

**DIRECTOR'S CASE PRACTICE AUDIT REPORT
Vancouver Island Region**

Courtenay Protective Family Services Team (KKD)

**Field Work Completed: March 27, 2008
Report Completed: May 27, 2008**

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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 systematically 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 Case Practice Audit Methodology and Procedures Document (March 2003). The specific audit tools used in conducting this audit are indicated below (check applicable).

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

The auditor met initially with the team to review the audit purpose and process. During the audit, the Team Leader was interviewed with respect to office systems, and service delivery. The KKD social workers were also asked to participate in a discussion regarding the office service delivery and barriers to effective service delivery. An exit meeting with the Team Leader and team members was conducted at the conclusion of the audit to review the findings. At the conclusion of the audit, individual case audit reports were sent to the Team Leader and Community Service Manager.

SECTION II: COMMUNITY CONTEXT

3. SERVICE AREA

a) Geographic's:

"The Comox Valley is a region on the east coast of Vancouver Island, British Columbia, Canada that includes the city of Courtenay, the town of Comox, the village of Cumberland, and the unincorporated settlements of Royston, Union Bay, Fanny Bay, Black Creek and Merville. The communities of Denman Island and Hornby Island are also considered part of the Comox Valley. The Comox Valley is listed as being the 59th largest metropolitan area in Canada.

The region is one of the fastest growing in British Columbia. Its growth is mostly due to a building boom in Courtenay, but other parts of the Valley are being suggested for development, including Cumberland and Union Bay. The Valley is best described as a postmodern society in which service jobs have exceeded 50% of the employment opportunities. The growth industries are tourism and **G** construction, with the Canadian Forces in the form of CFB Comox having long provided significant economic stability since the decline of logging and mining in the region after the 1960s and fishing in the 1990s."¹

The KKD district office is located in the city of Courtenay.

b) Demographics:

The following demographic profile information for KKD was obtained from BC Statistics

Population

	Total Population (2006)	Aboriginal (2002)	Other Minorities (2002)
Total area	62,934	3.5	3.0

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

Social demographics

<u>Education & Income</u>	Courtenay & Area	BC
• % of Income Assistance Caseload that are single parent families (2006)	18.9	15.3
• % of Unemployment beneficiaries ages 19-64 (2006)	12.4	0.6
• % of population ages 25-54 without High school completion (2006)	18.9	17.2
• % of 18 year old who did not graduate (average 2004-2006)	31.8	23.2

¹ Answers.Com, search "Comox Valley", 2007Mar28.

Serious Crime incidences per 1000 population

(average 2003-2005)

Violent	31.8	3.0
Property	9.9	12.4
Total Serious Crime	11.4	15.4
Non Cannabis drug offences (per 100,000 pop)	127.9	201.5
Illicit drug deaths (per 100,00 pop)	0.0	6.1
Spousal Assault		

Serious Juvenile (12-17) Crime rate incidences per 1000 pop

(average 2001-2003)

Violent	1.6	2.4
Property	2.3	2.5
Total Serious	3.9	4.9
Non Cannabis drug offences (per 100,000pop)	17.7	46.8

Health

• Infant Mortality Rate (per 1000 live births) (2001-2005)	5.2	4.2
• Potential years of life lost due to suicide/homicide (2001-2005)	4.7	4.3
• Teen Pregnancies (per 1000 women 15-17) (2002-2004)	16.8	17.8
• Per Capita Alcohol Sales (April 2003-March 2004)		
• Dollars Spent	\$737.00	\$720.00
• Liters consumed	126	110

*Note** this does not specify what % is due to tourism*

• Child Abuse Rate incidences per 1000 population (2006)	4.5	8.7
• Children in Care Rate incidences per 1000 population (December 2006)	7.3	10.1

c) Service Delivery:

The KKD team consists of, one Team Leader, three intake and investigation social workers, four family/child service workers and one family development response social worker. The team is responsible for protective and supportive family and child services, intake and investigations, screening, family development response and guardianship functions for children who are temporarily in the care of the director. The families that receive these services involve children under the age of twelve.

The KKD district office is co-located with the following teams, Youth Services, Resources/Guardianship/Out of Care Options team, Child and Youth Mental Health and Youth Probation. The Courtenay/Port Alberni Community Services Manager is also located in this building as well as the Child and Family Development Consultant, a Regional Practice Analyst and the Vancouver Island Regional Director.

i) Residential Services

Residential services for children served by KKD are developed by a Resource Team that is located at the same work site and who serve both the KKD and a team dedicated to working with children twelve years and over. This team also includes two guardianship workers and a half time out of care options worker. The resource social workers are responsible for recruitment of foster homes and home studies, placement requests, providing support to foster parents and managing issues within the foster homes.

To manage placement requests the Resource team schedules placement meetings which are held twice weekly. During these meetings social workers are asked to present information regarding the needs, circumstances and history of the child requiring admission to Care and to review the availability of appropriate resources for that child. When placements are required on an emergency basis, the social worker requesting the placement locates a resource worker and that worker arranges the placement. Once a home has been secured for the child, the KKD worker meets with the foster parents, places the child and follows up with a referral document to the resource

When a foster home has been chosen for a child the resource social worker arranges a meeting between the child's social worker, the proposed foster parent and the foster parent's social worker in order to provide the foster parents with adequate information regarding the child being placed in their home. Foster parents caring for children with particularly difficult behaviors are supported by a contractor who provides guidance, as well as a team of therapists who develop plans to help foster parents respond to difficult behaviors.

ii) Service Transformation Plan

The KKD team leader advises that there is no current formal plan in place to address service transformation. However, the KKD team has one worker designated to provide Family Development Response and contracts have been in place to support Family Group Conference, the Roots Worker and Mediation. The KKD team leader is also involved in a variety of community committees including, the Comox Valley peri-natal advisory committee, and the aboriginal youth visioning group, aboriginal early childhood development council, Hornby/Denman Community Health Care Society and the Comox Valley Family Services committee.

The KKD team leader stated she is new to the community and her participation in these committees has been useful to gain awareness of and knowledge of the services within the Comox Valley as well as to strengthen relationships with community partners. Over time, the KKD team leader states participation on some of these committees will be delegated to the KKD team members.

STAFF TRAINING									
Ministry Training Programs	Team Leader	SW 1	SW 2	SW 3	SW 4	SW 5	SW 6	SW 7	SW 8
CPW Training Program (core)									

Resources SW Training									
Guardianship Core Training									
Adoption Core Training									
Clinical Supervision Level 1.									
Clinical Supervision Level 2									
Risk Assessment									
Advanced Risk Assessment									
Cultural Awareness									
Integrated Case Management									
Investigative Interviewing									
FAS/E and NAS/E									
Looking After Children									
Substance Misuse									
Youth Alcohol & Drug									
Youth suicide prevention									
Youth agreements									
District Supervisor training mod. 1									
D/S training mod. 2									
Leading the Way									

5. SUPERVISION/CONSULTATION

The KKD team leader maintains an open door policy to facilitate supervision and consultation as needed. The KKD staff indicates the team leader is always available when in the office and can also be reached by cell phone. If the KKD team leader is scheduled to be out of the office arrangements are made for consultation to occur with another team leader located in their building. KKD staff may also call After Hours or a team leader from another community if necessary.

Scheduled consultation meetings occur every Tuesday morning for the intake/investigation workers and every Wednesday afternoon for the family service workers. A full team meeting is scheduled every other Thursday. During these meetings file transfers and case discussions occur.

The team leader states individual tracking sessions are also scheduled with each KKD worker approximately every month, however, due to work load demands and priority situations, this supervision generally extends to every two months. During these tracking sessions the KKD team leader and the social worker discuss the current circumstances of each case and what action items have been completed and what ones are required.. The KKD team leader records these meetings in a binder and is currently developing a

spreadsheet to list all required assessments and standard recordings (Risk assessment, CPOC, etc) in order to track each worker's required documents for each file.

Formal supervision also occurs once per year with each worker to discuss goals, training needs/requests and overall performance evaluations. The team leader states EPDP's are also complete and reviewed throughout the year.

6. INTAKE AND TRACKING SYSTEMS

a) Investigations:

There are three KKD social workers assigned to complete child protection investigations, support service requests and referrals for families to community agencies. The KKD workers assigned to intake and investigation are responsible for receiving all calls regarding children under the age of 12, assessing the caller information, determining the most appropriate response, opening support service files, referring families to the community and conducting child protection investigations.

Each KKD worker is assigned a duty day on a rotating basis and is responsible for all intakes received on that day. If an investigation is required on a family service file that is open to a KKD family service worker, that worker is transferred responsibility for completing the investigation. However, investigations concerning families with open files are conducted by the family's social worker unless the report includes risk factors previously unidentified and unaddressed. In either case the KKD intake/investigation workers are always available to assist the family service worker with an investigation.

If a child is found to be in need of protection at the conclusion of an investigation or if an ongoing support service response is required the file is transferred to the KKD family service worker for ongoing case planning and support. When the file is transferred as a protection file the KKD intake/investigation worker is responsible for completing the risk assessment and arranging a meeting between the new family service worker and the family. Where court orders are required, the KKD Intake worker is responsible for completing the court documents and court proceedings up to the protection hearing.

To track intakes and investigations each KKD worker is responsible for entering the family name, date of the call and type of response required during their duty day. This information is filed on a clip board and passed to the KKD worker on duty the following day. All after hours memos are photocopied to a binder managed by the team leader. After hours memos from the previous evening are the responsibility of the worker on duty the following morning. Each KKD intake/investigation worker is also responsible for tracking their files through their caseload list and caseload management reports.

b) Family development Response:

There is currently one KKD worker assigned to Family Development Response files. The KKD team leader states all workers have been trained in FDR.

c) Ongoing Family Service and Child Service

The KKD team leader tracks family and child service files during regular scheduled case load reviews, through caseload management reports and during weekly scheduled team meetings. The team leader also tracks files on an erase board in her office, indicating how many files each worker has and what the increase in files has been. The team leader states this is useful to assist with prioritizing and to determine which worker has capacity to receive new files.

File transfers are tracked in a folder by the team leader. The KKD team leader documents when a request for file transfer was received, which worker will be receiving the file and when the transfer was complete. Files are either transferred from the KKD intake/investigation worker to:

- the KKD family service worker for ongoing case planning,
- to the youth services team (when a child reaches age 12),
- from the KKD family service worker to the guardianship worker when a continuing custody order has been obtained),
- to another district office.

Generally the KKD workers request for a file transfer is outlined in an e-mail to the team leader, with the KKD worker describing the reasons for the request, the current circumstances and history of the file, what tasks have been complete and what tasks require completion. When a child service file is being transferred to the guardianship team at the conclusion of the continuing custody order, the team leaders and social workers meet to discuss access arrangements and planning issues.

The KKD family service worker with ongoing conduct of the family service and/or child service file is responsible for completing the Risk Reduction Service Plan, any required referrals to the community and ongoing court documents/proceedings where applicable. The family service worker is also responsible for the ongoing re-assessment of risk and for the completion of the child's comprehensive plan of care and reviews.

7. STAFFING

a) Staff Complement/Staff Turnover:

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Leader				F	F
SW 1				F	F
SW 2				F	F
SW 3				F	F
SW 4				F	F

SW 5				F	F
SW 6				F	F
SW 7				F	F
SW 8				F	F

b) Current Workload

File Type	Jun-Nov 2007	Monthly Average <i>June – Nov., 2007</i>
Child Protection intakes	164	27
Requests for Family Support Services	75	13
Requests for Youth Services	0	0
Total Intakes over 6 months	239	40
Youth In Care Files		5
Aboriginal Youth In Care		2
Family Services	845	141
Supervision Orders	71	12
Youth Agreement Files	0	0
Youth Services Files	0	0
Aboriginal Youth Services Files	0	0

Caseload Characteristics for 2007

Children and Youth Served Over Previous Six Months

Month	Aboriginal CIC's	Non- aboriginal CIC's	Total CIC's	Youth Support Services	Youth Agreements	Supervision Orders
Nov.	10	16	26	0	0	15
Oct.	11	15	26	0	0	13
Sept.	11	14	25	0	0	11
Aug.	11	15	26	0	0	11
July	10	18	28	0	0	10
June	11	15	26	0	0	11

Ages of children and youth

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

(Nov. 2007, MARS)

Children in Care by Legal Authority

Legal Authority	# of CIC's
Continuing Custody	0
F.R.A. Ward	0
Interim Order	7
Out of Province	0
Removal of Child	0
Special Needs Agreement	1
Temporary Custody	18
Voluntary Care Agreement	0
Not Coded	0

(Nov. 2007, MARS)

After Care Plan

After Care Plan	# of CIC's
Adoption	0
Independent Living	0
Not Coded	5
Place with Relative	0
Place within Aboriginal Community	0
Return to Parent	21
Substitute Care	0

(Nov. 2007, MARS)

8. ABORIGINAL SERVICES (if applicable)

KKD does not provide services to aboriginal families separately or apart from non-aboriginal families. The Comox Valley Indian Band is the only Band within the KKD service area and a local protocol exists with this Band.

SECTION III: CASE PRACTICE REVIEWS

9. AUDIT SAMPLE

The terms of reference letter which was sent to the Community Services Manager and KKD team leader prior to the initiation of the Courtenay (KKD) audit, identified an audit sample of 20-25% of open family and child service files and 20-25% of investigations closed within the previous 6 months.

The Caseload Management Reports printed from the MCFD computer system at the onset of the audit was used to arrive at an audit sample number. The MARS system was used to determine the total number of closed investigations over the past six months (June-November 2007).

The MARS system indicated a total of 255 closed investigations over the previous 6 months. Given the large amount of closed investigations present, 20% of these files were randomly selected using the excel computer program, resulting in 26 files to audit.

The Caseload reports for each KKD worker obtained through the MARS system at the beginning of the audit (January 2008) identified 98 open family service files and 26 open child service files. Due to the large number of open family service files, a 20% random sample was taken resulting in 17 files to audit. As a small number of child service files were open, 46% were chosen resulting in 12 child service files to audit. These files were randomly selected using the Excel computer program. Approximately 20% of each caseload was audited.

10. CRITICAL MEASURES AUDIT TOOL FOR CHILD AND FAMILY SERVICE STANDARDS

Rating Definitions:

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

	Critical Measures	C		PC		NC		NA
		#	%	#	%	#	%	

1	Screening and Best Approach to Service Delivery <i>CFS Service Standards #1 and #12</i>	34	79.1%			9	20.9%	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11</i>	3	100%			0	0.0%	40
3	Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard #12</i>	31	83.8%			6	16.2%	6
4	Family Development Response <i>CFS Service Standard #14</i>	0	0.0%			0	0.0%	43
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	23	88.5%			3	11.5%	17
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	11	42.3%			15	57.7%	17
7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	18	69.2%			8	30.8%	17
8	Concluding a Child Protection Investigation <i>CFS Service Standard #16</i>	11	42.3%			15	57.7%	17
9	Concluding a Child Protection Investigation in a Timely Manner <i>CFS Service Standard #16</i>	14	53.8%			12	46.2%	17
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #17</i>	7	50%			7	50%	29
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response <i>CFS Service Standards #17 and #20</i>	4	40%			6	60%	33
12	Notification of Fatalities and Critical Injuries (Reportable Circumstances) <i>CFS Service Standard #24</i>	1	50%	0		1	50%	41
13	Supervisory Approval	41	95.3%			2	4.7%	
	Total Applicable Indicators: NA Ratings Not Included in Count	198	70.2%	0		84	29.8%	277

= Number of applicable cases

% = Percent of total cases reviewed

1. SCREENING AND BEST APPROACH TO SERVICE DELIVERY

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

Compliant: 34 (79.1%)

Applicable 43/43

Non-compliant: 9

compliant:

- 3 files did not provide documentation of the intake history being reviewed
- 3 files did not provide documentation of the intake history being reviewed or a PCC
- 1 file did not provide documentation of consideration for or contact with the aboriginal community

2. WHEN A CHILD IS AT IMMEDIATE RISK OF HARM

In reports where a child is at immediate risk of harm the auditor looked for documentation that adequate steps were taken to see the child and ensure the child's immediate health and safety, including a safety plan. If unable to ensure that a child was seen immediately, the auditor would look for documentation describing alternative steps taken and who was asked to see the child instead to ensure their immediate safety.

Compliant: 100%

Applicable: 3/43
Non-Compliant:

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

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

Compliant: 31 (83.8%)

Applicable: 37/43

Non- 6

Compliant:

- 5 files contained information related to a section 13 concern within the caller information and an investigation was not initiated
- 1 file documented an accurate assessment of the report, however the assessment to determine the response was not made within 5 days.

4. FAMILY DEVELOPMENT RESPONSE

When a family development response option has been selected the auditor looked for documentation detailing the rationale for providing an FDR, a completed assessment, a plan for supporting the family and keeping the child safe. See Critical Measure #4 for further information. Not applicable for this audit

This critical measure is not being audited at this time.

5. DETERMINING THE TIME FRAME TO BEGIN AN INVESTIGATION.

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

Compliant: 23 (88.5%)

Applicable: 26/43

Non-

Compliant: 3

- 1 file involved very young children being left unattended and a coding of 5 days was given
- 1 file determined an investigation to commence within 5 days, however, the investigation did not commence for 12 days.
- 1 file documented a five day response when 24 hours would have been most appropriate.

6. CONDUCTING A CHILD PROTECTION INVESTIGATION

This critical measure outlines many of the activities involved in an investigation. These include: documentation that all relevant information relating to the report has been reviewed, documentation that information from people who have relevant knowledge of the family has been obtained, documentation that the child living situation has been directly observed, etc.

Compliant: 11 (42.3%)

Applicable: 26/43

Non- 15

Compliant:

- 7 files did not provide documentation of key collaterals being contacted during the investigation
- 5 files did not provide documentation of contact with key collaterals or the file history being reviewed
- 1 file did not provide documentation of key collaterals being

- contacted and a medical exam was not complete
- 1 file did not provide documentation of the aboriginal communities' involvement
- 1 file did not provide documentation of a medical exam or contact with key collaterals.
- 1 file did not provide documentation of the child's living situation being directly observed, a review of the file history or contact with key collaterals.

7. SEEING AND INTERVIEWING THE CHILD AND FAMILY

This critical measure requires that the worker sees and when possible interviews the subject child, siblings, parents, and involves the aboriginal community if applicable.

Compliant: 18 (69.2%)

Applicable: 26/43

Non- 8

Compliant:

- 3 files did not provide documentation of an interview with the father (spouse)
 - 2 files did not provide documentation of an interview with the child
 - 2 files did not provide documentation of an interview with the children or seeing the youngest child during the investigation
- 1 file did not provide documentation of an interview with the child or the father.

8. CONCLUDING A CHILD PROTECTION INVESTIGATION

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

Compliant: 11 (42.3%)

Applicable: 26/43

Non- 15

Compliant:

- 13 files did not complete the required steps of an investigation and/or seeing and interviewing the child and parent(s), therefore insufficient information was available to determine the most accurate finding.
- 2 files substantiated section 13 concerns and the child(ren) were not found to be in need of protection.

9. CONCLUDING A CHILD PROTECTION INVESTIGATION IN A TIMELY MANNER

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

Compliant: 14 (53.8%)

Applicable: 26/43

Non- 12

Compliant:

- 6 files completed an investigation between 31-45 days
- 2 files completed an investigation between 61 – 90 days
- 4 files completed an investigation 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 that occurred after determining that the child was in need of protective services. This plan should include an assessment of needs, risks, and strengths, review mechanisms, consider the child's need for stability and the participation of family in keeping the child safe.

Compliant: 7 (50%)

Applicable: 14/43

Non- 7

Compliant:

- 7 files did not provide documentation of a Risk Reduction Service Plan or any written plan with the above noted criteria.

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

The auditor looked for documented evidence that the plan to keep the child safe has been reviewed as appropriate with those involved. In ending a Protective Family Service Response, the auditor looked for documentation indicating an assessment had been completed supporting the conclusion that the parents were able to keep the child safe without protection services.

Compliant: 4 (40%)

Applicable: 10/43

Non- 6

Compliant:

- 2 files did not provide documentation of a re-assessment of risk when significant circumstances changed
- 2 files did not provide documentation of a re-assessment of risk prior to the end of a supervision order or over the course of 1-2 years
- 1 file did not provide documentation of a re-assessment of risk when a protection file was closed
- 1 file did not provide documentation of a re-assessment of risk prior to the child's return to their parents.

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

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

Compliant: 1 (50%)

Applicable: 2/43

Non- 1

Compliant:

- 1 file did not provide documentation of a critical incident report being generated after a serious incident occurred within the file

13. MANAGEMENT AND SUPERVISORY CONSULTATION

During this audit the auditor looked for documentation that reflected consultation with supervisors or managers at ALL critical points.

Compliant: 41 (95.3%)

Applicable: 43/43

Non- 2

Compliant:

- 1 file did not provide documentation of team leader approval throughout the file management
- 1 file did not provide documentation of team leader approval when the child returned home under a supervision order.

PRACTICE STRENGTHS:

- Screening and Best Approach to Service Delivery **79.1%**
CFS Service Standards #1 and #12
- When a Child is at Immediate Risk of Harm **100%**
CFS Service Standard #11
- Assessing a Child Protection Report and Determining the most Appropriate Response **83.3%**
CFS Service Standard #12
- Determining the Time Frame to Begin an Investigation **88.5%**
CFS Service Standard #16
- Supervisory Approval **95.3%**

Areas of strength identified through the audit include, screening, determining when a child is at immediate risk, assessing reports, determining the time frame to begin an investigation, and obtaining supervisory approval.

The documentation throughout the audit indicated that when the KKD team is receiving Information from callers, they are obtaining detailed information related to the reported concern and are assessing this information further when information is less clear. The documentation also indicates that prior contact checks are being completed and are attached to the intake and that workers are completing an intake review upon receipt of a call. The intake reviews are detailed and clearly documented within the intake. Once the information is gathered from the caller documentation supports compliance in assessing this information accurately and in a timely manner and that the assessments lead to the most appropriate response. The documentation indicates that the KKD team is more often than not investigating reports of child abuse when necessary and providing a supportive response where appropriate.

Once a decision is made to investigate, the time frame established to begin the investigation is accurate and diligent. The documentation indicates that investigations are initiated in a timely manner and are generally responded to within 24 hours despite a coding of five days.

Strength is also noted in determining when a child is at immediate risk of harm and developing a safe plan when required. The KKD team received 100% compliance in this area. These files clearly documented the workers ability to determine immediate safety issues and are responding to this information effectively and immediately. The documentation indicated that KKD is responding to this information and when immediate safety is verified, plans are developed to support the child's ongoing safety needs. It was also noted that when safety plans were required and developed for children during an investigation least disruptive measures were considered and implemented for the child.

A significant area of strength was noted in documenting supervisory approval and consultation. The documentation indicated that the KKD workers are clearly describing consultation with their supervisor during key aspects of child protection involvement and throughout their involvement with a file. These documented consults are very detailed, descriptive and clear and, for the most part outline rationale for decision making.

Area's of strength also noted throughout the review of the files is the detail and clarity of written court documents and correspondence with community professionals, parents and their families, foster parents and children. KKD documented respectful written information to parents regarding case decisions and risk issues as well as detailed accounts of conversations and interviews with children. Observations of children's living environment and parental behaviors were also remarkably detailed, clear and

facts based.

It was also evident throughout the documentation that KKD provides support options for families and initiates these support requests immediately. Advocating for special funding and extended contracts for families and with inter-agency personnel was also noted. As well as maintaining consistency of services for families and providing an integrated approach with community supports. KKD's documentation of parental participation or barriers to parental participation were noted throughout the files as well as the KKD's utilization of the child protection consultants when managing difficult cases.

AREAS FOR IMPROVED PRACTICE:

- Conducting a Child Protection Investigation **42.3%**
CFS Service Standard #16
- Seeing and Interviewing the Child and Family **69.2%**
CFS Service Standard #16
- Concluding a Child Protection Investigation **42.3%**
CFS Service Standard #16
- Concluding a Child Protection Investigation in a Timely Manner **53.8%**
CFS Service Standard #16
- Developing and Implementing a Plan to Keep a Child Safe **50%**
CFS Service Standard #17
- Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response **40%**
CFS Service Standards #17 and #20

During the audit 6 cases were referred to the team leader for review. Of the six files referred three involved family service files that had been closed, two involved files in which an ongoing protective family service file was open to KKD and one file was open as a support file with identified child protection concerns.

Of the three closed family service files that were flagged, one involved a protective family service file that had been closed without documentation of risk being reduced, one file involved ongoing concerns of sexual abuse that were not investigated and one file involved a history of concerns with investigations not meeting standards and current information supporting protection issues.

Documentation throughout the audit indicates several areas requiring strengthening. These areas include, conducting an investigation, seeing and interviewing the child and family, concluding an investigation, concluding an investigation in a timely manner, developing and implementing a plan to keep a child safe and re-assessing a plan to keep a child safe.

The standard statement for conducting investigations outlines a minimum number of steps required to complete an investigation. Documentation throughout the KKD audit indicated that 42.3% of the cases reviewed did not complete all of these steps. Of the steps missed, key collaterals that may have had relevant information regarding the family or who may have been directly involved in the situation were not contacted during the investigation. Reviewing the file history was also not documented on a majority of the files and in many of the cases audited at least two of the minimum steps required to complete an investigation were not documented.

Within the critical measure of seeing and interviewing the child and family, documentation indicated that the father or spouse was not seen or interviewed during the investigation and that the children were not interviewed or the youngest seen. It was also noted that at times, the interviews with the parents did not provide documentation of the child protection issues being discussed.

As many of the steps required to complete an investigation were missed and interviews with the children and families did not occur, making accurate assessments and decision at the conclusion of the investigation is also an area requiring improvement. The files indicated that the information gathered was insufficient to determine an accurate conclusion of the child's need for protection or not. Investigations were also not concluded within 30 days, with the majority of the investigations being complete between 31 and 45 days and four files exceeding 90 days.

Lower compliance was also noted in developing and implementing a plan to keep a child safe. All of the applicable files had a completed risk assessment on the file; however, fifty percent of those files did not provide documentation of a risk reduction service plan or any formal written plan to reduce risk. When re-assessing risk a majority of the applicable files did not provide documentation of reviews occurring when significant circumstances changed for the family, when children returned to their parents care, when supervision orders lapsed and when a protective family service file was closed. There was also little documentation of a review of the initial risk reduction service plans that had been complete at the onset of the child being found in need of protection.

NARRATIVE SUMMARY - CHILD SERVICES

Twelve child service files were audited. Overall compliance to the child service standards was 50%. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

11. CRITICAL MEASURES AUDIT TOOL FOR CHILD IN CARE STANDARDS

Rating Definitions:

- C** Full compliance to the standard
- PC** Partial compliance: The intent of the standard is met but significant practice issues have not been addressed
- 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
		#	%	#	%	#	%	
1	Preserving the Identity of an Aboriginal Child in Care <i>CIC Service Standards #1 and #19</i>	9	75%	2	16.7%	1	8.3%	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	12	100%			0	0%	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	6	50%			6	50%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	6	50%			6	50%	0

5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	3	25%	4	33.3%	5	41.7%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	3	25%			9	75%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	8	67.7%	3	25%	1	8.3%	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	2	16.7%	4	33.3%	6	50%	
9	When a Child is Missing or has Run Away <i>CIC Service Standard #14</i>	0	0.0%			1	100%	11
10	Notification of Fatalities, Critical injuries and Serious Incidents <i>C&FS Standard #24</i>	1	50.0%	1	50%	0	0%	10
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	0	0%			3	100%	9
12	Supervisory Approval	7	58.3%			5	41.7%	
	Total Applicable Indicators: NA Ratings Not Included in Count	57	50%	14	12.3%	43	37.7%	30

1. PRESERVING THE IDENTITY OF AN ABORIGINAL CHILD IN CARE

In this critical measure, the auditor looked for documentation that reflected whether a child in care was aboriginal or not. In the case of an aboriginal child, the documentation identifies the band and/or community, the child's status and membership number, or application for status, and a cultural plan for the child.

Compliant: 9 (75%)

Partially 2

- 2 files did not provide documentation of a cultural plan.

Compliant:

Non- 1

- One file indicated the child is aboriginal and status and membership had not been confirmed, the aboriginal community was not involved and there was no indication of a cultural plan being developed

Compliant:

2. ASSUMING RESPONSIBILITY FOR A CHILD IN CARE

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

Compliant: 12 (100%)

Non-Compliant: 0

3. ENSURING A CHILD'S SAFETY WHILE IN CARE

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

Compliant: 6 (50%)

- Non-Compliant:** 6
- 5 files did not provide documentation of why the child's placement was chosen or how the placement meets the child's needs.
 - 1 file documented a disclosure by the child that he had been punched by the foster parent with no further documentation related to a resolution of this statement. The child was also continually AWOL and placing himself at risk and a written plan to address this was 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 CFCSA, the social worker has informed the child of the rights of children in care, and that any reports that a child's rights may have been violated, have been addressed.

Compliant: 6 (50%)

- Non-Compliant:** 6
- 4 files did not provide documentation of how the child's care conforms to their rights or that the child's rights had been reviewed with them.
 - 2 files did not provide documentation of the child's rights being reviewed with them

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

In planning and making decisions for a child, the auditor looked for documentation that evidenced the child and others with significant relationships to the child were involved as fully as possible in the process and that any possible barriers to involvement were identified and addressed.

Compliant: 3 (25%)

Partially Compliant: 4

- 2 files provided documentation of the child's involvement in planning and decision making with little documentation of significant others being involved.
- 2 files provided documentation of involvement of those with a significant relationship to the child with no documentation of the child's involvement

Non-Compliant: 5

- 5 files did not provide planning documentation or child, family or significant person's involvement.

6. MAINTAINING PERSONAL CONTACT WITH A CHILD IN CARE

The auditor looked for documentation that demonstrates the child has had private in person contact with their social worker as per CIC standard #9 during the past three years.

Compliant: 3 (25%)

Non-Compliant: 9

- 7 files did not provide documentation of the SW having contact with the child every 90 days. (Very minimal contact was documented over the course of the child's placement).
- 2 files did not provide documentation of any SW contact with the child throughout their placement

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

The auditor looked for documentation to demonstrate that efforts had been made to promote stability and continuity for the child by supporting contact with significant people in the child's life and maintaining connections to the child's cultural heritage and identity. As well, the auditor looked for evidence of strategies that were implemented to promote stability and continuity of lifelong relationships and planning for the development of new lifelong relationships.

Compliant	8 (66.7%)	
Partially Compliant	3	<ul style="list-style-type: none">• 2 files did not provide documentation of planning to establish new lifelong relationships or exploration of extended family connections• 1 file did not provide documentation of planning to re-establish contact with the child's step-father with whom the child states he misses.
Non-Compliant:	1	<ul style="list-style-type: none">• 1 file did not provide documentation of the child's contact with parents or any persons significant to the child or planning to establish relationships.

8. ASSESSMENTS AND PLANNING FOR A CHILD IN CARE

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

Compliant:	2 (16.7%)	
Partially Compliant:	4	<ul style="list-style-type: none">• 2 files provided documentation of an initial plan developed within 30 days; however, no other planning documents were noted.• 2 files provided documentation of an initial plan developed within 30 days and a CPOC complete, however, the CPOC's were complete beyond the required time frame and reviews of the plan were not documented
Non-Compliant:	6	<ul style="list-style-type: none">• 4 files did not provide documentation of any written plans (CPOC's) for the child• 1 file did not provide documentation of an initial plan developed within 30 days and only the assessment portion of the CPOC was complete.• 1 file did not provide documentation of an initial plan developed within 30 days and only the assessment portion of the CPOC was complete and updated monthly.

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 behavior.

Compliant:	0	
Not Applicable:	11	
Non-Compliant:	1	<ul style="list-style-type: none">• This file involved a child who was continually AWOL and placing himself in unsafe situations and a written plan was not

documented to address this issue.

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

In circumstances where a death or critical injury has occurred for a child in care, the auditor looked for documentation indicating a Reportable Circumstances form had been completed, the director and Public Guardian and Trustee were notified, and reasonable efforts to notify and support the child's family and community services providers.

Compliant: 1 (50%)
Partial – compliance: 1 • This file did not document the reportable circumstance being submitted within 24 hours. (It was submitted one week later)
Not Applicable: 10
Non-Compliant: 0

11. PLANNING FOR A CHILD LEAVING CARE

When children were leaving care the auditor looked for documentation indicating that transition preparation took place involving the child, family, and other relevant and significant individuals. When youth in care had reached the age of majority, the auditor looked for information to indicate an assessment of the youth's capacity for living independently had been assessed; the youth had been supported to develop self care and independence skills, and provided with assistance to obtain necessities as outlined in CIC standard #16.

Compliant: 0 (0%)
Applicable: 3/12
Non-Compliant: 3 • 3 files involved a child returning to their parents care with no documentation supporting the above noted criteria

12. SUPERVISORY APPROVAL

During this audit the auditor was looking for documentation that reflected consultation with supervisors or managers at ALL critical points including placement, reunification, transferring responsibility, ending services, initial plan of care, plan of care reviews, and any significant changes in the child's circumstances.

Compliant: 7 (58.3%)
Applicable: 12/12
Non-Compliant: 5 • 5 files did not provide documentation of supervisory approval at all required points

AREAS OF PRACTICE STRENGTH

- Preserving the Identity of an Aboriginal Child in Care **75%**
CIC Service Standards #1 and #19
- Assuming Responsibility for a Child in Care **100%**
CIC Service Standard #4
- Meeting a Child's Need for Stability and Continuity of Lifelong Relationships **66.7% c/
25% p.c**
CIC Service Standard #10
- Notification of Fatalities, Critical injuries and Serious Incidents **50% c/
50% p.c**
C&FS Standard #24

Strength was identified within the CS files in areas of preserving the identity of an aboriginal child in care, assuming responsibility for a child in care, and meeting a child's needs for stability and continuity of life long relationships.

All of the child service files audited included the court documents and court orders related to the child coming into care. These court documents were clearly written and descriptive. The court documents outlined the parental participation in planning as well as a detailed synopsis of history related to the Ministries involvement. For the most part, the CS files contained the risk assessment and intake which led to the child's removal as well as opening recordings and an outline of the current circumstances upon file transfer.

Strength was also identified in preserving the identity of an aboriginal child in care. Aboriginal children and their community were clearly identified where appropriate and all of the CS files documented the social workers understanding of the child's history and current circumstances. This documentation was found in detailed opening recordings, transfer recordings and intakes. The KKC team's written work in this area reflects a solid in-depth knowledge of what risks were present for a child and the history of MCFD involvement with the child and their family.

Maintaining a child's need for stability and continuity of life long relationships was also evident within the audit specifically related to documentation of the child's contact with their immediate family and siblings. The documentation indicated that children were placed with their siblings and that contact with parents was established immediately upon their admittance to care. It was noted that the KKD team encouraged parental visits and developed flexible arrangements to ensure children maintain contact with their parents. In situations where parents lacked follow through and commitment to access, the KKD workers actively encouraged those parents to see and commit to a schedule with their children. Strength was also noted in children's continuity of care with many children maintaining the same placement for years and that service providers working with the children were also consistent.

Noted areas of strength observed while reviewing the CS files included detailed referrals for children in care being made in a timely manner, detailed reports received from and open communication noted between the child's support persons and the social worker and collaborative working relationships between service providers, district offices and transferring teams within the office. Advocating for children in care to receive special funding, to maintain placements and to pursue the child's requests is also an identified area of strength as well as documenting strength based/positive statements about the child.

AREAS FOR IMPROVED PRACTICE:

- | | |
|---|--------------|
| • Ensuring a Child's Safety While in Care
<i>CIC Service Standard #5</i> | 50% |
| • Ensuring the Rights of a Child in Care
<i>CIC Service Standard #6</i> | 50% |
| • Involving a Child and Considering the Child's Views in Case Planning and Decision Making (<i>CIC Service Standard #8</i>) | 25% |
| • Maintaining Personal Contact with a Child in Care
<i>CIC Service Standard #9</i> | 25% |
| • Assessments and Planning for a Child in Care
<i>CIC Service Standard #11</i> | 16.7% |
| • Planning for a Child Leaving Care
<i>CIC Service Standards #15 and #16</i> | 0% |

-
- Supervisory Approval

58.3%

There were no CS files highlighted to the team leader or manager for review. Areas of lower compliance included ensuring a child's safety while in care, ensuring the rights of a child in care, involving a child and considering the child's views, maintaining personal contact with a child, assessments and planning, planning for a child leaving care and supervisory approval.

The audit identified a significant lack of documentation of the KKD social workers having contact with children in care. This lack of documentation indicated that children in care very seldom see their social workers as required throughout their placement. Documenting a review of the child's rights with the child or with a significant person to the child was also not evident on a majority of the files including establishing how the child's placement conforms to those rights and how a child's placement meets their needs.

Assessments and planning for children in care, outlining a detailed assessment and the needs and goals for the child were also not documented on the files. A majority of the files did not provide any evidence of a written plan of care for the child throughout their placement, with most placements exceeding one year. Little documentation was recorded to determine the child's involvement in planning and decision making as well as to establish the extent of parental involvement and involvement of those persons with a significant relationship to the child.

Documenting appropriate preparation for and monitoring the transition from care to placement with parents, recording supervisory approval at all key points within a child service file and providing cultural plans for aboriginal children in care are also areas of low compliance.

Debi Van Voorst
Practice Analyst
Vancouver Island Region
May 27, 2008

Thomas Weber
Director of Integrated Practice
Vancouver Island Region

12. RECOMMENDATIONS

The following recommendations were developed on June 6, 2008 by the following persons:

- Manager, Quality Improvement & Assurance
- Director of Regional Operations
- Community Service Manager
- Team Leader
- Operations Practice Analyst
- Practice Analyst/Auditor

1. The Manager of Quality Improvement and Assurance will add the issue of how to determine who are significant collaterals when completing an investigation and the steps required to complete an investigation to the next scheduled team leader forum (September 2008) by August 2008. The Manager of Quality Improvement and

Assurance will also assign the task of developing and implementing the presentation of this issue to one of the regional practice analysts.

2. By August 30, 2008 the team leader will develop a tracking system/check list of the required practice standards specifically related to; the steps of an investigation, Risk assessments and re-assessments of risk, risk reduction service plans, informing and reviewing the child's rights in care and CPOC's. This tracking system will be discussed with staff during regular scheduled caseload reviews and consultation.

3. In order to achieve sufficient information gathering from collaterals when completing an investigation the team leader will, during ongoing consultation and regular scheduled supervision, ask workers who the significant collaterals are and which collaterals have been contacted and will track the steps required to complete an investigation during regular scheduled supervision, consultation and when signing off an intake.

4. To ensure the KKD workers document when they have informed a child in care of their rights, the rights of children in care will be attached to the referral document (the document social workers fill out when a child comes into care) and each worker will gain the child's signature, provide a date, or gather the signature of the person with a significant relationship to the child.

5. The team leader and CSM will meet with the KKD team members by October 2008 to discuss the CPOC document and reinforce the importance of completing this document according to the standards.

Thomas Weber
Director of Child Welfare

Vancouver Island Region
Date: