. The Representative will continue to seek youth feedback and views through the office's engagement work and continue to identify new ways to reach out to youth.

Youths' Comments on CPOC Process

"I think that they should really fully listen to us. Maybe have us there as it is created to add or talk about it as it is typed up. Following through is a big thing. If you're gonna tell us that we have input and then ignore it – then what's the point?"

"I have constant contact with my social worker and I feel very involved in any process."

"My social worker always let me be involved with my plan of care. It's really important that the youth is involved in all meetings, as this is all about them and they are the ones most affected. I have heard of some youth not being asked."

"I think social workers should include youth – to hear their voice of needs and ideas to be part of the plan. Being part of the discussion will make the youth feel more included in a plan that is made for them."

Worker Consultation

Interviews with MCFD Guardianship Workers, Team Leaders and DAA Guardianship Workers

The Representative's office conducted 28 individual interviews between January and March 2012 with ministry guardianship workers, team leaders/supervisors and DAA guardianship workers throughout the province.

All of the social workers had a guardianship role, while some had multiple roles that included adoption and/or child protection (e.g. intake and family service). The workers reported having continuing custody caseloads ranging from 12 to 31 cases each, while team leaders supervised between five and 12 staff.

The purpose of these interviews was to learn more about how the assessment and planning process works in practice, to identify the barriers in complying with ministry standards to complete CPOCs, and to obtain the worker's perspectives on the CPOC planning tool. The Representative thanks these workers for their valuable participation in the audit.

Case Example 5

Age of child at time of review: 6

Age when came into continuing care: 2

Issue: CPOC completed because file was requested for audit

The ministry was notified that this child's file was being requested for an audit by the Representative in September 2011. The child is Aboriginal and lives in a long-term foster home placement with his older brother.

The child was diagnosed with ADHD in 2011. An FASD assessment concluded that the child had low to average functioning in some areas and learning disabilities, but was short of having a confirmed diagnosis of FASD. It was recommended that the child be re-assessed for FASD when he is nine-years-old.

Observations

The last completed CPOC for this child was in 2009, with no documented updates or reviews. A transfer file recording was completed in March 2009, with a summary of the ministry's involvement, the family and an assessment of the risks and strengths of the child, and case plan recommendations for the new social worker.

A more recent CPOC was written and completed in one day, shortly after the ministry was notified this child's file was required for an audit. The new CPOC provided a well-written record of what has happened for the child since the last written CPOC in 2009.

There was a note from the managing social worker acknowledging the outdated 2009 CPOC and stating that it should in no way reflect negatively on the level of case management for the child. The recent CPOC was developed by the social worker and was signed off by the social worker and supervisor. The social worker signed on behalf of the child and the caregiver. There is no documented evidence that the plan included input from the child or caregiver, that they participated in developing the plan, or had received a copy of the plan.

The child's physical file contained documented assessments and evidence that the social worker is managing the child's issues and concerns through case notes and email correspondence, and is engaged with the child's foster parents on a regular basis. However, in the absence of this child's file being selected for an audit, it is unknown whether an updated CPOC would have been drafted and completed.

Workload pressures and priorities

Social workers reported that workload priorities are determined by management and relate to a range of things, including crisis management, meeting practice standards, child protection and the ICM system. Many workers reported that planning for children is happening every day, but that work is not limited to writing a plan. They said that this work often includes going into the community and meeting the children and youth on their caseload and talking to caregivers and other professionals.

Workers said the challenge is having the time to transfer the information from case notes to the CPOC, and finding the time to summarize notes. Child protection and guardianship workers face challenges with keeping placements together, working with high-risk youth and children with mental health and behavioural issues. For them, the process of completing the CPOC is often put on hold. The majority of social workers and team leaders stated that CPOCs become a high priority when an audit is being done.

Social workers reported that they recognize the importance of planning for children in care and that time is needed for workers to spend with the children and youth on their caseloads. Overall, there seemed to be a desire to have more balance between their planning and time spent dealing with child protection crises.

CPOC and LAC Training

Workers were asked if they received any training on the CPOC or LAC tools. When the LAC Canada project was piloted, participants who received less than ideal training had difficulty with the material and their plans had incomplete domains – leading to domains not being explored for some children. Most workers stated they received some LAC training, but it had occurred a long time ago. The majority of workers stated they had received very little or no CPOC training. The majority of workers stated that a CPOC training or a refresher course would be beneficial, especially to new social workers and students on practicum.

It was suggested that a working group should look at the tool and determine if ministry staff are using the tool correctly, and that training would be helpful on how to engage youth to look at their CPOC, how to use the CPOC for planning and on writing narrative assessments.

Guardianship Workers' Comments

"With 28 cases, you get behind in CPOCs, you have to see the kids every three months, and some see theirs once a year. I used to meet standards in CPOC reviews, but with my 28 cases, I can't do it all the time."

"When you have a kid who is acting out or has behavioural issues, you have to deal with it, CPOC waits."

"I go through my caseloads every week to see which kids I don't know. I think I have good strategies, but it's survival mode. It's not my preference to work like this."

"It would be helpful to get training on how to develop strategies in the CPOC and how to review those strategies."

– Guardianship Worker

"If the ministry wants consistency in the tool, then they should offer training."

– Team Leader

CPOC as a Planning Tool

Social workers were asked for feedback on whether they liked the CPOC tool and the format, if the tool was useful for planning, and what they considered to be the strengths and drawbacks of the tool.

Overall, there was agreement that the tool was useful, but time-consuming to use. It was agreed that the domains covered the critical areas of development for consideration in assessment and planning for children in care and that they reminded social workers what questions to ask. Some workers said that the usefulness of the CPOC tool depends on the individual using it, but that it has the potential to be helpful.

Social workers also stated that many children and youth in care do not like the tool and some of the questions asked with its use. Workers find that the tool is easier to use for younger children and more difficult for youth. They said that many youth would start to give them the same answers, as the questions were being repeated every year. The majority of workers would like to see a more youth-friendly version of the tool or a way to have youth provide their own write-up.

In terms of the domains in the CPOC, workers all agreed that the health, placement and education domains were the easiest to complete, while the identity/culture, emotional and behavioural development, social presentation and family/social relationships domains were the most difficult. This is consistent with the audit's findings from the physical file review. Workers stated that while identity and culture are important, it was a challenge for them to describe the child's family history because sometimes that information is not collected early on and often children do not understand the purpose of this domain. Some workers said they would like to have more prompting questions to ask the children in each of the domains.

Most social workers found the CPOC not particularly relevant when working with youth to plan for independence. Some workers said they have supplemented it with specific tools, such as the YIP and PFI, or obtained help from specialists in independence planning. Transition or independence planning was seen by the social workers as important but challenging work.

Workers who have guardianship responsibilities for children with special needs found the CPOC was not particularly useful, as the questions and goals are often not tailored for children with special needs or children who require planning for mental health services. Additionally, the health and education domain questions are not tailored around awareness of special equipment (e.g. wheelchair, breathing tube, etc.) or the specific needs of children with autism and FASD.

Workers did comment that they would like to see the CPOC be a living document that could be updated as developments or changes occur for the child. Additionally, some preferred the format that is being used for ICM meetings. Some workers still liked the LAC booklets for very small children.

Guardianship Workers' Comments

"Sometimes setting goals is really hard for some of my kids who are special needs."

"CPOC is good . . . but a one-size-fits-all approach is not best for CYSN or MH planning."

Team leaders found the CPOC tool has become generic. They said that when they read a typical CPOC, they feel a social worker could put any child's name on it. Team leaders would like to see workers thinking more outside the box when writing CPOCs. They would prefer workers think beyond what has happened and include details on where they want to see a child in the future.

Some team leaders stated that workers are not doing assessments early enough and often work with limited information from birth parents and extended family when doing long-term planning. Often workers have a plan, but it's not a documented plan that has continuity. They said the plan must be flexible and documented in a way that everyone can follow, but also in a way that a young person is able to see that the ministry workers care and plan for them.

Plan of Care Meetings

The audit findings showed very little participation in planning (as measured by signatures on CPOCs) by the child or youth, caregiver, birth and extended family and any other significant people in the child or youth's life. A large part of developing a plan of care should be having meetings with relevant people getting together on the child's behalf.

Social workers were asked general questions about plan of care meetings, including if they hold these meetings in practice, and how they use them for planning purposes.

The use of plan of care meetings varied considerably among workers and often depended a great deal on circumstances or needs of a specific child in care. The majority of the social workers referred to them as ICM meetings – not related to the ICM information system – or case conferences, rather than plan of care meetings. Sometimes the meetings were restricted to the child and foster parent; in other cases they included school personnel, doctors, psychologists, resource workers, family members and band representatives, etc.

What Team Leaders Said About CPOCs

"The challenge with the CPOC is that you can turn it to something very basic, just by only answering the standard questions and then there is no detail."

"The CPOC allows me to get a perspective of who the kids are and where they are going."

"I want something that shows me that the social worker knows the child, their interests, who are their contacts? Do I think they know the child? I know of workers who spend a lot of time with their kids, but write bad CPOCs. Workers need to identify the needs, show what you are doing and show long-term planning. I look at every domain in a CPOC. Any skipped domains is a red flag, very little information is a red flag. Workers need to focus on the underlying issue, such as the child has disruptive behaviour, what is the underlying issue here? And also the CPOCs are not useful if people do not have a copy of it. Some workers are reluctant to share it because they treat them like running records."

"Everyone has tweaked the form. Do I rein it in and say pick a template? If it is working for them, then I guess maybe I should leave it."

"The best CPOCs I see are for kids who are being adopted."

The main challenge cited by workers was trying to schedule busy people, especially those involved in a collateral way. Other challenges included when and how best to involve youth and finding enough time to hold the meetings. Workers said they used the meetings to collect information needed for planning purposes and then prepared the CPOC on their own (in most cases) and then shared the CPOC with their team leader (supervisor) for approval. Very few said they provided a copy of the CPOC to anyone else.

Monitoring Plans of Care

The Representative was interested in learning how social workers are monitoring and managing plans of care for children in care. Workers were asked the following questions:

- How are plans of care tracked?
- How are workers ensuring that decisions are carried out and are meeting the needs of the children?
- How do workers monitor what progress has been made on goals and objectives in the plan of care?

Most workers said they relied on memory and notes to monitor assessment and planning between meetings and review periods and to track outcomes of decisions made. A few kept more formal ongoing records that reflected the domain structure of the CPOC. Some workers relied on caregivers to track progress of the kids in care, or used reports and assessments from doctors or psychiatrists, while others referred to their notes or meeting minutes to see if there were changes or progress made since the last review. Many looked at how well the child was doing in their placement or how well they were doing at school as ways to determine progress.

Most workers relied on team leaders to track when plans or reviews were due – sometimes through one-on-one supervision sessions. A few had their own tracking approaches, such as a tracking sheet or “to do” list. Team leaders said they used case consultation time with workers to discuss their caseloads and ask how the children were doing. Some team leaders use the MIS system to check on due dates for CPOCs.

The question of tracking CPOC outcomes for children in care seemed to surprise a number of interviewees. No formal tracking process or mechanism appears to be used by social workers. Instead, more informal processes such as team meetings or conversations with a team leader or supervisor were used to review tasks and goals. Rarely did any worker use the tracking table in the CPOC template.

Guardianship Workers' Comments

“It’s in my head and in running records. A lot of it we depend on caregivers to keep track of.”

“I’ll refer to the previous CPOC and to my notes and see if there is any progress.”

“Reviewing and tracking decisions has been a challenge because we have 125 CCOs on our team, sometimes you cannot keep track of all of them.”

– Team Leader

Meeting Ministry Standards

The Representative wanted to hear from workers about the challenges in meeting the ministry's standard for plans of care. All workers and team leaders expressed familiarity with the ministry or agency standards and said they attempted to follow them, with the frequent exception of the 90-day review and six-month comprehensive review of the CPOC – deadlines many found difficult to meet. Office expectations varied, but many did not expect these targets to be met. A few workers said they thought the standard called for an annual comprehensive review rather than one every six months.

All workers indicated that they review the issue of rights with the children and youth in their care, except for those who are not able to understand the concept. Some also indicated they do not review these annually with youth because youth respond with “you already told me.”

All workers and team leaders indicated that seeing the child a minimum of every 90 days was a reasonable standard, except possibly for children placed a great distance away from the social worker. However, some expressed difficulty in meeting the standard when caseloads are too high and especially when carrying a diversified (generalist) caseload.

Some workers stated that they see their children more often than every 90 days in order to build relationships. In Aboriginal agencies the standard is to meet privately at least every 30 days and this, too, was seen as a reasonable standard but sometimes difficult to meet, for the same reasons.

Responses varied from seeing this as reasonable to indicating the comprehensive review should be annual. Many found it difficult to meet these standards, citing the amount of time it takes to complete a CPOC and competing priorities. Some workers said reviewing a CPOC every three months was a challenge, not just for the worker but also for the supervisor to review in a timely manner for consultation and approval. Respondents said that if a worker has a small caseload, it could be possible to meet the 90-day and six-month reviews, but for many, it is very difficult. Overall, the most common reasons for not meeting the standards were “caseload size” or “workload,” competing priorities and the need to deal with crises first and planning “later.”

Workers were also asked about their perspective on why their compliance to meet the standards for plans of care is so low. Most workers stated that high caseloads and high staff turnover were a few reasons for not meeting ministry standards. When there is turnover, positions are not being filled quickly, there are no auxiliary workers to back-fill and, often, the caseloads get redistributed to other workers or to the team leader. New workers to the ministry are not receiving training on CPOCs, and look for completed CPOCs in the files to learn how to write one.

Guardianship Workers' Comments

“Seeing my kids every 30 days is a challenge. Even with 15 kids, you do the math, trying to schedule the kids in after school.”

“Six-month review ambiguous; new CPOC every six months not reasonable; once a year is reasonable.”

“A good 90-day review is reasonable – showing working on goals and making progress.”

“A review every six months and annual comprehensive review more reasonable.”

Cultural Plans for Aboriginal Children

Interviewees were asked about their perspectives on cultural planning for Aboriginal children in care, including approaches, tools and challenges experienced. Overall, there was little indication of cultural planning, by either ministry social workers or DAA workers. However, most acknowledged the importance of gathering information about the child's identity, place of origin and family history as well as working with Aboriginal communities. Few tools or guides were evident; a few offices had access to ROOTS workers or others who specialize in cultural connections and planning. Some relied on foster parents to make connections for the children in their care.

DAA workers stated that they work with many non-Aboriginal caregivers to support them in bringing the Aboriginal children and youth in their care to visit Aboriginal communities for cultural events. They mentioned that some non-Aboriginal caregivers do not feel comfortable doing this and that sometimes the Aboriginal community is not receptive or welcoming to these caregivers.

Some agency workers said they didn't know who to contact when working with certain Aboriginal bands and trying to involve Aboriginal communities in planning for children and youth in care. Several indicated that some children's "home communities" are far away, outside B.C. and the connection may have been lost long ago. Others said the Aboriginal communities sometimes do not respond to attempts to communicate with them, but that communities with an assigned band worker are more likely to respond.

Findings Summary

The ministry has a responsibility to ensure that every child in care in B.C. has a plan of care. The onus is on the Province as the parent to provide a better environment than the one from which the child has been removed and to ensure the child is well supported and provided with opportunities to achieve life goals.

The CPOC was meant to be developed and carried out in a collaborative way with key professionals, caregivers, family and the child or youth. This process requires time and resources across various disciplines and sectors as well as the willingness of all concerned to collaborate.

The CPOC is the planning tool used by the ministry. However, during the last 10 years, this tool has often been viewed as an administrative paperwork exercise rather than an effective and comprehensive planning device that helps the most vulnerable children and youth to achieve their full potential.

The CPOC planning tool is meant to be a living document, in which those involved in the child's life are accountable for supporting the needs, rights and interests of that child. The acronym "CPOC" has a negative connotation with both ministry staff and children and youth in care, because the ministry has allowed assessment and planning to become secondary – a task at the side of someone's desk that is considered a low priority.

The Representative's audit found that updated CPOCs were typically found only in ministry offices that were undergoing a practice audit. It found CPOCs with no details about what had been approved and not signed off by a supervisor or the child. It found CPOCs without a thorough assessment of the child and with targets that were described as "ongoing," without clear outcomes or accountabilities. These may be the minimum standards that have been accepted by the ministry, but they are not acceptable to the Representative and they should not be acceptable to British Columbians.

The Audit's Main Findings

Overall Finding

The results of this audit show that the ministry consistently failed in its role as prudent parent to properly plan for the children in its care. Only five of 100 files audited by the Representative included CPOCs that could be considered fully compliant with standards. This is a dismal performance by the ministry, especially when its own internal audits have already revealed poor compliance for many years. Children in care deserve better and the ministry must take immediate steps to ensure improvement in this vital area.

MCFD's Accountability on Meeting CPOC Standards

Low ministry compliance in ensuring children in continuing custody have an active plan of care

This means that a meaningful assessment is not being done for these children, goals and objectives have not been established and services and interventions to meet their needs are not being identified. Many of these children had at least one plan of care in their case file. Without anyone regularly using and updating those plans, insufficient efforts are being made to address the needs, rights and interests of many of the most vulnerable children and youth in our province.

As the ministry has long been aware that low compliance has been an issue, the Representative had hoped to see improvements through this audit. The Representative is deeply concerned to instead find continued low compliance.

Lack of accountability by management and supervisors to meet compliance in assessment and planning

Why is compliance with standards for care planning so low? It is unlikely that managers and supervisors in the ministry or staff of agencies are wilfully non-compliant or seeking to flaunt policy or the law. It is more likely that they find themselves in circumstances where they are lacking the tools, the resources, the training and the time to do what is expected of them. And often they find themselves confounded with a myriad of rules, tools, guides and advice, all seemingly constantly changing, which tends to paralyze rather than encourage appropriate practice. A social worker searching through random files for an approved CPOC is not an effective way to “self-train” on how to complete one.

It appears that when ministry offices anticipate an audit, CPOCs are hastily completed and therefore not meaningful. Teams Leaders and supervisors sign off on poorly written CPOCs to meet the demands of the audit. When these plans are approved, they are the ones that set the level of standard in that office.

Standards exist but are not consistently applied and enforced in practice

Existing standards need a close examination. Each standard needs to be assessed to determine if it is practical, relevant and achievable. It is doubtful that social workers generally do not want to meet standards; rather it is likely that they simply feel they cannot meet them or fail to see the relevance of them. If it is agreed that certain core standards (new or existing) are reasonable, practical, relevant and achievable, then the ministry needs to seriously consider what the consequences will be if standards are not met and hold regions and social workers accountable.

No training on CPOC tools

Workers and team leaders interviewed stated that they had received little or no training on the CPOC process and tools. Most indicated that some training would be useful. The provision of such training would not only bolster skill levels but would also send a strong message about the importance of the CPOC process in practice.

MCFD's CPOC Process and Practice

Lack of regular review to meet CIC Standard 11

For those children whose files do include an active plan, workers continue to struggle to meet the ministry's own standard of reviewing the CPOC every 90 days and conducting a comprehensive review every six months. The intent of these reviews is to measure the progress in achieving goals set out for the child or youth. Social work is a complex job and requires workers to manage a number of competing demands on their time. The ministry must recognize that reviewing a plan of care is an important task, not just for the ministry, but for the child. It needs to be an integral part of case management and practice. The Representative is extremely concerned that compliance in reviewing CPOCs is so low, especially after repeated ministry audits have shown similar results.

CPOCs resemble status reports, lack plan for intervention

The majority of the narrative assessments that were reviewed varied significantly in terms of the type of information recorded and the level of detail. Some workers wrote a considerable amount of information, while others provided very little to no information. It is important to understand that the CPOC is intended to be an assessment and planning tool, meaning the information that is collected must be analyzed to form an assessment. A record without analysis is simply a status report or running record.

The majority of CPOCs recorded what was happening and did not move beyond that to consider why it was happening. When issues or concerns are identified for the child or youth, the worker should consider if this is an identified need that requires a service or intervention. If so, then a plan of intervention should be articulated so that there is a clear focus.

Poorly written goals and objectives in the plan of care with no measurable outcomes

Many CPOCs had poorly written goals and objectives with no measurable outcomes. It was evident that workers struggled with defining what is meant by a goal and objective and what tasks are connected to them.

It is essential that the ministry provide opportunities for training and practice related to writing meaningful goals, objectives and having outcomes that are measurable. The ministry's child welfare training manual has a section on developing a CPOC.

No systems to track progress when care planning for children in care

Most social workers relied on memory and notes to monitor assessment and planning, and few kept a formal record that reflected the domain structure of the CPOC. The concept of tracking outcomes for children in care seemed to surprise a number of social workers who were interviewed; some stated they would compare the current CPOC with the previous one.

The most common outcomes workers considered as indicative that the child was doing well included the stability of the placement, school success, connection to family and adoption. The majority of CPOC documents had very little evidence of tracking the progress of the services and interventions to determine if the identified needs of the child were being met. It was difficult to determine what activities occurred during the year (or years), as CPOCs were not being reviewed on a regular basis.

Lack of permanency planning for children in care

The CPOC requires consideration of eight key domains but first and usually most urgent is the child's placement. It is critical that the child has an opportunity to live in a caring, stable environment with supports that match his or her needs. However, it is too easy for a successful placement to be considered a positive outcome for the child without sufficient and ongoing attention to all the other domains. The comprehensive nature of the plan of care is what contributes to a child's overall well-being; a stable placement is necessary but not sufficient on its own.

The child or youth's health, education, identity/culture/religion, family and social relationships, social presentation, emotional and behavioural development and self-care skills all need as much attention as the question of where the child will live. The ministry must pay more attention to the child's permanency plan by incorporating it into the CPOC with details about what that plan is, whether a concurrent plan is being considered and what progress has been made to achieve timely permanence. Permanency planning in a CPOC cannot simply be captured in a "tick box" for independence, return to parent or adoption with no concrete details on how to achieve the desired outcome.

Lack of cultural plans for Aboriginal children and youth in care

The Representative finds it very concerning to discover such low compliance when it comes to cultural planning for Aboriginal children in care, especially when more than 50 per cent of the children in care in B.C. are Aboriginal.

Aboriginal children need the opportunity to realize the significance of who they are and where they come from – to understand what their culture and traditions are, what was lost and how, and what is possible now and in the future for someone who is Aboriginal. When Aboriginal children live in non-Aboriginal foster homes far from their family and community, this opportunity is often lost.

Cultural plans have been a requirement in the ministry for some time. However, it is evident that more work needs to be done to help support workers to learn how to develop effective cultural plans. Aboriginal communities and DAAs need to work together to develop tools and resources to assist workers, to help preserve the cultural identity for all Aboriginal children in care.

It was not a surprise that nearly all staff found the identity, culture and religion domain the most difficult to assess, plan and act on. This is an especially critical domain since, as has been documented many times and across Canada, Aboriginal children and youth are vastly over-represented among children in care. They are often the majority of children in care and generally spend longer periods in care than non-Aboriginal children.

Cultural planning is about maintaining cultural connections for children who may be from a wide range of diverse cultural and ethnic populations. Social workers are expected to have the capacity to understand the cultural diversity of the children and families they serve. This is a challenge for workers, who may have a diverse range of populations in their caseloads.

Lack of meaningful assessments and planning – majority of CPOCs approved by supervisors regardless of quality

There was a wide variation in the quality of the CPOCs compiled – both the current ones and those that are out of date. The role of the supervisor is critical if CPOCs are to be effective. Supervisors and managers must be supportive of the CPOC approach and have experience and training in completing plans of care and writing meaningful goals and objectives.

Many of the CPOCs that were reviewed contained repeated information from previous plans with no progress tracking, intervention plans with no meaningful goals, and objectives and domains with little or no details. Some plans identified areas of concern for the child, but provided no means to address them. Nevertheless, these plans had supervisor's signatures as approved plans.

Supervisors must ensure that all sections of a CPOC are complete, that the plan has clear timelines for completion, and that the child's care team discusses the assessment with the worker and those who contributed to the plan. Supervisors must include CPOCs as a regular agenda item with teams, create reminders for staff and offer regular training.

Lack of participation in the development and review process of the plan of care

The development and review of the plan of care should include the child, the child's family (whenever possible), the caregiver and other persons or service providers involved with the child and the child's family. Without these key participants, the plan cannot ensure that all those involved are aware of the child's needs, or what their role is in supporting those needs.

Young people in care have a right to participate in their plan of care, a right to see their plan of care and a right to be informed about the decisions that affect them.

Lack of transitional planning for youth leaving care

It is imperative that social workers not give up on young, high-risk people who are difficult to serve or because they are 17 or 18 and will soon transition out of the child welfare system. Planning for transition or independence must start in earnest when the youth is age 15 or 16. Without adequate life skills and support, these vulnerable young people are often doomed to fail as adults and may ultimately be swallowed up by adult social and penal systems or end up on the streets.

Most versions of the CPOC reviewed in this audit do not lend themselves to transitional planning as they do not ask the right questions and are not youth-friendly. A number of alternative tools, such as the YIP and the PFI tools, are found more useful by youth and social workers. These tools should be readily available to all social workers to be employed as part of the CPOC process for this transition work.

No formal plan of care meetings

Formal plan of care meetings are part of cooperative planning. Cooperative planning is integral to the CPOC process. It was never intended that workers would do assessments and complete CPOCs in isolation. These functions were meant to be shared among various members of a care team according to each team member's role, knowledge and expertise. Team members should include the child, the child's family (whenever possible), the caregiver and other people or service providers involved with the child and the child's family. In the case of Aboriginal children, this team must also include an Aboriginal adult from the appropriate band or community.

Analysis and Recommendations

The Representative's findings in this audit are clear: MCFD is failing to meet its own established planning standards and, more pointedly, it is not coming close to satisfying the reasonable standard of the "prudent parent" in caring for children who are in continuing custody.

Fulfilling the role of prudent parent means making careful and sensible decisions that maintain a child's health, safety, well-being, and interests. The Representative believes that the parenting standard should always be whether the level of care and concern for a child in government care is equivalent to that of a child living in a family with a prudent and kind parent who wants a child to develop and become a competent adult, supported to realize his or her dreams and full potential. In short, government should be providing the kind of parenting most British Columbians would want for their own children.

For MCFD to achieve this, it must demonstrate that level of commitment to planning for these children, and not a lesser standard when government has the parenting obligation.

In fact, for children in care, the Province has an extra duty that requires accurate and comprehensive record-keeping, with the attention to detail that tells the story of the child and lays out a plan with his or her goals for the future and the supports required to achieve them.

Good planning should help catch issues early, find suitable supports, and monitor progress through a meaningful relationship with a child who has a voice in his or her own life circumstances. Prudent planning includes respecting and providing for children's unique circumstances, such as Aboriginal children in care who must be connected to their languages, customs and traditions, children with developmental challenges and those with special needs. We must face these needs and assist the children to be supported through a positive childhood and adolescence, connected to many committed and involved adults in their lives and in their communities.

The Representative notes that the results of this audit, as well as some other more detailed investigations and reports undertaken recently, suggest there is much to improve upon. For some time now, insufficient attention and focus has been placed on proactively planning and supporting children in care. In many instances, the crisis-management nature of child welfare has infringed upon the time that workers require to spend with children in care and their families, to build the meaningful relationships needed to fully understand their needs and to properly support and plan for them.

Other jurisdictions have been where B.C. is today. They have engaged in improvement projects to meet accountabilities and have made positive change by showing renewed commitment to children in care, or "looked after" children. They appear to have made the change by investing in their projects through additional resources, clearer objectives around supporting children and youth and taking their rights seriously, as well as stronger accountability to report on the actual work they are doing with those children and youth and the outcomes achieved. The Representative points to our close neighbour, Washington State, where a detailed improvement process has lifted the standard

of care and concern for children in care with a higher degree of accountability and reporting to demonstrate a positive direction of care (see *Children's Administration, Compliance Plans in Response to Braam Oversight Panel Monitoring Report 10, 2011*).

http://www.dshs.wa.gov/ca/about/imp_settlement.asp

The Representative supports MCFD to succeed in its important mission and is convinced, through extensive consultation with direct service staff of the ministry, that such a project is overdue in B.C. It would be met with endorsement by those closest to the children and families served, who are often distressed by their lack of capacity to do the work required, or by not receiving the direction and support necessary to keep the children at the forefront. These are the staff who place an advocacy call to the Representative's Office with their concern that a child's needs and rights have been lost in practice in their region. The Representative values this concern and finds in it a deep commitment to doing the work better, in a meaningful way, that can be effective to support equal outcomes for children in care with their peers across B.C.

The recommendations to follow build on that concern and also address some more immediate issues in an effort to foster improvement on these audit results.

Recommendations

Adequate Resources to Support Planning for Children and Youth

Recommendation 1

That MCFD fully invest in the resources necessary to properly enforce its own standards, accountability and compliance with the provisions of the *Child, Family and Community Service Act* in planning for children in care so that supporting and fulfilling the needs of children and youth becomes the primary focus of the work.

Details

- Develop and implement a detailed resourcing plan, including additional funding and staffing support, to meet the level of practice required for improving assessment and planning.
- Increase MCFD's capacity to report regularly on measured improvements in all domains of well-being, consistent with the standards of health and education of other children and youth in B.C.

A plan to be provided to the Representative for review by Sept. 30, 2013.

Accountability in Meeting Ministry Standards

Recommendation 2

That senior MCFD leadership take on a more active and determined role in overseeing assessment and planning for children in care in order to demonstrate the following:

- a) Clear respect for and commitment to ensuring the recognition and support for the rights of children and youth to have a plan, be involved with and informed of that plan, enjoy a positive and meaningful relationship with a guardianship social worker, and to enjoy health, education and well-being equal to their peers in B.C., with special emphasis on meeting the service responsibilities for the unique cultural rights of Aboriginal children and youth.
- b) A strong commitment and priority to assessment and planning that is supported by management.
- c) A culture of practice that focuses on developing and sustaining "quality" plans of care as an effective response to the assessed needs of children in care.
- d) A cycle of assessment, planning, intervention and review in social work practice and supervision to meet the objectives of an improvement process.

Details

Improvements should include:

- Development of a new case practice framework that implements regular, unannounced ministry and DAA audits to effectively assess the quality of practice, sets targets to achieve standards and promotes continuous improvement of policy, practice and standards.
- Shift in focus from the current "service coordination" culture of social work to a relationship focus that better supports children and youth and sustains meaningful involvement in their lives, as well as their involvement and input in all of the domains covered by the planning requirement.
- Development of clear expectations and standards for creating and sustaining good quality plans of care to help ensure better reported outcomes for children in care.
- Creation of a mechanism to measure and track performance against standards, with an emphasis on learning how good practice is achieved.
- Commitment to public accountability through public reporting (bi-annual) on performance in meeting ministry practice standards, including compliance in developing quality plans of care.
- Detailed annual reports or as required by/to the Representative on compliance with practice standards. Report must include a performance improvement plan to meet compliance targets and report on progress at each year.

A new accountability plan for ministry standards to be presented to the Representative by Sept. 30, 2013, and a progress report on the plan by March 31, 2014.

Improvement in Quality of Assessment and Planning for Children and Youth in Care

Recommendation 3

That MCFD and DAAs focus on the practice and application of assessment and planning to ensure the developmental needs of children in care are met, including the desired outcomes and expected outcomes from services. Improvements in quality will be assisted by:

- a) Clearly defined roles and responsibilities of the delegated worker, caregiver and other significant individuals who are expected to support and plan for the child in care.
- b) Policies and guidelines that describe how to create good quality care plans, including content requirements for all stages of development (infancy, early childhood, middle childhood, pre-teen, adolescence).
- c) Supervisors who ensure that effective, quality plans are developed and objectives and tasks are observable and measurable.

Details

Improvements should include:

- Every plan of care to consider short- and long-term permanency plans with clear goals for children in care, including details of the strategies, efforts and progress made toward those goals.
- Plans of care to record information that will help the child, family, caregiver and social worker understand why decisions have been, or will be, made for the child/youth in care.
- Every child in care subject to a CCO to have a life book that is maintained and contributed to on an annual basis.
- Children and youth to be respected and engaged and their views and opinions to be considered essential aspects of the discussions and decisions about their plan of care, so they can understand the purpose of planning, and be involved in decisions that affect them as well as be supported in having a positive relationship with the adults responsible for their well-being.

A comprehensive plan should be finalized by Nov. 30, 2013 and fully implemented by March 31, 2014.

Flexible Work Arrangements to Better Serve Children and Families

Recommendation 4

That MCFD explore a change to core hours to meet operational requirements of ensuring a meaningful plan and relationship between social workers and children in care. Guardianship workers must be encouraged and supported to spend sufficient time with children and families on their caseloads, particularly outside of school hours for school-age children and youth, and be available at the times when a prudent parent would be focused on hearing from the child as well as ensuring that the other adults in their lives can support their needs.

Details

- Every child in care is seen privately by his or her worker once every 90 days as prescribed in current standards, or more frequently if necessary to sustain a meaningful relationship, such as the requirement for Aboriginal planning standards of 30 days.
- Workers have sufficient time to work in partnership with birth parents, caregivers and other relevant professionals, particularly with school and therapeutic supports the child has or requires.

A review and recommendation to be completed by Dec. 30, 2013.

Enhanced Planning Tools and Training to Support Practice

Recommendation 5

That the ministry and DAAs immediately begin the process of renewing planning tools and related policies and guidelines for care planning that is supported by a comprehensive training and supervision plan so that children and youth in care are better served, and more consistently supported by staff. The process requires a recommitment between management and front-line guardianship staff so that everyone can bring focus and effective improvement to the planning work, including:

- a) Social workers and supervisors to be given opportunity to contribute to the development of the assessment and planning tools and policies.
- b) Social workers and supervisors to receive training, building on the skills and competencies required for planning.

Details

Improvements should include:

- Review of all existing planning tools and development of standardized, consistent planning tools that are developmentally age-appropriate, child-focused and consider the needs of children and youth with special needs, mental health needs, youth transitioning to independence and Aboriginal children.
- Development of content requirements for plans of care that meet the developmental needs of children in care.
- Planning tools that track and measure progress of outcomes and services.
- Information systems that reflect and support the new assessment and planning process and tools.

A plan to be completed by Sept. 30, 2013 and revised tools by March 30, 2014.

Cultural Planning for Aboriginal Children in Care

Recommendation 6

That the ministry and DAAs review all cultural plans for children in care to ensure they meet legislation, ministry and agency standards. Cultural plans reflect the rights of Aboriginal children and youth to enjoy their individual rights to a safe and supported childhood and adolescence as well as their collective rights to know and understand their language, culture and family of origin, and to maintain their contact and connection to their unique cultural background.

Details

- Every Aboriginal child in care to have a detailed cultural plan in place by Dec. 31, 2013.
- Development of a standardized cultural planning tool to meet the needs of Aboriginal children in care. The tool must be flexible to tailor to the many different and unique customs, practices and traditions of Aboriginal people.
- Development of clear content requirements for cultural plans and provision of tools, resource materials and supervision to enable social workers to facilitate collaborative development of a cultural plan that emphasizes true cultural connections. This will require social workers to be supplied with the necessary links to Aboriginal supports that can provide competency in customs, languages, traditions and cultures. Social workers will also need to have good relationships with the range of Aboriginal communities and service providers in B.C.
- Supervisors to ensure that Aboriginal children and youth participate in discussions about their spiritual beliefs, interests and practices. Particular attention to be paid to customs that acknowledge and celebrate culture while respecting the history and experience of Aboriginal peoples, and allowing children and youth to discover the positive and essential aspects of that relationship.
- A commitment to build a culture of respect of the rights of Aboriginal children and youth and supporting them to claim their rights.

A plan to be finalized by Sept. 30, 2013 will full implementation by Dec. 31, 2013.

Transitional Planning for Youth

Recommendation 7

That MCFD immediately develop policies and guidelines to support youth who are transitioning out of care and consider how best to support them beyond the age of 19 given that the planning has not been adequate to date to permit smooth transitions.

Details

Improvements must ensure that:

- Transition to adulthood planning for all youth in care begins no later than 15 years of age.
- All youth in care are offered thorough and timely transitional planning to support and improve the outcomes for youth leaving care.
- Supervisors confirm that a thorough assessment of the youth is completed, including their state of health, continuing need for education or training, practical life skills and competencies, support that will be offered by significant people, financial resources and accommodation needs.
- Youth in care are consulted and involved in the development and decisions made in their transition plan.
- The ministry undertakes an examination of how the transition process could be extended beyond 19 for those youth in care for whom planning has not occurred in a timely way, or for whom an extended period of support will be necessary.

A plan to be finalized by Oct. 31, 2013 and a progress report to the Representative by March 31, 2014.

Educational Planning for Children and Youth in Care

Recommendation 8

That MCFD, working in collaboration with the Ministry of Education promote and support educational achievement, as an integral part of the plan of care, to ensure that children and youth in care have opportunities to achieve educational outcomes comparable to other children in the community. This means that:

- a) Educational goals are not set at a lower standard than those of other children.
- b) All school and educational information is up to date for all school-age children and youth in care.
- c) Children in care are supported to be achieving at grade level and receive additional supports should they not be meeting expectations, especially in the core areas of literacy and numeracy.
- d) Each child in care to have opportunities to access educational opportunities at all ages of development, including young children.

Details

Improvements to include:

- Children in care acquire the fundamental skill sets required for their developmental needs.
- All children subject to a CCO are on track to meet the Provincial requirements for high school graduation.
- School assessments, IEPs and learning plans are developed and regularly updated, when needed.
- Social worker, parents, and caregivers collaborate with educators to review and discuss learning outcomes, goals, educational achievement and progress of learning plans, on a regular basis, with particular emphasis during transition periods such as movement to middle school and high school.

A plan with targeted strategies for improvement should be finalized by Dec. 30, 2013.

Reviewing the Findings of this Audit

Recommendation 9

That the Public Guardian and Trustee of British Columbia, as Guardian of the Estate for children in continuing custody, review this audit's findings to assess whether the failure to adequately plan for children and youth in care presents potential or real risk of harm to these children, or sub-groups of these children and youth.

Details

The assessment might evaluate and consider the impact of the following factors:

- Placement instability and frequent moves due to inadequate planning or poor match of resources with needs of the child.
- Lack of cultural planning to meet the rights of Aboriginal children and youth.
- Unmet special needs that might impact the development of the child.
- Unmet physical or mental health needs that might negatively impact the behaviour of the child and their emotional and social development.
- Lack of educational planning and involvement to support equal achievement to their peers not in care.

A final report to the Representative by Dec. 30, 2013.

Legislative Changes

Recommendation 10

That the ministry review the *Child, Family and Community Service Act* to propose a regulatory framework that confers upon the Provincial Director of Child Welfare a duty to ensure that every child in care has a proper plan of care that complies with prescribed regulations of care planning. Section 70 of the Act could be considered for an improvement process, and the Representative recommends a plan for strengthening the obligation to plan and uphold the rights of children in care. This longer-term project should not be an impediment to immediate improvements.

Details

- Begin a discussion of how to engage children and youth in a renewal of section 70 of the *CFCS Act*.
- Work with the Representative's Office to engage youth transitioning out of care to understand whether their needs have been met and steps required to improve their life opportunities.

Legislative changes to be made no later than March 31, 2014.

Conclusion

Each of the recommendations in this report is based on the concept that the B.C. government, as the legal parent, must ensure that accurate and comprehensive plans are developed and maintained for each child and youth in its care. Government is expected to ensure that these plans are regularly updated, living documents that guide the supports, interventions and planning necessary for success in life. Anything less than that is a dereliction of its duty to protect society's most vulnerable.

Unfortunately, the Province has not been living up to that key responsibility. This audit has revealed disturbingly low compliance with MCFD's own standards for assessing and implementing plans of care. The Representative's audit is certainly not the first time this critical shortcoming has been raised. The ministry's own internal audits have long revealed low compliance when it comes to this critical work, yet proper planning for these children is still not treated as a priority.

The status quo is unacceptable and is a clear violation of the rights of B.C. children in care. For these children, such plans are not simply bureaucratic paperwork. They represent the history and forward-looking blueprints of their young lives.

These plans must be developed with attention, rigour and with the full participation of those whose lives they are directly affecting. They should accurately reflect the goals and dreams of these children, and clearly show how these goals and dreams will be achieved.

Children and youth in care want meaningful planning that will help them overcome the challenges they face and build the resilience and life skills they need to be successful, to finish school and to move on to productive and positive adult lives.

The Representative believes that front-line social workers want the same outcomes and are committed to helping children in care to achieve them. But they must be properly trained, supported and resourced by the ministry in order to be able to complete and maintain the kind of comprehensive planning that can help create better opportunities for these children.

The Representative expects that MCFD will move to implement the recommendations of this report. This office will continue to monitor the ministry's progress on this file, to ensure that planning for children is made a firm priority by MCFD leadership, rather than the afterthought it has too often become in the past.

Glossary

A number of the terms used in this report have specific meanings in the context of planning for children in care of MCFD/DAAAs.

Aboriginal child: defined in the *Child, Family and Community Service Act (CFCS Act)* as a child:

- who is registered under the *Indian Act* (Canada);
- who has a biological parent who is registered under the *Indian Act* (Canada);
- who is a Nisga'a child;
- who is under 12 years of age and has a biological parent who
 - is of Aboriginal ancestry, and
 - considers himself or herself to be Aboriginal; or
- who is 12 years of age or over, of Aboriginal ancestry, and considers himself or herself to be Aboriginal.

Aboriginal community: is defined more broadly than the definition under the *CFCS Act*. A child's Aboriginal community is one to which the child has a connection through culture, heritage or descent. It includes the community or communities with which the child identifies and/or the Aboriginal communities that identify with a specific child/youth.

Adoption Act Ward: a child in the custody and guardianship of the director of adoptions under section 8 of the *Adoption Act*.

Caregiver (MCFD/DAA): a person with whom a child is placed by a director under the *CFCS Act* and who, by agreement with the Director, has assumed responsibility for the child's day-to-day care (e.g. a foster parent).

Child, Family and Community Service Act (CFCS Act): legislation enacted in 1996 which governs child protection in British Columbia.

Child or youth in care: A child or youth who is in the custody, care or guardianship of a Director (*CFCS Act*) or the director of adoption (*Adoption Act*), (*CFCS Act*). When a child or youth is in permanent care, the Director becomes the sole guardian and guardianship responsibilities are assumed by a delegated child welfare worker.

Child Service (CS) file: a file opened when specific services are provided for children who are 'in care' of the Director or have a youth service or youth agreement.

Children's Commission: was established in 1997 to investigate all child deaths in the province and critical injuries of children in care, to review care plans of children in care, and to provide a complaints resolution process external to the newly formed Ministry for Children and Families.

Child Family Service Standards: the mandatory framework for service delivery and apply to anyone providing service under the *CFCS Act*, including those delegated to deliver services under the *CFCS Act* as well as contracted service providers.

Comprehensive Plan of Care (CPOC): an action-based planning tool for children and youth in care that is used to identify specific developmental objectives based on continuous assessments of the child/youth's evolving needs and the outcomes of previous decisions and actions. Care plans are completed by the child/youth's child welfare worker with the involvement of the child or youth, his or her family and extended family, the caregiver(s), service providers, other significant people in the child's life, and the Aboriginal community if the child is Aboriginal.

Continuing Custody Order (CCO): the Director becomes the sole guardian of the child and the Public Trustee becomes the guardian of the child's estate.

Culture: the customary beliefs, social norms and traits of a racial, religious or social group that may also consist of a set of shared attitudes, values, goals and practices.

Custody: Legal designation that includes care and guardianship of a child.

Delegated Aboriginal Agency (DAA): through delegation agreements, the Provincial Director of Child Protection (the Director) gives authority to Aboriginal agencies, and their employees, to undertake administration of all or parts of the *CFCS Act*. The amount of responsibility undertaken by each agency is the result of negotiations between the ministry and the Aboriginal community served by the agency, and the level of delegation provided by the Director.

Delegated child welfare worker: a person delegated under the *CFCS Act* to provide child welfare services, including responses to suspected child abuse and neglect.

Director: a person designated by the Minister of Children and Family Development under the *CFCS Act*. The Director may delegate any or all of his or her powers, duties and responsibilities under the Act.

Family Service (FS) file: MCFD's legal record of services provided to a family under the *CFCS Act* and/or the *Adoption Act*.

Family Relations Act Ward: a child without a guardian who has become a ward of the Director under the *Family Relations Act*.

First Nation: the term First Nation is widely used, although no legal definition of it exists. Among its uses, the term "First Nations peoples" refers to the Indian peoples in Canada, both Status and non-Status. Some Indian peoples have also adopted the term "First Nation" to replace the word "band" in the name of their community.

Foster care: means a family or persons approved by and funded by the Director, to care for children who are in the care, custody and guardianship of the Director. Family care services are provided from private homes lived in and maintained by the foster parents. Foster care includes Restricted, Regular, Level 1, Level 2, and Level 3 Family Care Homes. Persons who provide family care services are referred to as family care parents, foster parents or as a foster family.

Individual Education Plan (IEP): written records that document the individualized planning processes for students with identified special educational needs. Individualized planning is a continuous and integrated process of instruction, assessment, evaluation, decision-making and reporting. The requirements for an IEP are legislated. IEP development is undertaken by a school-based team in consultation with the parent(s) and/or caregiver(s).

Interventions: practices, plans, strategies and support(s) that facilitate learning and address a child/youth's needs.

Level 1 home: an approved family who provides care for up to six children who have multiple developmental needs and who may have some challenging behaviours.

Level 2 home: an approved family who provides care for up to three children who have more complicated developmental needs, and who may have more complex health needs and/or challenging behaviours that interfere with his or her quality of social interactions and daily functioning. May also provide specialized assessment and intervention services as a member of the child's care team.

Level 3 home: an approved family who can provide care for a maximum of two children in care. Level 3 family care homes care for children who have similar needs to those children placed in Level 2 homes. Children being cared for in Level 3 homes require the most extensive daily care, including health-related care such as tube feeding and interventions related to mental health concerns, including behaviours that may pose a risk to self or others that require additional support and supervision. May also provide specialized assessment and intervention services as a member of the child's care team.

Métis: people of mixed First Nation and European ancestry who identify themselves as Métis, as distinct from First Nations people, Inuit or non-Aboriginal people. The Métis have a unique culture that draws on their diverse ancestral origins, such as Scottish, French, Ojibway and Cree.

Plan for Independence: a plan for a youth who is going to be transitioning out of care at the age of 19.

Restricted foster home: usually relatives or family friends who have a significant relationship with the child.

Regular foster home: provide care for up to six children of varying ages and needs. The foster family has not previously known these children.

Glossary

Specialized Family Care home: provides supervision and care for children with physical, mental, behavioural or emotional needs.

Significant adult: an adult who engages in a caring, supportive and long-term relationship with a child or youth.

Special needs (MCFD/DAA): a child with special needs has documented significant impairment associated with an ongoing physical, cognitive, communicative and/or emotional/behavioural condition that requires specialized care and support. One criterion for making a Special Needs Agreement (SNA) is that the child has special needs.

Special needs (MEd.): in B.C. public and independent schools, a student with special needs is a student who has a disability of an intellectual, physical, sensory, emotional or behavioural nature, has a learning disability or has exceptional gifts or talents. Detailed information about services for students with special needs is available at <http://www.bced.gov.bc.ca/specialed/>.

Team Leader: a supervisor of a team of social workers.

Temporary Custody Order: a child's safety and well-being necessitate that someone other than the child's parent provide care and guardianship temporarily until circumstances change so the child can be safely returned home, ordered after a court hearing.

Transition planning: the preparation, implementation and evaluation required to enable children and youth in care to make major transitions during their lives (e.g. from home or pre-school to school; from class to class; from school to school; from school to post-secondary education, community or work situations; from home to alternative care arrangements; and at age 19, leaving care to live in the community).

Youth: a person who is 16 years of age or over, but under 19 years of age.

Appendix 1: List of MCFD Assessment and Planning Tools

MCFD Assessment and Planning Tools	
List of assessment and planning tools provided by MCFD or found in audit	
1.	Comprehensive Plan of Care Assessment and Planning Guide for Children in Care (Original Format)
2.	Comprehensive Plan of Care Assessment and Planning Guide for Children in Care (Modified for Adoption)
3.	Comprehensive Plan of Care Assessment and Planning Guide for Children in Care (Modified for CYSN)
4.	Comprehensive Plan of Care Assessment and Planning Guide for Children in Care (CF2594_(11/07) Version)
5.	Comprehensive Plan of Care Assessment and Planning Guide for Children in Care (Modified – Vancouver Island)
6.	Comprehensive Plan of Care Assessment (Modified – Interior)
7.	Comprehensive Plan of Care Assessment and Planning Guide for Children in Care Six Month Review (Fraser Region format)
8.	Comprehensive Plan of Care Assessment and Planning Guide for Aboriginal Children in Care (Interior Region Modified)
9.	Comprehensive Plan of Care (Modified LAC booklet – Vancouver Coastal)
10.	Comprehensive Plan of Care Case Recording Document (CF0166_(11/07) Version)
11.	Condensed Assessment and Comprehensive Plan of Care Case Recording Document (CLBC)
12.	Comprehensive Plan of Care: Case Recording Document (Under 9 Years) – Original Format
13.	Comprehensive Plan of Care: Case Recording Document (Over 9 Years) – Original Format
14.	Looking After Children Assessment and Action Record
a.	Looking After Children Assessment and Action Record (Age Under One Year)
b.	Looking After Children Assessment and Action Record (Age One to Two Years)
c.	Looking After Children Assessment and Action Record (Age Three to Four Years)
d.	Looking After Children Assessment and Action Record (Age Five to Nine Years)
e.	Looking After Children Assessment and Action Record (Age Ten to Fourteen Years)
f.	Looking After Children Assessment and Action Record (Age Fifteen Years and Over)

MCFD Assessment and Planning Tools	
List of assessment and planning tools provided by MCFD or found in audit	
15.	Looking After Children - Good Parenting, Good Outcomes: Assessment and Action Record
a.	Looking After Children - Good Parenting, Good Outcomes: Assessment and Action Record (Age Under One Year)
b.	Looking After Children - Good Parenting, Good Outcomes: Assessment and Action Record (Age One to Two Years)
c.	Looking After Children - Good Parenting, Good Outcomes: Assessment and Action Record (Age Three to Four Years)
d.	(Looking After Children - Good Parenting, Good Outcomes: Assessment and Action Record (Age Five to Nine Years)
e.	Looking After Children - Good Parenting, Good Outcomes: Assessment and Action Record (Age Ten to Fourteen Years)
f.	Looking After Children - Good Parenting, Good Outcomes: Assessment and Action Record (Age Fifteen Years and Over)
16.	Vancouver Aboriginal Child and Family Services Society Comprehensive Plan of Care
17.	Lalum-utul-Smun'eem Child and Family Services Comprehensive Plan of Care for Children 4 to 12 Years
18.	Usma Nuu-Chah-Nulth Family and Child Services Comprehensive Assessment and Plan of Care
19.	Carrier Sekani Family Services Comprehensive Plan of Care Assessment and Planning Guide for Children in Care
20.	Secwepemc Child and Family Services Comprehensive Plan of Care Children 4 to 12 Years
21.	MCFD Integrated Care Team Meeting Minute Template

Appendix 2: MCFD CIC Service Standard 11

CIC Service Standard 11 - Intent

The intent of this standard is to ensure that every child who comes into care has a plan of care that:

- is holistic, current and relevant to the child's unique circumstances and needs
- reflects ongoing significant changes in the child's development, and
- takes into account the child's family and community situation.

The plan of care:

- reflects and is responsive to ongoing assessments of the child's needs
- ensures that services in place for the child support the overall goal and are focused on the best outcomes for the child, and
- is developed in collaboration with the child, family, extended family and cultural community.

The child's plan of care is a "living document" that is reviewed regularly or as significant circumstances change. The documentation accurately reflects the current needs of and goals for the child and the services in place to support them.

CIC STANDARD 11: ASSESSMENTS AND PLANNING FOR A CHILD IN CARE	
STANDARD STATEMENT	<p>Immediately and within a maximum of 30 days of a child coming into care:</p> <ul style="list-style-type: none"> • complete an initial assessment of the child’s needs • begin an initial plan of care for the child, and • address the child’s health needs and urgent developmental needs. <p>Within six months of the child coming into care, complete a full assessment and written plan of care with the involvement of the child, the family and extended family, the Aboriginal community if the child is Aboriginal, the caregiver, and any significant person involved in the child’s care or life.</p> <p>Complete assessments and develop and implement a plan of care that promotes the child’s well-being and achieves the best possible outcomes in the following areas:</p> <ul style="list-style-type: none"> • health, emotional, spiritual and behavioural development • educational and intellectual development • culture and identity • family, extended family and social relationships • social and recreational involvement • social presentation and development of self-care skills related to assuming successful independent functioning, and • placement. <p>Review the child’s plan of care:</p> <ul style="list-style-type: none"> • at least every 90 days while the child is in care • more frequently based on the child’s developmental needs or if specified in the plan • if circumstances arise that make a review necessary • when there is a change in the overall goal, and • in preparation for the child leaving care. <p>If required, based on the review, revise the child’s plan of care.</p>
INTENT	<p>The intent of this standard is to ensure that every child who comes into care has a plan of care that:</p> <ul style="list-style-type: none"> • is holistic, current and relevant to the child’s unique circumstances and needs • reflects ongoing significant changes in the child’s development, and • takes into account the child’s family and community situation. <p>The plan of care:</p> <ul style="list-style-type: none"> • reflects and is responsive to ongoing assessments of the child’s needs • ensures that services in place for the child support the overall goal and are focused on the best outcomes for the child, and • is developed in collaboration with the child, family, extended family and cultural community.

CIC STANDARD 11: ASSESSMENTS AND PLANNING FOR A CHILD IN CARE	
	The child's plan of care is a "living document" that is reviewed regularly or as significant circumstances change. The documentation accurately reflects the current needs of and goals for the child and the services in place to support them.
REFERENCES	<ul style="list-style-type: none"> • CFCSA: s.33.2(1)(b), s.35(1), s.42.1(5) • Adoption Act • Practice Standards and Guidelines for Adoption • COA: S5.2.05, S21.2.04, S21.2.05 • Service Delivery Agreement between MCFD and the Public Guardian and Trustee of B.C. • UN Convention on the Rights of the Child
POLICY	<p>Developing an initial written plan of care Immediately, or within a maximum of 30 days of a child coming into care, assess the child's needs and develop an initial plan of care that includes:</p> <ul style="list-style-type: none"> • the overall goal for the child, including establishing stable and ongoing living arrangements (e.g., return to parent or extended family) • contact with the child's parent, siblings, family, extended family, community and others involved with the child • a description of the services required to implement the plan of care • health care needs and appointments • where the child will attend school, including, wherever possible, strategies to ensure that the child can attend the same school • maintaining the child's involvement in social, recreational and spiritual instruction and activities. <p>Developing a plan of care Within six months of a child coming into care, complete a thorough assessment of the child's needs and develop and implement a written plan of care that promotes the best possible outcomes for the child within the following developmental domains:</p> <ul style="list-style-type: none"> • health, emotional, spiritual and behavioural development • educational and intellectual development • culture and identity • family, extended family and social relationships • social and recreational involvement • social presentation and development of self-care skills related to assuming successful independent functioning, and • placement. <p>When appropriate and consistent with the child's best interests, invite and support the participation of significant people in the child's life in developing a plan of care, including:</p> <ul style="list-style-type: none"> • the child

CIC STANDARD 11: ASSESSMENTS AND PLANNING FOR A CHILD IN CARE	
	<ul style="list-style-type: none"> • the child’s parents, family, extended family and community • if the child is Aboriginal, a member of his or her Aboriginal community • the child’s caregiver • an advocate for the child, and • proposed care providers, caregivers or adoptive parents. <p>When developing a plan of care, ensure that the child in care:</p> <ul style="list-style-type: none"> • has health care needs met, including medical, dental, optical and hearing examinations • is enrolled in a school, vocational or skills training program, or specialized educational program that meets the child’s individual needs where he or she is of school age • has a cultural plan, if the child is Aboriginal • has consistent opportunities to participate in available and appropriate social and recreational activities according to individual abilities and interests • has the appropriate autonomy, support and guidance to develop a positive identity, spiritual beliefs, and understanding of his or her cultural and ethnic heritage • has opportunities to develop and enhance social skills and presentation, • receives effective treatment and therapeutic support for persistent emotional and behavioural problems, and • is cared for in a smoke free environment. <p>Reviewing a plan of care At least every 90 days while a child is in care, complete a review of the child’s written plan of care that includes:</p> <ul style="list-style-type: none"> • an assessment of whether the plan of care is effective in achieving the overall goal, particularly in relation to the child’s need for stability and continuity of lifelong relationships • a review of whether the services provided are effective in meeting the goals identified in the plan of care. <p>If required, based on the review, revise the child’s plan of care.</p> <p>Comprehensive review of a plan of care Complete a comprehensive review of a child’s plan of care every six months, or more frequently based on the child’s developmental needs or if specified in the plan.</p> <p>Complete a comprehensive review of a plan of care by:</p> <ul style="list-style-type: none"> • involving the child, and wherever possible the child’s family and other significant people in the child’s life, in the review of the plan • reviewing the outcomes for the child within the developmental domains • ensuring the services in place for the child address the child’s needs as

CIC STANDARD 11: ASSESSMENTS AND PLANNING FOR A CHILD IN CARE	
	<p>identified in those domains</p> <ul style="list-style-type: none"> determining whether the services in place for the child address the child's overall goal, including the child's need for stability and continuity of lifelong relationships. <p>After the comprehensive review of the child's plan of care, if the overall goal for the child has changed, or if the services needed to address the goal have changed, document these changes on the child's written plan of care.</p>
ADMINISTRATIVE PROCEDURES	<p>The current assessment and planning tools for a child in care include:</p> <ul style="list-style-type: none"> the Looking After Children Assessment and Action Record and Comprehensive Plan of Care (LAC), used when a child is in: <ul style="list-style-type: none"> continuing custody of a designated director care under s.29 of the Family Relations Act, and long-term care under the Adoption Act the Comprehensive Plan of Care Assessment and Planning Guide for Children in Care (CPOC), used when a child is in care by agreement, interim order or temporary order. <p>Consistent with his or her best interests, keep copies of the child's assessments and plans of care in his or her file.</p> <p>Give copies or parts of the plan of care to:</p> <ul style="list-style-type: none"> the child the caregiver the parent members of the family who are involved in the child's care the representative from the Aboriginal organization involved in the child's care or plan, and any other person who plays a role in the child's care.
ADDITIONAL INFORMATION	<p>Health Supports for Children in Care: http://www.mcf.gov.bc.ca/foster/pdf/health_supports_cic.pdf</p> <p>Orthodontic Benefits for Children in Continuing Custody http://www.mcf.gov.bc.ca/foster/pdf/cic_dental_guide.pdf</p> <p>Consent Forms for Aboriginal Children for Non-Insured Health Benefits</p>
KEY DEFINITIONS	

<p>DATE OF RELEASE: <u>April 5, 2004</u> EFFECTIVE DATE: <u>April 19, 2004</u></p> <p>PROGRAM AREA: <u>Child and Family Development Service – Transformation Division</u></p> <p>PROPOSED REVIEW DATE: <u>Revised: Feb 2008 to include smoke free environment requirement</u></p>
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Appendix 3: Aboriginal Operational and Practice Standards Indicators (2005)

GUARDIANSHIP PRACTICE STANDARDS • Standard 2

STANDARD 2 Development of a Comprehensive Plan of Care

When assuming responsibility for a child in care the social worker develops a Comprehensive Plan of Care.

Social Work Practice:

Before commencing a Comprehensive Plan of Care the social worker will:

- review the goals and services of all previous Plans of Care;
- review the legal status of the child;
- determine the level of guardianship authority required to provide services;
- determine the extent of the family's involvement.

Timeline

The social worker ensures:

- an initial plan of care is developed within thirty (30) days of the child coming into care;
- a Comprehensive Plan of Care for a child is developed within six (6) months of a child coming into care.

Principles of the Plan of Care

The social worker develops a Comprehensive Plan of Care that:

- identifies the child's Band/affiliation, cultural group or Aboriginal community;
- meets the needs and capabilities of the child;
- ensures the physical and emotional safety of the child throughout the time the child is in care;
- establishes the family and community's involvement and continued rights and shared responsibilities for the child's health, education and spiritual development;
- promotes the child's existing relationships with siblings, family and community;
- is founded on a thorough understanding of the child's family history and current circumstances gathered through contact with a previous social worker, caregiver, family member and any significant persons in the child's life;
- acknowledges and respects the child's right to privacy;
- encompasses the views of the child and all the participants.

Assessment

The Comprehensive Plan of Care assesses:

- current functioning;
- the needs of the child;
- services required to meet the needs of the child;
- services and placements of the child while in care.

STANDARD 3

Monitoring and Reviewing the Child's Comprehensive Plan of Care

The Comprehensive Plan of Care is monitored to determine the progress toward goals, the continued safety of the child, the effectiveness of the services, and/or any barrier to services.

Social Work Practice:

The social worker gathers information from the child, parents, caregivers and service providers regarding:

- the child's progress;
- changes in the child's needs;
- changes in the family situation;
- the effectiveness of the plan in meeting the needs of the child;
- changes required to overcome barriers to achieving the service goals or to meet a change in the child's circumstances.

Timelines for Reviews

The Comprehensive Plan of Care is reviewed regularly, including:

- every six months – the social worker, in concert with the family, caregivers and service providers, reviews all aspects of the Plan of Care and identifies the necessary changes and updates;
- any time there is a change in circumstances for the child.

The worker ensures the monitoring process includes home visits.

References: CFCSA: s.2 (d), s.3 (a), s.4 (f), s.70 (1)(b)(c), s.33.2 (1)(b), s.35 (1), s.42.1 (5)

AOPSI: Guardianship Practice Standard #4 Supervisory Approval Required for Guardianship Services

Appendix 4: Sampling for File Review

The audit sample was based on the number of children in care of the government on March 31, 2011 – either subject to a CCO, or subject to the *Family Relations Act* or *Adoption Act*. As of that date, there were 8,373 B.C. children in care, 4,913 of whom were subject to a CCO or status under the *Family Relations Act* or *Adoption Act*.

For the time period covered by this audit, B.C.'s child in care population was managed across five regions. This was adjusted to four regions effective June 2011, when the Fraser and Vancouver Coastal regions were merged into the Coast Fraser region. For the purposes of the audit, the sample was stratified by the original five regions.

Sample Population

Number of Children in Care by Legal Category (CCO, Adoption, FRA Only), March 2011

Legal Category	# of children	%
Adoption Act	47	
Continuing Custody	4,815	
FRA	51	
Total	4,913	
<i>All Children in Care</i>	8,373	58.7%

Number of Children in Care (CCO, Adoption, FRA) by Region Share, March 2011

Region	# of children	%
Interior	995	20 %
Fraser	1,231	25 %
Vancouver Coastal	1,095	22 %
Vancouver Island	1,003	20 %
North	577	12 %
Provincial Office (HQ)	12	0.2%
Total	4,913	

Sampling Methodology

The children in care population are divided into five regions with a very small proportion of cases that are managed by Provincial Office²⁷ (Headquarters). Therefore, the 'file review' or 'audit sample' only draws from the five regions. It made sense to stratify the population (i.e. sample from each region) to ensure regional representation.

²⁷ CCO/FRA cases, where most are migrants.

Stratified Sampling Strategy:

The strategy for selecting the file review sample was based on Proportionate Allocation. This option works well when aiming to get an accurate estimate of the total population when there are variations between subpopulations.

Proportionate Allocation:

uses a sampling fraction in each of the strata (sub-groups) that is proportional to the total population.

Sampling Challenges:

The sample population was limited to children subject to a CCO, status under the *Adoption Act* and/or FRA. Many of these children are older and may have been in care for most of their lives. Because of the length/time in care, the size of the files was quite large. Although the review was focused on the current plan with comparisons to the previous plan, estimated time to review one file was up to several hours or a full day.

Due to the limited amount of time and resources for the project, it would have been challenging to conduct a sample size larger than 100, considering that a sample of size of more than 300 would have been required in order to have a margin of error of five per cent.

Sample Size Options:

Sample Size	Margin of Error
357	5.0%
200	6.8%
100	9.7%

Based on March 2011 CCO/FRA/AA Caseload (4,913)

Note: Based on the 95% confidence level.

With the sample size of 100, the margin of error is approximately 10 per cent, while the sample size of 200 is approximately seven per cent. By increasing the sample size, the reduction in margin of error would have been minimal. With a margin of error (sampling error) of 10 per cent, there will be some level of uncertainty with results. A total file review sample of 100 was selected, where each regional percentage share of the caseload was applied, then randomly selected.

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