



REPRESENTATIVE FOR
CHILDREN AND YOUTH



No Shortcuts to Safety

*Doing Better for Children
Living with Extended Family*

June 2010

June 15, 2010

The Honourable Bill Barisoff
Speaker of the Legislative Assembly
Suite 207, Parliament Buildings
Victoria, B.C.
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Dear Mr. Speaker,

I have the honour of submitting to the Legislative Assembly of British Columbia this audit report entitled, “No Shortcuts to Safety: Doing Better for Children Living with Extended Family”.

This audit of the Child in the Home of a Relative (CIHR) program is prepared in accordance with Section 6(b) of the *Representative for Children and Youth Act*, which makes the Representative responsible for conducting research and making recommendations on the provision of designated services, in order to improve their effectiveness and responsiveness.

Sincerely,



Mary Ellen Turpel-Lafond
Representative for Children and Youth

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Executive Summary

This report is on the audit completed by the Office of the Representative for Children and Youth, on government's Child in the Home of a Relative program. Child in the Home of a Relative (CIHR) was a financial assistance program developed to help relatives care for children who could not be cared for by their parents. This program is being phased out by government after several decades of existence. No new applicants are being accepted; however, anyone previously in the CIHR program keeps existing benefits. Starting April 1, 2010 the newly introduced Extended Family Program (EFP) will serve new applicants from this often very vulnerable group of children and youth, displaced from their immediate family. Concerns around the new EFP are addressed in more detail beginning on page 8.

Today, about 4,500 children live with a relative under the CIHR program. These children and youth may well continue to live under the policies and practices of this program for many years to come, some of them until they reach age 19, and therefore "age out" of the program.

About one in five children in the CIHR program live with relatives who themselves are on income assistance. Research shows that most kin carers are women, and many live near or beneath the poverty line, or struggle on fixed incomes. They are often single, heading up one-parent families, or are grandmothers of the children.

The women and men who unselfishly open their homes to young relatives – to make better lives for these children – deserve respect and a huge debt of gratitude from British Columbians. Children often feel most secure when being cared for in a safe and loving way by a family member. But kin care can be challenging, and can complicate existing family dynamics in unexpected ways, for example when a relationship changes from 'just' auntie or 'just' sister, and becomes parent, caregiver and disciplinarian as well.

Grandparents and others who take on the daily financial burden of caring for an often demanding young person may find themselves inundated with unexpected expenses, day-to-day caregiving, and details around housing, schooling, the youth's friends or social activities. Family ties are no guarantee of a smooth relationship. As well, kin carers often have to deal with ongoing family conflicts rooted in the problems that brought a child to their homes in the first place.

However, these challenges and the sacrifices the adults make in bringing relatives under their care do not negate or over-ride what must always be the ultimate concern – the safety and well-being of the child in the home.

Child advocates have raised serious concerns for many years about the well-being of children placed with kin carers, and a concern that these children were "hidden" or "invisible" foster children. This audit finds much basis for those concerns.

Despite all of the positive benefits that flow from having children cared for by relatives, these placements require careful screening and planning. Historically, there has been no real assessment of the relative caring for the child and no long-term planning for or monitoring of the child in CIHR. Most children living under CIHR have never actually been seen by or met with a social worker.

In December 2007, a screening process was introduced for new applicants to this program. In auditing that screening approach, valuable information emerged about the pitfalls that occur, and the effects on the fragile lives of children, when policies are not developed or implemented with adequate care and attention.

The findings of this audit and its recommendations must be considered both:

- in the context of ensuring the safety of the children currently in the CIHR program and in the care of a relative, and
- in the development and implementation of the EFP or any other similar new programs or supports, to ensure that children and youth placed with their relatives will live in safe, supportive homes.

An additional concern relates to the approximately 1,500 children living under the federal Children Out of the Parental Home (COPH) program, for Aboriginal children and youth living on-reserve with a relative. This program requires that all relatives and adults in the home consent to a screening check conducted by the Ministry of Children and Family Development (MCFD) to determine if there is a level of risk to the child in the relative's home, mirroring the screening policies and procedures used for CIHR. It is of significant concern that COPH will continue to be screened based on the old CIHR policies and procedures, which this audit has found to be ineffective in adequately addressing safety.

These and other issues are very much in the foreground as MCFD replaces CIHR with the new EFP. The challenges in the CIHR program cannot be dismissed as “that was then, this is a new program” because of the thousands of children affected now and for many years to come by these shortcomings.

The Representative for Children and Youth believes it would have been prudent for the ministry to await the results of this audit before proceeding with the sweeping changes involved in the new program.

The audit process was a long, rigorous and sometimes arduous process, with a number of unexpected challenges and difficulties. These included the necessity of dealing with two ministries (MCFD and the Ministry of Housing and Social Development), the absence of electronic data associated with the CIHR program, waits for missing electronic file data, an initial resistance by MCFD to allow the Representative's Office access to interview front-line staff, and subsequent scheduling and coordination challenges with regional staff.

This audit reviewed all CIHR applications and screening documentation from the Ministry of Housing and Social Development (MHSD) and MCFD from the nine-month period between Dec. 1, 2007 and Aug. 31, 2008. Information from the application and screening consent forms was collected and analyzed, including demographics and characteristics of the children and relatives, criminal record information and screening outcomes and results. Data analysis, detailed file review, interviews with staff in both ministries and observance of staff performing the screening function were all part of the audit process.

Because of the extensive research and analysis involved, the findings of this audit can contribute much to ongoing improvements required to the EFP, as well as forming a useful platform from which to assess both the policy basis and the implementation of this and other new programs.

For example, the audit found that effective implementation of a new screening process implemented in CIHR was hampered by poor communication, limited resource material, and insufficient direction on resolution of differences for decision-makers in the field.

The audit also clearly identifies ongoing issues, including children being allowed to reside in the home of a relative deemed unsuitable for placement, and that children's needs were not the focal point of interest or enquiry in the CIHR program. Supervision of care, monitoring of the placement and re-assessment of need were not features of the CIHR program, and these elements should be considered in any alternative care arrangement. The Representative's findings from the audit provide guidance on actual and potential weaknesses that can occur, and that must be addressed in the new program.

Although the sudden introduction and lack of details about the new EFP have not allowed in-depth analysis or its inclusion in this audit, some areas of concern become immediately apparent.

While CIHR had many problems, it was also a long-standing program that had some very useful purposes. In capping the program, MCFD has effectively cut off some caregivers from financial support. These include those over 65 who are ineligible for income assistance and who have no wish to become involved with the child protection system. The Representative found in the audit sample that approximately one-quarter of kin carers receiving CIHR have legal custody of the child they care for. They too would be ineligible for the new EFP. Other caregivers may be unable to enter the program as it is governed by a very limited budget, controlled regionally. Additional concerns exist around the expected 24-month maximum term of the program, and if the policy requiring six-month reviews of each placement will clearly state that the child in the home of a relative must be seen and the child's voice heard on issues relating to his or her placement.

Certain standards of safety screening are required whenever a child is living in an out-of-home placement – regardless of whether a program is called CIHR or EFP. That means better implementation planning and clearly stated expectations for front-line staff doing important functions like screening.

Finally, the point must be made that this audit of the CIHR screening process is not meant as a judgment of individual direct service workers or as a criticism of their work.

Every day throughout the province, the direct service staff of MCFD and MHSD struggle mightily to find compassionate and creative ways to help families in crisis. Often they do this in an environment of limited resources, inflexible and unrealistic policy expectations and heavy workloads. Morale cannot help but be affected when these men and women deal not only with the intensely emotional aspects of this work, but with the uncertainty and stress from carrying the responsibility of decisions they shouldn't have to make on their own, due to deficiencies in policies. The specific issues identified in this audit relate directly to the challenges they face daily.

This report is intended to address flaws in the screening process, largely the result of hurried implementation and inadequate training, and assist in finding a better path forward as new programs, policies and procedures are introduced.

Key Findings

Screening policies and procedures were centered on the adults in the home, not on the child

Screening procedures that focus on the relative and other adults in the home present concern, because policy does not require screeners to examine the circumstances surrounding the child. For example, if a screener is not required to search the child's name for any MCFD involvement, on-going or historical, how can it be determined if a new home environment is appropriate in light of past trauma or abuse a child may have experienced? In the audit review, nearly 25 per cent of the children had on-going child protection issues at the time of screening.

Screening standards based on financial assistance principles, not *the Child, Family and Community Service Act*, do not recognize the special rights and protections the Act affords children. For example, the child of a drug-addicted parent could be placed with an aunt, if screening identified no risks in the home of the aunt. However, an MCFD worker could have concerns about the safety of the child having unsupervised visits with his parent, or in being returned to the parent's care without a child-welfare focused assessment. Other than notes on a file or instructions given to the relative, these concerns often go unaddressed and unassessed in such a situation.

Lack of policy to notify MCFD of other children impacted by denied screening and lack of clarity regarding follow-up

Under the CIHR program, there was no requirement to notify MCFD if financial assistance cheques were being cut off, even if other children lived in the relative's home – nor was notification given to the parent of a child previously placed in the home. Depending on the situation, the removal of benefits from a home where multiple children have been placed with a relative could cause severe financial hardship and even safety concerns, and also jeopardize the child being allowed to continue to live there.

MHSD assumed MCFD was following up on denied cases, and within MCFD, After Hours staff and local district offices each assumed the other was following up on denied cases. A case example cited in this report illustrates the disturbing situation of screening identifying risk, but no follow-up taken to ensure safety. CIHR benefits were denied for the grandmother of a one-year-old girl based on concerns related to a severe lack of hygiene and cleanliness in the home, noted in a previous MCFD investigation. Subsequently, no record could be found of the child in the electronic information system or in the grandmother's family service file. As a result, it is unknown whether the child remained in the home of her grandmother, or is indeed "lost" in the system. The denial of benefits for her grandmother initiated no action or response and the girl was not known to MCFD.

Gaps in Criminal Background Check and limited awareness about CORNET

The lack of out-of-province information on CORNET is a serious gap in the effectiveness of criminal history screening.¹ The other major gap in the screening policy for criminal checks for CIHR relative homes is the absence of a requirement to use any of the other screening tools applied to out-of-care providers. These include a check of police record databases. Domestic violence, alcohol and drug abuse and other potentially serious concerns for child safety are often identified through this type of contact. Workers were also not familiar with the "relevant offences" screened in the CORNET check, and that they do not include driving under the influence or weapons-related offences, which are considered relevant for other MCFD out-of-home placements, such as Kith and Kin agreements, out of care options and foster caregivers.

Poor implementation of new requirements

This finding is particularly relevant as MCFD proceeds with introducing the new EFP. New screening policy and procedures in the past were not sufficiently communicated, distributed or explained by provincial or regional management to MCFD front-line

¹ CORNET stands for Corrections Network, the database used for adult and young offender case management in B.C. It contains information regarding an individual's involvement with the Ministry of Public Safety and Solicitor General's Corrections Branch (for adults) and MCFD Youth Justice (for youth).

staff. No training was developed or provided for the new screening. Workers created their own procedures for screening, which varied within offices and regions, leading to inconsistencies and variability in screening. Workers said they felt they were left to figure it out themselves. Some staff had little notice of the final version of policy and procedures before implementation. They were challenged to put systems and procedures in place once screenings had already begun.

The New Extended Family Program

The Representative requested and received materials relating to the planning, preparation and implementation of the new Extended Family Program (EFP), in order to assess whether the critical issues identified through this audit were addressed in the development of the EFP.

The Representative will be in a better position to assess the EFP once more information is provided by the ministry and as the program is more fully implemented, but makes the following general observations based on the material provided.

Although MCFD suggests that the Extended Family Program is an improved service with greater supports, it appears that government has chosen the lowest-cost option. This option also appears to serve a very restricted and small number of clients.

While the EFP potentially offers some additional financial benefits and social supports to families, it appears the program has limited funding, and that appropriate alternatives are not available for those families ineligible for EFP. Assumptions about intake to the program seem low in relation to the existing CIHR caseload and yet form the basis for the policy and funding decisions. For example, relatives with guardianship of children will not be eligible, no matter what their circumstances or that of the children placed. To be sure, problems existed with some aspects of CIHR, including the screening process as this audit demonstrates. However, program reform and improvement should not result in significantly fewer children served.

All new programs risk suffering from the burden of unintended consequences. In the case of EFP, it is possible that the twin challenges of ‘going too broad’ and ‘going too narrow’ are at play. For some children and families, CIHR was an adequate program – addressing financial needs while ensuring security and stability for children. These families may have needed little more than the financial support in order to provide care. In other instances, the screening and approval process was inadequate to ensure security and stability. In attempting to address the second group, the first may have been sacrificed.

This audit clearly demonstrated the difficulty that arises when new policies are implemented without adequate training of staff. EFP’s new assessment model has not been widely shared and front-line staff have already conveyed concerns to the Representative’s office about the lack of information received to date. Having to assess children’s needs without sufficient training in a new model, and in the absence of sufficient services, treatment or available supports puts an untenable burden on direct service providers already stretched to the limits of their time and resources.

By its very nature, child welfare is a service that must look to the risks posed to children while maintaining a positive perspective about the strengths of families. Emphasizing one aspect over the other creates a false dichotomy that ultimately confuses families and service providers. This may be further compounded by regional inconsistency in the delivery of services. The budget for EFP appears to come exclusively from the winding-down of the CIHR program, and the Representative is concerned that inconsistent implementation will occur because availability of resources is dependent on children and families exiting the CIHR program, and this is not likely to occur in a predictable pattern.

Grandparents and other relatives willingly assume the responsibility of caring for children when the parents cannot. These relatives have earned and deserve better in terms of the clarity of the program, consistency across the province and fairness in access to needed supports.

The Representative will monitor caseload, services and budget for this new program and report regularly on findings. As well, the Representative will continue to work with government to ensure that the valuable services offered by grandparents and other relatives are appropriately supported.

Overall Conclusion

Screening and assessment of all government-supported placements of children is an absolute necessity.

A corresponding commitment must also be made to provide the supports – financial and otherwise – that caregivers need.

Although no new applicants are being accepted into the CIHR program, more than 4,500 B.C. children and youth continue to live with relatives under the program. Some will do so for many years to come.

Government must commit to going back and carrying out proper screening for those children and offer better supports, where necessary, to their kin carers.

Other children will now begin to live with relatives under the new Extended Family Program. The assessment tool for this new program, which was not released with the program introduction, must be provided immediately to front-line staff to ensure consistent practice and adherence to standards.

The Representative believes these children are also entitled to the safety and stability that would be enhanced by government acting on the recommendations in this report.

Section 1: Introduction

Most children in British Columbia are raised by their parents, who provide them with the care, support and planning needed for their healthy development and well-being. However, for some children, a stable and supportive parental home is not a reality. Their homes have fallen apart, and they have no parent to care for them. In these instances some parents seek out other caregivers from within their families (“kin carers”) or among their friends and acquaintances to provide a home for their children.

British Columbians might be surprised to learn that parents as guardians can transfer the care of their children to another person without any real supervision or involvement of government or the court. Some parents transfer guardianship to another person using the family law system and thus the custody and care of the child is placed in the hands of a non-parent relative or other person. In other circumstances, the child welfare system steps in when a parent is unable or unwilling to care for a child, and the child is taken into government care and placed in a foster home.

In B.C. today, there is a strong government imperative to reduce the number of children in foster care provided by foster parents who are “strangers” and increase the number who will be placed with extended family or kin carers. This approach is believed to support better outcomes for children and at least in theory to lead to fewer changes in placements and better attention to the needs of the child. There is also potential for more seamless contact with parents, with the goal of reuniting the child with the parent in the near future and returning the child to the parental home.

To a great extent this practice has been around for decades in British Columbia. Programs such as the Child in the Home of a Relative (CIHR) program have made it possible to transfer care to another person, most often a relative, and for that person to seek government financial support for them as kin carers. In B.C., approximately 4,500 children currently live with relatives or kin carers in the CIHR program. Under CIHR, relatives received between \$257 and \$454 a month per child – depending on the child’s age.

While some parents may transfer guardianship and custody to another person without monetary or other ongoing support, other parents will seek some government support. This is not surprising given the financial challenges faced by kinship carers. Housing and supporting children is an expensive undertaking, especially when the kin carer might already have children of their own, or grandchildren or other relatives in their care. Attending to the needs of children, especially young children or those with special needs, might not permit the kin carer to participate in the labour force for a period of time, or the adult carer may be dependent on a fixed pension income.

Furthermore, the reasons for parents passing the care of their children to a relative may have placed those children at a disadvantage. They may have experienced trauma or neglect, or had insufficient attention to their routine needs such as their medical, dental or immunization requirements. This may require a sustained period of attention by the carer to “catch up” on the child’s needs.

For decades, CIHR (the main program of support for children in the care of relatives) has been a limited financial support system with no explicit linkages to the child welfare system. However, it is clear that kin carers *are* part of the child welfare system, because government plays more than a passive role in the decision to financially support the kin carer in many of the arrangements.

For many children in these situations, government may not stand in the shoes of the parent as they would if the child was brought into government care and guardianship was taken on.

Government does, however, facilitate the placement of children with kin carers and even encourages it as an alternative to coming into foster care, paying the carers for their efforts. The fair assumption is that the kin carer, by being prepared to take on the burden of raising the child of the relative, will better support that child, and has spared government the expense of formal foster care and the associated instability (such as moves in care, challenges with permanency planning and adoption support, and the resources required to pay careful attention to the development and well-being of the child).

Concerns about this program have existed for a long time. For years there was no assessment of the relative caring for the child, no screening of the placement to ensure that there were no risks to the child’s safety and no long-term planning for the care of the child. There were no home studies to ensure that the environment the child or youth was going into was safe. The program relied on the word of the relative. There have been reported cases of children whose safety and well-being were at risk after being placed with relatives, with no oversight in place. A child could be living in unhealthy, unsafe conditions for months or even years.

From the time of the initial appointment of the Representative for Children and Youth (RCY) in late 2006, the issue of the safety and well-being of the children and youth in the CIHR program has been a matter of concern and review.

In July 2008, the Representative wrote to senior government officials about her concerns, outlining specific cases of children who had been left in homes with relatives even though government had decided the risks in those homes, in each case, were too great to allow financial support. The Representative noted that “these circumstances are of great concern. Although the importance of a screening process is highlighted, a more comprehensive policy approach (is needed) that addresses the risk faced by children left in homes that have been judged unsafe for them.”

The Representative continued to receive reports of concerns. This report on the Representative's audit findings regarding the CIHR program is narrow in scope but must be viewed in a wider context, and into the future. Where do children live when their parents cannot or will not have them in their home? Whose business is it to decide what supports they require or will receive or what level of support their kin carer will require or receive? In reality, what actually happens in terms of support for a child if a relative is ineligible and a parent is unwilling or unavailable to support a child?

More importantly, do children and youth have a voice (assuming they are old enough to speak) and does anyone listen to them, involve them, or provide a process for them to have their interests and concerns addressed? While some of these issues are legal questions, in most of these situations the day-to-day care of the child is given to another person, but legal guardianship is kept with the parent.

The child or youth living in the home of a relative has no free-standing legal rights or standing to question the arrangement made. They are at the mercy of the parent's discretion to make decisions for them, and government's more limited role of sanctioning or supporting those decisions. Can we assume then that they are well cared for? Can we assume they are safe and that the role the parent retains is appropriate when they no longer can or will provide the home or day-to-day care for the child? These are broad yet essential questions, and the findings in this audit can assist in addressing them.

The purpose of the audit was to:

- determine whether CIHR screening processes were rigorous in protecting the safety and placement of children and youth, and
- better understand the issues and implications of CIHR screening processes, in order to inform policy and practice.

This audit is a result of concerns that were brought to the attention of the Representative that the CIHR process and its administration have not been effective in reducing the risk to many vulnerable children and youth.

During the finalization of this audit report in March 2010, MCFD unexpectedly announced it would no longer accept new applicants to the CIHR program, and would be expanding its out-of-care (not in foster care) options for families when children are temporarily unable to live with their parents. However, although no new families will be accepted into CIHR, those who were in the program prior to the March 31, 2010 cut-off would keep existing benefits, and MHSD will continue to administer the CIHR program on behalf of MCFD.²

² The CIHR program was repealed through an OIC that amends the Employment and Assistance Regulation by removing elements that refer to the CIHR program. In addition, a new EA Regulation (CIHR Program Transition Regulation) was created that permits the program to exist for current CIHR clients, and applicants up to March 31, 2010.

Introduction

This audit's findings and recommendations should be considered in the context of ensuring the safety of the children currently living with relatives in the CIHR program. As well, the findings and recommendations should be applied to the development and implementation of the EFP and any other similar new programs or supports. This audit can be a valuable tool in helping ensure that children and youth placed with relatives will live in safe and supportive homes.

Section 2: CIHR in British Columbia

Child in the Home of a Relative (CIHR) was a financial assistance program that supported children who were placed in a relative's home by their parents, when the parents were unable to assume full responsibility for financially supporting the child. CIHR existed in British Columbia for many decades to support relatives caring for children who were not their own. Historically, there was no assessment of the relative caring for the child, no screening of the placement to ensure that there were no risks to the child's safety and no long-term planning or monitoring of the child. CIHR was not income- or asset-tested, nor was it primarily a child welfare program.

The CIHR program remained largely unchanged until 2007. In December, 2007, the Ministry of Employment and Income Assistance (MEIA) instituted a screening policy as an additional eligibility criteria for the program. The program has been part of government's financial assistance programs under the former Ministry of Human Resources (MHR), followed by MEIA and now MHSD.

Historical Context

Child advocates have raised serious concerns for many years about the well-being of children placed with kin carers, and a concern that these children were "hidden" or "invisible" foster children.

In 1997, the former Children's Commissioner examined the program in light of the death of Percy Tooshley, a three-year-old boy who was abused by his relatives while they received assistance from CIHR. The Children's Commissioner called for better ways to protect children in these placements. Immediately following this child's death, the then Ministry for Children and Families (MCF) said publicly that planning was underway to transfer the program from the Ministry of Human Resources to MCF, where the program would be reviewed to see whether home study or monitoring policies for CIHR care providers should be added to the program.³

However, when the BC Coroner eventually released a report (2001) on the death and recommended that administration of CIHR be transferred to MCFD to permit monitoring of placements by child protection workers, MCFD responded that such a move would be discriminatory to families wanting to place their children in relatives' homes⁴. No transfer or review occurred until 2008.

³ Times Colonist. *Between the Lines – Horrific*. August 11, 1997. Pg. 1. Also Victoria Times Colonist. *Toddler Slipped Through Care Gap*. Aug. 9, 1997. Pg. 1.

⁴ Nanaimo Daily News. *Nanaimo B.C. Minister Calls Coroner's Suggestion Discriminatory*. Nov 27, 2001. Pg. A.1.

Also in 1997, a 10-month-old infant in the care of her mother's relative under CIHR died of atypical Sudden Infant Death. At the time of the CIHR placement, MCF was conducting a child protection investigation into the mother's ability to care for the baby. The relative care provider had also been involved with MCF through reports of the ongoing neglect of her own child. Findings of a Children's Commission fatality review report recommended that:

... until a decision has been made about the CIHR program and Section 8, the Ministry for Children and Families should create a protocol with the Ministry of Human Resources to ensure that information regarding CIHR placements is shared between staff of the two ministries, and that every possible step is taken to ensure that the placement is approved as safe by the child protection system.⁵

In 2006, MCFD removed a four-year-old girl from the care of her aunt, her CIHR care provider, following an anonymous report. The child had been neglected, malnourished and suffered recurring physical abuse. When the CIHR placement began, the child's siblings were in care, and the ministry was supervising the mother's care of the child. The ministry conducted a Deputy Director's Review of this case and among its findings identified that the appropriate level of screening of the aunt was not conducted.⁶

In 2006, the former Child and Youth Officer, in her review of B.C.'s system of kinship care, urged the B.C. government to implement screening requirements for CIHR similar to those in MCFD's Kith and Kin arrangements:

There is no reason to assume that the safety risks are less likely to exist in these out-of-care options [CIHR and GFA] than in kith and kin agreement arrangements. It is true that the financial assistance options are lower on the continuum of government intervention, but often they are suggested by child protection workers involved with the child's immediate family. The financial assistance provided by government recognizes the benefit afforded the state by these kinship caregivers in taking on a responsibility that might otherwise rest with the government. The government is therefore a partner in these arrangements and should fulfil its responsibility to protect the child by screening for safety concerns.⁷

⁵ Children's Commission Report, CC File No: 97-00065.doc

⁶ Deputy Director's Review, July 6, 2007, Ministry of Children and Family Development

⁷ *Hesbook-ish Tsawalk: Towards a State of Healthy Interdependence in the Child Welfare System*. Child and Youth Officer for British Columbia. Special Report., June 2006.

In 2007, a decision was made to transfer the entire program to MCFD; however, a transfer date was not set. As an interim solution, MEIA imposed a screening policy on CIHR caregivers and other adults in the relative's home.⁸ Both ministries also agreed on a long-term plan to establish a new MCFD program for CIHR by April 2008 as part of its transformation of services.

In December 2007, MEIA revised its CIHR eligibility criteria to include a screening process in partnership with MCFD. Under this new screening requirement, relatives and all adults in the home had to consent to a screening check by MCFD, which included a criminal record check and a check to determine if there had been any MCFD child protection contact or concerns. If MCFD determined that there was no evidence of a risk to the child in the home, then the relative was eligible for benefits. If risk factors were identified, MCFD determined if there were any child protection concerns or any alternative support services required for the family.

A few months earlier, in October 2007, at the urging of the Representative, the *Representative for Children and Youth Act* was amended to include CIHR as a designated and reviewable service. Inclusion in the Act allowed oversight of the program by the Representative's Office (such as this audit), because of the vulnerability of the children and youth living out of their parental homes.

In August 2008, the responsibility for the CIHR program was transferred from MHSD to MCFD. The transfer gave MCFD responsibility for provisions of the *Employment and Assistance Act* as they relate to the CIHR program. Aside from the screening process, MCFD delegated the administration of the program to MHSD.

In March 2010, MCFD announced an end to new applications to the CIHR program. A new program, the Extended Family Program, was introduced. Although new applicants will not be accepted into CIHR, MHSD will continue to administer the CIHR program on behalf of MCFD for families currently under CIHR. Government has stated that arrangements for those currently receiving financial assistance from the CIHR program will not change because of the new program.

The Children in CIHR

The life experiences of children in the CIHR program are not well understood because there has been very limited evaluation of the program in the past. It is known that the provincial government has financially supported over 4,000 children each month in B.C. over the last 10 years. These numbers do not include the 1,500 B.C. children receiving

⁸ British Columbia. Ministry of Employment and Income Assistance. Sept. 14, 2007. Information Note prepared for Deputy Minister. Version 2: Updated Sept. 18, 2007.

Guardian Financial Assistance (GFA),⁹ a similar program for Aboriginal children living with relatives on-reserve supported by the federal government. Children are not cycling in and out of CIHR. They tend to stay and generally remain with the same relative.¹⁰ An estimated 40 to 50 per cent of children in CIHR are Aboriginal children.

Historically, CIHR was administered under a financial assistance legislative and regulatory framework that did not permit the program to assess the needs of the child, monitor their well-being, or provide supports to relatives and assist in planning for the child. The program provides funding from \$257.46 up to \$454.32¹¹ every month for the child. The relative can receive support as long as the child remains living with them, and until the child turns 19.

The reasons why these children live outside their parental home are often not clear. Many of them come from families who have had previous involvement with child welfare or have received family support services from MCFD. In B.C., nearly 16,000 children live outside their parental home at any time and over half of them are children in care. Less than one-third are children in CIHR. All of these children are more vulnerable than the general population and are less likely to be healthy or educated. They are also more likely to live in poverty, experience family violence and have a higher incidence of special needs.

Table 1: MCFD Client Caseload Statistics, March 2010

	Aboriginal	Non-Aboriginal	Total	% Aboriginal
Children in Care (CIC)	4643	3885	8528	54.4%
Kith and Kin (section 8)	117	78	195	60.0%
Out of Care Options (s.35(2)(d) & 41(1)(b))	55	74	129	42.6%
Youth Agreements	203	503	706	28.8%
Child in the Home of a Relative (CIHR)	n/a	n/a	4494	n/a
Children Living Out of the Parental Home (COPH) (formerly Guardianship and Financial Assistance Program)	1500	n/a	1500	100%

⁹ Effective January 2010, the Guardianship Financial Assistance program has been replaced with the Children Out of the Parental Home (COPH) program, which provides financial assistance to children placed with relatives living on-reserve.

¹⁰ “An Analysis of the Child in the Home of a Relative Caseload,” Research, Evaluation and Statistics Branch, Ministry of Employment and Income Assistance, April 2006.

¹¹ Monthly rates for CIHR is based on the age of the child.

There has been very limited research and evaluation of this program from the perspective of outcomes for the child. The report *Kids, Crime and Care*, released by the Representative and the Provincial Health Officer in 2009, examined the youth justice system and children living out of the parental home. The study took a complete cohort of 50,551 children born in one year in B.C. The report found that children who had been in the CIHR program graduate from school and get involved with the youth justice system at similar rates as children in care. The report findings included:

- The graduation rate for those children who had been in CIHR and were involved with the youth justice system was 11 per cent, in contrast to 32 per cent for children in CIHR who had not been involved with the justice system.
- Eighty-one per cent of children who had been in CIHR and were involved with the youth justice system had a high incidence of educational special needs, which include serious mental illness and severe learning disabilities.
- Of the children living out of the parental home in the study, almost one-third of the children received income assistance by the age of 19, either with their family or on their own.
- Just over 90 per cent of the children in CIHR who were involved in the youth justice system were on income assistance by the age of 19.

In addition, a 2006 study by the former Ministry of Employment and Income Assistance (MEIA) found that many children in CIHR are in the care of relatives who are on income assistance. Approximately 86 per cent of CIHR relatives on income assistance were single women or headed one-parent families.¹²

Behind the Numbers

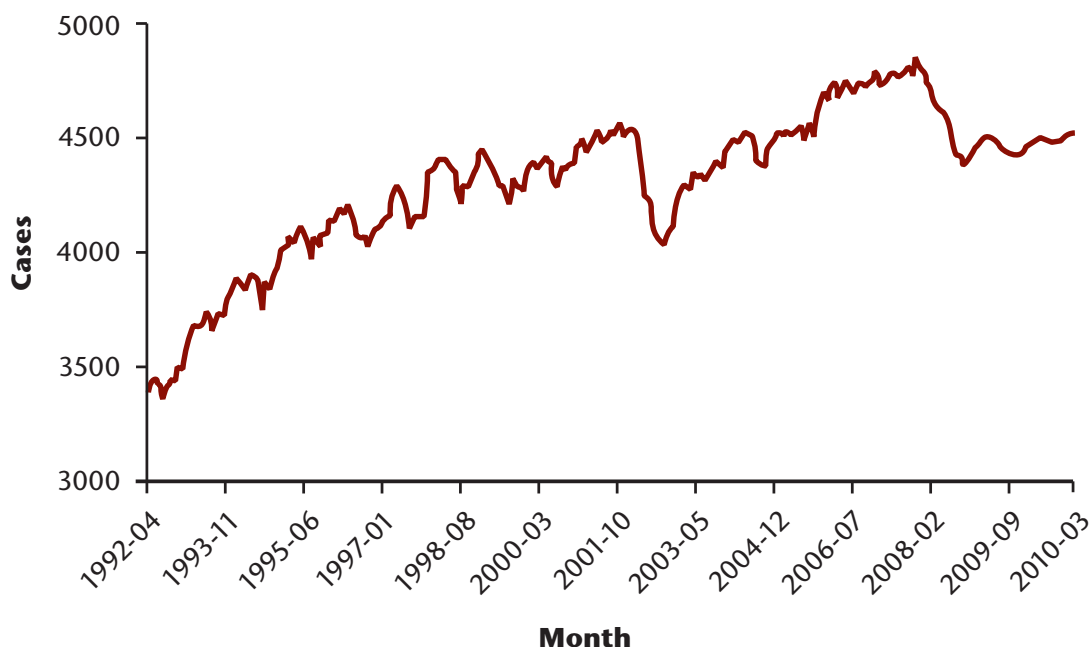
As mentioned, approximately 4,500 children currently live with a relative as part of the CIHR program. According to an analysis completed in 2006 by MEIA, since April 1992 the number of children in this program grew substantially, with the exception of two periods of decline. Between April and December 2002, the CIHR caseload declined due to a proposed policy in the spring of 2002 to conduct needs testing on relatives of CIHR.¹³ Although this policy was never enacted, its proposal appears to have had an effect on the caseload.

¹² “An Analysis of the Child in the Home of a Relative Caseload,” Research, Evaluation and Statistics Branch, Ministry of Employment and Income Assistance, April 2006.

¹³ “An Analysis of the Child in the Home of a Relative Caseload,” Research, Evaluation and Statistics Branch, Ministry of Employment and Income Assistance, April 2006.

The second period of decline in caseloads occurred immediately following the introduction of the screening policy in December 2007. The screening had a dramatic effect on caseloads, where the number of cases dropped nearly 10 per cent from 4,835 in November 2007 to just 4,354 in October 2008. After October 2008, there has been a trend upwards again in the caseload, to 4,487 in March 2010.

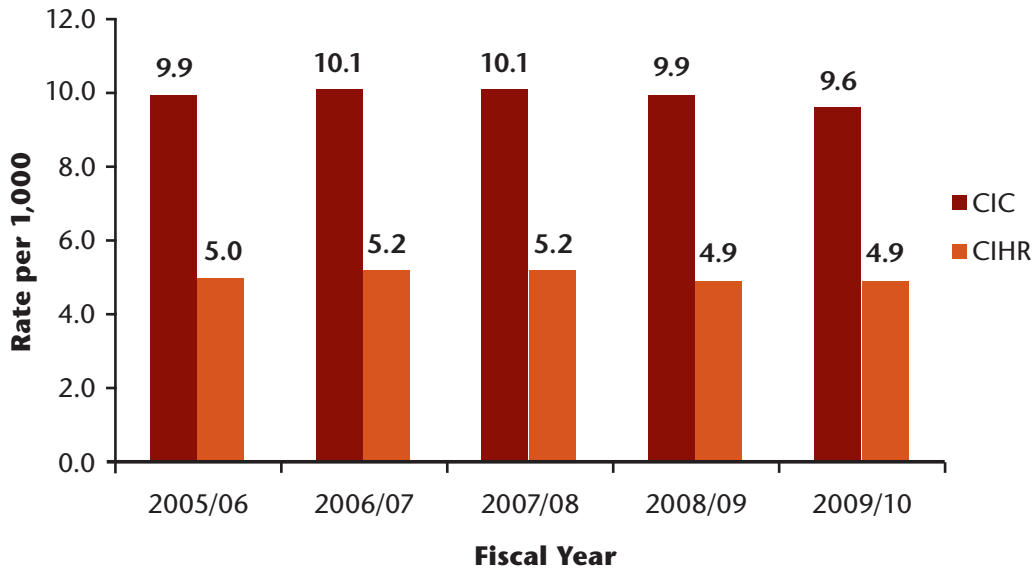
Table 2: Number of B.C. Children in CIHR, April 1992 to March 2010



Source: Ministry of Children and Family Development

In fiscal year 2005/06, there were approximately 200 new cases and 180 closed cases on average each month. By fiscal year 2009/10, this average declined to approximately 136 new cases and 134 closed cases each month. In fiscal year 2009/10, approximately 4.9 per 1,000 B.C. children (0 to 18) were in CIHR, compared to 9.6 per 1,000 B.C. children in the care of the government, living in foster homes, group homes and other formal placements.

Table 3: Children in Care and CIHR Rate per 1,000 Child Population (0 to 18)



Note:

1. Figures are based on fiscal year average caseloads.

Source:

1. Population estimates (1986-2008) and projections (2009-2036) by BC STATS, Service BC, B.C. Ministry of Citizens' Services.
2. Ministry of Children and Family Development.

Since fiscal year 2002/03, the provincial expenditure for CIHR increased by 17.5 per cent from \$16.6 million to \$19.5 million in 2007/08. The growth in spending was attributed to the rising number of children in the program, as the average caseload increased by 14.5 per cent over the same period. Spending declined in fiscal year 2008/09 to \$18.5 million. Further analysis of this decline was outside the scope of the Representative's audit, but one possible reason is that implementation of the screening policy deterred some relatives from applying. (See Appendix A - Table 29.) In 2009/10, the CIHR expenditure was \$18.6 million.

Children Living Away from Home

Although CIHR is an income assistance program, for years it existed alongside other options for children who could not continue to reside in their parental home. The following diagram illustrates MCFD care options available when children cannot remain with their family. These options provide a continuum of care, ranging from CIHR – where the placement of the child was made with no assessment or monitoring of the child by MCFD – to other options that involve ministry support, monitoring and ongoing planning for the child.

BC Options: Children Living Away from Home

Funding amounts shown are the maximum identified in policy and are at the discretion of MCFD.

Kin Carers

CIHR Payments



\$257.46 to \$454.32

Child Tax Benefit
up to \$284.66

Extended medical/dental
Responsibility of parent
or Government
subsidized if eligible

Kith and Kin¹



\$554.27

Child Tax Benefit
up to \$284.66

Extended medical/dental
Responsibility of parent
or Government
subsidized if eligible

¹Sec. 8

Out of Care Options²



\$554.27

Child Tax Benefit
up to \$284.66

Extended medical/dental
Responsibility of parent
or Government
subsidized if eligible

²Sec. 35(2)(d) and Sec. 41(1)(b)

Independent Living or Youth Agreement



\$658

Basic shelter
and support

up to **\$500**

for other living expenses
Plus additional funds
for utilities and housing
start-up cost

Child Tax Benefit
Not eligible

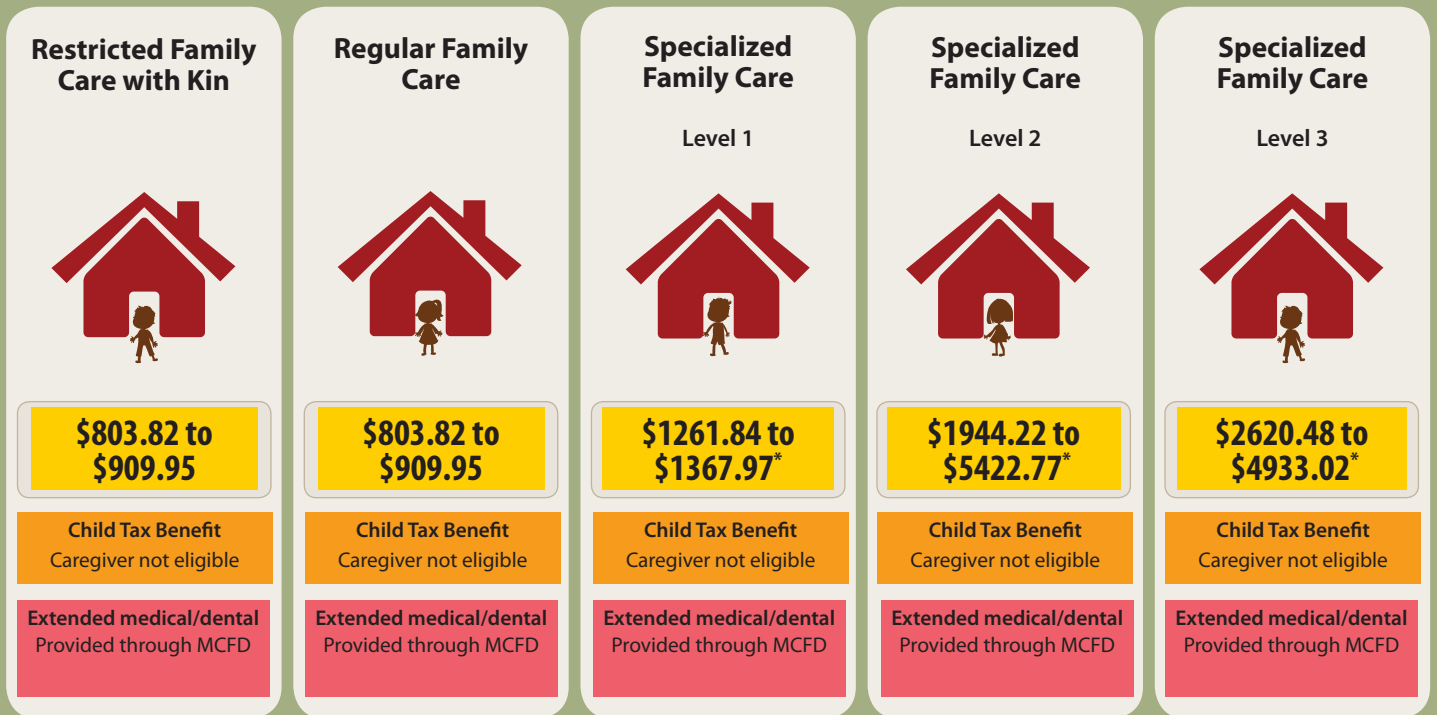
Extended medical/dental
Provided through MCFD

* A Youth Agreement is a legal agreement under the *CFCAS Act* between MCFD and a youth. A youth entering into a youth agreement is not "in care," but receives support and services from MCFD.

← Less Government Involvement

Diagram refers to options as of March 31, 2010

Children and Youth in Care



Child tax benefit paid to MCFD by Federal Government

* Payment varies based on age and number of children in home.

More Government Involvement →

**Table 4: BC Options: Children Living Away from Home
Comparison of Legal, Policy and Practice**

	CIHR	Kith and Kin Section 8	Out of Care Options (Sections 35(2)(d) and 41(1)(b))	Youth Agreement	Independent Living	Restricted Family Care (with Kin)*	Regular/ Specialized Family Care*
Who decides on placement for child?	Parent	Parent	Court (Caregiver)	Youth and MCFD	MCFD (Youth)	MCFD	MCFD
MCFD worker assistance to child/ caregiver?	x	✓	✓	✓	✓	✓	✓
Is there a plan of care?	x	✓	✓	✓	✓	✓	✓
Rights of Children in Care (S.70)	x	x	x	x	✓	✓	✓
Reporting of Critical Incidents?	x	✓	✓	✓	✓	✓	✓
Time limited?	Until 19	✓	✓	✓ 3 months initial; renewable for 6 month periods	✓ Based on plan of care (with review every 90 days)	✓ Based on plan of care (with review every 90 days)	✓ Based on plan of care (with review every 90 days)

*See glossary, under “Foster Care.”

Table refers to options as of March 31, 2010.

Section numbers indicated throughout refer to CFCS Act.

Contact with MCFD

As illustrated, MCFD provides a range of care options for children and youth who are unable to live safely at home. These care options include being in the care of the ministry as well as out of care options such as Kith and Kin agreements, under Section 8 of the *Child, Family and Community Service Act* (CFCS Act). Kith and Kin agreements are voluntary out-of-care placements that MCFD makes with the parent and a relative

through a written short-term agreement. CIHR was not considered a care option under the child welfare legislation or policy framework and the ministry's policy directed that child welfare workers should not refer families to the CIHR program as part of a child protection plan. The practice was not as clear as the policy.

Despite its exclusion from MCFD policy and the fact that it was not under *CFCS Act*, CIHR was considered as an alternative living arrangement under MCFD's Child and Family Service Standards for informal kinship care, if financial assistance was needed and further involvement by a worker was not required.

Since the transfer of the CIHR program to MCFD in 2008, the ministry planned and conducted an evaluation of the CIHR screening process. Although the final results of this study have not been provided to the Representative, an early draft of data analysis was shared in 2009. MCFD's own data¹⁴ showed that of a population of 862 children applying for CIHR, 642 (74 per cent) were known to the ministry through a child protection report or allegation prior to their CIHR application.

Although this did not indicate an ongoing child protection concern or even ongoing involvement, it does point to the fact that a high proportion of the children in the care of their relatives have had MCFD involvement. Without further information, the Representative cannot know how these situations may impact these children as they move out of their parental homes into the homes of their relatives, or migrate back into other care arrangements.

The Representative's joint report with the Provincial Health Officer (*Kids, Crime and Care*), found that nearly 29 per cent of children in CIHR had also been in care and just over 20 per cent of children in care had also been in the CIHR program. The 2006 study by MEIA found a substantial overlap between children in care and those in the CIHR program.¹⁵ Between 7 to 10 per cent of CIHR starting cases had previously been in care within one year of starting CIHR. Of the CIHR closed cases, approximately 11 per cent of children went into care within 12 months. One per cent of starting and closed cases in the MEIA study were involved with Kith and Kin agreements within 12 months. This was a significant overlap, suggesting child welfare considerations may have been taken into account in placement decisions.

¹⁴ "Evaluation of CIHR Screening Process," June 17, 2009 powerpoint presentation, Research, Analysis and Evaluation Branch, Ministry of Children and Family Development.

¹⁵ "An Analysis of the Child in the Home of a Relative Caseload," Research, Evaluation and Statistics Branch, Ministry of Employment and Income Assistance, April 2006.

Child, Family and Community Service Act

Agreements with child's kin and others

Section 8

- (1) A director may make a written agreement with a person who
 - (a) has established a relationship with a child or has a cultural or traditional responsibility toward a child, and
 - (b) is given care of the child by the child's parent.
- (2) The agreement may provide for the director to contribute to the child's support while the child is in the person's care.

Out-of-home living arrangements

Section 71

- (1) When deciding where to place a child, the director must consider the child's best interests.
- (2) The director must give priority to placing the child with a relative or, if that is not consistent with the child's best interests, placing the child as follows:
 - (a) in a location where the child can maintain contact with relatives and friends;
 - (b) in the same family unit as the child's brothers and sisters;
 - (c) in a location that will allow the child to continue in the same school.
- (3) If the child is an aboriginal child, the director must give priority to placing the child as follows:
 - (a) with the child's extended family or within the child's aboriginal cultural community;
 - (b) with another aboriginal family, if the child cannot be safely placed under paragraph(a);
 - (c) in accordance with subsection (2), if the child cannot be safely placed under paragraph(a) or (b) of this subsection.

Section 3: Audit Methodology

Development of Criteria

Audit criteria provide a means of measuring performance, controls and results expected to be achieved. The primary sources for developing the criteria for the Representative's audit were procedures and guidelines, consultation with MCFD and MHSD staff, policy and legislation and any controls adopted by the ministries.

Audit criteria were based on a thorough inventory of the procedures and steps during the application and screening process. The resulting criteria helped determine what could be defined as reasonable audit evidence to form observations and conclusions. To develop the criteria, the audit team:

- requested and reviewed all available policy documents and procedural information available on the screening process
- met with MHSD and MCFD staff to discuss the policies and procedures that were in place
- observed workers at both ministries to understand how the screening procedures were done
- created a list of process steps based on the review of information and observations from following staff, and submitted the list to both ministries for confirmation.

Criteria Details

The Representative developed audit criteria against which compliance and the adequacy of the CIHR screening process could be measured. The criteria provided a basis for developing observations and conclusions. The Representative's overall criteria for the audit were that:

- CIHR screening policies and procedures were clearly defined and understood by staff to ensure safety for children living with relatives and consistent implementation across the province
- there were adequate controls in place that ensure that the screening procedure accurately and thoroughly determined evidence of risk, ensuring that all applicants were accurately identified and screened according to policies
- when risk was identified through screening, appropriate actions (guided by ministry policy) were taken to ensure that children were safe, and
- communication between MHSD and MCFD was effective in conducting screening of relative's homes to ensure that children were safe.

To evaluate against these overall criteria, the Representative assessed screening documentations against the following more detailed criteria statements.

- CIHR application and consent forms were complete and accurate
- consent forms were received and complete at After Hours office
- CORNET and prior record check were completed accurately and documented
- risk/no risk finding was communicated when appropriate
- screening decisions were followed up by MHSD and local MCFD
- risk decisions where CIHR approved included appropriate follow-up actions.

Sampling for File Review

The audit began with a study population of 1,280 applications. It is common practice in audits to use a sample pulled from the overall study population, as it is overly costly and time-consuming to examine every file. Using a standard audit random sampling tool, 100 case files were selected from the overall study population for file review. Conclusions about the study population, based on the findings from these sample files, are reliable at a 95 per cent confidence level. Extensive analysis was performed on the randomly selected study sample to ensure that their application approval rate and geographic distribution (After Hours office and MHSD office) were sufficiently similar to that of the overall study population.

Interviews

Ministry staff was interviewed to determine their understanding of existing policies and practice in the field. Staff from the front line, the After Hours program and management were invited to participate from both ministries. MCFD local district offices were selected based on sample case files where there had been a memo from the After Hours staff related to a CIHR application. Initially, interviews were requested with specific staff from each office based on names included in the After Hours memos. If the staff person was not available, MCFD management selected an alternate staff person with experience with CIHR from that local office. A total of 28 interviews were conducted over a two-month period.

Children Out of the Parental Home (COPH)¹⁶

At the time the Representative initiated the audit of the CIHR application and screening policy, the Federal Department of Indian Affairs and Northern Development was piloting the CIHR screening policy for its Children Out of the Parental Home (COPH) program, a parallel program for Aboriginal children living with relatives on reserve. Because the screening policy and procedures were being piloted only, the COPH program was considered out of scope for this audit. However, the overlap of issues between children in these placements and with those in CIHR would logically be significant. The Representative lacks authority to review these children or files as this is a federal government program.

¹⁶ Effective January 2010, the Children Out of the Parental Home (COPH) program, which provides financial assistance to children placed with relatives living on-reserve, replaced the Guardianship Financial Assistance program.

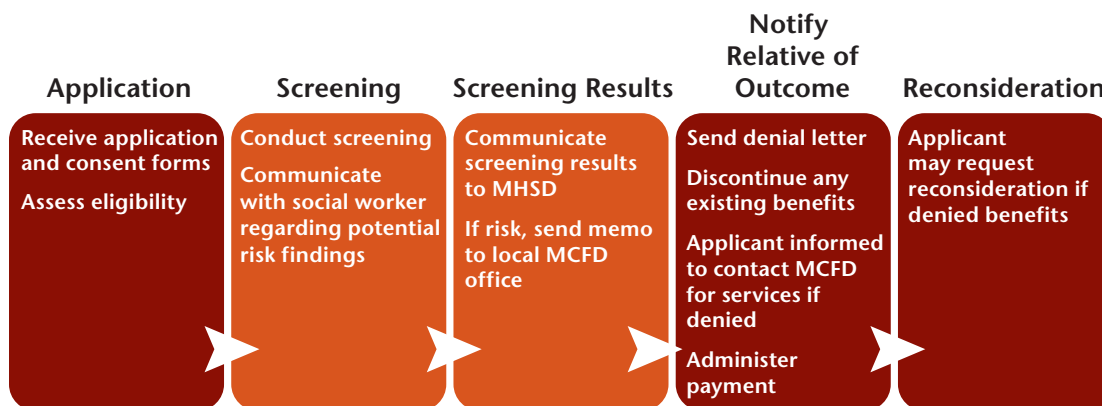
Section 4: Understanding CIHR

This section describes the CIHR application and screening processes, as articulated in ministry policies and procedures.¹⁷ In the Findings section later in this report, differences between the stated policy and practice in the field are examined.

The CIHR application was administered by MHSD staff through local employment assistance offices throughout the province. The screening component of the application process was done by MCFD through their provincial After Hours offices located in Vancouver and New Westminster. The provincial After Hours Program receives reports of suspected child abuse or neglect, as well as requests for other ministry services, and has two 24/7 staffed offices, including a centralized helpline for children. The Vancouver After Hours office conducted CIHR screening for the Vancouver Coastal, Vancouver Island and North regions, while the New Westminster After Hours screened CIHR applications for the Interior and Fraser regions.

Every application that was processed for eligibility and screened for safety involved collecting, sharing, assessing, recording and communicating information between both ministries.

Table 5: CIHR Application and Screening Process



¹⁷ http://www.gov.bc.ca/meia/online_resource/verification_and_eligibility/cihr/procedures.html, MOU Change Notice Child in the Home of a Relative, Oct. 2007, MEIA, MCFD documents

Application Process

The relative submitted a completed CIHR application package to a local MHSD office, including signed screening consent forms for the relative and each adult over 18 residing in the relative's home. The role of a MHSD Employment Assistance Worker (EAW) was to review the application package and:

- assess eligibility criteria for CIHR
- obtain proof of placement by the parent
- review the legal guardianship or custody circumstances for the child and related documents
- obtain a copy of the birth certificate for the child
- ensure all consent forms were signed.

When an application was received, a case file was opened and the child's application was assigned a unique file number. This number was used for tracking the application and issuing cheques. The application package and the required identification for the relative and child were scanned and entered into the MHSD information system using the file number.¹⁸

The consent forms included the file number of the child and the number of consent forms being faxed (i.e., 1 of 3, 2 of 3, etc). The application form itself was not provided to MCFD After Hours. Information such as the name of the child, birth date, name of the relative applying, other adults in the home and reason for placement was included in the application. Staff from the Representative's Office were never given a definitive answer as to why the application form (see Appendix B) was not provided as part of the screening process

Screening Process

After Hours staff began the safety screening upon receiving the consent forms. They conducted two different screening checks to determine if there was any "evidence of risk that compromises the home as an appropriate place for the child"¹⁹ by using the names, any aliases provided, and birth dates on the consent forms to conduct screening.

¹⁸ Ongoing case management information, such as notes regarding eligibility, reasons for the CIHR placement, safety screening results and cheque issuance, are also recorded under the *GAIN Act*.

¹⁹ Memorandum to Directors of Operations, MCFD, Nov. 22, 2007.

The screening check consisted of:

- a prior contact check (PCC): a review of any records of previous involvement that MCFD may have had with the individuals being screened.
- a CORNET check: CORNET is the B.C. corrections network system. Using the system, a check was done for information about criminal charges and convictions (including convictions that have been pardoned), probation, as well as any stay of proceedings, alternative measures and unsealed Young Offender offences from British Columbia's correctional system.

The following information was considered relevant when determining if a child may be at risk in a relative's home:

From the prior contact check:

- a substantiated child protection report under s. 13 of the *Child, Family and Community Service Act* that resulted in a current removal of a child, temporary or continuing custody order, or a supervision order
- a closed protection file where risks were not mitigated (e.g. family moved before the investigation could be completed)
- an open child protection investigation and the responsible social worker believed there was evidence of risk to a child in the home that compromised the home as an appropriate place for the child, or
- an open protective family service file and the responsible social worker believed there was evidence of risk to a child in the home that compromised the home as an appropriate place for the child.

When relevant information was found from the prior contact check, such as an open investigation or protective family service, After Hours staff contacted the child protection worker knowledgeable about the case. The child protection worker determined if there was a level of risk to the child.

From the CORNET check:

After Hours staff reviewed the CORNET system to see if the relative or any adult living in the home had been charged or convicted of any of the 60 relevant offences that are considered relevant to a child's safety. (See Appendix F for the list of relevant offences.) This review did not examine an individual's complete record of criminal convictions, including a few specific offences that are reviewed by MCFD as part of their standard criminal record check process for other out-of-home care providers. The 60 relevant offences do not include weapons-related offences or those related to driving under the influence. In addition, a CORNET check would not identify any sentences of fines, unsupervised orders or time served in custody. Stays of proceedings would only be found if probation officer supervision was involved.

If a probation officer was involved:

- The After Hours worker consulted with the probation officer to obtain any additional relevant information, including their views regarding whether the person presented a risk to the child.
- If, following consultation with the probation officer, there was a reason to believe the child may be at risk, the After Hours worker made a report under S.13 of the CFCS Act.
- If the probation officer was unable to provide additional information and/or there remained questions or concerns whether the individual presented a risk to the child in the home, the After Hours worker informed MHSD there was “Evidence of Risk.”

If a probation officer was not involved:

- If no additional information was available and there remained questions or concerns whether the individual presented a risk to the child, the After Hours worker informed MHSD there was “Evidence of Risk.”

Screening Results

Based on the results of the check, the After Hours staff informed MHSD by e-mail if the relative’s home showed “Evidence of Risk” or “No Evidence of Risk.”

- If “No Evidence of Risk” and the relative met the eligibility criteria, the application was approved.
- If “Evidence of Risk,” the application was denied and MCFD determined if the child was in need of protection or if family supports were recommended.

If there was “Evidence of Risk,” MHSD would check if there were other children in the relative’s home receiving CIHR assistance. If existing CIHR children were in the home, they were all ineligible for further CIHR assistance.

Notifying the Relative of the Screening Outcome

If the MHSD local office received an e-mail stating that there was “evidence of risk that compromises the home as an appropriate place for the child,” they sent a denial letter to the relative and included a reconsideration brochure with the letter. The letter did not state the reason for denial, as MHSD only knew the results of the screening outcome, not the information that led to that result.

The relative was referred to the MCFD CIHR Screening contact for details of the screening results and to their local MCFD or delegated Aboriginal Agency office for alternative support services. If the application was denied, the relative could request to have the application reconsidered. Reconsiderations were done through MHSD, not MCFD. MHSD could make a new CIHR eligibility decision based on the regulatory

Understanding CIHR

criteria for CIHR, including the screening results. By regulation, the decision to deny or discontinue CIHR based on the evidence of risk could not be appealed to the Employment and Assistance Appeal Tribunal. In all applications where there was “Evidence of Risk,” After Hours also sent a memo to the local MCFD or delegated Aboriginal Agency office advising them of the outcome of the screening check.

If there was “No Evidence of Risk,” the relative would receive an approval letter and the relative began receiving CIHR assistance. The letter also explained the relative’s obligation to report any changes to the household composition, including any dependent child who turned 18 or any additional person age 18 or over who began living at the relative’s home. A new screening consent form was to be provided if the household changed.

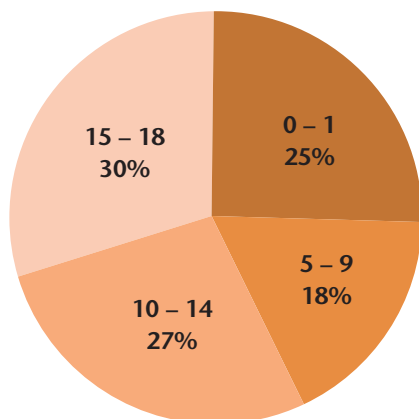
Section 5: The Audit

Characteristics of CIHR Applications

In the nine-month period examined for this audit, there were 1,280 applications. Each application represented one child.²⁰ In total, there were 1,059 households where 1,892 adults were screened. Each household represented a relative applying on behalf of the child and included any other adult over the age of 18 living in the relative's home. Some households may have had more than one child applying for CIHR.²¹

On average, there were 142 applications per month during the nine-month period, with April 2008 having the highest volume of applications (185). CIHR applications were processed by two MCFD After Hours offices (New Westminster and Vancouver). The New Westminster office received 724 applications, an average of 80 applications per month, while the Vancouver office received 556 applications, an average of 62 applications per month. The Interior and Fraser regions represented 57 per cent of applications, while Vancouver Island had the fewest with only 7 per cent of all applications.

Table 6:
CIHR Applications by Age Group



Of the 1,280 applications, 25 per cent (323) were for children below the age of five. Nearly 60 per cent (731) of all applications were for children 10 years of age or older, while just over 40 per cent (549) were under 10 years of age.

The average age of a child applying for CIHR was approximately 10 years. There were more females at ages 14 and 15 and more males at ages 17 and 18.

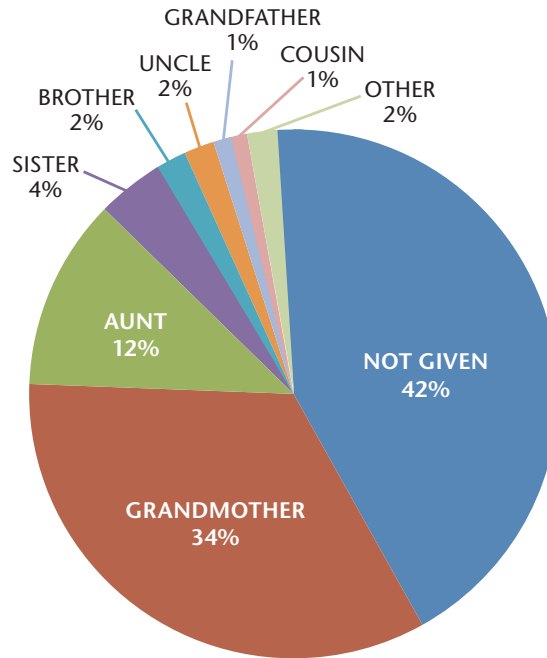
Sixty-nine per cent of the relatives were 40 years of age or older. The average age of an applicant relative was 47. Eighty-eight per cent (1,128) of the relatives were female, while only 152 or 12 per cent of the relatives were males. The average age of male relatives was 44.

Although the application form asked for the relative's relationship to the child, this field was not mandatory and in more than 40 per cent of the applications did not include this information. For those applications that did identify the relationship, the most frequent was grandmother (34 per cent), followed by aunt (12 per cent).

²⁰ One application represents one child with a distinct file I.D. number.

²¹ Because it is the relative who is applying for CIHR on behalf of the child or multiple children, each child is considered a separate application and is given a distinct file I.D. number. In total, there were 1,892 adults screened for the 1,280 applications (children).

Table 7: Relative’s Relationship to Child



Note: Other* includes Great Grandparents, Step Parents, Great Aunt, Step Grandparents, Sister in Law, Step Aunt and Great Uncle

Screening Outcomes of Applications

Of the 1,280 applications, 78 per cent were determined to have “No Evidence of Risk,” and as a result, 837 homes²² were approved for funding (see Table 9). When applications or households were approved by MCFD, it did not necessarily mean there were no records of prior contact with MCFD or criminal records with charges and/or convictions. These records may have existed for a caregiver or any adult, however MCFD had determined that the relative and adults in the home did not present a safety risk to the child.

In addition, as shown in the following data table, some applications that were initially denied due to a determination of “Evidence of Risk” may have been overturned through the consultation and actions of a local MCFD office. The office was informed of the determination of risk through a memo sent in the After Hours Case Information System. The action to overturn the decision was initiated either by the relative, who requested it from MCFD, or by an MCFD worker, responding to and assessing the concerns in the memo received.

²² The home or household is where the child will reside with the relative.

Twenty-two per cent of the applications were determined to have “Evidence of Risk” of at least one adult living in the relative’s home and as a result, 222 homes were denied for funding.

Table 8: Outcomes of CIHR Applications

After Hours Office	Number of Applications	No Evidence of Risk ²³	Evidence of Risk	Evidence of Risk Overturned ²⁴	Final Approval	Final Denial	Final Approval %
New Westminster (Households)	724 (594)	616 (505)	108 (89)	35 (29)	651 (534)	73 (60)	89.9
Vancouver (Households)	556 (465)	385 (332)	171 (133)	100 (73)	485 (405)	71 (60)	87.2
Total Applications <i>(Total Households)</i>	1,280 <i>(1059)</i>	1001 <i>(837)</i>	279 <i>(222)</i>	135 <i>(102)</i>	1136 <i>(939)</i>	144 <i>(120)</i>	88.8

Of the 22 per cent of applications with “Evidence of Risk” by After Hours, 135 were overturned by local MCFD offices. Therefore placement was supported and CIHR funding was approved. Taking into consideration those applications that were “overturned and approved,” the final number of children approved for CIHR funding was 1,136 across 939 households with an approval rate of 89 per cent, resulting in a 10 per cent increase from the initial approval rate from After Hours.

Of the 1,280 applications, 144 children or 120 homes were not approved for CIHR funding due to evidence of risk, representing an overall denial rate of 11 per cent. Because there was no required tracking or follow up by either ministry when children were denied funding, not enough information was available to determine the whereabouts of the 144 children, and whether they were still living in the relative’s home despite the risk, or if other arrangements were made.

²³ Applications or households that were approved with “No Evidence of Risk” initially by After Hours, does not necessarily mean there were no records of prior contact with MCFD or information on criminal charges and/or convictions of relevant offences. This does not necessarily mean there was nothing on file for the screened adult, but rather, it was appropriate to approve CIHR funding.

²⁴ Overturned decisions occurred at both offices and were the result of a decision by an MCFD local office.

Table 9: Overturned and Denied Applications by Evidence of Risk*

Final Application Status	# of Applications	Evidence of Risk PCC	Evidence of Risk CORNET	Both
Evidence of Risk Overturned	135	40	53	42
		(30%)	(39%)	(31%)
Denied	144	57	51	36
		(40%)	(35%)	(25%)

* "Evidence of Risk" for prior contact check and CORNET is based on the criteria applied by the After Hours screener and local MCFD office worker. For CORNET records, this may include relevant and non-relevant offences.

Table 9 shows that of the 135 applications that were overturned by local MCFD offices, 30 per cent (40) applications had an adult in the home with an MCFD record from the prior contact check. Thirty-nine per cent (53) of applications had evidence of risk from the CORNET check and 31 per cent (42) applications had both. The Representative found that applications with CORNET findings included both relevant and non-relevant offences. Of those with a CORNET risk only, 68 per cent (36 of 53 applications) that were overturned and approved had a relevant offence, while 84 per cent of denied applications (43 of 51 applications) had relevant offences.

Table 10: Percent of Denied Applications with Relevant CORNET Offences*

CORNET Offence	Percent
Assault	79%
Sexual Assault	7%
Trafficking in a Narcotic	5%
Murder	2%
Second Degree Murder	2%
Prostitution	2%
Uttering Threats	2%
Total	100%

* Figures show the number of applications with at least one occurrence of the listed offence.

Table 10 shows that of the 43 applications denied with a relevant offence, 79 per cent of applications had at least one occurrence of assault, while 7 per cent of applications had one occurrence of sexual assault and 4 per cent had murder-related offences.

“Evidence of Risk” by Age Group

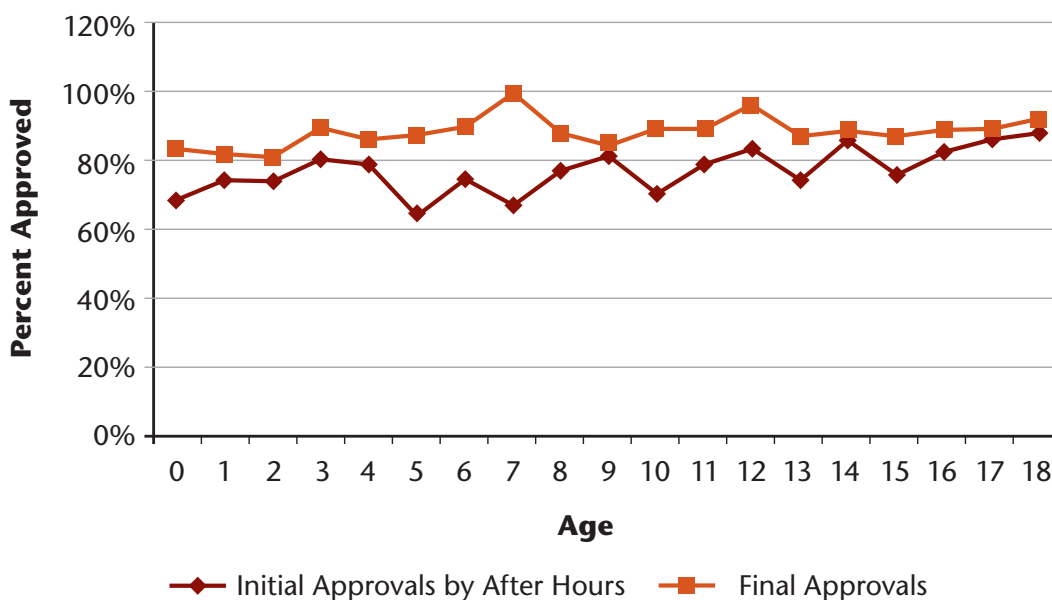
Table 11 shows the initial risk decision by After Hours for each age group. Of the children under the age of 5, 25 per cent (82) had evidence of risk while for children over the age of 14, 17 per cent (67) had evidence of risk. In just over 25 per cent (142) of applications for children under 10 years of age, After Hours found evidence of risk in the household.

Table 11: After Hours Initial “Evidence of Risk” Decision by Age Group

Child Age Group	# of CIHR Applications	% of all Applications	No Evidence of Risk	Evidence of Risk	% of Applications with Evidence of Risk
0 – 4	323	25	241	82	25
5 – 9	226	18	166	60	27
10 – 14	348	27	278	70	20
15 – 18	383	30	316	67	17
Provincial Total	1280	100	1001	279	22

Table 12 shows the initial and final approval rates for each age category by After Hours and local office. Just fewer than 70 per cent of newborns were initially approved under the screening process while almost 90 per cent of 18 years olds were initially approved. Once the “overturn” process was taken into account, however, approvals for CIHR rose to 84 per cent for newborns while only moving marginally to 92 per cent for 18 year olds. Applications for children between the ages of 5 to 9 years of age had a much higher “overturn” rate than any other age category.

Table 12: Initial and Final Approval Rates by Age



Screening Outcomes by Region

Of the 1,136 applications approved for funding, 57 per cent (724) were from the Interior and Fraser regions, followed by the North region with 21 per cent (268). Vancouver Coastal had the lowest share of approved applications; however, this region also had the fewest applications during the study period. As mentioned previously, the After Hours office in Vancouver screened applications for Vancouver Island, Vancouver Coastal, and the North regions, while the office in New Westminster screened those from the Interior and Fraser regions.

Table 13: Initial and Final Approval and Denial Rates by Region

After Hours Office	Region	CIHR Applications	% Initial Approval	% Final Approved	% Initial Denial	% Final Denied
New Westminster	Interior	347	84%	89%	16%	11%
	Fraser	377	86%	90%	14%	10%
Vancouver	Vancouver Coastal	86	66%	85%	34%	15%
	Vancouver Island	198	73%	91%	27%	9%
	North	268	67%	85%	33%	15%
	Unknown/ Not Coded	4	4	100%	0%	0%
Provincial Total		1280	78%	89%	22%	11%

Table 13 shows that there was a substantial difference in the number of screenings initially denied by the two After Hours offices. Applications screened by the Vancouver office were almost twice as likely to be initially denied, then overturned by the local MCFD office. This appears to be due to the different processes for approving applications.

In the Vancouver After Hours office, if there was risk indicated by the prior contact or criminal background check, the screener would formally deny the application and send a memo to the local MCFD office advising them of the screening outcome. At that point, if the local office had additional information that would otherwise support the placement, the local office could then overturn the initial denial by After Hours.

In the New Westminster After Hours office, under similar circumstances, the screener would discuss the application with the child protection worker in the local office or with a probation officer before making a screening decision. As a result of this consultation, less applications were initially denied and therefore less were overturned by the local MCFD office.

Table 14 below shows another contrast in screening results between the two After Hours offices serving the five regions. Applications screened by the Vancouver After Hours office for the Vancouver Coastal, Vancouver Island and Northern regions found risk from CORNET searches in 28 per cent, 17 per cent and 26 per cent respectively. In direct contrast, the applications screened by New Westminster After Hours for the Interior and Fraser regions found risk from CORNET searches in only 7.5 per cent and 6 per cent of applications. Risk findings from prior contact checks were also higher in applications screened by Vancouver After Hours.

This raised the question of whether there were different criteria for conducting prior contact and CORNET screenings used by the two After Hours offices, in addition to the different processes as mentioned above. However, after accounting for the overturned decisions by the local MCFD offices, the final approval and denial rates were not dramatically different between Vancouver and New Westminster After Hours.

Table 14: Screening Results by Region

Screening Result	New Westminster After Hours Office		Vancouver After Hours Office			Unknown	Total
	Interior	Fraser	Vancouver Coastal	Vancouver Island	North		
Risk indicated by CORNET	7.5%	6.1%	28.2%	17.7%	26.2%		13.9%
Risk indicated by PCC result	13.2%	10.3%	16.5%	18.7%	21.7%		15.2%
Total Applications	347	377	86	198	268	4	1280

Screening of Relatives and Adults in the Home

There were 1,892 adults screened for 1,280 applications. The majority of applications applying for CIHR support had one or two adults in the home. Thirty-seven per cent of applications (468) were for households with a single adult, primarily female. Almost half (47 per cent or 611) of the applications were households with two adults. There were four applications with up to six adults that were screened.

Nearly two-thirds (61 per cent or 1,162) of the adults screened were female. Male adults in the home were found to have risk 13.6 per cent of the time as indicated by the After Hours screener from the CORNET results, while female adults were only found to have risk 4.8 per cent of the time. Overall, eight per cent of total adults screened (155) were found to have risk associated with CORNET with relevant offences.

Table 15 shows the number of times each offence was recorded among screened adults (either charges or convictions) for approved applications. Each adult could have more than one relevant offence recorded on their criminal record. Of the screened adults with a relevant offence that were approved, an “Assault” charge or conviction appeared 46 per cent of the time, while “Trafficking in Substances” appeared 16 per cent of the time.

Table 15: Frequency of Relevant Offences Found in Applications Approved for CIHR

Relevant Offence	%
Assault	45.8%
Trafficking in substances	15.6%
Assault with a weapon or causing bodily harm	9.9%
Uttering threats	9.5%
Unlawfully causing bodily harm	5.8%
Sexual assault	3.9%
Sexual interference of person under fourteen	2.3%
Attempt to commit murder	1.4%
Aggravated assault	1.4%
Abduction of person under fourteen	0.8%
Kidnapping/forcible confinement	0.8%
Accessory after fact to murder	0.8%
Invitation to sexual touching	0.8%
Buggery/bestiality	0.4%
Criminal harassment	0.4%
Anal intercourse	0.2%
Sexual interference	0.2%

CORNET database will show historical criminal charges and convictions, as such, some of the names of offences listed above may not be presently used today. Figures are based on final approved applications. These figures include overturned applications.

Applications Approved with Relevant CORNET Offences

The audit found 14 applications that were approved for CIHR funding as “No Evidence of Risk,” despite a relevant offence that was found on CORNET by After Hours. The Representative conducted a detailed review of these 14 cases in order to understand why these were approved against the prescribed ministry policy. Policy indicates that either charges or convictions should be evidence of risk.

Of the approvals:

- Four were approved because the screener interpreted the CORNET record as indicating charges, rather than convictions. Further review of additional cases revealed that this type of interpretation occurred in only one of the After Hours offices.
- Two of the applications were approved from a misinterpretation that a particular drug-related offence was not on the relevant list of offences.
- One application was approved from the screener's assessment of the time since the offence.
- Three applications were approved with consultation with an After Hours team leader. No reasons were documented.
- Four were approved by After Hours staff after consultation with a local MCFD office or a probation worker.

It may have been appropriate for some cases to be approved based on a social worker or probation officer's expertise. However, the Representative found 10 cases (involving 12 children) where approvals appeared to result from misinterpreting the criminal record, or from a screening worker or team leader's individual interpretation of the CORNET record. The CIHR screening policy suggested that applications be reviewed by a worker with knowledge of the circumstances and criminal history. The audit found that this did not occur for these screenings.

Assault-related offences, including with a weapon or causing bodily harm, were the most common offence type found among the 14 applications.

Table 16: Types of CORNET Offences Found in Applications Approved by After Hours

Relevant CORNET Offence	Frequency	Percent
Assault/Assault Related	11	79%
Trafficking a Narcotic	2	14%
Uttering Threats	1	7%
Total	14	100%

Figures show the number of applications with at least one occurrence of the listed offence.

Aboriginal Children in CIHR

Although neither MCFD nor MHSD have data on the number or percentage of Aboriginal children receiving CIHR payments, the Representative's earlier comprehensive cohort joint report (*Kids, Crime and Care*) was able to estimate that 40 to 50 per cent of children in CIHR were Aboriginal. In order to identify the percentage of the CIHR child population in the Representative's audit who are Aboriginal, data was matched with education data held by the Ministry of Education, which collects Aboriginal identity information. Using educational data on school-aged children from 1991/92 to 2005/06, the Representative was able to match 731 of 1,280 children, however, 68 school-aged children could not be matched and 515 children had birth dates that were not of school age at the time the educational data sample was drawn. This results in a 91.5 per cent match rate for school-aged children.

More complete coverage of the CIHR population in this study for school-aged children could be done if the school data was updated to present, however, this sample should be sufficient to provide a relative estimate of the percentage of Aboriginal children in the program.

Of the 731 children, 388 were identified as Aboriginal. Nearly 52 per cent of Aboriginal children were female (201 out of 388) in contrast to just less than 50 per cent (170 out of 343) among non-Aboriginal children. Table 18 shows the breakdown of Aboriginal and Non-Aboriginal CIHR applications.

Table 17: Estimate of Aboriginal and Non-Aboriginal Children in CIHR applications

CIHR Application Outcome	Non-Aboriginal			Aboriginal			Grand Total
	Female	Male	Total	Female	Male	Total	All
Not Approved	4	13	17	29	24	53	70
Approved	166	160	326	172	163	335	661
Total	170	173	343	201	187	388	731
% Approved	97.6%	92.5%	95.0%	85.6%	87.2%	86.3%	90.4%

Aboriginal Background Screening Results

The homes of relatives applying for CIHR for Aboriginal children tended to have more risk associated with them. Almost 20 per cent of these applications had an individual living in the home who had a CORNET result that was considered to be a risk, in contrast to six per cent of applications for CIHR for non-Aboriginal children. These risks included both non-relevant and relevant offences. The denied Aboriginal applications were associated with approximately 2,300 counts of offences, where 23 per cent were relevant. The denied non-Aboriginal applications had approximately 1,200 counts of offences, where 18 per cent were relevant. The denied non-Aboriginal cases with relevant offences had a higher prevalence of assault charges than Aboriginal cases.

Table 18: CORNET Results for Aboriginal and Non-Aboriginal CIHR Applications

Risk Finding in CORNET	Non-Aboriginal Child Applications	% Risk	Aboriginal Child Applications	% Risk
No Risk in home, Approved	325	94%	315	81%
Risk in home, Not Approved	20	6%	76	19%
Total	345		391	

Based on match file, not all applications. These numbers do not add up to 731 as there was more than one application made for some children.

Nearly 18 per cent (70) of applications for Aboriginal children had an individual in the home with prior contact with MCFD. This is in contrast to only six per cent (21) of applications for non-Aboriginal children.

Table 19: PCC Result for Aboriginal and Non-Aboriginal CIHR Applications

Risk Finding in PCC	Non-Aboriginal Child Applications	% Risk	Aboriginal Child Applications	% Risk
No Risk in home, Approved	322	94%	323	82%
Risk in home, Not Approved	21	6%	70	18%
Total	343		393	

Based on match file, not all applications. These numbers do not add up to 731 as there was more than one application made for some children.

Case Study

Need for long-term planning for vulnerable children

Case Example: A CIHR application was submitted by an Aboriginal grandmother who was caring for her two-year-old grandchild. The grandmother was also caring for the child's three-year-old sibling, who had significant medical special needs.

The CIHR application was denied because of the grandmother's prior contact with MCFD and a criminal history of assault charges and a resulting conviction. The grandmother also had her own health issues, a disability that required her to use canes to walk and challenges in the past with substance abuse.

The parents of the children were involved with MCFD and had alcohol and drug addiction and mental health issues that limited their ability to parent. The grandmother had difficulties with the children's parents wanting to take the children back, and as a result needed restraining orders against them for the protection of the children and herself.

The file also indicated that the children had moved in and out of different relatives' homes as a result of the family conflicts and issues described above. The denial of CIHR benefits appeared to have initiated the opening of an MCFD family service file for support for the family and the ministry began providing some services to the grandmother as well as referrals to assist her with the challenges of caring for the children.

The grandmother did not have legal custody of the children and there was a new grandchild added to her care as of 2009. Recent notes in the files indicated that this child's pediatrician was concerned about neglect of the children and had noted health issues pointing to the grandmother's challenges with maintaining their care.

Observations: In this case, the CIHR screening functioned as it was designed. It identified a situation with potential risks and initiated local MCFD involvement with this family to provide services and support. The Representative's review of the files indicated that despite evidence of services provided, there did not appear to be an assessment of the capacity of the caregiver to manage with three children under the age of five and there was no evidence of a long-term plan for the care of the children.

This case illustrates the difficulty in instances where both the children and families involved with CIHR and other out-of-home placements are very vulnerable and face multiple factors that could lead to instability and risks to the well-being of the children. Though individual services and referrals were offered to this family, long-term planning for the children appeared to be absent. This is an example of the type of situation needing substantial guidelines and both short- and long-term planning to ensure the safety and health of these children.

Section 6: Findings and Analysis

Both MCFD and MHSD had a responsibility to ensure the safety of children placed with relatives in the CIHR program. The Representative expected to find an application and screening process that addressed this responsibility by being sufficiently rigorous in identifying circumstances where there may have been risk to the safety of children and youth.

As noted previously, the Representative’s audit used several different approaches to ensure a complete understanding of the screening process. This included data analysis, detailed file review, interviews with staff in both ministries and shadowing staff performing the screening function. The Representative found that the actual practice for the CIHR application and screening processes often differed from the documented policy and procedures from both ministries. Often, where a policy or procedure was lacking, workers filled in gaps, creating their own standards and practices. Some of these improvisations were improvements. Others, because they were ad hoc developments from individual offices, or even individual workers, contributed to inconsistencies in the screening.

The Representative’s audit examined a random sample of 100 case files from the 1,280 applications. Each case file was assessed against the audit criteria. The findings in this report focus on the 24 criteria from policy and procedures that were identified as those that impact the accuracy and results of the application and screening process. Improvements in these areas are critical in meeting the objective of ensuring safety for children.

In 28 of the 100 case files reviewed, After Hours identified “Evidence of Risk” to the local MCFD office through a memo. Eleven of the files were denied and 17 files had the “Evidence of Risk” overturned and approved by the local MCFD office. A total of 71 files were approved with “No Evidence of Risk” and one file was denied because the child was in care at time of application.

Table 20: Summary of CIHR Application Outcomes from Audit File Review

File Review Sample	Evidence of Risk	No Evidence of Risk	Overtured Decision	Not Eligible	CIHR Approved	CIHR Denied
100	28	71	17	1	88	12

Findings: Collecting, Documenting and Verifying Information

The CIHR application and screening process was carried out between two separate ministries operating under two different legislative frameworks. The application and screening process involved collecting, documenting and verifying critical information regarding the child, relative and all adults in the relative's home. Screening could not be considered thorough without ensuring that information was gathered accurately and verified by MHSD. Case documentation was critical to record information, actions and processes that were used for decision-making during the application and screening process, especially when determining risk.

The audit found:

Nearly 20 per cent of sampled files did not comply with policy on verifying the identity of the child being placed with the relative

Verifying the child's identification was critical to determining eligibility and ensuring that financial assistance was being provided for an actual child living out of the parental home.

Thirty per cent of sampled files did not include a unique file number on all screening consent forms

There was one CIHR application for each child. The file number was the identifier for that application, and for the child. This number was needed to both identify the child for whom screening was being done and to link the consent forms for multiple adults to the child's file and screening. Without the file number on screening consents, there was no way to track consent forms, which are key to a thorough screening.

In almost 80 per cent of cases, the relative and other adults did not include any previous surnames or aliases or verify that there were none

MCFD relied on the name of the adult and birth date to screen for criminal records on CORNET and to do a Prior Contact Check. If the adult had a criminal history or prior involvement with MCFD under a different name, such as maiden name or nickname, the search would not include those names. Even the incorrect spelling of a last name will impact search results. In the event that even one alias was missed, the screening would be incomplete.

Eleven per cent of sampled cases did not have parental consent for the CIHR placement

Without parental consent, it wasn't known if the parent made the arrangement to have the child live with a relative. Parental consent was one of the eligibility requirements for the program. Parental consent should have been verified to ensure that the relative was not collecting assistance for children not placed there by the parent. If the parent couldn't be found, the relative had the option of applying to the court for guardianship.

Case Study

Case Example: The grandmother of a 2-year-old girl applied for CIHR on behalf of the toddler. Also residing in the home was her 18-year-old granddaughter. The application completed for MHSD included the information on the 18-year-old in the home, but no screening consent form was provided to After Hours for the 18-year-old. Screening policy requires that all people 18 years or older in the home must be screened. No evidence of risk was found for the home based on the screening of the grandmother alone.

Observations: It was a required control that all adults in the home submit a consent form and be screened. This demonstrates a gap in the process, as the After Hours screener did not have the same information as the worker determining eligibility for the program. If the screener had seen the application form, he or she would have been aware there was an additional adult in the home.

Six per cent of sampled cases had missing screening consent forms, with screened adults not matching the same list of adults identified on the application form at MHSD

The consent forms found at After Hours did not match the adults listed on the MHSD application. This was based on a comparison of the consent forms listed on the application collected by MHSD with the forms used for screening by After Hours. In these instances, one or more adults identified in a household of the relative were not initially screened by MCFD. A missing consent form meant that the screening process was incomplete and posed a risk to the child. Of the six applications, with missing screening consent forms, five were approved for CIHR and one was denied after screening.

There was no requirement to verify the identity of any of the adults in the home, including the applicant relative

MHSD policy for CIHR applications did not require the worker to collect or verify the identification of the relative, or any of the adults submitting consent forms. Policy only required identification for the child. Many EAW workers did go beyond the requirements of policy and procedure by verifying identification from relatives when they completed their applications. In 69 per cent of cases EAW workers did collect identification for the relative. This is likely because it is normal practice in other income assistance programs to verify identification. A key detail in background screening is verifying the information for an adult, such as address, date of birth, aliases and correct name spelling. Without this information, screening may be incomplete.

Information about the reason for and length of placement with the relative was not routinely captured

Providing the reason the parent placed the child with a relative was voluntary and optional on the application form. This information would help the ministry understand why parents needed to place their child with a relative, and how long this assistance was needed. MCFD does not know the outcomes of children in this program, so it would be beneficial to better understand the reasons for and length of placement with relatives.

There was insufficient evidence in 55 per cent of the cases to demonstrate a thorough name search when conducting a prior contact check

Discussions with MCFD staff and review of Management Information System (MIS) manuals confirmed that an “open search” technique is essential to locating individuals in the MIS system. The open search technique allows workers to expand the search criteria to catch any surnames with different spelling (Smith/Smyth), slightly different names (Beth/Elizabeth) or difficult-to-spell surnames. The purpose of the prior contact check was to determine if an individual had any previous or ongoing involvement or relationships with other MCFD workers, including child protection. Printing the prior contact check reports is part of conducting a prior contact check, however, over 50 per cent of files reviewed did not include this report to verify that a name search in the system was conducted.

One-quarter of sampled cases with a relevant offence did not include a print-out of the CORNET results

Including a print-out of the CORNET search results in the file ensured that it was completed. If an offence was found, the report would show the nature of the offence(s) and the date and outcome of the charge or conviction (including offences that were outside the list of relevant offences). The print-out should be part of case documentation and is a record of results found on the date of screening. Criminal information can change over time, and is relevant for any re-screenings and to provide information to the social worker or police.

There was no consistent or standard approach to case documentation recording screening decisions

CIHR screening was based on information that was provided at time of application. Because these placements were not monitored, it was critical that all supporting information regarding any risks and what decisions were made to approve or deny the application were well documented. Inconsistent case documentation was found, such as intake reports, CORNET and prior contact check results and print-outs, outcomes of screening and conversation logs with local child protection workers. The documentation varied from file to file and across files by the same screener.

During the file review, a CIHR checklist was found from early in the implementation of screening (January 2008). This particular checklist included a list of actions taken and documents to be included in the file. This type of list should be included in procedures so that any screener can have a clear understanding of what is expected for documentation and actions for screening. Similar checklists²⁵ for MCFD Family Services and Children's Services files assist workers in meeting all the requirements for case management and documentation.

Analysis: Collecting, Documenting and Verifying Information

Although MHSD had well-documented procedures for collecting CIHR information, the procedures did not meet the Representative's expectation that adequate controls would be in place to ensure that documentation was accurately collected and verified. The verification of the relative and all adults in the home was not sufficient. The policy did not require MHSD to collect government-issued identification to verify the identity of the relative applying on behalf of the child, or for any of the adults in the home.

At a minimum, verifying the identity of the relative is imperative to ensure that the person applying on behalf of the child is the person on the application. Without verification, uncertainty exists. Background screening results are dependent on accurate information on the spelling of names and accurately recorded birth dates. This sort of information is collected across many government programs, and by not requiring this type of verification, the CIHR program did not support a screening process aimed at determining safety for children.

Though MHSD policy did not require it, most of the workers interviewed for the audit believed that the relatives' identification should be verified and documented. This is required for other Income Assistance programs and is a requirement for caregivers and adults in the homes of MCFD out-of-care options as well.

It is appropriate to ask for copies of identification for all adults, to ensure that dates of birth are provided accurately, as this is crucial to accurately identifying individuals in information systems. Even within MCFD's centralized criminal record check process for programs under the CFCS Act, two pieces of government-issued identification are required and the procedure clearly states to staff that if an adult cannot produce this information, they are not to proceed with the screening (see following page). The Representative believes that MCFD is best positioned to screen caregivers, however, their expertise has fallen short in this area in the development of the screening policy.

²⁵ Transfer of Custody CFCS Act s. 54.1 Policy Guide - Feb 2008, Appendix B – sample checklist.

Required Identification for Prospective MCFD Out-of-Care Providers

Section 1 – Identification

- Verify the identification of prospective out of care care-providers by ensuring that at least 2 pieces of government issued identification are produced – at least one should have a photograph of the applicant.

The following pieces of ID may be used for ID verification:

Primary ID

- Provincial Identification
- Passport
- Native Status Card
- Original Citizenship Papers
- Immigration Documents
- Valid Driver's Licence

Secondary ID

- Birth Certificate
- Provincial Health Card
- Citizenship Papers

- Record the pieces of primary and secondary ID that were provided by filling in the boxes entitled Primary and Secondary Government ID.
- *Note:* If the prospective out of care care-provider does not possess the required ID documentation, do not proceed with the process until sufficient ID documentation can be provided. In exceptional circumstances where the required ID cannot be provided, consult with your supervisor or manager or director (based upon regional procedures) in order to determine whether the ID that the applicant has produced is sufficient. Approval that the applicant's identity has been sufficiently verified must be documented by including the supervisor's/manager's/director's signature in the Primary and/or Secondary ID boxes on the form.

Source: MCFD Centralized Criminal Record Check

The front end of the application process by MHSD involved an intake process in which the relatives presented themselves to the Employment Assistance Worker as potential caregivers. During the intake process, much information was asked regarding the relative and the child to determine eligibility. What was missing from the process was the lens applied by a social worker when conducting an assessment. Social workers are guided by the CFCS Act and would have different criteria or questions that may not be asked or considered by an EAW when they are meeting with the relative. To have an effective screening policy, this safety lens for children should be applied.

It is not clear to the Representative why application forms were not provided to MCFD. No definitive answer was provided by MHSD or MCFD management or staff. The application form identifies the relative and all adults in the home, but most importantly, it includes the child's information and identifies the parents of the child. This would allow MCFD to identify any ministry involvement that the child and parents may have had, considering that the reason for placement was rarely provided by the parent on the application. In addition, when MCFD received the faxed consent forms, the forms did not identify who the relative (the primary caregiver) was.

Case Study

Screenings incomplete because of missing information

Case Example: A CIHR application was submitted for a 17-year-old who had left her father's home to live with her grandfather. The youth and her father had recently been involved with MCFD, receiving family services and support as a result of drug abuse issues for the father. The mother's whereabouts were unknown.

The consent form sent to After Hours for the grandfather contained no information for screening other than the individual's name. Key items missing for the screened adult included date of birth, his address and the file number for the child, which is used to identify the child for the CIHR application. The application reviewed from the MHSD file was incomplete, lacking the page with the parent's signature authorizing the placement. The CIHR application was approved.

Observations: This example illustrates findings related to incomplete information being collected and transmitted to MCFD for screenings. CIHR screening required a date of birth, name, any aliases and a correct address in order to accurately search both MCFD records and the CORNET data for criminal history. Without this information, accurate screening was not possible. Review of the case indicated that the After Hours screener did eventually obtain a date of birth for the grandfather, although no address or aliases were provided.

Documentation is the primary source of evidence to verify that certain procedures or tasks were performed. If there is no documentation that a prior contact check or CORNET search was completed, it cannot be determined for certain that a worker completed the screening process. When screening outcomes are not recorded and applications are approved or denied, it also isn't clear whether a risk determination was thoroughly completed. Developing standards for case documentation is critical because once the application was approved, the involvement of MCFD and MHSD was minimal or none at all, particularly as there was no monitoring or planning for the child.

Policy and standards on case documentation do exist (CFCS Act Standard 24 and Caregiver Support Service Standard 8) and clearly require that significant actions taken be documented and that records are thorough, objective, accurate and complete. This includes documentation related to screening, assessment and approval processes, criminal and prior contact checks, and approval documentation. The CIHR screening process should not have been an exception from this level of practice and standard.

Case Study

Case Example: When children have been removed from their home because they are in need of protection, the CFCS Act provides for a transfer of custody by the court from a parent to another person. This was the situation for three children, one of whom had grandparents who applied for CIHR for her. This two-year-old girl, along with her siblings (an infant and seven-year-old brother), were found in need of protection as a result of parental neglect, exposure to drug abuse and the presence of strangers dealing drugs in the home.

At the time of removal, investigations documented neglect that had affected all the young children over many months. MCFD workers determined that placement with their grandparents was the immediate safety plan. At the required court hearing the grandparents were given custody under an interim order that was to last for three months while the parents completed treatment programs. The grandparents then applied for and received CIHR benefits.

Observations: It was a CIHR eligibility requirement that the parents authorize and make the decision to place their children in the care of relatives. CIHR policy also stated that the program was not a child protection program. The decision to place the children with the grandparents was a decision of the court, not the parents, as evidenced by the fact that the three children were removed from the home.

In this instance the grandparents would not be eligible for the CIHR program. In this type of situation the CFCS Act authorizes the financial support of the child under the interim custody order. It is unclear why this funding was not provided by MCFD, resulting in the grandparents needing to apply for CIHR to help support the children.

Findings: Background Screening

According to policy, it is the responsibility of MCFD to conduct thorough background screenings by carefully reviewing any evidence of risk that may compromise the safety of the child. CIHR was not monitored by MCFD like other out-of-home placements. This meant it was imperative that checks were done correctly on relatives and all adults in the home to see if they had been engaged or involved with MCFD or criminal matters.

The audit found:

Poor implementation of the new requirement for CIHR screening

Screening policy and procedures were not well-communicated, distributed or explained to MCFD front line staff by provincial or regional management, when implemented in December 2007 and onward. No training was developed or provided on screening. Workers created their own procedures for screening, which varied within offices and

regions, leading to inconsistencies and too much variability in screening. Workers said they felt they were left to figure it out themselves. After Hours staff had little notice of the final version of policy and procedures before they were implemented. They were challenged to put systems and procedures in place once screenings had already begun.

No consistent approach to screening between the two After Hours office

Procedures for determining risk varied significantly between the two After Hours offices, especially in areas such as risk criteria, case file documentation, and communication and consultation with local MCFD offices. MCFD policy indicated that the After Hours screener should consult with the “social worker with conduct of the case” to determine if that worker “believes there is risk in the home that compromises the home as an appropriate place for the child.” However, there were no specific procedures documented by MCFD regarding exactly how an After Hours screener should proceed with this consultation.

Procedures developed in the New Westminster office instructed the worker to review prior contacts and CORNET, make an informal assessment regarding risk, then consult with a district office social worker familiar with the case before making a final determination and notifying MHSD. In this After Hours office, there was only one finding of risk/no risk.

Procedures developed in the Vancouver office asked the worker to review prior contacts and CORNET, make a determination regarding risk, then notify MHSD and the MCFD district office of the determination through a formal memo. If the district office social worker disagreed with the determination, the After Hours screener recorded the application as having the original risk/no risk determination “overturned” by the local office.

The Vancouver After Hours office procedures for conducting a CORNET check instructed the screener to screen each subject for relevant offences under the *Criminal Records Review Act* (CRRA). It stated “as this is a blunt screening tool” neither the social worker nor team leader could waive or disqualify any of the offences listed as relevant. The New Westminster office’s procedures did not provide instructions regarding the CORNET check. The audit found that for files reviewed at the New Westminster office, relevant offences were waived or approved with consultation of a team leader because they were charges and not convictions.

Within the audit sample, two of 100 cases were found where there was a relevant offence found on CORNET and the application for CIHR was approved.

In 40 per cent of sampled case files where the prior contact check found an open file or investigation, there was no prior consultation with the local social worker

MCFD policy clearly stated when a prior contact check showed an open file or investigation, the After Hours screener should consult with the “social worker with conduct of the case.” Screening decisions for these cases were made solely by After Hours staff. MCFD policy and procedures for CIHR were not clear on how this communication should take place, including the roles and responsibilities in these situations between local child protection workers and After Hours in determining risk.

When interviewed about this, there was limited understanding among local child protection workers regarding their role in the determination of risk in a CIHR screening. They commented that they were not sure whether they were being asked by After Hours to contribute their opinion or only provide their assessment if they had a strong disagreement. In either case, the policy was designed to include the knowledge of the worker involved with the families locally. This finding indicates that the process for determining risk varied considerably from this goal.

Roles in determining evidence of risk and ability to “overturn” decisions were not clear between After Hours and local MCFD offices

Roles in the CIHR screening process were not defined well in MCFD policy or well understood by the staff in district offices, at After Hours or in MHSD. Local office staff stated that they did not understand what criteria were being applied by After Hours in determining risk. When memos were sent to local offices to inform them of a denied CIHR application due to evidence of risk, it was not always clear to workers that they could be responded to and overturned with the appropriate actions taken to address the risk(s).

There was lack of clarity between ministries regarding who was to follow up with the child and relative in denied cases

MHSD assumed MCFD was following up on denied cases, and within MCFD, After Hours staff and local district offices each assumed the other was following up on denied cases. It is clear that roles and responsibilities were not well-defined in these situations. When a child was denied CIHR, insufficient information was found to determine if a ministry knew if the child remained at the relative’s house or alternative arrangements and follow up were made by MCFD.

Results of MCFD screening were not provided to the parent who placed the child

Although the authority for the placement of a child came from the parent, the results of the screening decision were sent in letters from MHSD to the relative who had completed the application for the child. Even if there were risk concerns found in screening, the parent was not notified.

Analysis: Background Screening

When new policies and procedures are developed and implemented without strong communication, guidelines and input from field staff, MCFD cannot assume that what is stated in policy will be delivered in practice.

It is apparent that workers were left to implement a screening process without clear direction and training from provincial and regional management. In the absence of standards, MCFD field staff were left to fill in the gaps with their own individual interpretation, including developing their own procedures and criteria. The Representative found many variations in practice and procedures between both After Hours offices and variations in response to After Hours risk determinations from MCFD district offices. It was apparent that at the local level, directives in responding to CIHR screening issues changed frequently and child protection workers were not always clear what the current practice was to respond to these issues.

Assessing Criminal Records of Prospective Caregivers for CIHR

Existing policy asked After Hours staff to use a black-and-white, risk or no-risk assessment based on MCFD and criminal history of the relative and adults. Local MCFD staff had relationships with the families involved, were more knowledgeable of their circumstances and able to make a more informed and detailed assessment of risk.

Without staff from both the local office and After Hours understanding their roles and how they fit together, the result was confusion for workers regarding who would make the final determination of risk in a relative's home. The audit found that in some cases, the local offices thought After Hours staff's role was to inform them of the denied application, but it was not clear that they were being asked to respond to the memo if they felt that they had other information to support the placement. This directive was not clear early in the screening process.

Assessing Prior Contact with MCFD

The review of ministry standards and procedures found no specific criteria for child protection workers to use in conducting prior contact checks, whether for CIHR or other types of placement.²⁶ Only the Vancouver After Hours office provided some guidelines to its workers.

In the Vancouver After Hours office, the screening worker was instructed to review the Management Information System (MIS) and After Hours files, starting with the most recent intakes, until evidence of risk or no risk was found. Supplemental information

²⁶ Prior to the release of the Representative's audit, MCFD developed a prior contact check policy in March 2010 that provides information about conducting a prior contract check including the steps involved in the process.

could have been requested from the district office if the screening worker found an open intake, family services or resource file concerning the screening subjects.

Both After Hours offices developed informal procedures for conducting a prior contact check for the child named on the CIHR application, although it was not required by screening policy. The screener might have also reviewed the child's income assistance history to ascertain the relationship between the screening subjects and the child, and the reasons for the CIHR placement. The Vancouver procedures directed workers to identify other potential screening subjects while conducting a prior contact check, such as all parties identified in MCFD records as residing at the relative's home.

Determining "Evidence of Risk"

In MCFD policy, "Evidence of Risk" exists in a home when there is either an open child protection investigation or an open protective family service file, "and the social worker responsible for the case believes there is risk in the home that compromises the home as an appropriate place for the child."²⁷ The Representative found that each After Hours office handled the communication with MCFD district offices differently, rather than having the same procedures.

The differing processes at the two After Hours offices means the approval and denial rates appear skewed in the data initially gathered in the audit. As a result, the New Westminster office had many more initial approvals, because the consultation was informal and as a result, a smaller percentage of the screenings were overturned by local MCFD actions.

It is possible that this difference in process may influence how local MCFD workers perceive their roles. Workers may be more likely to perceive case consultations as requiring their input. It is possible that a memo sent without the other less formal communication may mean that the safety screening is already complete and that the local input is not necessary. The policy as it was designed appears to have intended that a screening decision be informed by the knowledge and understanding of the district office worker involved with the family. However, this was not the case in screenings occurring in the Vancouver After Hours office.

²⁷ Memorandum to Directors of Operations, MCFD, November 22, 2007.

Case Study

Screening ineffective due to lack of follow-up after a finding of risk

Case Example: CIHR benefits were denied for the grandmother of a one-year-old girl based on concerns raised in an MCFD investigation related to a severe lack of hygiene/cleanliness issues at home. The investigation was closed with no finding after it was reported by the landlord that there were no children in the home.

The Representative's review of the CIHR application noted that four days after the intake was closed the grandmother submitted her application for CIHR for the child. Because of the finding of risk, After Hours sent a memo to the local MCFD office denying the application. A review of the local MCFD file information for the grandmother could find no documentation by the local office indicating a response or follow up to the After Hours memo and its concerns. Further, no record could be found of the child in the MIS SWS system or in the grandmother's family service file. As a result it is unknown whether the child remained in the home of her grandmother.

Observations: This case example presents the disturbing prospect that this young girl is indeed "lost" in the system. The denial of benefits for her grandmother initiated no action or response and the child was not known to MCFD due to her young age.

Communication between the MCFD screening staff was insufficient as the local office believed there were no children in the home, as the landlord reported, when there was an almost simultaneous application for assistance for a child. In this situation, the CIHR screening process identified risk but did nothing to ensure safety.

Findings: Issues in Policy and Procedures

At the beginning of the audit, the Representative assumed that adequate policies and procedures were guiding the CIHR screening process. A number of findings directly relate to gaps or insufficient direction in policy and procedure itself, including areas where there was inadequate direction to the field, resulting in inconsistencies, incomplete screening and potential risks to children placed in inadequately assessed homes.

The audit found:

The majority of screeners felt that the procedures were not consistent and clear across the province

Screeners interviewed were aware of and participated in ongoing efforts to develop procedures, forms and informal manuals. However, they acknowledged that these were often individual efforts, which led to inconsistency between offices and even workers. They felt that if the policies were clear and defined for both offices, this would have made

screening fair and equitable for all applicants no matter where they resided. It would also have allowed MCFD district offices to know what to expect from After Hours staff regarding CIHR screening.

Policy regarding how to handle risk concerns found in screening was not clear between After Hours and local MCFD district offices

The audit reviewed local MCFD paper files to verify that the risk memos sent by After Hours staff were received and that follow-up was evident. The results of this review were mixed, indicating at the least, a lack of clarity on the part of all the local staff regarding their role with respect to these cases. In 29 per cent of the cases where After Hours staff sent a memo indicating there was “risk,” the local files for the parent of the child did not contain clear documentation of an assessment of this risk. The remaining 71 per cent did provide documentation of the actions taken by local MCFD workers in response to the memo.

Some of the screening files reviewed included e-mails between After Hours staff and local workers attempting to determine who should make the final decision regarding risk. During interviews, many local child protection workers stated that they were not clear on the criteria used by After Hours staff in determining risk in CIHR applications or exactly what their role was with respect to the CIHR screening once risk had been identified.

MCFD screening policies and procedures were centred on the relatives and adults in the home, not on the child

Screening procedures were primarily focused on the relative and other adults in the home when screeners were reviewing MCFD information. Policy did not require screeners to examine the circumstances surrounding the child, as the applicant. This meant that a screener was not required to search for the child’s name for any involvement, on-going or historical, that a child may have had with MCFD. In the sampled cases, nearly 25 per cent of cases concerned children with on-going child protection issues at the time of screening.

Orientation of the screening standards for CIHR was based on the premise that the program was authorized by the *Employment Assistance Act*, not the CFCS Act. Nevertheless, it is clear that when MCFD’s After Hours office screened a relative’s home, identified some element of a risk to child safety and referred a memo to an MCFD district social worker, CFCS Act standards were being applied by the child protection workers in both the After Hours office and the local office to assess these concerns and mitigate risk.

Case Study

CIHR used in situation where child needed protection and monitoring

Case Example: The aunt of a four-year-old boy applied for CIHR assistance on behalf of her nephew. The child's mother had a psychiatric diagnosis and drug addiction problems and at the time of the application and screening, MCFD supported the placement as a safety plan to allow the mother time to enter treatment and stabilize her medications.

The screening identified no risks in the home of the aunt. However, MCFD notes at the time indicated that the worker believed it would not be safe for the child to have unsupervised visits with his mother or for him to be returned to her care without an MCFD assessment. Notes also indicated instructions to the relative that if the mother attempted to take the child back prior to an assessment, MCFD should be contacted so they could legally remove him from his mother.

Within four months, MCFD records indicated that the mother had been visiting with her son, and had subsequently returned to her sister's house and taken the child with her. The notes documented that the worker had some difficulty in locating the mother and the child after she left with him.

This situation was complicated by the fact that the mother had full legal rights to the custody and guardianship of her son, despite MCFD's earlier concerns. When the ministry asked for police assistance in apprehending the mother to remove the child, the police were hesitant to assist MCFD because MCFD had no legal rights over the child, and the mother had committed no offence by taking her son.

After a short period with the child, the mother subsequently gave the child to his father, who took him to Alberta. MCFD followed up with child welfare authorities in Alberta who located the child in order to monitor his safety and whereabouts.

Observations: In this situation, CIHR was not an appropriate choice given the concerns of the social worker that it was unsafe for the mother to have unsupervised access to the child or to take her child back.

This information was not applied to the screening process, which focuses on the relatives, not the situation of the child or family. The CIHR placement could not provide stability or safety for the child, as there was no legal authority for MCFD when the mother returned to visit and take back her son. The relative was given the responsibility to protect the child, when MCFD was aware that there was a level of risk with the parent.

There was no policy requirement that MHSD document whether checks were done for other children in a denied relative's home

MHSD was required by policy to check if there were other children receiving CIHR in the relative's home. If there were, CIHR was to be discontinued for those children as well. There was no required procedure for documenting this process anywhere in either MHSD or MCFD files. Only if the worker documented their finding in the system history notes would it be possible to tell if they did this check.

This type of evidence was found in history notes in five of the 11 cases in the sample that were denied for evidence of risk.²⁸ MHSD was asked if they had any other way of confirming that the worker did this check, and they stated that if a benefit were discontinued, the discontinuance letter would be documented. However, there was no tracking to determine if the check itself occurred.²⁹

There was no policy requirement for MHSD to notify MCFD of other children affected by the denied screening

Neither After Hours staff nor the local MCFD office routinely received notification if MHSD found other children in the relative's home and discontinued their assistance. Depending on the situation, the removal of benefits from a home where multiple children were placed with a relative could cause a severe financial hardship and compromise the placement of the children. Although MHSD would send a denial letter related to any child whose benefits were discontinued in this manner, the letter was not sent to the parent of the child or children, despite the fact that it was the parent who placed the child.

There were gaps in Criminal Background Check policy for CIHR and limited awareness about CORNET

The lack of out-of-province information on CORNET was a serious gap in the effectiveness of CIHR criminal history screening. Few of the protection workers interviewed for this audit knew that CORNET did not include history from outside of the province. Given this information, they all commented that this would not be a sufficient check for criminal risks in a caregiver's home.

²⁸ Twelve were denied, one was denied not for risk, but because the child was in foster care.

²⁹ E-mail from MHSD Strategic Policy and Research Branch to Representative for Children and Youth, January 12, 2010

The other major gap in the policy for criminal checks for relative homes was the absence of any of the other screening tools applied to out-of-care providers, such as a check of Canadian Police Information Control (CPIC) and the police record databases. All of the workers interviewed described how important it was to have a full, thorough understanding of an individual's situation in order to assess for risk or safety. The screening for CIHR did not capture frequent involvement with local police, when it did not result in charged offences. RCMP background check contractors and child protection workers interviewed suggested that domestic violence, alcohol and drug abuse and other potentially serious concerns for child safety are often identified through checks of CPIC and police record databases (see Appendix I for further details).

Workers were also not familiar with the “relevant offences” screened for in the CORNET check, or that they do not include driving under the influence or weapons-related offences, which are considered relevant for other MCFD out-of-home placements, such as Kith and Kin agreements, out of care options and foster caregivers. Many of the child protection workers interviewed did not know what type of information is included in other police and record checks used in MCFD. This lack of knowledge regarding what information they include or lack raises concerns about how these checks were used as part of decision-making regarding safety.

Despite policy, CIHR was used in child protection situations in one-quarter of the cases in the sample.

Of the 100 children in our audit sample, it was determined that 81 were known to MCFD prior to their CIHR application. In 32 of the 100 screenings reviewed, the children involved had an open family service or child service file with MCFD at the time of screening or immediately before. Upon closer review, 24 of the 100 cases in the sample showed evidence that suggested ongoing child protection issues at the time of screening. This determination was made if either of the following existed:

- 1) MCFD file information that indicated the child was in need of protection, and/or
- 2) a child protection safety plan.

MCFD policy specifies that CIHR is not appropriate if child safety is a concern. However, the audit did not find any way for CIHR screening to identify or prevent the use of the program in child protection situations.

Case Study

Infant in need of protection placed by MCFD in CIHR with no further assistance or monitoring

Case Example: A screening for CIHR was conducted for the relatives of a three-month-old infant. Included in the CIHR screening file was a letter from the MCFD social worker and team leader written to the parents of the child, explaining the referral to CIHR. The letter was addressed to the parents of the infant and stated that because their child was found in need of protection, she would reside with an aunt and then a grandmother for a six-month period of time.

The letter documented that the infant was in need of protection due to the serious mental health issues of both parents. These issues were described as historical and continuing. The letter suggested a plan that involved a number of conditions for the parents to complete to allow them to resume the parenting of their baby, and stated that the aunt and grandmother would be responsible for monitoring and following up on the plan at its completion in six months. The investigation and associated family services file for the mother was subsequently closed. CIHR benefits were approved because there was no evidence of risk in the home of the caregivers. No further records for the child were found in the SWS system.

Observations: CIHR screening policy clearly stated that the program was not appropriate for children with child protection concerns. In addition, the CIHR program was intended for parents who were competent and capable of making a decision in the best interests of the child, both in choosing a placement and also in planning for and resuming care of the child.

Given the situation identified by the ministry, the parents were not capable of authorizing the placement and the letter documents that indeed, they did not authorize it. The CIHR placement was a decision and a plan designed by MCFD, with no associated supervision or follow up. The relatives, although they had no legal authority over the child, were left to manage the ongoing plan for the child as well as determine when it would be appropriate for the parents to resume care.

Analysis: Issues in Policy and Procedures

The mandate for screening looked only at the relative and other adults in the home. Policy did not require that After Hours staff review the circumstances of the child. For a ministry that is mandated to protect the safety of children, this policy represents a significant shortcoming. If the child is known to the ministry, were there recent child protection concerns? Was he or she ever removed and placed in care?

In these situations, special considerations must be applied when:

- determining risks
- understanding the circumstances around the child
- examining why the relative placement is proposed, and
- considering duration and specifics of special supports needed for the child.

The audit found that many children in CIHR have touched the child welfare system and often these placements are suggested or supported by child protection workers who are working with the family. However, the screening criteria focused primarily on the relatives and their involvement with MCFD and the CORNET system. This type of screening must take into consideration the circumstances of the child and their family, especially those families who are involved with MCFD.

Evidence of Risk Identified for CIHR Applicants

Apparent risks posed by CIHR applicants must be addressed, especially when these risks concern children's safety. MCFD's mandate is to ensure that the safety and well-being of children is the paramount consideration in child protection practice in B.C. When there are instances that a relative's home presents risks to a child, these risks must be addressed by MCFD to ensure that children are not remaining in homes that are unsafe or that risks have been managed or mitigated.

Under the CIHR screening policy, if relevant information was found through the screening check, After Hours would send a memo to the MCFD district office identifying a child protection concern. The audit reviewed the memos that After Hours sent to MCFD district offices, which often occurred when "Evidence of Risk" was found and the application was denied. The memos included information about the purpose of the memo (i.e. for CIHR screening) and the evidence of risk that was found in the relative's home.

The CIHR screening policy was not explicitly clear that the determination of risk communicated by a memo from After Hours staff was the same as a protection report under Section 13 of the CFCS Act. Under the CFCS Act practice standards for child protection, every report received about a child's need for protection must be assessed by gathering enough information to determine whether the child is safe and whether to proceed with an investigation.

During audit interviews, it became clear that the purpose of the memos was not understood by district offices and few were aware of the screening policy for CIHR. Some staff felt that the memos were meant only to notify the screening outcomes and were unsure what criteria was used by After Hours staff to determine the risk(s). This uncertainty created a level of ambiguity for local child protection workers as to what they *should* do when they received a risk memo. Nevertheless, the majority of respondents said that they handled these memos in the same manner as any other memos from After Hours staff and reviewed and assessed the concerns in the memo and consulted with their supervisors/team leaders for appropriate response and actions.

The audit found that most children were already residing in the CIHR home prior to the application for assistance. In situations that present risk to a child, when that risk is not being addressed by MCFD, the safety of the child is compromised. In cases with no documented evidence on actions taken to address the risk to the child, the Representative could not determine if the ministry knew the whereabouts of the child, or if the child had been returned to parents or remained in a relative's home.

The CIHR screening policy did not consider the child's circumstances nor did it require notification be made to the parent of the child when the application was denied. Parents should have been immediately involved to discuss the risk and to receive assistance from the ministry to find alternative supports and placement if they chose to do so.

These findings represent serious gaps in a screening policy aimed at protecting children being conducted by a ministry mandated to protect and ensure safety of children. Although the CIHR program was transferred to MCFD in August 2008, there was no protocol to track what happened to children and relatives who were denied CIHR based on the screening outcome and were later approved (overturned). In addition, there was no protocol in place for MCFD or the Representative for Children and Youth to be notified if a child was injured or died while in a CIHR placement.

Risks to the Well-being of Children Denied for CIHR

Communication between After Hours and local MCFD offices was not clear when it came to the exchange of memos. When After Hours had determined "Evidence of Risk," they notified the local office of this information and stated that if there was any other information to support the placement, the risk decision could be overturned. Meanwhile, during this exchange, a denial e-mail had already been communicated to MHSD to deny the application due to "Evidence of Risk."

There was no requirement by policy that a child protection worker contact the relative or family regarding the CIHR application outcome. As stated in the denial letter to the relative, the responsibility rested with a relative to request alternative supports by contacting MCFD.

If the screening process was meant to ensure safety for children in these placements, contacting the family in all denied cases should have occurred. Otherwise, the children were relying on the relative to make that call. It cannot be assumed that these children would have been returned home as the denial letters did not go the parent. These children may still be living with the relative, who would have to seek other means of financial assistance to care for the child.

When a CIHR application was denied due to evidence of risk, MHSD had a role in determining if there were any other children in the relative's home who were receiving CIHR assistance. If so, CIHR assistance was discontinued. However, there was no requirement or policy for MHSD to notify MCFD if there were other children in the home receiving CIHR.

When MCFD determined that there was evidence of risk for a child, this risk also logically would extend to other children who were living in the relative's home. It is clear that the policy did not consider what impacts the CIHR screening may have had

on other children in the home, especially those children already receiving CIHR. In the absence of notification, there was a misconception that MCFD may be responding to the issue. However, this information was not communicated to MCFD. There may have been further risk to the children in the home created inadvertently by impacting the financial supports for the other children's basic needs.

The screening policy should have provided clearer guidelines and protocol for MCFD staff to verify if other children were living in the relative's home in situations where risk had been identified. This information should have been provided to the local office for appropriate response and follow up. The children living with the relative could be the relative's own children or other children belonging to non-family members. All parents involved should have been notified so that they could make alternative arrangements.

MCFD Centralized Criminal Record Checks

MCFD conducts criminal record checks for prospective and approved foster caregivers and prospective out-of-care providers³⁰ who provide services under the CFCS Act as part of planning for a child and to ensure a child's safety and well-being. Many of the children in the CIHR program had a prior involvement with MCFD for services or protection reasons. Because of this, it is appropriate to make comparisons to criminal record check standards for other out-of-home placements for prospective care providers, such as Kith and Kin Agreements, where the ministry engages with relatives to assist in the care and supervision of children when their parents are unable to do so.

Criminal record checks for other out-of-care providers apply a more comprehensive assessment that includes self-disclosure by the applicant of criminal history, including pardons, a record check by RCMP and a CORNET check by After Hours. The screening consent form includes two pieces of identification that must be verified.

The information from the screening comes from (see Appendix I for definitions):

- CORNET information
- Police occurrences that include the following databases:
 - PRIME – Police Records Information Management Environment
 - PIRS – Police Information Retrieval System
 - PROS – Police Reporting and Occurrence System
- CPIC information.

³⁰ Out-of-Care providers include s.8, s.35(2)(d), s.41(1)(b) and s.54.1 under CFCS Act

Table 21: Comparison of Criminal Record Checks

	PCC	MCFD Centralized Criminal Record Check*	CORNET only	References	Home assessment and safety check	Other adults in home screened
CIHR	✓		✓			✓
Kith and Kin (Section 8)	✓	✓		✓	✓	✓
Out of Care Options (Sections 35(2)(d) and 41(1)(b))	✓	✓		✓	✓	✓
Restricted Foster Care	✓	✓		✓	✓	✓
Transfer of Custody (Section 54.1)	✓	✓		✓	✓	✓

* Includes self-disclosure, a check of local police records, federal databases of convictions and CORNET

Other out-of-care options use a more comprehensive approach in reviewing whether a placement is appropriate, including the situation the child is coming from and the situation in the home the child will go to. Because CIHR was an income assistance program, there was no such assessment. As compared to MCFD’s out-of-care options, the criminal background screening for CIHR was less rigorous and contained gaps in information available. As one worker put it, “to give the child to the grandmother for a weekend, we have to do a full criminal record check, home visit and get references.”

Since there was no ongoing oversight, and the placement with a relative was not subject to any long-term planning with the family, the checks on safety in the home for CIHR should have been at least as thorough.

Background checks for MCFD out-of-care options include:

- home visits
- review of local police records
- consideration of the seriousness and type of past offences
- the time since an offence
- the actions an individual has taken to reduce the potential to repeat the offence, and
- the offence’s relationship to the potential risk for children.

Overlap between CIHR and Child Protection

MCFD policy on CIHR screening stated that “CIHR is not appropriate for children when there is a child protection case plan or a need to address safety concerns.”³¹ Because ongoing child protection issues appeared in the file review, MCFD child protection workers were asked why they thought CIHR might be used in situations where there are existing protection or safety concerns. Although the child protection workers were familiar with the policy, they offered a number of explanations why this might occur:

- CIHR might be used rather than Kith and Kin because:
 - Often it was not clear that it would be possible to reunify the parent and child within the time period of a Kith and Kin agreement.
 - Kith and Kin agreements involve the active engagement of parent, which was often not possible.
- CIHR allowed families to make their own plans and decisions that could keep their children out of foster care and minimize MCFD involvement. This was an especially common comment among the workers with delegated agencies or in Aboriginal family services.
- A few child protection workers stated that Kith and Kin and CIHR were used interchangeably or that field staff were unclear about the criteria to use to determine when different options may be used.
- Some MCFD staff indicated that they use CIHR as a means to financially support children who have been removed from their parents’ care due to a protection concern, if court has placed those children with relatives.³² One worker suggested that there was a stigma associated with these types of court-ordered placements because the relative is asked to provide care, often without MCFD financial support.
- A few workers confirmed that they might have chosen to use CIHR even in a child protection situation because it was the most suitable option for the family, as long as there was an open family services file to ensure monitoring and supervision. They believed that this option should be replaced by a *Family Relations Act* (FRA) guardianship process after a year or more.

³¹ Child in the Home of a Relative (CIHR) New Screening Requirement and Change in Referral Practice, Information for Ministry of Children and Family Development Staff and Delegated Aboriginal Agency Staff, November 22, 2007

³² (Sections 35(2)(d) and 41(1) b))

Findings and Analysis

Child protection workers were also asked when they thought that CIHR was a good planning option for families. They responded:

- if the family had not been involved with MCFD before
- if the arrangement had been made by the family and there were no current protection concerns
- in temporary situations, such as if a parent was in hospital or drug treatment, where a relative can step in to help
- in situations with teen/parent conflict where CIHR was an alternative to the child going into foster care or being on their own.

It is evident that many of these children had involvement with MCFD for child protection-related reasons. When CIHR placements were supported or referred by child protection workers, proper assessment and planning should have been done for the child, the parent and the relative.

If CIHR had been a program designated under the CFCS Act, this would not have been a problem. Because it was not, there was no specific policy framework for ensuring the safety of the child, nor a mandate for any of the workers conducting screening to do so unless they identified a Section 13 concern.

According to most workers interviewed, the receipt of a memo from the After Hours screeners should have been interpreted as would any “child protection report.”

Section 7: Recommendations

It is critical that high screening standards and controls are in place to ensure that children are safe while living with their relatives. Therefore, the implementation of a screening process was potentially a positive step toward protecting children in the CIHR program.

This audit reviewed policies and procedures for screening and how they are applied in practice in the field. The review was intended to determine if the screening process was effective in identifying risk, and whether proper safeguards were in place when there were identified risks.

The audit found that the implementation of the process was inconsistent and lacking in rigor. Standards and guidelines for field staff to conduct effective screening were inadequate. There were gaps in communication, especially in relation to critical information for decision-making in determining risk. The CIHR screening process was implemented with no training, and communication from decision-makers to ensure that adequate controls were in place was inadequate. At the level of the decision-maker, policy, practice and direction left too much scope for discretion to give priority to considerations other than safety. This raises a very significant concern. What guides decisions and practice on the ground? Even after screening, the lack of consistent practice focusing on child safety over a period of time is not acceptable.

The Representative believes that the findings in this audit report will provide government with the direction to build and strengthen the screening policy and procedures designed to ensure safety for children living in out-of-home placements.

The Representative makes 10 recommendations that focus on creating a more effective and rigorous screening policy and practice when out-of-home placements are being considered.

Screening Existing CIHR Households

The screening policy for CIHR applications was implemented on Dec. 1, 2007 and focused only on new applications and not existing CIHR cases. CIHR has been in existence for more than 30 years and until December 2007 relatives were not screened or assessed in any way. Therefore, it is not known how many children may be living in unsafe conditions with relatives, or how many children may benefit from other support services from MCFD.

Currently, there are approximately 4,500 children in the CIHR program. When the Extended Family Program was announced there was no commitment to look at all the children in the program government “capped” on April 1, 2010. Given this audit’s findings, there are clear safety risks for this population of vulnerable children. Government *must* commit to screen all existing CIHR placements, even if there are costs involved.

Recommendation 1

That MCFD screen or re-screen all current caregivers to ensure they comply fully with the process and recommendations in this audit.

Detail:

- Existing CIHR cases with children identified as most vulnerable (youngest children, frequent placements) be screened as a priority. Such screening must include a home visit and all children living in the home must be seen.
- If evidence of risk is found, appropriate actions should be taken by MCFD to ensure the safety and well-being of the child under the CFCS Act.
- A plan for screening existing CIHR cases to be provided, in writing, to the Representative by July 1, 2010.
- All existing CIHR cases be screened and a written report of the outcomes to the Representative by Oct. 1, 2010.

Notification of Other Children in Out-of-Home Placements

When screening is conducted on prospective caregivers, a check should be conducted to see if there are any other children presently living in the caregiver's home, including their own. Presumably, any risk that is found with the prospective caregiver suggests that there is a safety risk to any child already living in that home.

If there are other children placed with that caregiver or relative through other MCFD out-of-home placements, it is critical that the parents of those children be notified and appropriate actions and alternative arrangements made to ensure their safety.

When an application was denied due to evidence of risk, MHSD was required by policy to check for other children already receiving CIHR in the home and to discontinue benefits for those children. Neither After Hours nor the local MCFD office received notification if MHSD found other children in the relative's home and discontinued their assistance cheques. It is imperative that the local MCFD office is aware of these situations, so alternative arrangements can be made and additional supports and/or services be provided.

The principle of the screening check is safety for children, however, the screening decision has the potential to impact other children who rely on the financial assistance to meet their basic needs. In addition, when CIHR benefits were denied to an applicant due to evidence of risk in the home, MHSD is required by policy to inform the caregiver who has applied. There is no procedure to notify the parents who have placed the child in this home.

Recommendation 2

That MCFD ensure that procedures are in place to follow up on the safety of other children already living in a home, if screening identifies a safety concern with a prospective caregiver or any adult in the home.

Detail:

- A check for other children must be conducted, documented and communicated to MCFD.
- An immediate review of the circumstances of any other children already living in the home should be conducted.
- A home visit must be made and any children living in the home must be seen as part of this review.
- Parents of any other children in the care of the caregiver must be notified and concerns must be discussed with the prospective caregiver.
- If appropriate, child protection responses should be initiated.
- Procedures to be in place by Oct. 1, 2010.

Review of Prior Contacts

Effective prior contact checks require review and assessment of all relevant MCFD records and information collected under the CFCS Act and/or the *Adoption Act* by trained experienced social workers. An ability to identify unresolved issues and current circumstances, especially those files that raise child protection issues, is critical. The results of the audit found inconsistencies in how information was assessed and what criteria was applied and files not having sufficient documentation if issues were resolved and how.

MCFD's out-of-home placements require a review of prior contacts of involvement with the ministry of the proposed caregiver and any other adults living in the home. The results of the prior contact check are primarily focused on the caregiver (relative) and other adults and not on the child, even though the safety of the child is the purpose of the entire screening process. It is critical that the child's information and involvement is reviewed, including their relationship to individuals involved with MCFD.

Recommendation 3

That reviews of prior contacts and records for a proposed placement of a child in an out-of-home placement be conducted by trained, experienced social workers and include the child, child's parent, prospective caregiver and all adults in the caregiver's home.

Detail:

- That an essential element of the screening policy identified in Recommendations #5 and #8 include clear and detailed information regarding prior contact checks. Such information should include:
 - practice guidelines
 - criteria for review
 - defined roles and responsibilities.
- Review of records should continue to be conducted only by a trained worker delegated under the CFCS Act, to prevent an ad hoc system of individual decision-making.

Criminal Records in Screening

MCFD has two extensive criminal record check processes for prospective foster caregivers and prospective out-of-care-providers, which use a variety of criminal and police record databases. These checks are completed both when planning for a placement for a child, and to ensure that all precautions are taken for the safety and well-being of children.

The criminal background check for the CIHR program was limited to the list of relevant offences found in the CORNET criminal database, which does not include out-of-province information or offences where the sentence does not involve B.C. Corrections or MCFD Youth Justice (such as fines, time served, unsupervised community orders). It also excludes offences such as driving under the influence and firearms offences.

Children in the CIHR program, many of whom are known to MCFD, deserve the same attention to safety as other children who are involved with MCFD. Regardless of which program is involved, the underlying principle must be to conduct a criminal background check that provides sufficient information on which to base informed decisions on the safety of children living in out-of-home placements.

Recommendation 4

That MCFD institute a standardized, thorough criminal background record check process for all prospective caregivers of all children living out of the parental home, regardless of which program stream the children are in.

Detail:

- This must be clearly articulated in policy and supported by standards, practice guidelines, training and resource materials to front-line staff and supervisors.
- Policy and practice guidelines must include criteria on evaluating and assessing criminal information and its relevance to child safety.
- Given the urgency of this matter, the recommendation should be fully implemented by Oct. 31, 2010

Defining Roles and Responsibilities in Screening

Central direction must be clear in providing line staff with clarity about their roles and responsibilities in conducting screening for out-of-home placements, including any new programs related to kin care. The Representative is concerned that decision-makers at the front line are pressed to decide without clear guidance and with conflicting imperatives (reduce the number of children in care but screen for child safety). This audit found that they sometimes create their own practice in the vacuum of real support and direction. The Representative is well aware of how unsettling it is for front-line staff when a child dies, is seriously injured or comes into the care of the state. These workers must consider why it happened and bear high accountability for their discretion to approve a placement. With the audit finding that more than 80 per cent of the children in CIHR were known to the ministry, placing them outside a system of monitoring and review is, to put it mildly, risky.

Screening requirements are in place to reduce risks to children's safety in out-of-home placements, but the results of this audit show clearly that when roles and responsibilities are not well-defined in a screening process, inconsistent practices arise, including the creation of procedures, guidelines and criteria by individual workers. This was not a "system" of support of children.

Roles and responsibilities were not clear in the CIHR screening process. Staff involved in screening from MHSD and MCFD did not see the "full picture" of how each ministry's role contributed to the screening process. Instead, each process was conducted in isolation without understanding how one worker's role may impact or influence another worker's role in the screening process. This led to inconsistencies in areas of reviewing records of involvement, determining evidence of risk and documenting and communicating decisions.

Recommendation 5

That MCFD review the screening policy and procedures for all out-of-home placements to clearly identify, clarify and define roles and responsibilities for front-line staff.

Detail:

- Policies and procedures to be finalized and implemented by Oct. 1, 2010.
- Procedures should clearly identify what information is to be reviewed, and specify documentation requirements with respect to that information and the decision-making process.
- Procedures must be clear about the expectation of front-line staff and supervisors at each stage of the screening.

Recommendation 6

That MCFD establish a Memorandum of Understanding with MHSD, which also binds any successor ministry that may become responsible for administering the CIHR program, to promote ongoing communication in the interest of the safety of the children in the program.

Detail:

Provisions of the agreement should include:

- Notification of MCFD local offices when there are any changes in the child's circumstance, including new adults joining the caregiver's household and returns home.
- Contact should be made with the caregiver and the parent of the child, as well as the child, to determine whether the child is safe and if any supports are required.

Implementation Planning for New Policies, Programs or Changes

The introduction of new policy/programs or changes must be communicated clearly to all levels of staff, and not just to executives and senior management. It is clear from the audit that the CIHR screening policy was implemented without adequate communication to front-line staff and supervisors, leaving staff to figure out a new policy change that led to many inconsistencies and safety concerns.

Direct communication and training materials should be available and easily accessible by all front-line staff, and reinforced by supervisors and managers. It should be accepted change management practice that new directives or changes cannot be released to staff and implemented on the same day. They should be provided with enough time for staff to review information, a forum to ask questions and a process to identify staff concerns and information that needs clarification.

Front-line staff need to understand how the policy or practice change is to be administered, conditions for use and appropriate training and resources. Consultation with front-line staff provides an opportunity to ensure that new or proposed policy and program changes are well communicated and understood. The roll-out of the new Extended Family Program has highlighted these concerns, as the assessment tool has not been provided to front-line staff leaving them without proper direction and support.

Recommendation 7

That when a new policy, program or practice approach is being introduced, MCFD develop an implementation plan that includes a communication, operations, service delivery and training component with identified expectations and timelines.

Detail:

- The plan must allow a reasonable amount of time prior to the implementation date to include a process for staff input, feedback and questions. Staff concerns, especially if they impact service delivery, must be addressed prior to implementation.
- The operations and training component must identify how front-line staff will be trained and how it will be delivered across the province.
- Staff must be provided with sufficient training and resource materials of the new policy, program or practice approach, if different skills or practice are being implemented in the field.
- All the necessary upfront budget and staffing resources for effective implementation must be in place.
- An evaluation should be planned and conducted to determine if changes are being implemented as intended. The evaluation should include consultation with Regional Operations, front-line staff and delegated Aboriginal Agencies.

Assessment of the Child and Family

Although the CIHR program has been providing financial assistance to relatives caring for children for well over 30 years, the reasons that such assistance was being provided in each case are generally unknown. The program was never evaluated or monitored, and it was not tracked by government to understand how the program has benefited families or even how well children fared in these placements.

The screening requirements for CIHR applicants should have met the same standards as other placement arrangements, where an assessment and plan is conducted for the child, family and caregiver. MCFD is mandated to protect the safety and well-being of children in this province and has a responsibility when conducting screening to consider the needs of the child and family and the circumstances why the child cannot live at home. These standards are in place for children in out-of-home placements such as foster care, Kith and Kin agreements and children under a custody order. These standards should not be different for children in the CIHR program, especially now that the program is under the authority and accountability of MCFD.

For any out-of-home placement a check should be done to verify if a child is known to the ministry, especially if there were any child protection issues. During a CIHR application, the child and family could have been involved in a recent child protection investigation or the child may have been removed from the home before. This type of information is important when making decisions to support and approve a placement.

The Representative believes it is critical to review and assess the circumstances of the child, family and prospective caregiver to understand why the placement is needed and whether there are any safety and protection concerns, for any out-of-home placement, including CIHR. An assessment should be provided to determine the needs of the child and what supports and services are needed to stabilize the placement. If there are safety concerns, MCFD must determine the appropriate response to ensure the safety of the child. The Representative is concerned that no assessment process guided CIHR, and in a new EFP, the assessment tool is unavailable for review, if one exists.

Recommendation 8

That MCFD revise and expand the screening policy for out-of-home placements to include an assessment of the child, the child's family and any other prospective caregiver.

Detail:

- Clear standards for conducting assessments of children, which include specific criteria and practice guidelines, should be developed and implemented by Oct. 1, 2010.
- The assessment should explicitly address the needs of the child, and if it is determined that the child needs supports from MCFD, a standardized plan of care should be developed, maintained and monitored.
- If the assessment determines that the child should be receiving protective services, appropriate supports, planning and alternative arrangements should be provided to the child and family.
- Capacity of proposed caregivers to meet the child's needs and support such plans of care must be assessed prior to approving the placement.
- No out-of-home placement should be approved without a home visit and any child already living in the home must be seen.
- The results of each assessment should be reviewed with the parents, the child and the clinical supervisor.
- Front-line staff and supervisors should be fully trained by Dec. 1, 2010.

Data Collection, Reporting and Monitoring of Out-of-Home Placements

Very little administrative data or information has been collected or reported out on children who are being cared for by kin, in both formal and informal arrangements. The 4,500 children in the CIHR program have been shown to have a distinct overlap with the population of children receiving services from MCFD in child protection programs, yet very little is known about the reasons they are living out of their parental home, the length of time they spend in relatives' homes, or their relative stability in these situations.

Improving the overall collection of administrative data in out-of-home placements and the outcomes for children provides a better understanding of the effects the program, decision-making about children in need of support, and how well those children are doing after placement.

Recommendation 9

That MCFD begin collecting information about children in out-of-home placements to enable monitoring and tracking of outcomes and to support decision-making and improvements or changes to programs.

Detail:

- That MCFD immediately develop and implement a plan to track and monitor children and relatives in the CIHR program information by Oct. 1, 2010.

This plan should include at a minimum:

- interactions with child welfare
 - reason for placement with relatives
 - number of placement instances with relatives or others
 - length of stay in relative placement
 - child protection involvement while in care of relative
 - Aboriginal identity information
 - death or critical injury information
- A report should be made to the Representative by Dec. 1, 2010.

Aboriginal Children in the Children Out of the Parental Home (COPH) Program

At the time the Representative initiated this audit of the application and screening policy, the federal government's Guardian Financial Assistance program (GFA) – a parallel program to CIHR for Aboriginal children living with relatives on reserve – was piloting the CIHR screening policy across B.C. locations, for use in that program. Because the screening policy and procedures were being piloted, and the program was not provincially mandated, the GFA program was considered out of scope for this audit.

As of January 1, 2010, the former GFA program was replaced with the Children Out of the Parental Home (COPH) program, which requires that all relatives and adults in the home consent to a screening check conducted by MCFD to determine if there is a level of risk to the child in the relative's home, mirroring the screening policies and procedures used for CIHR.

Although the COPH program is a federally administered program that is outside the Representative's mandate, findings from this audit are relevant and applicable to children and families in the COPH program. The Representative will send a copy of this report to the Minister of Indian and Northern Affairs Canada and the regional director of the B.C. region for their consideration.

Recommendation 10

That MCFD initiate discussions with Indian and Northern Affairs Canada to conduct an audit or evaluation of the implementation of the COPH screening policy for Aboriginal children living on-reserve in the homes of relatives.

Detail:

- This audit or evaluation should focus on the impacts of the screening policy to the program, including overturned decisions to support placements and whether the screening policy has improved the safety of Aboriginal children in the program.
- The purpose of the evaluation is to assess the presence or absence of safety concerns for children in out-of-home placements and to ensure appropriate action is taken when risk is identified.
- Findings and recommendations from the audit or evaluation be reviewed and discussed by the Representative, Indian and Northern Affairs, First Nations Leaders of BC, First Nations Social Development Society for British Columbia, First Nations bands that participated in the pilot program and delegated Aboriginal Agency directors.
- An audit or evaluation with Indian and Northern Affairs to be completed as soon as is practical.

Section 8: Conclusion

Sometimes there are circumstances in families when parents are unable to care for their children and/or the children's needs cannot be met living at home. In these circumstances, families often make arrangements with relatives or close friends to have their children live or stay with them temporarily. When these relatives or friends have needed government assistance to support these arrangements, they may have received it through the CIHR program.

The CIHR program was meant to provide financial assistance only, not to support parents dealing with such extensive and complex issues that their relatives or friends have no choice but to step in and care for their children. However, the Representative found that the circumstances in many of the cases reviewed in this audit included child welfare involvement, such as having being in care previously, the family having been investigated for child protection issues and even receipt of ongoing support services from MCFD.

For some of these children and youth, being removed from the parental home and taken to the home of a caring relative may indeed be a relief after the trauma of living in a parental home that is in chaos or upheaval. However, for others the trauma may only be compounded by moving from one dysfunctional family unit to another.

Without the ability to accurately assess and mitigate the risk to these children, government is turning a blind eye to their plight. They do, in most cases, become invisible to government and are unable to have their voices or concerns heard. Although they are not in a formal care arrangement such as foster care and thus have no right to be heard or participate in their life plan, they are still vulnerable and it must be ensured that they are not being subjected to further harm because of a belief that the care of a relative is always safe or best.

In order to determine the best placement for a child, a rigorous and effective screening process that is consistently applied across the province is required.

This audit examined how well the CIHR screening process identified and addressed potential and recognized risks to the safety of children living with relatives. Much public debate regarding the CIHR program has focused on circumstances where there were injuries and deaths of children who were in the care of relatives receiving CIHR benefits on their behalf. Since 1997 much discussion and debate, but little action, has focused on which ministry should be responsible for the program and what could be done to improve the safety of children in it.

It was assumed these were "private" kin carer placements and the state's role was merely to offer some limited financial support to relatives. This assumption is not supported by the evidence. In some cases, government encourages the placement as an alternative to foster care. In other cases, both the home of origin and the home of the relative are homes where child welfare concerns may be present.

Although a screening process was put in place by MCFD and MHSD in 2007, the Representative subsequently received specific information that this screening was not meeting the needs for the safety of children. Because of this, a systematic and thorough look at the precautions for the safety of the children in CIHR was undertaken. The audit found two overall areas of concerns:

- 1) A notable lack of adherence to controls that exist to ensure eligibility and effectively screen adults for their history with MCFD and their criminal history, and
- 2) A set of shortfalls in policy that in themselves make the screening insufficient or inadequate at addressing risks for children.

In the first area, because of the number of errors and the degree of non-compliance found in the audit, it is not possible to be confident that the screening process in place really *screened out* risk for children.

The second area of concern directly impacts the first. Because the screening policy lacked the detail, rigour and some key requirements that are standard for other MCFD and MHSD programs, it did not offer the sufficient controls or the adequate information necessary to conduct a thorough screening. Also, because the policy was vague in many areas and not communicated well to all levels of MCFD staff, those conducting screenings developed their own standards and procedures, using their professional judgment and experience.

The Representative found that despite these shortfalls in policy, individual workers often did an admirable job at creating screening procedures to identify and follow up on risks. In other instances, workers' actions may not have been reliable without fully developed, clear policies and procedures to guide them. In either case, individual efforts cannot replace well-defined policy which should have governed the CIHR screening and created a consistent province-wide approach.

CIHR appears to have been a catch-all program, in which children who went into the care of their relatives were frequently known to MCFD, and in about 25 per cent of audited cases, child protection concerns were apparent. Yet despite the vulnerability of this group of children, absent from the CIHR screening process was any consideration of the needs of the child.

The significant needs of children removed from parents or placed away from home by parents in B.C. are significant. This is why foster parents are trained, focus is placed on care plans for children in state care, visits are made, and support and government resources go toward improving their life circumstances and opportunities. Yet it is also known that kin carers will bear those same burdens of support because of the overlap the audit found between CIHR and child welfare.

Conclusion

The relatives caring for the child are left to manage the safety plan for the family as well as the planning for the child's return to their parents and any other needs the child may have. The CIHR screening was not designed for situations that involve child safety concerns, and was therefore insufficient to tackle these issues.

As referenced in the introduction to this report, the provincial government recently announced that new applications for CIHR weren't being taken after March 31, 2010. Existing cases will be maintained under the CIHR program as long as they remain eligible.³³ No new money has been set aside for the new program but MCFD has said it will do the task. The Representative cannot fathom how that is possible.

The new Extended Family Program (EFP) came into effect April 1, 2010. While this report is not about the EFP, the Representative has had an opportunity to review the first materials for the new program. Those materials are intended for use for the first phase of the program.

Although the ministry deserves credit for recognizing the inadequacies of the old CIHR program and ensuring its replacement is a child welfare program, not just an income assistance program, a review of the EFP materials shows a lack of clarity and similar gaps in policy and procedures that were evident in the audit of the CIHR program. The Representative is concerned that no assessment tool was provided to staff, field-tested or evaluated.

MCFD projects that in the first year of the new EFP, there will be capacity to fund an average of 35 admissions per month.³⁴ The Representative has not independently evaluated this projection. However, in 2009/10, an average of 136 admissions³⁵ per month were funded under the CIHR program. It is not clear what will happen to the remaining 100 or so families per month who had been applying for support under the old CIHR program. Where will these families go for support? The new program is intended to have more extensive screening of the relative the child is being placed with. However, there are very real concerns that the same lack of transition support for front-line staff, plus the inadequate development, implementation and communication of consistent policies and procedures will be problematic in the new program. The concern is that these will result in another screening process that will not ensure the safety of vulnerable children, and will vary from region to region and office to office.

³³ The "repeal" of the CIHR program has taken place through an OIC that amends the Employment and Assistance Regulation by removing elements that refer to the CIHR program. CIHR was created through provisions in the EA Regulation, not the Act itself. The repeal also involved creating a new EA Regulation (CIHR Program Transition Regulation), that permits the program to exist, as it was on March 31, 2010, for current CIHR clients and new applicants up to March 31, 2010.

³⁴ British Columbia. Ministry of Children and Family Development. Child Welfare Policy Team (2009, December 2). Information Note regarding development of newly modified kinship care program.

³⁵ Figure is based on the average month end CIHR caseload from April 2009 to March 2010.

The Representative notes that for more than 10 per cent of the audited CIHR files, parental involvement was not clear or documented. In the new program, requiring signed parental consent may mean a loss of benefits due to the kin carer not being able to engage the parent, even if they already have custody of the child. Fear of the child coming into foster care may drive these kin carers away from the service system rather than link them more closely to the financial support and planning for the child that they require. Cost drivers may promote placing children in ‘private’ kin carers homes, rather than foster care. These are areas of concern to the Representative, who will carry out ongoing monitoring of this audit’s recommendations, as well as undertake new efforts to keep an oversight watch on the EFP. The Representative is not persuaded that the EFP adequately addresses the findings in this audit, which warrants immediate attention from government.

Why We Should Care Today

This audit grew from the concerns of front-line staff – those in the field working on a daily basis with B.C.’s most vulnerable children. Deep concerns about the CIHR screening process were raised with the Representative on a confidential basis by some staff, and their actions are appreciated because they raised well-founded concerns that bear on the safety of children in this province. Their concern – that the child be at the centre of the process – is shared by the Representative.

Children and youth in the CIHR program are among the most vulnerable in the province – they have no active guardian and limited legal rights, and there is no official monitoring their progress. This audit showed that adequate checks and balances are not present in all cases. Some children today are left at risk of potential harm. We’ve seen in the past the cases where that potential became tragic reality.

Today, about 4,500 B.C. children and youth remain in the CIHR program, and many will be in it for years to come. If we believe that rights belong to every member of our society, we cannot ignore the very real gap that exists for these children without a guardian.

It is simply not acceptable that there be two classes of children at risk in this province – those already in government care and those that will continue to live under CIHR placements. All of these vulnerable children should benefit from the Section 70 rights ensured by the *Child, Family and Community Service Act* – including rights to standards of care, rights for their voices to be heard in decision-making, and rights to live in caring, secure and nurturing environments.

Caring for children requires deliberate positive action. In 2009, the Representative’s joint special report on B.C.’s youth justice system (*Kids, Crime and Care*) called on the government of B.C., as the parent of children in care, to create the best possible learning and living conditions for its children. That call must again be urgently made today, for the sake of those living under the CIHR program in the years ahead, and for all those children whose lives will be shaped in the future by living in extended family placements.

Glossary

After Hours office: After Hours provides around-the-clock response to child protection reports. The ministry operates After Hours service and the toll-free Helpline for Children that anyone can call to report suspected child abuse or neglect.

CIHR background screening: The process for screening CIHR applicant care providers and adults in the household using a prior contact and CORNET check.

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

Child in care: A child who is in the custody, care or guardianship of a director (CFCS Act) or the director of adoption (*Adoption Act*).

Child protection report: A report is received that a child may need protection. Reports can be made by anyone who has information or concern about a child's need for protection (e.g. professional, relatives, friends, children and the community). Reports are made through telephone calls, letters, personal contact with local ministry office or the provincial Helpline.

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 Ministry for Children and Families. The Children's Commission was closed when the Child and Youth Office was created in 2002.

Child and Youth Officer: Established as successor to the Children's Commission in 2002, the CYO reported to the Attorney General and was intended to replace both the Children's Commission and the Office of the Child, Youth and Family Advocate." The focus of the child and youth office was to work in a collaborative way with the child welfare system to bring about positive changes; the office did not have direct advocacy or routine investigation powers. The Child and Youth Office was closed with the creation of the Representative for Children and Youth's office in 2007.

CORNET check: CORNET stands for Corrections Network, the database used for adult and youth offender case management in B.C. It contains information regarding an individual's involvement with the Ministry of Public Safety and Solicitor General's Corrections Branch (for adults) and MCFD Youth Justice.

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

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

CPIC: Is the *Canadian Police Information Centre*, a national database maintained by the RCMP containing information from all jurisdictions regarding criminal charges and convictions. CPIC contains information on any person who has been fingerprinted by police, including physical descriptors and aliases.

Criminal Records Review Act: Legislation that designates a screening process to protect children from individuals who work with children, or have unsupervised access to children in the ordinary course of their employment, whose criminal record indicates they pose a risk of physical or sexual abuse. The Act reviews criminal history for a specific group of relevant offences that are deemed relevant to determining the risk that individuals may pose in a position where they have unsupervised access to children.

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.

Deputy Director's Review: Conducted in order to determine if a comprehensive Director's Review is required. The review looks at the last five years of service involvement with the ministry and is required under CFCS Act regulation when there is a case of critical injury or death of a child and:

- (a) the child or the child's family was receiving a service under the Act at the time of, or in the year previous to, the critical injury or death of the child, and
- (b) in the opinion of the director, the service received, or a policy or practice relating to the service received, may have significantly contributed to the critical injury or death of the child.

Employment and Assistance Worker (EAW): Workers for the Ministry of Housing and Social Development, who assist clients with programs and services, determine eligibility and authorize employment and income assistance benefits under the *Employment and Assistance Act*.

Evidence of risk: The finding of the After Hours screening worker when Prior Contact Check or CORNET search identifies elements determined in policy to be relevant to the safety of a child placed in the home.

Extended Family Program: A new program being offered under Section 8 of the *Child, Family and Community Service Act*. The program enables financial and other services to be offered to support an out-of-home living arrangement where an extended family member or other significant person in a child's life cares for the child if the parents are unable to, without the child coming into foster care. The Extended Family Program differs from the current Kith and Kin program under Section 8, by offering expanded supports and more flexible time frames.

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

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, and specialized 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.

GAIN Act: Refers to the *Guaranteed Available Income for Need Act* which was repealed in 1997 and replaced with the *Income Assistance Act*. The GAIN regulations had provisions within it for a child in the home of a relative.

Guardian Financial Assistance: Former name of the program funded by the federal government for Aboriginal children living with relatives on reserve. Now named the Children Out of Parental Home (COPH) program.

Independent Living: Provides financial and emotional support to an eligible temporary and continuing custody child in care, 17 years of age and over. Its objective is to provide the child with the experience of living independently and enhancing their independent living skills.

Investigation: Under the CFCS Act, anyone with reason to believe that a child may be abused or neglected, or may need protection for any other reason, must report it to the Director or a delegated child protection worker. Child protection workers investigate these reports and take the most appropriate, least disruptive action to protect the child's safety and well-being.

Kin: Defined by CFCS Act policy to include individuals who are related by blood, marriage or long-standing family-like relationships.

Out-of-care options: A range of options under the *Child, Family and Community Service Act* that support children living with members of their extended family, either temporarily or permanently. Kith-and-kin arrangements and/or a permanent transfer of custody to a family member or a significant person in the child's life are examples.

Prior contact check: A review of previous involvements an individual has had with MCFD.

PRIME: Is the Police Records Information Management Environment and is a database used by all police departments in BC, both municipal and RCMP. It contains information on all local police incidents, including arrests, detentions, accidents, calls to police and names of individuals involved as suspects, victims, witnesses, complainants or third parties (such as children in the home).

PROS: Is the Police Reporting and Occurrence System, and is the equivalent RCMP police reporting database used by municipal police forces and the RCMP in the rest of Canada.

Reconsideration: If a CIHR application is denied, the relative can request to have the application reconsidered. Reconsiderations are done through MHSD. By regulation, the decision to deny or discontinue CIHR based on the evidence of risk cannot be appealed to the Employment and Assistance Appeal Tribunal.

Relevant offence: List of offences under the *Criminal Records Review Act* that are deemed relevant to determining the risk that individual may pose in a position where they have unsupervised access to children.

Restricted family care: Provides care for a child known or related to the foster parent(s), meeting different approval processes than a regular family care home. Approval is restricted to the specific child placed in the home, and terminates when that child leaves or is discharged from care.

Section 8: Known formally as Agreements with a Child's Kin and Others, and sometimes informally referred to as Kith and Kin Agreements. Under Section 8 of the CFCS Act, children in need of protection who are not in care but who are members of a family service file, can be placed for a limited amount of time with a non-ministry caregiver.

Team leader: A supervisor of a team of MCFD 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.

Youth Agreement: A provision of the CFCS Act. A youth agreement may provide one or more services such as "residential, educational or other support services" and/or "financial assistance." "Supports" mean any specialized services or youth supports needed to meet the individual's needs. These youth are not considered to be "In Care."

Appendix A: Additional Findings from Data

Table 22: Number of Children Applying for CIHR by Household, December 1, 2007 to August 31, 2008

# of Children Applied for CIHR	# of Households	# of Children
1	891	891
2	127	254
3	33	99
4	5	20
5	2	10
6	1	6
<i>Provincial Total</i>	<i>1059</i>	<i>1280</i>

Table 23: Breakdown of CIHR Applications by After Hours Office

After Hours Office	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Total
New Westminster	53	104	94	61	83	82	73	85	89	724
Vancouver	46	52	69	65	102	55	54	66	47	556
<i>Total Applications</i>	<i>99</i>	<i>156</i>	<i>163</i>	<i>126</i>	<i>185</i>	<i>137</i>	<i>127</i>	<i>151</i>	<i>136</i>	<i>1280</i>

Table 24: Applications by Household Composition

# of Adults per Household	# of CIHR Applications	%
1	468	36.6
2	611	47.7
3	155	12.1
4	39	3.0
5	3	0.2
6	4	0.3
<i>Provincial Total</i>	<i>1280</i>	<i>100</i>

Table 25: Applications by Child Age Group

Child Age Group	# of CIHR Applications	% of all Applications	No Evidence of Risk	Evidence of Risk	% of Applications with Evidence of Risk
0 – 4	323	25	241	82	25
5 – 9	226	18	166	60	27
10 – 14	348	27	278	70	20
15 – 18	383	30	316	67	17
<i>Provincial Total</i>	<i>1280</i>	<i>100</i>	<i>1001</i>	<i>279</i>	<i>22</i>

Table 26: Number of CIHR Applications by Age and Gender of Child, December 2007 to August 2008

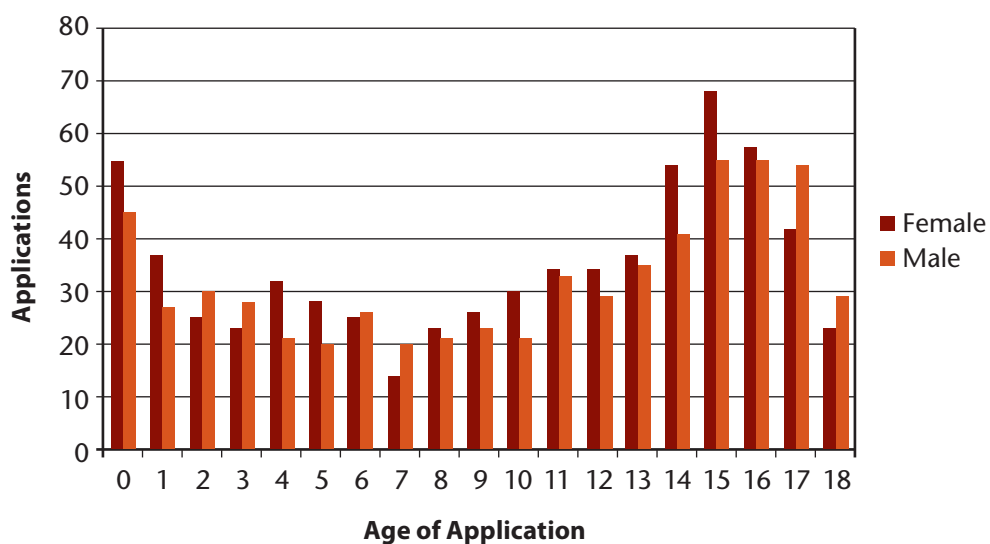
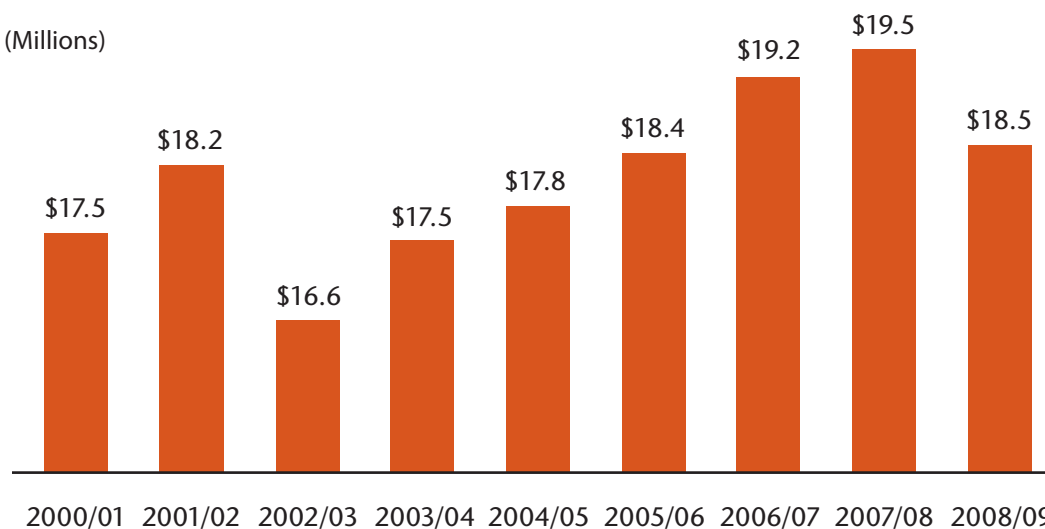


Table 27: Number of Adults Screened by Gender

Adults screened	Number	% CORNET Risk
Male	730	13.6%
Female	1162	4.8%
Total	1892	8.1%

Table 28: CIHR Program Expenditures by Fiscal Year

(Millions)



Source: Ministry of Children and Family Development

Table 29: CIHR Screening Outcomes by Region

Region	CIHR Applications	No Evidence of Risk	Evidence of Risk	Evidence of Risk Overturned	Final Approval	Final Denied
Interior	347	291	56	19	310	37
Fraser	377	325	52	16	341	36
Vancouver Coastal	86	56	29	17	73	12
Vancouver Island	198	146	54	36	182	17
North	268	179	88	47	226	42
Unknown/Not Coded	4	4	-	-	4	-
Provincial Total	1280	1001	279	135	1136	144

Appendix B: CIHR Screening Consent Form



Ministry of
Employment and
Income Assistance

APPLICATION FOR INCOME ASSISTANCE FOR CHILD IN THE HOME OF A RELATIVE

The personal information requested on this form is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act (FIPPA)* and will be used for the purpose of administering the child in the home of a relative income assistance program. The collection, use and disclosure of personal information is subject to the provisions of the FIPPA. Any questions should be directed to the Employment and Assistance Worker receiving the application for income assistance for the child in the home of a relative.

In addition to completing this form, every person listed in Section 3 must complete a Child in the Home of a Relative Screening Consent form, which is required as part of this application.

1. CHILD

SURNAME	GIVEN NAME	BIRTHDATE (YYYY MMM DD)
CITIZENSHIP/IMMIGRATION STATUS		
<input type="checkbox"/> CANADIAN <input type="checkbox"/> LANDED IMMIGRANT <input type="checkbox"/> SPONSORED <input type="checkbox"/> OTHER		

2. RELATIVE CARING FOR CHILD

SURNAME	GIVEN NAME	SOCIAL INSURANCE NUMBER
ADDRESS		
MAILING ADDRESS (if different)		TELEPHONE ()
RELATIONSHIP TO THE CHILD		
DO YOU HAVE LEGAL CUSTODY OR GUARDIANSHIP?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

3. PERSONS LIVING IN RELATIVE'S HOME

List all persons age 18 years or older who live in your home:

i) NAME	AKA'S, ALIASES	DATE OF BIRTH (YYYY MMM DD)
ii)		
iii)		
iv)		
v)		
vi)		
vii)		
viii)		

4. RELATIVE'S CONFIRMATION OF CHILD'S PLACEMENT

I agree to accept this child into my home and undertake to inform the Ministry of Employment and Income Assistance if _____ leaves my home or of any changes concerning the information I have provided.

CHILD'S NAME _____

SIGNATURE OF RELATIVE	NAME AND SIGNATURE OF WITNESS	DATE SIGNED (YYYY MMM DD)
-----------------------	-------------------------------	---------------------------

5. PARENT(S)

SURNAME	GIVEN NAME	BIRTHDATE (YYYY MMM DD)	TELEPHONE ()
ADDRESS			
AMOUNT OF CONTRIBUTION TO CHILD			WHO IS THE CUSTODIAL PARENT?
			<input type="checkbox"/> BOTH <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER

EIA0080B(07/05/17)

PLACE ORIGINAL ON FILE

COPY TO RELATIVE

Appendix C: CIHR Application Form



Ministry of
Employment and
Income Assistance

APPLICATION FOR INCOME ASSISTANCE FOR CHILD IN THE HOME OF A RELATIVE

The personal information requested on this form is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used for the purpose of administering the child in the home of a relative income assistance program. The collection, use and disclosure of personal information is subject to the provisions of the FIPPA. Any questions should be directed to the Employment and Assistance Worker receiving the application for income assistance for the child in the home of a relative.

In addition to completing this form, every person listed in Section 3 must complete a Child in the Home of a Relative Screening Consent form, which is required as part of this application.

1. CHILD

SURNAME	GIVEN NAME	BIRTHDATE (YYYY MMM DD)
CITIZENSHIP/IMMIGRATION STATUS <input type="checkbox"/> CANADIAN <input type="checkbox"/> LANDED IMMIGRANT <input type="checkbox"/> SPONSORED <input type="checkbox"/> OTHER		

2. RELATIVE CARING FOR CHILD

SURNAME	GIVEN NAME	SOCIAL INSURANCE NUMBER
ADDRESS		
MAILING ADDRESS (if different)		TELEPHONE ()
RELATIONSHIP TO THE CHILD		
DO YOU HAVE LEGAL CUSTODY OR GUARDIANSHIP? <input type="checkbox"/> YES <input type="checkbox"/> NO		

3. PERSONS LIVING IN RELATIVE'S HOME

List all persons age 18 years or older who live in your home:

i) NAME	AKA'S, ALIASES	DATE OF BIRTH (YYYY MMM DD)
ii)		
iii)		
iv)		
v)		
vi)		
vii)		
viii)		

4. RELATIVE'S CONFIRMATION OF CHILD'S PLACEMENT

I agree to accept this child into my home and undertake to inform the Ministry of Employment and Income Assistance if _____ leaves my home or of any changes concerning the information I have provided.

CHILD'S NAME	SIGNATURE OF RELATIVE	NAME AND SIGNATURE OF WITNESS	DATE SIGNED (YYYY MMM DD)
--------------	-----------------------	-------------------------------	---------------------------

5. PARENT(S)

SURNAME	GIVEN NAME	BIRTHDATE (YYYY MMM DD)	TELEPHONE ()
ADDRESS			
AMOUNT OF CONTRIBUTION TO CHILD		WHO IS THE CUSTODIAL PARENT? <input type="checkbox"/> BOTH <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER	

EIA0080B(07/05/17)

PLACE ORIGINAL ON FILE COPY TO RELATIVE



Ministry of
Employment and
Income Assistance

APPLICATION FOR INCOME ASSISTANCE FOR CHILD IN THE HOME OF A RELATIVE

5. PARENT(S) cont'd

SURNAME	GIVEN NAME	BIRTHDATE (YYYY MMM DD)	TELEPHONE ()
ADDRESS			
AMOUNT OF CONTRIBUTION TO CHILD		WHO IS THE CUSTODIAL PARENT? <input type="checkbox"/> BOTH <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER	


6. PARENT'S CONFIRMATION OF CHILD'S PLACEMENT

FATHER'S / MOTHER'S NAME		
THIS IS TO CONFIRM THAT I,		
CHILD'S NAME	CHILD'S BIRTHDATE (YYYY MMM DD)	
HAVE PLACED MY CHILD BORN		
RELATIONSHIP	RELATIVE'S NAME	
IN THE HOME OF MY		
ADDRESS		
AT		
I FURTHER CONFIRM THAT I AM NOT LIVING WITH THE CHILD AT THE ABOVE ADDRESS.		
PARENT'S SIGNATURE	PARENT'S NAME (please print)	DATE SIGNED (YYYY MMM DD)
PARENT'S ADDRESS		
PARENT'S SIGNATURE (if applicable)	PARENT'S NAME (please print)	DATE SIGNED (YYYY MMM DD)
PARENT'S ADDRESS		

7. RESEARCH QUESTION (VOLUNTARY)

WHY WAS THIS CHILD PLACED WITH YOU?

Appendix D: Monthly Report Form-Income Assistance/CIHR



BRITISH COLUMBIA

Ministry of
Employment and
Income Assistance

MONTHLY REPORT

ARE YOU STILL IN NEED OF ASSISTANCE? YES NO

SINCE YOUR LAST DECLARATION:

1. HAS YOUR FAMILY UNIT RECEIVED OR DISPOSED OF ANY ASSETS?

2. ANY CHANGES IN THE NUMBER OF DEPENDANTS OR OTHER PERSONS LIVING IN THE HOME?

3. ANY MARITAL/SPOUSAL CHANGES?

	APPLICANT		SPOUSE	
	YES	NO	YES	NO
4. ANY EMPLOYMENT CHANGES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ATTENDING SCHOOL/TRAINING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE YOU LOOKING FOR WORK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE EXPLAIN ANY CHANGES INDICATED ABOVE:

DECLARE ALL INCOME (Attach proof)

ENTER "0" IF NONE

INCOME DESCRIPTION	AMOUNT	
	APPLICANT	SPOUSE
EMPLOYMENT INCOME		
INCOME TAX REFUNDS		
MAINTENANCE/ALIMONY/SUPPORT		
ROOMERS (Lodging)		
ROOM AND BOARD (Food and Lodging)		
RENTAL INCOME		
TRAINING ALLOWANCE/STUDENT LOANS		
EMPLOYMENT INSURANCE		
WORKER'S COMPENSATION		
PENSIONS (e.g. CPP, OAS, Private)		
INTEREST INCOME (e.g. Bonds, Banks, etc.)		
TRUST/INSURANCE (e.g. ICBC payments)		
BASIC CHILD TAX BENEFIT		
NATIONAL CHILD BENEFIT SUPPLEMENT		
B.C. BASIC FAMILY BONUS		
B.C. EARNED INCOME BENEFIT		
FINANCIAL CONTRIBUTION (Sponsor)		
ALL OTHER INCOME e.g. ADDITIONAL MONEY, GST CREDIT (describe)		
INCOME OF DEPENDENT CHILDREN		

EIA(0081(05/06) 753090-3063 (250/PK)

Appendix E: CIHR Denial Letter to Relative and Screening Check Information



[date]

Our File: GA

Dear _____ :

The Ministry of Housing and Social Development appreciates the efforts of relatives to provide a safe and caring home for children when their parents are unable to do so. The ministry has recently reviewed the eligibility of [name of child] for Child in Home of a Relative (CIHR) assistance.

The ministry provides assistance for CIHR when all eligibility criteria under section 6 of the Employment and Assistance Regulation are met. The criteria require that:

- the child resides in the relative's home;
- the child's parent placed the child with the relative;
- the child's parent does not reside with the relative;
- the Ministry of Children and Family Development (MCFD) determines there is no evidence of risk to the child in the home;
- the relative with whom the child resides has not entered into an agreement under section 8 of the *Child, Family and Community Service Act* in relation to the child; and
- the relative with whom the child resides or the parent of the child provides accurate and complete information from all persons age 18 or over living in the home.

The ministry has determined that [name of child] is no longer eligible for CIHR assistance because MCFD has provided information to the Minister that there is a level of risk to the child in the home that indicates that the relative's home is not an appropriate place for the child (under sections 6(2.1)(e) and 34.1 of the Employment and Assistance Regulation). As a result, you will not receive any more cheques from the ministry for CIHR assistance. Enclosed are separate letters for each child whose CIHR assistance has been discontinued. Also enclosed is an Information Sheet that explains how MCFD determines if there is evidence of risk to the child.

The Ministry of Housing and Social Development operates under the authority of the *Employment and Assistance Act* and Regulation, and the *Employment and Assistance for Persons with Disabilities Act* and Regulation.

Appendix E: CIHR Denial Letter to Relative and Screening Check Information

If you have questions or concerns about MCFD's screening or determination that there is evidence of risk to the child, you may contact the MCFD CIHR Screening Information Contact at [choose region]. You may also wish to contact your local MCFD district office to discuss alternative voluntary support services. To contact your local MCFD district office you can call Enquiry BC at [choose applicable telephone].

If dissatisfied with the ministry's decision to discontinue CIHR assistance, you or another person on behalf of the child has the right to request that the ministry reconsider its decision. To initiate this process, the Request for Reconsideration form must be submitted within 20 business days from the day you receive this letter. You can get this form and all information that we considered to make this decision from your Employment and Assistance office or by phoning 1 866 866-0800 or [office number]. We have enclosed the Reconsideration and Appeal brochure to give you more information about the reconsideration process.

Sincerely,

Ministry Worker
H8D3211(09/10/01)

Enclosure(s):

Sample

The Ministry of Housing and Social Development operates under the authority of the *Employment and Assistance Act* and Regulation, and the *Employment and Assistance for Persons with Disabilities Act* and Regulation.

Ministry of Housing and
Social Development

[Office Name here]

Mailing Address:
[address here]

Telephone: ### ### ####
Facsimile: ### ### ####

**CHILD IN THE HOME OF A RELATIVE (CIHR)
INFORMATION ABOUT SCREENING CHECKS
TO DETERMINE LEVEL OF RISK**

The Ministry of Housing and Social Development (MHSD) and the Ministry of Children and Family Development (MCFD) are working together to enhance the safety of children being cared for by relatives. As of December 1, 2007, new screening checks conducted by MCFD are required as part of the application process for Child in the Home of a Relative (CIHR) assistance from MHSD.

MCFD determines if there is evidence a child could be at risk in the relative's home by conducting screening checks on:

- The relative who is applying for CIHR on behalf of the child;
- Any other person age 18 years or older who lives in the relative's home, either full-time or part-time.

The screening checks consist of:

- A Prior Contact Check: a review of any records of previous involvement that MCFD may have had with the individual.
- A CORNET check: a check of information about criminal charges and convictions (including convictions that have been pardoned), probation, stay of proceedings, alternative measures and unsealed Young Offender offences from British Columbia's correctional system.

EVIDENCE OF RISK

If the screening finds any of the following results for a person age 18 or over in the relative's household, MCFD informs MHSD there is evidence of risk and MHSD denies the application for CIHR assistance and discontinues CIHR assistance for any other children living in the home:

MCFD Prior Contact Check

- A child protection report under s. 13 of the *Child, Family and Community Service Act* that has resulted in a current removal of a child, temporary or continuing custody order, or a supervision order;
- A closed protection file where risks were not addressed (e.g. family moves before investigation can be completed);
- An open child protection investigation, and the social worker responsible for the case believes there is risk in the home that compromises the home as an appropriate place for the child; or
- An open protective family service file and the social worker responsible for the case believes there is risk in the home that compromises the home as an appropriate place for the child.

The Ministry of Housing and Social Development operates under the authority of the *Employment and Assistance Act* and Regulation, and the *Employment and Assistance for Persons with Disabilities Act* and Regulation.

Ministry of Housing and
Social Development

[Office Name here]

Mailing Address:
[address here]

Telephone: ### ### ####
Facsimile: ### ### ####

Appendix F: List of Relevant Offences Used in CIHR Background Screening

A charge or conviction for any of the following Criminal Code offences that have been designated under the *Criminal Record Review Act* as relevant to the safety of a child:

- section 151: (Sexual Interference)
 - section 152: (Invitation to Sexual Touching)
 - section 153: (Sexual Exploitation)
 - section 153.1: (Sexual Exploitation of Person with Disability)
 - section 155: (Incest)
 - section 159: (Anal Intercourse)
 - section 160: (Bestiality)
 - section 161: (Order of Prohibition)
 - section 163.1: (Child Pornography)
 - section 170: (Parent or Guardian Procuring Sexual Activity)
 - section 171: (Householder Permitting Sexual Activity)
 - section 172: (Corrupting Children)
 - section 172.1: (Luring a Child)
 - section 173 (1): (Indecent Acts)
 - section 173 (2): (Exposure)
 - section 177: (Trespassing at Night)
 - section 179: (Vagrancy)
 - section 212 (1): (Procuring a Person for the Purposes of Prostitution)
 - section 212 (2): (Living Off Avails of Child Prostitution)
 - section 212 (2.1): (Living Off Avails of Child Prostitution, Aggravating Circumstances)
 - section 212 (4): (Attempting to Obtain the Sexual Services of a Child)
 - section 215: (Duties of Persons to Provide Necessities)
 - section 218: (Abandoning Child)
 - section 220: (Causing Death by Criminal Negligence)
 - section 221: (Causing Bodily Harm by Criminal Negligence)
 - section 229: (Murder)
 - section 235: (Punishment for Murder)
 - section 236: (Punishment for Manslaughter)
 - section 237: (Punishment for Infanticide)
 - section 238: (Killing Unborn Child in Act of Birth)
 - section 239: (Attempt to Commit Murder)
 - section 240: (Accessory after Fact to Murder)
 - section 242: (Neglect to Obtain Assistance in Child Birth)
 - section 243: (Concealing Body of Child)
 - section 244: (Causing Bodily Harm with Intent)
 - section 245: (Administering Noxious Thing)
 - section 246: (Overcoming Resistance to Commission of Offence)
 - section 264: (Criminal Harassment)
 - section 264.1: (Uttering Threats)
 - section 266: (Assault)
 - section 267: (Assault with a Weapon or Causing Bodily Harm)
 - section 268: (Aggravated Assault)
 - section 269: (Unlawfully Causing Bodily Harm)
 - section 271: (Sexual Assault)
 - section 272: (Sexual Assault with a Weapon, Threats to a Third Party or Causing Bodily Harm)
 - section 273: (Aggravated Sexual Assault)
 - section 273.3: (Removal of Child from Canada)
 - section 279: (Kidnapping/Forcible Confinement)
 - section 279.1: (Hostage Taking)
 - section 280: (Abduction of Person under Sixteen)
 - section 281: (Abduction of Person under Fourteen)
 - section 282: (Abduction in Contravention of Custody Order)
 - section 283: (Abduction)
 - section 372: (False Messages/Indecent Telephone Calls/Harassing Telephone Calls)
 - section 446: (Cruelty to Animals)
 - section 810: (Where Injury or Damage Feared)
 - section 810.1: (Where Fear of Sexual Offence)
- Controlled Drugs and Substances Act (Canada)*
- section 5: (Trafficking in Substances)
 - section 6: (Importing and Exporting)
 - section 7: (Production of Substance)

Appendix G: CIHR General Information

The Child in the Home of a Relative Program (CIHR) is a program of financial benefits available under the *Employment and Assistance Regulation* for relatives who are providing live-in care for a child or children who are not their own. CIHR is available to all children in BC, including Aboriginal children if they are living off-reserve.

A child is eligible for a CIHR placement if he or she,

- resides with his or her relative, or will reside with the relative once CIHR is approved
- has been placed with the relative care provider by his or her parent
- does not reside with his or her parent at the proposed care provider's home.

Relatives are eligible if,

- MCFD has determined through a safety screening that there is no evidence of a level of risk to the child in the relative's home that compromises the home as an appropriate place for the child.
- They do not have a Kith and Kin agreement with MCFD under section 8 of the CFCS Act to provide care for the child.

CIHR benefits

The CIHR program provides benefits to approved care providers at the following maximum rates:

Age Group	Maximum Rate
Birth to 5 years	\$257.46
6 to 9 years	\$271.59
10 to 11 years	\$314.31
12 to 13 years	\$357.82
14 to 17 years	\$402.70
18 years	\$454.32

Source: Employment and Assistance Regulation, Schedule A, section 11

The relative may apply for the Canada Child Tax Benefit, the BC Family Bonus and BC Earned Income Benefits. Additional supplements that may be available in CIHR placements include a school start-up supplement, if the child is attending school full time, and additional health supplements if extended health coverage is not provided through the child's parents.

Appendix H: CIHR Audit Interviews and Consultations

Interviews conducted between December 8, 2009 and January 21, 2010

Title	Number interviewed
Child protection worker	7
Child protection worker – Delegated Aboriginal Agency	2
Child protection worker – MCFD Aboriginal Services	2
Family Service worker	1
Intake (screening) worker	1
Team leader	6
Team leader – Family Services	1
Team Leader – Intake and Assessment	1
Team Leader – Delegated Aboriginal Agency	1
Team Leader – MCFD Aboriginal services	1
Employment and Assistance Worker (MHSD)	5
Total Interviewees	28

Consultations

MCFD Provincial Staff – (June 8, 2009)

AH Team Leaders and Manager Meeting (May 28, 2009)

After Hours “Shadowing” Visits (June 22, 2009)

MHSD Strategic Policy and Research Branch (June 29, 2009)

MCFD CRC Office – RCMP Records Screeners (October 20, 2009)

Appendix I: MCFD Centralized Criminal Record Check for prospective out-of-care care-providers and other adults in providers' homes

Sources: (MCFD: *Record Checks*, December 2007), (Ministry of Public Safety and Solicitor General, MOU for Access to CORNET Information System, December, 2005)

The Criminal Record Check for prospective out-of-care care-providers and other adults in providers' homes is conducted by the Criminal Records Review Unit, RCMP "E" Division (British Columbia). This check is used for the following out-of-care options:

- Section 8 (Kith and Kin)
- Section 35(2)(d) (interim order for director-supervised custody of a child/youth to a person other than the parent)
- Section 41(1)(b), and (temporary order for director-supervised custody of a child/youth to a person other than the parent)
- Section 54.1 of the CFCS Act (transfer the custody of a child/youth to a person who is not the parent).

CPIC

Canadian Police Information Centre is a national database maintained by the RCMP containing information from all jurisdictions regarding criminal charges and convictions. CPIC contains information on any person who has been fingerprinted by police, including physical descriptors and aliases.

Screening

All adults either living in the home or having contact with the child in the home must complete and submit a *Consent for Disclosure of Criminal Record Information* form. The MCFD worker verifies each person's identity by viewing two pieces of government identification, including one piece of photo I.D. Identification numbers are required on the consent form, and if the required I.D. cannot be produced, the record check cannot continue without a supervisor's authorization of alternative forms of I.D.

The record check process involves four components discussed below:

Self-disclosure and Assessment

On the consent form, individuals are asked to disclose whether or not they have ever been charged or convicted of a criminal offence, received an absolute or conditional discharge, or been diverted with respect to a criminal offence. Individuals also have space to describe anything they wish regarding any criminal activity. The RCMP screeners then compare the self-disclosure portion of the consent form with the subject's police records, and advise the social worker in their report whether the subject's self-disclosure is "complete" or "incomplete." MCFD workers use this information to discuss the criminal

history with the individual, and to consider self-disclosed information or a failure to disclose along with other factors during the assessment process.

Police records review

Contracted RCMP staff use several police information sources, including CPIC, PRIME, PIRS and PROS to find records linked with the name, address, and aliases or maiden names

PRIME/PROS

PRIME, the Police Records Information Management Environment is used by all police departments in BC, both municipal and RCMP. The database contains information on all local police incidents, including arrests, detentions, accidents, calls to police and names of individuals involved as suspects, victims, witnesses, complainants or third parties (such as children in the home).

PROS, the Police Reporting and Occurrence System, is the equivalent RCMP police reporting database used by municipal police forces and the RCMP in the rest of Canada.

on an individual's consent form. The databases provide information regarding the type, date and location of any incident in which police were involved, and the relationship of an individual to the occurrence. This includes whether the screened adult was the perpetrator, subject of a complaint, the victim, or the focus of an incident where there was risk to a child.

The results are summarized and provided to MCFD. MCFD receives information only on offences related to the use of firearms or other weapons, impaired driving, those under the *Controlled Drugs and Substances Act*, and any others that are relevant to the safety of a child placement. The summary of CPIC information only includes a statement as to whether the information provided by the screening subject is "complete" or "incomplete."

CORNET search

CORNET stands for Corrections Network, the database used in B.C. to document involvement with the Ministry of Public Safety and Solicitor General's Corrections Branch (for adults) and MCFD Youth Justice. The MCFD After Hours office conducts a search of CORNET for each individual. If the search finds a record, the After Hours screener will submit to the social worker a report containing information on "the nature of the offence, when and where the court order was made, and the disposition or sentence."

Evaluation of record check results

The MCFD worker discusses the results of the above checks with the prospective care provider.

The worker may also facilitate a meeting between the applicant and the child's parent in order to discuss results. All adults must be willing to discuss the record check results in order for an agreement to be offered.

Following discussions, the worker and supervisor consider the following criteria in assessing the safety of the placement:

- The list of “relevant offences” included in Schedule 1 of B.C.’s *Criminal Records Review Act* (See Appendix E)
- The number of charges, convictions and diversions in an individual’s criminal history
- The amount of time that has passed since the individual has engaged in criminal activity
- The individual’s conduct and the circumstances of his or her life since the offence(s)
- The child’s developmental age, circumstances and the nature of the child’s existing or intended relationship and contact with the individual
- In some cases, the child’s views
- The relevance of the individual’s criminal history to his or her ability to care for or have contact with the child.

If the worker and supervisor believe the individual’s criminal history poses no threat to the safety and well-being of the child, the worker will proceed with the assessment process.

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