

**DIRECTOR'S CASE PRACTICE AUDIT REPORT**

**FRASER REGION**

**ABBOTSFORD PROTECTIVE FAMILY SERVICE TEAM (FDD)**

**Field Work Completed: March 3, 2006**  
**Report Completed:**

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## SECTION I: INTRODUCTION

### **1. PURPOSE**

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

The specific purposes of case practice audits are:

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

This case practice audit is being conducted proactively by the Regional Director's office. Proactive case practice audits of district offices are systemically conducted on a regular cycle. All regions are expected to conduct regional case practice audits in accordance with the Quality Assurance Standards for case practice audits.

### **2. METHODOLOGY**

The audit was conducted to meet provincial standards in accordance with the Director's Case Practice Audit Methodology and Procedures Document (July 2004). The specific audit tools used in conducting this audit are indicated below:

**XX Critical Measures Audit Tool for Child and Family Service Standards (May 2004)**

**XX Critical Measures Audit Tool for Child in Care Service Standards (May 2004)**

## SECTION II: COMMUNITY CONTEXT

### **3. SERVICE AREA OVERVIEW**

a) **Geographic:**

The Protective Family Service Team (FDD) is located at 2828 Cruikshank Street, 3<sup>rd</sup> floor, Abbotsford, BC.

Abbotsford consists of Bradner, Clayburn, Clayburn Station, Clearbrook, Huntington, Matsqui, Mt. Lehman, Peardonville and Sumas town centres.

The City of Abbotsford is bordered by the Fraser River on the north, the USA border on the south, and expands between Chilliwack and Langley, east to west. The City charter includes agricultural, business and social components.

FDD is co-located with the Investigation and Assessment Team (FFB), the Youth team (FDG), the Permanency Planning and Adoption Team (FDC), the Resource Team (FDB), the Child and Youth Mental Health Team (FDH) and the Community Services Manager (FDA).

a) **Demographics:**

As of 2001, the population was 115,463 (with children and youth making up 24.45% of the population) and in 2002 it was 125,291 (2.3% population growth for both 2001-2002 and 2002-2003). As of 2003, the population was 127,451 and currently it is approx. 135,000 (+ 7,549). Abbotsford is one of the fastest growing communities in Canada.

Matsqui Institution (Federal Medium Correctional facility) and the Regional Assessment Centre are located in the Abbotsford area.

The serious drug crime average (non-cannabis) is 69.1% of offenses per 100,000 population.

There are 37 Elementary schools, 5 Middle and 7 Secondary schools located in Abbotsford and are serviced by School District #34. The University College of the Fraser Valley and the Community Technical Centre are also there.

The Team Leader reports that there are 2 large Independent Schools – MEI (Mennonite Parochial) with approx. 1200 children and the Abbotsford Christian School (non-denominational) with approx 1000 children. There are also private schools and the Indo-Canadian Independent School in the service area. As well, the community hosts international students

Abbotsford has the fourth largest international airport in BC. and there are plans to expand it by 2010.

BC statistics indicate a significant religious presence in the area, particularly Sikh and Mennonite.

The Fraser Health Authority provides the health services for the area. A new regional hospital should be up and running by May 2008 and will include 300 beds, a Cancer Centre, a Specialty Obstetrics Unit, a Pediatric Unit and Research and Academic departments in collaboration with the University of BC. MCFD is actively involved in planning for a new Adolescent Psychiatric Unit.

The Labour force industrial structure (2001) is Primary Goods services (10.5%), Manufacturing Goods (12.4%), Construction (7.6%), Non-Government Services (65.1%) and Government Services (4.5%).

There is a city bus system however there is a large rural area where transportation remains an issue for families.

According to BC Statistics 2001, the ethnic identity distribution is Chinese (1.2%), South Asian (14.9%), Filipino (.5%), Indo Canadian (9%) and Aboriginal (2.4%). The top three immigration sources are the United Kingdom, the Netherlands and India. Social workers identified a service gap for specific cultural programs however there are some delivered by Abbotsford Community services. Also mentioned was a lack of services for youth and men.

The socio-economic structure of family income ranges from low to upper. There is a large farming community (chicken, dairy, raspberries are the main products). One Social Worker indicated that there is a lack of affordable housing.

The Team Leader and Social Workers report a significant number of marijuana grow operations and increase in the use of crystal meth.

Factors that contribute to the Sec. 13 issues include grow operations; neglect; inappropriate discipline/physical abuse; alcohol/drug abuse; domestic violence; mental health difficulties that impact parenting capacity; parent/teen conflict and poverty/income struggles.

Reported community trends include prostitution; more extreme behaviours by younger children; more urban-type issues such as homelessness and, in general, these issues are much more visible than previously seen. Further, cases tend to have multiple issues (complex) and are work intensive.

**b) Service Delivery:**

The Regional Office is located in Surrey. The Fraser management structure includes the Regional Executive Director; Director of Operations; Director of Corporate Services; Director of Child Welfare; Manager of Service Quality; Manager of Practice Development; Finance Manager; 13 Community Service Managers (includes Aboriginal Services; Resources and After Hours) and 3 Associate Community Service Managers (2 Aboriginal and 1 Child Protection services).

SQE provides the direct After Hour services however alerts are initially sent to the New Westminster After Hours office (SQD).

FDD provides ongoing protective family services and approximately 50% are court involved. Most files transfer from FFB which is co-located with FDD. The Team

Leader makes a “duty” rotation schedule each month. The duty worker covers for those not in the office and responds to emergencies requiring immediate attention.

Relationships with the local hospital, police and schools are predominately good.

Legal counsel is provided by Krentz & Hedman with the majority of work being done by Hedman. The Team Leader and Social Workers are pleased with the legal service they receive from the contracted counsel. The weekly list day is Tuesday at 11am in the Abbotsford Court House.

Social Workers report that there are not many Sec.35 trials required, generally consent is given and then they move on to the protection hearing.

The Team Leader reports that the general court process is an issue in that the trial coordinator will not do multiple bookings and dates are only set after the case conference has been completed. Another issue found during this review is the numerous adjournments that occur. These delays are not due to MCFD practice and it hinders permanency planning for children and families. One Social Worker discussed the impact on the children these delays have such as terror or fear of being returned to parents, not knowing what is going to happen and when (confusion) and attachment difficulties can be created or exacerbated.

The Social Workers report a lack of addiction services, waitlists for existing services and that there has been an increase in unlicensed recovery homes. This is problematic as the programs are not regulated. Parents tend to reside in these homes while waiting for an opening in a licensed treatment facility. There is also a need for a local detox facility.

FDD does random drug testing using hair sample analysis and the samples are sent to Mother Risk (Toronto, Ontario) and Denning Laboratories (Surrey, BC).

#### **i) Residential Services**

The resource unit is located on the same floor as FDD. Social workers are required to complete placement request forms and give them to the intake resource worker. The intake resource worker locates a placement, returns the request to the social worker and then the child is placed. If it is an emergency, the placement information is provided verbally and the form then follows. The Team Leader reports that placement stability is satisfactory with infrequent breakdowns. It is challenging to keep sibling groups together however (more than 2 children).

Social workers report that more local resources are needed. They rarely have contact with the foster fathers as they generally work outside the home. FDD conducts Quality of Care reviews and FFB does most of the protocol investigations. Initial reportable circumstance reports are completed by the Team Leader.

There is some difficulty in providing supervised visits due to waitlists; the service agency is not available after 7pm. and not open on the weekends.

## **ii) Out-of-Care Options**

The Section 8 option is not often used due to the ability of the parent to go and retrieve the child and the level of trust required for this option to be successful and safe.

Transfer of custody (35.2d, 41.1b and 54.1) has been used however the required paperwork has been an obstacle.

Other options used are respite, and child in the home of a relative (CIHR).

One Social Worker states that there are challenges to these options.

The resource unit has created a new caregiver support group to help with children who have challenging and problematic behaviours.

## **iii) Service Re-Design**

As of April 2004, FDD's staff complement was reduced. It now consists of 6 social workers and one team leader. All Aboriginal files were transferred to the responsible Aboriginal team.

Currently the FDR service is not provided however the goal is to have the service plan developed in 2006. The intake/investigation team (FFB) is expected to provide this service.

Family Group Conferencing is rarely used. Mediation is used more frequently. It was reported that the outcomes are generally positive for the families and it encourages collaboration with planning. Mediators are very helpful in keeping the process focused on the needs of the children and families.

FDD uses integrated case management (ICM) often. If the parents are transient or there is conflict, these meetings may occur amongst the service providers only. It depends on the dynamics of the case.

FDD also uses a "wraparound" service which is somewhat different to ICM. It differs in that it incorporates informal supports into the planning (i.e. extended family, neighbours, etc.). On February 15, 2006, this author observed one of these meetings. It is described as being a more "humanizing - co-parenting" type of approach. Both formal and informal parties attend as well as the parent. The observed meeting was held at a recovery home where the mother was receiving treatment.

The parent led this meeting and she chose which "domain" she wanted to work on. The mother did the documenting of the discussion using a flip chart. The discussion began by updating the progress made since the last meeting and then the mother chose her son as the domain for discussion (examples of other domains are home; culture; legal; spirituality; work; emotional well being; finances; education; social needs; behaviour, etc). Any care team issues are dealt with first and then strengths, needs, goals are discussed. The discussion is strength based and the process is creative and task oriented. The group meets about every 3 weeks.

The Team Leader is quite involved in the community and strives to build and maintain relationships, and bridge information/service gaps (i.e. CYC committee, etc).

#### 4. STAFF TRAINING

Ministry Training Program	Team Leader	SW S.N.	SW F.B.	SW A.D.	SW M.C.	SW H.T.	SW L.Y.
Child Protection – Core							
Resources							
Guardianship – Core							
Adoption – Core							
Clinical Supervision 1							
Clinical Supervision 2							
Risk Assessment – Core							
Advanced Risk Assessment							
Family Development Response							
Cultural Awareness							
Integrated Case Management							
Investigative Interviewing							
FAS/E and NAS/E							
Looking After Children							
Substance Misuse							
Youth Alcohol & Drug							
Youth Suicide Prevention							
Youth Agreements							
Enhanced Neglect							
Leading the Way							
Other: Discrimination Prev.							
Other: Arête							
Other: Out of Care Options							
Other: Attachment (Benoit)							
Other: Complaints Resolution							
Other: Effective Discipline							

#### 5. SUPERVISION/CONSULTATION

The CSM is co-located with FDD and is also on the same floor. The Team Leader reports that there is no formal supervision per se and consultation occurs as needed. There is a monthly Abbotsford leadership team meeting held with the CSM. The CSM does not attend team meetings however is accessible to FDD.

The social workers receive informal, daily consultation as needed. The Team Leader does a caseload review with each social worker every 3mos on average. The Team Leader keeps the notes taken from these reviews for each case and uses them for quick reference later. When a file is closed, these notes are placed on the physical file for storage. This process rotates every other week and may occur more often if needed. All cases are reviewed.

Social workers can also request formal supervision time as needed. The Team Leader keeps a board on the office door for this. Social workers put their name down and the Team Leader will approach them to set a time.

The Team Leader reports that team leaders in the building provide case consultation however the Social Workers indicated that sources for case consultation have been specified by the Team Leader.

There is a “buddy” system amongst the social workers and each will cover off their “buddy’s” caseload when absent and they also cover each other for paper days so that they are not interrupted.

## **6. INTAKE AND TRACKING SYSTEMS**

FDD does not do investigations unless they are attached to an open FDD file. Intake and investigations are completed by FFB.

All After Hour memos, notepads go to the social worker responsible for the case. A copy goes to the Team Leader and the paper copy is shredded once the Team Leader has finished with it.

The Team Leader uses the case management reports to track cases.

New cases are discussed and assigned during the team meetings. Volunteers for the new cases are requested. If there are none, the case is assigned based on individual caseload size and which social worker took the last case. All file transfers are done electronically by the administrative staff.

The social workers are responsible for their own caseload tracking however the Team Leader endeavors to ensure that case practice standards are being met (i.e. CIC critical measure #8).

Transfers from co-located teams are handled by the social worker sending an e-mail to the Team Leader who then sends it to the FDD Team Leader. The file is reviewed and the Team Leader ensures that there is a comprehensive risk assessment (RD #5) and appropriate court documentation has been completed. The Team Leader will then discuss the case with the assigned social worker and develop the risk reduction plan (RD #6). If there are questions, the FDD Team Leader will discuss this further prior to accepting the transfer.

If a file is transferred from an off site team, the Team Leader requests the file documentation via e-mail, it's reviewed and then the decision to accept the file is made. The Team Leader notifies via e-mail.

frustration with the off-site transfer process due to lack of required completed paperwork, differing transfer procedures, etc. One file reviewed clearly supported this concern in that there were several e-mails back and forth, actual transfer was not timely and in the end, the requested documentation was not provided to FDD.

There is an incoming and outgoing tracking sheet used by the administrative staff and is generally sent to the Team Leader every month.

Depending on the case, the respective social workers may do a transfer meeting or at the minimum, a transfer discussion occurs.

When a case is closed, the social worker completes a risk reassessment and recording and then goes to the Team Leader for sign-off. The administrative staff ensures all the filing is done and then sends it electronically to FFB000 for storage. Closed files are kept in the FFB file room.

The Office Manager processes and tracks all caregiver/care provider contracts (out of care options).

Any protocol investigations are tracked electronically by the Team Leader.

## 7. STAFFING

### a) Staff Complement/Staff Turnover:

The Team Leader and Social Workers report some staffing changes over the last 1.5yrs . The Team Leader states that the team feels in a state of perpetual change. Also, there was a building reorganization a year ago and another one is expected in the near future. The administrative complement is reported as being stable.

Currently, the combined amount of experience is approx. yrs amount of seniority per worker (approx. ). FDD has an office manager who is also attached to the CSM. The CSM is onsite. FDD also has a team assistant at least until March 2006.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
TL				Full	Perm.
SW S.N.				Full	Perm.
SW F.B.				Full	Perm

SW A.D.				Full	Perm
SW M.C.				Full	Perm.
SW H.T.				Full	Perm.
SW L.Y.				Partial	Aux.

### **b) Current Workload**

FDD # – 20 FS files; 11 CS files

FDD # – 19 FS files; 10 CS files

FDD # – 15 FS files; 05 CS files

FDD # – 09 FS files; 01 CS files –

FDD # – 03 FS files; 02 CS files – this caseload being eliminated as Social Worker is on another team

FDD # – 02 FS files; 02 CS files – same as #380

FDD # – 16 FS files; 10 CS files

FDD # – 18 FS files; 08 CS files

## **8. ABORIGINAL SERVICES (if applicable)**

FDD does not generally provide services to Aboriginal children and families. For their Region, FIB (Sto Lo) and FII (Circle 4) provide Aboriginal services. There are 3 reserves in their service area – Matsqui Prairie; Sumas Mountain and the Kilgaard reserves.

## SECTION III: CASE PRACTICE REVIEWS

### **9. AUDIT SAMPLE**

As noted in the Terms of Reference letter sent to the Community Services Manager and Team Leader on September 2, 2005, the audit sample size included a minimum of 20% of open Family Services and Child Service Files and a small sample of closed files. For closed files, only those closed in the last 6 months were audited. At the time of the audit there were 102 open Family Service files and 49 open Child Service files. This analyst used the individual caseloads to randomly select an equitable number of files from each.

The sample consisted of 23 Family Service and 15 Child Service files.

### **10. CRITICAL MEASURES AUDIT TOOL - CHILD & FAMILY SERVICE STANDARDS**

**DATA SUMMARY**

Office Code: **FDD**

Total Number of Cases: **23**

**Rating Definitions:**

**C** Full compliance to the standard

**PC** Partial compliance: The intent of the standard is met but significant practice issues have not been addressed

**NC** Non-compliance to the standard’s criteria requirements

**NA** Not applicable to the standard being measured.

# = Number of applicable cases

% = Percent of total

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
<b>1</b>	Screening and Best Approach to Service Delivery <i>CFS Service Standard #1 &amp; #12</i>	<b>21</b>	<b>91.3</b>			<b>02</b>	<b>8.7</b>	
<b>2</b>	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11 &amp; #13</i>	<b>02</b>	<b>50.0</b>			<b>02</b>	<b>50.0</b>	<b>19</b>
<b>3</b>	Assessing a Child Protection Report and Determining the Most Appropriate Response <i>CFS Service Standard #12</i>	<b>08</b>	<b>80.0</b>			<b>02</b>	<b>20.0</b>	<b>13</b>
<b>4</b>	Family Development Response <i>CFS Service Standard #14</i>	<b>0</b>	<b>--</b>			<b>0</b>	<b>--</b>	<b>23</b>
<b>5</b>	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	<b>05</b>	<b>83.3</b>			<b>01</b>	<b>16.7</b>	<b>17</b>
<b>6</b>	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	<b>04</b>	<b>66.7</b>			<b>02</b>	<b>33.3</b>	<b>17</b>
<b>7</b>	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	<b>06</b>	<b>100.0</b>			<b>0</b>	<b>--</b>	<b>17</b>
<b>8</b>	Concluding a Child Protection Investigation <i>CFS Service Standard #17</i>	<b>04</b>	<b>66.7</b>			<b>02</b>	<b>33.3</b>	<b>17</b>
<b>9</b>	Concluding an Investigation in a Timely Manner <i>CFS Service Standard #17</i>	<b>02</b>	<b>33.3</b>			<b>04</b>	<b>66.7</b>	<b>17</b>
<b>10</b>	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #18</i>	<b>10</b>	<b>58.8</b>			<b>07</b>	<b>41.2</b>	<b>06</b>

<b>11</b>	Reassessing a Plan to Keep a Child Safe and Ending Family Service Response <i>CFS Service Standard #18 &amp; #21</i>	<b>07</b>	<b>38.9</b>			<b>11</b>	<b>61.1</b>	<b>05</b>
<b>12</b>	Notification of Fatalities, Critical Injuries and Serious Incidents <i>CFS Service Standard #25</i>	<b>0</b>	--	--	--	<b>0</b>	--	<b>23</b>
<b>13</b>	Supervisory Approval <i>CFD Standard on Supervisory Consultation &amp; Approval</i>	<b>21</b>	<b>91.3</b>			<b>02</b>	<b>8.7</b>	
<b>Total Applicable Indicators: 125</b>		<b>90</b>	<b>72.0</b>	<b>0</b>	--	<b>35</b>	<b>28.0</b>	<b>174</b>

## NARRATIVE SUMMARY-CHILD AND FAMILY SERVICES

**Twenty-three** Family Service files were audited. Overall compliance to the Child and Family Services Standards was **72.0 %**. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

### 1. SCREENING AND BEST APPROACH TO SERVICE DELIVERY

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

**Applicable Cases – 23                      Compliance – 91.3%                      Regional Compliance – 80.1%**

Reasons for non-compliance are a PCC not completed on a                      ; SW did not gather any details about why the caller said to attend a home immediately (open FS file).

### 2. WHEN A CHILD IS AT IMMEDIATE RISK OF HARM

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

**Applicable Cases – 4                      Compliance – 50%                      Regional Compliance - 74.4%**

Reasons for non-compliance are SW did not use available collateral information to assess the safety of a and placed child in                      at removal, child had to be moved;                      concerns not used in the ISA.

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

The auditor looked for documentation that demonstrated that the worker had collected sufficient information to make a decision about the type of response and, in the view of the auditor, that the decision to provide a specific response was supported by the information.

**Applicable Cases – 10                      Compliance – 80.0%                      Regional Compliance – 82.6%**

Reasons for non-compliance are use of the FAR code and a new intake was created on an open FS file however the report did not contain new information that required opening another intake.

#### **4. FAMILY DEVELOPMENT RESPONSE**

When a Family Development Response (FDR) option has been selected the auditor looked for documentation detailing the rationale for providing an FDR, a completed assessment, a plan for supporting the family and keeping the child safe. See Critical Measure #4 for further information.

The compliance to this standard was not rated as FDR is not currently in use in the FDD service area.

#### **5. DETERMINING THE TIME FRAME TO BEGIN AN INVESTIGATION.**

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

**Applicable Cases – 6                      Compliance – 83.3%                      Regional Compliance – 67.6%**

Reason for non-compliance is the investigation did not commence within the chosen time frame. In this case, it would have been appropriate to have coded this response OSP as it concerned that required service .

#### **6. CONDUCTING A CHILD PROTECTION INVESTIGATION**

This critical measure outlines many of the activities involved in an investigation. These include: documentation that all relevant information relating to the report has been reviewed, documentation that information from people who have relevant knowledge of the family has been obtained, documentation that the child's living situation has been directly observed, etc. The inability of staff to meet even one of those expectations would result in a non-compliance rating.

**Applicable Cases – 6                      Compliance – 66.7%                      Regional Compliance 57.2%**

Reason for non-compliance is home visits were not completed for safety assessments.

#### **7. SEEING AND INTERVIEWING THE CHILD AND FAMILY**

This critical measure requires that the worker sees and whenever possible interviews the subject child, siblings, parents, and if applicable, the family's aboriginal community. Not compliant here if documentation showed the subject child was interviewed, but the questioning by the SW was not investigative in nature.

**Applicable Cases – 6**

**Compliance – 100%**

**Regional Compliance – 60.4%**

## **8. CONCLUDING A CHILD PROTECTION INVESTIGATION**

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

**Applicable Cases – 6**

**Compliance – 66.7%**

**Regional Compliance – 70.9%**

Reasons for non-compliance are current home condition not assessed; not all steps taken to address the child's safety needs; no confirmation that high risk person no longer lives in the home; parent refused to provide current address and SW has confirmation that parent continues to abuse drugs and child returns to the home.

## **9. CONCLUDING A CHILD PROTECTION INVESTIGATION IN A TIMELY MANNER**

This critical measure requires that there is documentation that demonstrates child protection investigations are concluded within 30 calendar days.

**Applicable Cases – 6**

**Compliance – 33.3%**

**Regional Compliance – 40.8%**

Reason for non-compliance is the investigations were not completed within 30 days and varied from under 60 days and over 90 days.

## **10. DEVELOPING AND IMPLEMENTING A PLAN TO KEEP A CHILD OR YOUTH SAFE**

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

**Applicable Cases – 17**

**Compliance – 58.8%**

**Regional Compliance – 71.9%**

Reasons for non-compliance are initial and/or current plan not in file documentation found; plan completed prior to doing a risk assessment; documented plan did not identify issues and goals; no confirmation that plan was implemented; risk rating does not reflect the file information and the safety plan did not ensure child's safety.

## **11. REASSESSING A PLAN TO KEEP A CHILD SAFE AND ENDING A FAMILY SERVICE RESPONSE**

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

**Applicable Cases – 18**

**Compliance – 38.9%**

**Regional Compliance – 58.9%**

Reason for non-compliance is there was no reassessment of risk in the file documentation found.

## **12. NOTIFICATION OF FATALITIES AND CRITICAL INJURIES (REPORTABLE CIRCUMSTANCES)**

The auditor looked for documentation to confirm in the case of a fatality or critical injury, the designated Director was notified and that the appropriate people were notified and offered support in a timely way.

**Applicable Cases – 0**

## **13. MANAGEMENT AND SUPERVISORY CONSULTATION**

During this audit the auditor was looking for documentation that reflected consultation with a supervisor (TL) or a manager (CSM) at ALL critical points: assessing reports, decision on a response time, conducting and concluding an investigation, notifying police, determining a child's need for protection, developing an ongoing safety plan, the court process, removal of a child, placement of a child, reunification, and transferring responsibility for or ending family service. The quality of the supervision and/or the appropriateness of any documented clinical direction from the TL were not assessed by the auditor.

**Applicable Cases – 23**

**Compliance – 91.3%**

**Regional Compliance – 81.5%**

Reasons are the supervisory direction at sign-off was not followed and a risk reduction plan was not signed off by the TL.

### **PRACTICE STRENGTHS:**

- Consults with the Team Leader, and in some cases with the Community Services Manager, were well documented throughout the files.
- Use of hair sampling for drug testing as it is more thorough and is a better gauge of parental drug use.
- Use of Wraparound case management

### **AREAS FOR IMPROVED PRACTICE:**

- Ensure reassessment of risk is done when there is a change in the child's circumstances, child will be returning to the home, file closure, court order is due to expire, etc.
- Complete thorough Risk Reduction Service Plans
- Ensure that all risk factors are considered and investigated when present (current and historical)
- Include MCFD history when assessing risk
- Ensure collateral information is gathered and used to assess validity of information provided by the family
- Gather information for all family members and care providers and complete a PCC for each

There were 3 cases brought to the attention of the Team Leader and Community Service Manager (CSM) as per standard audit procedure. As well, a meeting with the CSM regarding case practice issues was held after consultation with the Manager of Service Quality. Of concern was the delayed response regarding the 3 cases highlighted for attention. Due to the practice concerns, the Director of Child Welfare was also notified.

## 11. CRITICAL MEASURES AUDIT TOOL – CHILD IN CARE SERVICE STANDARDS

### Rating Definitions:

Office Code: FDD Total # of cases audited: 15

- C** Full compliance to the standard  
**PC** Partial compliance: The intent of the standard is met but significant practice issues have not been addressed  
**NCF** Non-compliance to the standard for reasons beyond the control of the social worker or supervisor  
**NC** Non-compliance to the standard's criteria requirements  
**NA** Not applicable to the standard being measured.

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
<b>1</b>	Preserving the Identity of an Aboriginal Child in Care <i>CIC Service Standard #1 &amp; CFS Service Standard #20</i>	<b>14</b>	<b>93.3</b>	<b>0</b>	<b>--</b>	<b>01</b>	<b>6.7</b>	
<b>2</b>	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	<b>12</b>	<b>80.0</b>			<b>03</b>	<b>20.0</b>	
<b>3</b>	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	<b>13</b>	<b>86.7</b>			<b>02</b>	<b>13.3</b>	
<b>4</b>	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	<b>07</b>	<b>63.6</b>			<b>04</b>	<b>36.4</b>	<b>04</b>
<b>5</b>	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	<b>11</b>	<b>73.3</b>	<b>0</b>	<b>--</b>	<b>04</b>	<b>26.7</b>	
<b>6</b>	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	<b>03</b>	<b>20.0</b>			<b>12</b>	<b>80.0</b>	

7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	10	66.7	02	13.3	03	20.0	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	05	33.3	04	26.7	06	40.0	
9	When a Child is Missing or Has Run Away <i>CIC Service Standard #14</i>	0	--			0	--	15
10	Notification of Fatalities, Critical Injuries and Serious Incidents <i>CFS Service Standard #25</i>	0	--			0	--	15
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 &amp; #16</i>	02	100.0			0	--	13
12	Supervisory Approval <i>CFD Standard on Supervisory Consultation &amp; Approval</i>	15	100.0			0	--	
<b>Total Applicable Indicators: 133</b>		92	69.2	06	4.5	35	26.3	47

# = Number of applicable cases

% = Percent of total

## NARRATIVE SUMMARY - CHILD SERVICES

**Fifteen** Child Service files were audited. Overall compliance to the child service standards was 69.2%. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

### 1. PRESERVING THE IDENTITY OF AN ABORIGINAL CHILD IN CARE

In this critical measure, the auditor looked for documentation that reflected whether a child in care was aboriginal or not. In the case of an aboriginal child, the documentation identifies: the Band and/or Community; the child's status and membership number, or application for status; the worker understands the child's history and current circumstances; and a cultural plan for the child.

**Applicable cases – 15**

**Compliance – 93.3%**

**Regional Compliance – 72.2%**

Reason for non-compliance was the file did not contain information regarding the band or that the Aboriginal community had been notified.

### 2. ASSUMING RESPONSIBILITY FOR A CHILD IN CARE

The auditor looked for confirmation of the child's legal status such as court orders, care agreements, citizenship and immigration documents and an assessment of the child's history, current circumstances and needs. This measure also requires documentation that indicates the nature and extent of involvement of family members.

**Applicable cases – 15**

**Compliance – 80.0%**

**Regional Compliance – 77.5%**

Reasons for non-compliance were the current court order was not on file, information regarding the biological father was not on file and VCA had expired.

### **3. ENSURING A CHILD'S SAFETY WHILE IN CARE**

Where a child has been brought into care, the auditor looked for documentation to indicate that the child has been placed in a living arrangement that meets their needs, or for a child/youth refusing placement reasonable efforts were made to ensure a placement. File information should also indicate that there is an adequate plan in place to address a child's safety needs.

**Applicable cases – 15**

**Compliance – 86.7%**

**Regional Compliance – 77.5%**

Reasons for non-compliance were use of physical discipline by a foster parent, no quality of care review completed and information regarding a caregiver's home (in the US) not documented.

### **4. ENSURING THE RIGHTS OF A CHILD IN CARE**

The auditor assessed the file for evidence that the child's care conforms to their rights as defined by Section 70 CFCS Act, the SW has informed the child of the Rights of Children in Care, and that any reports that a child's rights may have been violated, have been addressed. The auditor looked for documentation that when a child or youth comes into care, they are informed of these rights and are assisted in the understanding of these rights, according to the child's or youth's developmental abilities. Furthermore, the review of these rights with the child or youth occurs on a regular basis.

**Applicable cases – 11**

**Compliance – 63.6%**

**Regional Compliance – 49.2%**

Reasons for non-compliance were documentation did not confirm that the Sec 70 rights had been explained and the child was not provided with advocacy information in the case

### **5. INVOLVING A CHILD AND CONSIDERING THE CHILD'S VIEWS IN CASE PLANNING AND DECISION MAKING**

In planning and making decisions for a child, the auditor looked for documented evidence that the child and others with significant relationships to the child were involved as fully as possible in the process, and that any possible barriers to involvement were identified and addressed. The auditor also looked for planning aimed to facilitate the involvement of a child or youth in care in case planning by:

- including the child or youth in all stages of the planning process, according to the child's or youth's developmental abilities;
- consulting with the child or youth throughout ongoing discussions and planning reviews
- encouraging the child or youth to fully express his or her views, and supporting him or her in doing so;

- including caregivers and others who have a significant relationship to the child or youth, consistent with the child's or youth's views and best interests, and informing the child or youth of all care plans and decisions, according to the child's or youth's developmental abilities.

**Applicable cases – 15                      Compliance – 73.3%                      Regional Compliance – 61.3%**

Reason for non-compliance was the documentation did not indicate who was involved with case planning.

## **6. MAINTAINING PERSONAL CONTACT WITH A CHILD IN CARE**

The auditor looked for documentation that demonstrates the child has had private, in-person contact with their Social Worker as per CIC standard #9. Frequency of contact with a child is based on his or her level of vulnerability, developmental needs and visibility in the community, and is consistent with the goals of the plan of care. The auditor looked for documentation that the Social Worker has private in-person contact with the child.

**Applicable cases – 15                      Compliance – 20.0%                      Regional Compliance – 52.0%**

File documentation found did not confirm that the Social Worker had personal contact with the child every 90 days and in one case, the documentation did not confirm that there had been any contact with the child.

## **7. MEETING A CHILD'S NEED FOR STABILITY AND CONTINUITY OF LIFELONG RELATIONSHIPS**

The auditor looked for documentation to demonstrate that efforts had been made to promote continuity for the child by supporting contact with significant people in the child's life and maintaining connections to the child's cultural heritage and identity. As well, the auditor looked for evidence of strategies that were implemented to promote stability and continuity of lifelong relationships and planning for the development of new lifelong relationships. According to CIC Service Standard #10, throughout the time a child is in care, the SW should make it a priority to promote the stability and continuity of lifelong relationships for the child, by:

- actively supporting the child in maintaining positive attachments with parents, siblings, extended family, friends, caregivers and others, consistent with the child's best interest;
- making every effort to prevent unnecessary delays in decision making by using collaborative planning and alternative dispute resolution processes to reach agreements on developing and implementing the plan of care;
- reunifying the child with family or extended family, or if that is not possible, developing an alternative out-of-care living arrangement that will provide the opportunity to maintain and develop lifelong relationships; and
- exploring on an ongoing, regular basis whether reunification with family or extended family is possible.

**Applicable cases – 15                      Compliance – 66.7%                      Partial Compliance – 13.3%**  
**Regional Compliance – 75.5%**

Reasons for non-compliance were lack of documentation and extended family not involved.

## **8. ASSESSMENTS AND PLANNING FOR A CHILD IN CARE**

The auditor looked for documentation that an initial plan of care was prepared within the first 30 days of a child entering care, a more comprehensive plan of care for a child in care for over six months and that the plans contained the information outlined in CIC Standard 11. As well the auditor looked for information that indicates the plan is reviewed when appropriate.

**Applicable cases – 15                      Compliance – 33.3%                      Partial Compliance – 26.7%**  
**Regional Compliance – 42.0%**

Reason for non-compliance was a thorough plan of care was not in the file documentation found.

## **9. WHEN A CHILD IS MISSING OR HAS RUN AWAY (REPORTABLE CIRCUMSTANCE)**

In circumstances where children are missing or have run away, the auditor looked for documentation indicating that the appropriate individuals had been notified, a plan was developed and implemented, and in cases of habitual running away the plan of care was reviewed and strategies developed to address the behaviour. When a child or youth is missing or has run away, notification should be made as soon as possible to:

- the designated director, if the child or youth is at high risk of harm;
- the child's or youth's parent, unless this compromises the child's or youth's safety;
- other people who may be able to play a role in locating the child or youth.

**Applicable cases – 0**

## **10. NOTIFICATION OF FATALITIES, CRITICAL INJURIES AND SERIOUS INCIDENTS (REPORTABLE CIRCUMSTANCES)**

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

A critical injury is defined as an injury that may result in the child's death or may cause serious or permanent impairment of the child's health, as determined by a medical practitioner. Serious incidents are circumstances involving a child who:

- is in life-threatening circumstances, including illness or serious accident;
- is lost, missing or continually running away to a situation that places him or her at high risk of death or injury;
- is missing for more than 10 days;
- is a victim of abuse or neglect by an approved caregiver, caregiver's staff or caregiver's child;
- is the victim of abuse or neglect by a care provider or care provider's family in an out of care placement;
- has been exposed to a high-risk situation or disaster which may cause emotional trauma;
- has been involved in crimes of violence or major property damage;
- has been abducted.

**Applicable cases – 0**

## **11. PLANNING FOR A CHILD LEAVING CARE**

The Auditor looked for documentation that appropriate preparation takes place when a child leaves care, including involving the child, relevant family members, caregivers, and other significant persons in planning for the transition and arranging for appropriate services to support the child and family after the child has left care. In a case involving a youth leaving care, that all youth in care are supported in developing self-care and independence skills and that a youth's capacity for successful living in the community is assessed with the participation of others involved in the youth's plan of care.

**Applicable cases – 02**

**Compliance – 100%**

**Regional Compliance – 72.3%**

## **12. SUPERVISORY APPROVAL**

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

**Applicable cases – 15**

**Compliance – 100%**

**Regional Compliance – 72.8%**

### **PRACTICE STRENGTHS:**

- Critical measures #1 – 3 (Preserving Aboriginal Identity; Assuming Responsibility for a child and Ensuring the safety of a child) were well done and above the regional compliance
- Critical Measures #11-12 (Planning for a child leaving care and Supervisory approval) were well done and above the regional compliance
- Critical measures #4 and 5 (Ensuring rights of CIC and Involvement of CIC in decision-making) were above the regional compliance

### **AREAS FOR IMPROVED PRACTICE:**

- Critical measure #6 (Maintaining Personal Contact every 90 days) is significantly low (20%)
- Critical measure #8 (Assessment and Planning) was significantly low (33% compliance; 26.7% partial compliance)

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Julie Cringle  
Practice Analyst  
Fraser Region

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Date

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Henry Grayman  
Manager Service Quality  
Fraser Region

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Date

## 12. RECOMMENDATIONS

Meeting: October 20, 2006

Present:

Abbotsford CSM

FDD Team Leader

Manager for Practice Development

Practice Analyst

Manager for Service Quality

Recommendations:

Within the next three months:

1. The CSM will develop a plan with the Intake Team Leader (FFB) to ensure complete documentation on Intakes and Immediate Safety Assessments.
2. The CSM will discuss with the Abbotsford Team Leaders the need to do home visits during an investigation and work with the Team Leaders to develop a strategy to bring this measure (CM # 6 Conducting a Child Protection Investigation) up to compliance.
3. The CSM will continue with her involvement in the Fraser Regional initiative to bring the investigations up to timeline compliance for critical measure # 9 (Concluding an Investigation in a Timely Manner).
4. The CSM will ensure that all FDD team members take the advanced risk assessment training.
5. The team will carry on the work that they have begun, to develop systems to ensure adequate and timely file documentation.

6. The CSM will engage a C.P. consultant to review Standard # 16 (Conducting a Child Protection Investigation) and Standard #17 (Concluding a Child Protection Investigation) with FFB and FDD teams.



\_\_\_\_\_  
Bruce McNeill  
Director of Child Welfare  
Fraser Region

\_\_\_\_\_  
Date

Additional (Director of Child Welfare) Recommendations (if any):

The Community Services Manager will provide to the Director of Child Welfare within 60 days a plan to improve compliance with Child Service Standard #6 (Maintaining Personal Contact with a Child in Care) and Child Service Standard #8 (Assessment and Planning for a Child in Care).

\_\_\_\_\_  
Les Boon  
Regional Executive Director  
Fraser Region

\_\_\_\_\_  
Date

Additional (Executive) Recommendations (if any):

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Marilyn Hedlund

\_\_\_\_\_  
Date

Provincial Director of Child Welfare

**Director's Case Practice Audit – Abbotsford Protective Family Services  
Team - FDD**

Reviewed by the Provincial Director of Child Welfare – no further  
recommendations to add.

Marilyn Hedlund  
Provincial Director of Child Welfare

February 8, 2008