

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

Victoria/Esquimalt Protective Family Services Team 1 (KPB)

**Field Work Completed: December 2006
Report Completed: February 2007**

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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 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 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**

During the audit, the Team Leader and a social worker were interviewed with respect to office systems, and service delivery. The KPB 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 including Team Leader and team was conducted at the conclusion of the audit to review the findings. At the conclusion of the audit, individual case audit reports were given to the Team Leader.

SECTION II: COMMUNITY CONTEXT

3. SERVICE AREA

a) Geographics:

The KPB team services the greater Victoria area including the Saanich Peninsula, Victoria, Sidney, Esquimalt and View Royal. Three major hospitals are located within this geographical area including Victoria General Hospital, Royal Jubilee Hospital and Saanich Peninsula Hospital.

b) Demographics:

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

Population

	Total Population (2006)
Victoria, Saanich, Sydney, Oak Bay, Esquimalt, View Royal	273,112

Social demographics

	Victoria	BC
<u>Education & Income</u>		
• % of Income Assistance Caseload that are single parent families (2005)	15.2%	17.3%
• % of Unemployment beneficiaries ages 19-64 (2005)	11.3%	11%
• % of population ages 25-54 without High school completion (2005)	12.3%	17.2%
• % of 18 year old who did not graduate (average 2003-2005)	28.2%	24.4%
<u>Serious Crime incidences per 1000 population (average 2002-2004)</u>		
Violent	2.3	2.9
Property	7.9	12.6
Total Serious Crime	10.3	15.5
Non Cannabis drug offences	137.3	175.2
Illicit drug deaths (2004) age 19-64	8.1	6.2
Spousal Assault	1.1	2.2
<u>Serious Juvenile (12-17) Crime rate incidences per 1000 pop (average 2002-2004)</u>		
Violent	2.5	2.6
Property	2.0	2.9
Total Serious	4.5	5.6
Non Cannabis drug offences	44.2	46.4
<u>Health</u>		
• Infant Mortality Rate (per 1000 live births) (2000-2004)	4.5	4.1

• Potential years of life lost due to suicide/homicide (2000-2004)	4.1	4.4
• Teen Pregnancies (per 1000 women 15-17) (2002-2004)	17.5	17.8
• Per Capita Alcohol Sales (April 2004 to March 2005)		
• Dollars Spent	510	472
• Liters consumed	60	57
<i>Note** this does not specify what % is due to tourism</i>		
• Child Abuse Rate incidences per 1000 population (2005)	7.7	8/9
• Children in Care Rate incidences per 1000 population (December 2005)	11.1	9.8

c) Service Delivery:

KPB is co-located with 2 other teams, KPC and KPF. In December 2006 the service delivery model was changed where currently all three teams are responsible for Family Development Response, Intake and Investigation, Protective Family Services, and Child in Care services for families with children ages 0 to 12. According to BC Stats (2006) the 2006 population estimate for Saanich, Greater Victoria and the Gulf Islands for the ages 0 to 14 is 37,431 children.

Prior to this service delivery change, KPB and KPC were responsible for Intake/Investigation and Protective Family Services and KPF was responsible for Family Development Response. All three teams are responsible for a large geographical area that includes Greater Victoria, Saanich and the Gulf Islands. The three teams rotate weekly the responsibility for new intakes. KPB and KPC are responsible for all screening on a weekly rotating basis, and also screen for KPF during their intake week. The decision was made that KPF would be responsible for all cases on the Gulf Islands and KPB and KPC would provide screening for KPF, so that rather than having workers from all three teams traveling to the Gulf Islands which is time consuming, it is more efficient to have workers from one team providing services to the Gulf Islands.

KPB consists of one team leader, one social worker that provides Family Development Response, three Intake/Investigation social workers, four Protective Family Services social workers, one Screener and one team assistant.

i) Residential Services

The resource team responsible for the provision of Ministry approved caregivers to children in care is located in a separate district office. When a placement is required, the KPB social worker contacts the intake resource social worker to review the situation and child's needs, and then submits a placement request form to the Resource Team. In situations where an immediate placement is required the KPB social worker contacts a Resource team social worker by telephone to request an emergency placement.

ii) Service Transformation Plan

This team recently experienced a change in service delivery model as described above, and now provides Family Development Response as well as Intake/Investigation, Protective Family Services and Child in Care Services.

The Vancouver Island Region in the past year has increased the number of positions in alternative dispute resolution programs such as Family Mediation and Family Group

Conferencing. The KPB team refers families where appropriate to these services to assist with planning for children and working collaboratively with families.

4. STAFF TRAINING

Ministry Training Programs	TL	SW 1	SW 2	SW 3	SW 4	SW 5	SW 6	SW 7	SW 8	SW 9
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 module 1										
D/S training mod. 2										
Leading the Way										

5. SUPERVISION/CONSULTATION

The team leader also has regular supervision sessions with each social worker

Social workers bring a copy of their case load and a case management report for open intakes and child services files to each supervision session. The team leader

track and monitor cases

6. INTAKE AND TRACKING SYSTEMS

a) Investigations:

KPB is responsible for new intakes on a rotating weekly basis with the other two teams. During KPB's intake week, After Hours reports and police reports that are received overnight are entered into intakes by the team assistant and reviewed by the team leader for assignment. All intakes are entered into a manual tracking log by the screener, including the social worker assigned for the case. KPB has an intake meeting each morning at which all new intakes are reviewed, assigned and logged in the tracking log. During the day when new intakes are received, the screener documents all information and consults with the team leader. Any reports that are assessed as requiring an immediate response or response within 24 hours are assigned immediately. Other reports, where it is assessed that the risk is not acute are assigned at the daily intake meeting. The team leader reports that due to the high volume of calls, a back up screener is required on a daily basis. The team leader reports this creates challenges for the team as that social worker providing back up screening must remain in the office and be available, which impacts their ability to manage their own casework during that time.

b) Family Development Response:

Since December 2006, KPB now has one worker who provides Family Development Response for families. New intakes are screened using the Vancouver Island FDR screening tool to determine whether FDR may be the appropriate child protection response for that family. Where it is determined that FDR is the appropriate child protection response and the family is cooperative, the social worker completes in collaboration with the family a comprehensive assessment of risks and strengths and a plan with goals to improve family functioning and reduce identified risks. The social worker may refer the family, with the family's permission, to the Shared FDR Assessment committee for assistance and support. The Shared FDR Assessment committee is made up of MCFD staff and various community professionals. If it appears that risks may have increased during FDR services, the FDR social worker assesses the information and may refer the report to an investigation social worker for investigation if required. The FDR social worker provides ongoing assessment and once the family has achieved the goals identified and it is assessed that risk is reduced the file can be closed.

c) Ongoing Family Service and Child Service

When an investigation is completed and it is determined that children require protective services, the team leader reviews the workload of each family services social worker and assigns the case accordingly within the team. The Investigation social worker is responsible for completing a comprehensive risk assessment and comprehensive plan of care where the child is in care, prior to transferring the file. The Family Services social worker provides ongoing case management and works with the family to assist them in reducing identified risks. This includes completing regular and ongoing review of risks and risk reduction services planning and working with community service providers. The Family Services social worker also provides guardianship for children who are in care via temporary court orders or voluntary agreements.

7. STAFFING

a) Staff Complement/Staff Turnover:

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
SPO4				Full	
SPO4				Full	

SPO4				Full	
SPO4				Full	
Clerk 9				NA	
SPO4				Full	
SPO4				Full	
SPO4				Full	
SPO 4				Full	
SPO 7 (TL)				Full	
SPO4				Full	

The team leader reports that KPB has experienced several changes in the past five years in service delivery model, geographical area responsibility, office location and staffing. Approximately five years prior, KPB and KPC were responsible for the Saanich geographical area. Since that time the Sydney office and two other Victoria teams were collapsed during different times and the caseloads and staff were transferred and re-distributed between KPC and KPB at those times. This also resulted in an increase in geographical responsibility as KPB and KPC became responsible for the Sydney/Gulf Islands area as well as Greater Victoria area.

b) Current Workload

File Type		Monthly Average <i>(Dec 2005 to Dec 2006)</i>
Child Protection intakes	46	30
Requests for Family Support Services	2	1
Child In Care Files	38	37
Aboriginal children In Care	3	6
Family Services	140	144
Supervision Orders	18	11
Section 8 (Kith and Kin)	0	.5

(MARS DEC 2006)

Caseload Characteristics for 2006

Children and Youth Served Over Previous Six Months

Month	Aboriginal CIC's	Non- aboriginal CIC's	Total CIC's	Supervision Orders
July	3	40	43	10
August	3	43	46	10
September	3	41	44	21
October	4	31	35	23
November	4	32	36	23
December	3	35	38	18

(MARS)

Ages of children and youth

Age	# of CIC's	Age	# of CIC's	Age	# of CIC's
0	3	7	2	14	1
1	6	8	2	15	0
2	4	9	2	16	0

3	3	10	1	17	0
4	4	11	2	18	1
5	4	12	1		
6	1	13	2		

(Dec 2006, MARS)

Children in Care by Legal Authority

Legal Authority	# of CIC's
Continuing Custody	3
Interim Order	7
Temporary – supervision of other	3
Removal of Child	3
Special Needs Agreement	4
Temporary Custody	15
Voluntary Care Agreement	3

(Dec 2006, MARS)

After Care Plan

After Care Plan	# of CIC's
Adoption	3
Not Coded	8
Place with Relative	7
Return to Parent	20

(Dec 2006, MARS)

8. ABORIGINAL SERVICES (if applicable)

The Capital Region has a specialized Aboriginal Intake and Family services team that provides services to families that are identified as Aboriginal.

SECTION III: CASE PRACTICE REVIEWS

9. AUDIT SAMPLE

As noted in the terms of reference letter that was sent to the Community Services Manager and Team Leader, a sample size of between 20% and 25% of open cases were selected for this audit. KPB is responsible for Intake, Investigation, Protective Family Services and Guardianship of children in temporary or voluntary care. At the time of the audit there were 156 open family service files, and 37 child services. A data set was compiled by obtaining Closed Investigation reports from the MARS website for the previous six months. This data was then randomly sorted using Excel spreadsheet, and 20% of each caseload were selected to create the audit sample. Open Family Services and Child Services files were selected from current case management reports available on MARS via a random sampling process using Excel spreadsheet. Scores for both the closed investigations and open family services files are summarized together in the critical measures audit tool for child and family services standards (section 10).

It is important to note that a significant portion of the work that was audited was completed on different teams by different social workers, which were then transferred to the KPB team. The results below do not necessarily present an accurate reflection of the work completed by the KPB team.

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>	52	89.7%			6	10.3%	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11</i>	19	82.6%			4	17.4%	35
3	Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard #12</i>	50	89.3%			6	10.7%	2
4	Family Development Response <i>CFS Service Standard #14</i>	0	0%			0	0%	58
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	38	79.2%			10	20.8%	10
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	25	52.1%			23	47.9%	10
7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	24	50%			24	50%	10
8	Concluding a Child Protection Investigation <i>CFS Service Standard #16</i>	22	45.8%			26	54.2%	10
9	Concluding a Child Protection Investigation in a Timely Manner <i>CFS Service Standard #16</i>	17	36.2%			30	63.8%	11
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #17</i>	15	57.7%			11	42.3%	32
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response <i>CFS Service Standards #17 and #20</i>	1	5.3%			18	94.7%	39
12	Notification of Fatalities and Critical Injuries (Reportable Circumstances) <i>CFS Service Standard #24</i>	0	0	0	0	1	100%	57
13	Supervisory Approval	52	91.2%			5	8.8%	
	Total Applicable Indicators: 479 NA Ratings Not Included in Count	315	65.8%	0	0	164	34.2%	274

= 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: 52

Non-Compliant: 6

- *In 6 files it was unclear if a review of the family's involvement with MCFD was completed as demonstrated by having a PCC attached or a summary of history documented.*

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: 19

Not Applicable: 35

Non-Compliant: 4

- *In 2 files it appeared from documentation that there may have been an immediate risk of harm in the caller information that did not appear to have been assessed at the time of call.*
- *In 2 files an assessment of immediate risk of harm was completed but the determination of whether the child was safe or not was not supported by the documentation on file.*

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: 50

Not Applicable: 2

Non-Compliant: 6

- *In 4 files the response decision was made outside of the 5 day time frame requirement*
- *In 1 file a protective response was the response required*
- *In 1 file an investigation was completed where an assessment of supports needed would have been a more appropriate response.*

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

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: 38

Not Applicable: 10

Non-Compliant: 10

- *In 8 files, documentation indicated the social worker was not able to initiate the response within the response time frame*
- *In 2 files the determination of response time was not supported by the information documented*

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: 25

Not Applicable: 10

Non-Compliant: 23

- *In 11 files it was unclear if the subject child or children had been interviewed by the social worker*
- *In 9 files there were collaterals identified that did not appear to have been interviewed*
- *In 6 files it was unclear if a home visit and the home environment directly observed by a social worker was completed*
- *In 6 files it was unclear if other vulnerable children in the home were interviewed by a social worker*
- *In 3 files it was unclear if relevant history, records and/or reports were reviewed*
- *In 2 files a medical exam of a child may have been necessary but did not appear to have been completed*
- *In 10 files it was unclear if all parents and/or caregivers were interviewed by a social worker*
- *In 5 files it was unclear if significant adults involved were interviewed by a social worker (e.g. stepparent, boyfriend/girlfriend)*
- *In 1 file it was unclear from the documentation if the reported section 13 concerns were followed up with*

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: 24

Not Applicable: 10

Non-Compliant: 24

- *In 15 files it was unclear if the subject child or children were seen and interviewed or if the interview was sufficient*
- *In 15 files it was unclear if all the parents or caregivers were interviewed by a social worker*
- *In 3 files it was unclear if a stepparent who was living in the home or involved was interviewed by a social worker*
- *In 3 files it was unclear if the home environment was observed and it may have been critical to the investigation*
- *In 2 files interviews were conducted over the phone and not in person by a social worker*
- *In 6 files it was unclear if other vulnerable children in the home were interviewed*

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: 22

Not Applicable: 10

Non-Compliant: 26

- *In 25 files it was unclear if there was sufficient information obtained to determine a child's need for protective services as some steps of the investigation were not completed.*
- *In 5 files a social worker did verify a child or children required protective services but the finding was determined as "not 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: 17
Not Applicable: 11
Non-Compliant: 30

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: 15
Not Applicable: 32
Non-Compliant: 11

- *In 8 files it was unclear from the file if a comprehensive assessment and risk reduction service plan had been completed*
- *In 2 files a comprehensive assessment was found but the auditor was unable to find a completed risk reduction services plan*
- *In 1 file a completed risk reduction services plan was completed but the auditor was unable to find a comprehensive assessment.*

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: 1
Not Applicable: 39
Non-Compliant: 18

- *In 1 file significant change appeared to have occurred but the auditor was unable to find a completed review of risk and plan*
- *In 2 files the auditor was unable to find a completed review of risk prior to children being returned home*
- *In 14 files review risk assessments and risk reduction service plans were overdue at the time of audit*

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: 0
Not Applicable: 57
Non-Compliant: 1

- *On 1 file there was an incident of critical injury for a child in care or a child who had received services in the past 12 months and the auditor was unable to find a completed reportable incident report.*

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: 52

Non-Compliant: 5

PRACTICE STRENGTHS:

- Screening and Best Approach to Service Delivery **89.7%**
CFS Service Standards #1 and #12
- Assessing a Child Protection Report and Determining the most Appropriate Response **89.3%**
CFS Service Standard #12
- Supervisory Approval **91.2%**

AREAS FOR IMPROVED PRACTICE:

- Conducting a Child Protection Investigation **52.1%**
CFS Service Standard #16
- Seeing and Interviewing the Child and Family **50%**
CFS Service Standard #16
- Concluding a Child Protection Investigation **45.8%**
CFS Service Standard #16
- Concluding a Child Protection Investigation in a Timely Manner **36.2%**
CFS Service Standard #16
- Developing and Implementing a Plan to Keep a Child Safe **57.7%**
CFS Service Standard #17
- Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response **5.3%**
CFS Service Standards #17 and #20

NARRATIVE SUMMARY - CHILD SERVICES

7 child service files were audited. Overall compliance to the child service standards was **50.8%**. 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>	6	85.7%	1	14.3%	0	0	

2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	6	85.7%			1	14.3%	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	5	71.4%			2	28.6%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	1	14.3%			6	85.7%	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	3	42.9%	2	28.6%	2	28.6%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	1	14.3%			6	85.7%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	4	57.1%	2	28.5%	1	14.3%	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	3	42.9%	2	28.6%	2	28.6%	
9	When a Child is Missing or has Run Away <i>CIC Service Standard #14</i>	0	0			0	0	7
10	Notification of Fatalities, Critical injuries and Serious Incidents <i>C&FS Standard #24</i>	0	0	0	0	0	0	7
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	1	50%			1	50%	5
12	Supervisory Approval	3	42.9%			4	57.1%	
	Total Applicable Indicators: 65 NA Ratings Not Included in Count	33	50.8%	7	10.8%	25	38.5%	19

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: 6

Partially Compliant: 1

- In 1 file the auditor was unable to find a completed cultural plan of care for an aboriginal child on file.

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: 6

Non-Compliant: 1

- In 1 file there was an expired voluntary care agreement on file but it appeared the child was still in care at the time of audit.

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: 5

Non-Compliant: 2

- *In 2 files there was insufficient information documented that demonstrated the child was placed in a placement that met all their identified needs*

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: 1

Not Applicable: 0

Non-Compliant: 6

- *In 5 files it was unclear if the social worker had reviewed the child's section 70 rights with the child or someone on their behalf in the past 12 months.*
- *In 2 cases where the child's age may have been a barrier to reviewing/informing the child of their section 70 rights it was unclear if the social worker reviewed these with someone else who could act in the child's best interest*

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

Partially Compliant: 2

Non-Compliant: 2

- *In 2 files it was unclear from the documentation the extent and nature of involvement the social worker involved the child in planning and decision making.*

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: 1

Non-Compliant: 6

- *In the 6 non compliant files it was unclear from documentation if the social worker had contact with the child in care as per standards every 3 months in person and in private.*

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 4

Partially Compliant 2

- *In 2 files it was unclear what steps had been taken to facilitate contact with family members, including extended family.*

Non-Compliant: 1

- *In 1 file there was insufficient information on file to demonstrate what plan for access and contact between the child and family would occur.*

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: 3

Partially Compliant: 2

- *In 2 files it was unclear if the initial planning within 30 days had been completed but there was evidence of planning that had occurred within file recordings*

Non-Compliant: 2

- *In 1 file the auditor was unable to find a completed plan of care on file*
- *In 1 file the initial planning within 30 days had not been completed or was on file.*

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.

Compliant: 0

Not Applicable: 7

Non-Compliant: 0

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: 0

Not Applicable: 7

Non-Compliant: 0

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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: 1

Not Applicable: 5

Non-Compliant: 1

- *In 1 file it was unclear what planning had occurred for a child that was in care via Voluntary*

Care and the agreement was expiring in 4 days from the time of audit

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:

Non-Compliant:

- In 1 file it was unclear if the team leader had approved extending a child's admission in care
- In 2 files it was unclear if the team leader had been apprised of the child's removal
- In 1 file as there was no care plan documented, it was unclear if the team leader had been consulted regarding care planning and case decisions for this child.

AREAS OF PRACTICE STRENGTH

- Preserving the Identity of an Aboriginal Child in Care
CIC Service Standards #1 and #19 **85.7%**
- Assuming Responsibility for a Child in Care
CIC Service Standard #4 **85.7%**

AREAS FOR IMPROVED PRACTICE:

- Ensuring the Rights of a Child in Care
CIC Service Standard #6 **14.3%**
- Maintaining Personal Contact with a Child in Care
CIC Service Standard #9 **14.3%**
- Supervisory Approval **42.9%**

Michelle Peterson
Regional Auditor
Vancouver Island Region
Date:

Thomas Weber
Director of Child Welfare &
Deputy Director Adoptions
Vancouver Island Region
Date:

12. RECOMMENDATIONS

These recommendations were developed in consultation with, Nancy Frederick, Community Services Manager, Bobbi Lund, Team Leader, Mark Armitage, Director of Operations Vancouver Island Region, Alex Scheiber, Deputy Director Vancouver Island Region, Michelle Peterson, Regional Auditor/Analyst.

1. The Community Services Manager will share and debrief the audit report with the KPB team.
2. The Team Leader will implement an intake/investigation checklist to be used by all social workers on the team and signed off by the Team Leader for each investigation.
3. The Team Leader will implement a child service file checklist to be placed on each child services file to ensure required documentation file including all records about the child, and intakes documenting the child's placement in care is filed on the child services file.
4. The supervisor will incorporate into regular individual supervision sessions practice expectations and assist workers in prioritizing the following casework activities:
 - The requirement to see and interview all children and parents during investigations
 - Reviewing Comprehensive Risk Assessments and Risk Reduction Service Plans
 - Comprehensive Plans of Care
5. The Team Leader will develop and implement a strategy for ensuring the rights of children in care are communicated and documented annually to the child or someone who can advocate on the child's behalf. The Community Services Manager will report back on the details of this strategy to the Director of Child Welfare.
6. The Deputy Director, Vancouver Island Region, Regional Practice Analyst/Auditor and Community Services Manager will meet with South Island Team Leaders to discuss the necessary steps in an investigation and reinforce the need to interview all children and parents during investigations.
7. The Director of Operations, Vancouver Island Region will provide the Director of Child Welfare, Vancouver Island Region with a written confirmation that recommendations 1-6 have been completed by May 30, 2007.

Thomas Weber
Director of Child Welfare & Deputy Director Adoptions
Vancouver Island Region
Ministry for Children and Family Development
Date:

Marilyn Hedlund
Provincial Director
Ministry for Children and Family Development
Date:

**Directors Case Audit Report – Victoria/Esquimalt Protective Family Services
Team 1 - KPB**

Reviewed by the Provincial Director of Child Welfare – the following recommendation is being added to this report.

1. The Regional Director of Child Welfare to re-audit this office by March 31, 2008.

Marilyn Hedlund
Provincial Director of Child Welfare

April 25, 2007