

CASE PRACTICE AUDIT REPORT

Prince George Child and Family Services (QGG)

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

North Region

Director of Child Welfare

Field Work Completed: October 16, 2006 – October 29, 2006

Report Completed: November, 2006

**CASE PRACTICE AUDIT REPORT
Prince George Child and Family Services (QGG)**

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SECTION I: INTRODUCTION

PURPOSE

The purpose of case practice audits is to support practice to promote improved outcomes for children and families served by the Ministry. 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 was conducted proactively by the Director's office in the North Region. Proactive audits of district offices providing child protection, guardianship, youth and non protective family services are systemically conducted according to a 3 year cycle. The North Region conducts case practice audits as an integral component of their quality assurance plan.

METHODOLOGY

The audit was conducted in accordance with the Case Practice Audit Methodology and Procedures Document (April 2004). The specific audit tools used in conducting this audit are:

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

The current critical measures tool (April 2004) included 13 critical measures for the Child and Family Service Standards and 12 critical measures for the Child Service Standards.

The audit of the Prince George Westwood Child and Family Service team was asked to include a minimum of 20-25% of closed family service cases, 20-25% of open family service cases and a minimum of 20-25% of open child service cases.

The auditor conducted fieldwork from October 16, 2006 to October 29, 2006. The auditor met initially with the family services team and the clinical team leader to review

the audit purpose and process. During the audit, the acting team leader, 1 social worker and the office manager were interviewed with respect to office systems, service delivery structure, and community resources.

Upon completion of the audit the auditor met with the team and community services manager to provide an overview of the results, including general observations, patterns and themes that were identified. The individual case reports were sent to the team leader and the community services manager by mail at a later date. The individual case reports were thorough and detailed providing significant information about practice strengths and areas of practice requiring further attention.

Files were audited based on documentation found on the physical files.

SECTION II: SERVICE DELIVERY

COMMUNITY OVERVIEW

The northern region is comprised of rural and urban communities with varying population size.

Today, Prince George is known as BC's northern capital. It is a bustling city of over 80,000 people situated at the crossroads of Highway 97 (north-south) and Highway 16 (east-west), also the confluence of the Fraser and Nechako Rivers.

The City's economy is based on the forest industry with 14 sawmills, 2 single pulp mills and a twinned pulp mill, 1 of the largest in the world. Wood products manufacturing, a refinery, a brewery, chemical plants and diesel locomotive repair shops contribute to the industrial base. Several major retailers are expanding into the Prince George market, a trend expected to persist.

Historically, the child welfare service delivery model consisted of 5 protection teams within the Prince George area. Each team had capacity for 2 intake workers, 4 family service workers and a team leader. In September 2004 there was a major reorganization of the protection teams. A centralized intake team was formed to handle all incoming and new reports to the Prince George area. The intake team was responsible for screening and investigating all new protection reports and determining when a family has a need for ongoing protective services. In 2005 the centralized intake team divided in half to create an intake team and a newly formed team to manage cases requiring short term, intensive family development services. The QGG team is 1 of 4 teams receiving cases from the intake team which has been identified for ongoing protective family services in the city of Prince George.

With respect to the geographical responsibility of the Prince George teams, the area include as far south as Hixon on highway 97, north at Bear Lake, west until Cluculz Lake and highway 16 east including and up to Sinclair Mills and other communities in the north-east.

Within the Prince George urban area, there are pockets of the community that are reported to have high levels of poverty. People associated with the street and drug

trade are becoming more visible. Social problems relating to poverty, homelessness, domestic violence, drug and alcohol addiction, serious mental health issues are common. The acting team leader reports that the office is receiving many more reports on teenagers misusing drugs such as crystal methamphetamine.

The north region's management structure includes the regional executive director, director of operations, director of child welfare, deputy director and the community services manager who administers the delivery of child protection services and oversees ongoing and integrated child and family service delivery.

STAFFING

The QGG team consists of a full complement of an acting team leader and 6 full time social workers. The acting team leader reported that since the new model was introduced in September 2004 there have been many staff transitions on the team. A position for a full time social worker has been vacant on the family service team for the last 2 years. The long term team leader of the family service team recently moved into the clinical team leader position in May 2006. There are plans in place to have a new team leader assigned to this family service team in late November 2006. This will allow the acting team leader to resume a caseload and free up time for the other senior practitioners to assist with mentoring the newer social workers on the team.

At the time of the audit, the family service team model consists of 5 family service social workers who are responsible for managing a caseload of files identified for ongoing protective family services. The team is accountable for managing child protection reports and ongoing protective services to assigned families that reside within the Prince George geographical boundaries. At the time of the audit, the acting team leader identified that not all social workers were fully delegated. The acting team leader identified that 3 social workers including herself have full delegation; 1 social worker recently received full delegation; and 2 new social workers have partial delegation. The senior practitioners on the team have taken time from their caseload responsibilities and acting supervisory responsibilities to provide mentoring and coaching to the newer social workers on the team.

The administrative support team consists of a clerk 5 supervisor, 1 clerk 3, and 1 OA2. The Prince George Westwood office administrative team is responsible for providing administrative functions to 2 teams. The teams consist of the family service protection team and the specialized adoption team. Duties range from preparing court documents, opening and closing files, completing file transfers, acknowledging files received and legal filing. The clerk 5 is responsible for overseeing all the office related functions. During the audit, the file room was well maintained and organized. The family service files are well-organized into sections that were easy to identify and peruse. During the audit the administrative staff was very helpful in assisting the auditor in retrieving case notes and key documents on files.

STAFF TRAINING

The acting team leader and 4 social workers obtained . One social worker obtained . Please see chart for additional information on staff experience and education.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Acting Team Leader				Full Delegation	Full Time
Child Protection Social Worker (1)				Full Delegation	Full Time
Social Worker (2)				Full Delegation	Full Time
Social Worker (3)				Full Delegation	Auxiliary
Social Worker (4)				Partial Delegation	Auxiliary
Social Worker (5)				Partial Delegation	Auxiliary
Social Worker (6)	vacant				

Ministry Training Program	Acting Team Leader	SW1	SW2	SW3	SW4	SW5	SW6
Child Protection Worker (core)							
Resources Worker							
Guardianship (core)							
Adoption (core)							

Clinical Supervision Level 1.							
Clinical Supervision Level 2							
Risk Assessment							
Advanced Risk Assessment							
Enhanced Neglect							
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 module 1							
District Supervisor module 2							
Leading the Way							

The acting team leader reports that performance appraisals are outstanding. The new team leader assigned to the team will review appraisals and Employee Professional Development Plans with team members upon her arrival in November 2006.

The Ministry of Children and Family Development implemented a new learning management system to assist employees in managing their learning and development needs. The north region implemented the program in November 2004. The north region sponsored and promoted learning events that were of interest to the employees and that aligned with the priorities of the region's service delivery plan.

The learning management system project provided the north region with the e-learning infrastructure and the set of on-line tools. The key drivers behind the initiative were:

- (a) the expectation that all north region employees will prepare an employee performance and development plan (EPDP) on an annual basis; and
- (b) the expectation of increased financial accountability in the regions for managing educational resources.

The learning management system provided several benefits for the north region in the following areas:

- Employee and organizational learning linked to ministry and regional service plans, human resources planning initiatives, and the budgeting process;
- Consistent application of policies for training approval, eligibility, and reimbursement;
- Common work practices for educational planning;
- Improved tracking and more comprehensive reporting of employee development activities, including employee development histories; and
- Streamlined administrative procedures for managing learning activities across the Ministry.

In addition to the learning management system employees completed a survey in 2003 as the first step in a regional employee training and performance development plan. The purpose of the survey was to create a strategic plan to address employee and organizational training needs and performance evaluations. The survey highlighted a need to have a strategic plan and identified tremendous strengths within the region. The region had developed an initial project charter that looked towards a long-term goal of incorporating a balance between regional staff training needs and performance evaluations considering the needs of employees and the organization.

In the fall of 2005 the north region developed a Regional Educational Committee. The purpose of the committee is to develop recommendations for regional professional conferences, to develop initiatives and to encourage regional participation.

SUPERVISION AND CONSULTATION

The acting team leader provides supervision and clinical consultation with respect to the delivery of child and family services.

The acting team leader reports that supervision occurs on a regular basis. The acting team leader exercises an open door policy. The acting team leader reports that daily discussions occur around case practice. The acting team leader reports that several social workers on the team are partially or newly delegated so daily consultation, debriefing and case planning is required.

The acting team leader states that if she is away from the office for a short period of time she can be contacted via cell phone. The acting team leader reports that if she is away

from the office for longer periods that an alternate senior practitioner assumes the responsibility as acting team leader.

The acting team leader states that there is a new community services manager for the Prince George area. Prior to the arrival of the new community services manager, there had been no regular scheduled supervision with the previous community services manager. If there is a difficult case the acting team leader is able to consult with the clinical team leader or the community services manager by email, telephone or in person.

INTAKE AND TRACKING SYSTEMS

Investigations

The intake function on the family service team is covered by a family service social worker who is on duty. Duty days are rotated amongst family service team members. The duty social worker is responsible for handling incoming intakes on the team's assigned ongoing protective service cases. The duty social worker screens and assesses the intake and completes a prior contact check. The duty social worker records the caller's information into the MIS system. The first assessment is made in consultation with the acting team leader. When a family service social worker is not available to complete intakes on his/her assigned cases, the acting team leader will assign the report to the duty social worker to ensure that a child's immediate safety is addressed.

ONGOING FAMILY AND CHILD SERVICE AND TRACKING SYSTEMS:

Ongoing Family Service and Child Service:

The QGG team is one of 4 family service teams receiving files from the intake team that have been identified for ongoing child and family services. The intake team leader notifies the family service team leader of incoming files. The acting family service team leader reports that files are assigned to family service social workers depending on caseload size, level of delegation, experience and availability of the case manager. The acting team leader tries to balance caseloads whenever possible.

A transfer meeting involving the intake social worker, the family service social worker and the family occurs at a prearranged time or shortly after the presentation hearing. The acting family service team leader states that given recent changes to the child welfare service delivery model, the intake team no longer completes the comprehensive risk assessment when a child is determined in need of protection. The intake social worker is responsible for the transfer recording, a summary of identified risks and an outline of an initial service plan. The family service social worker develops the comprehensive risk assessment and risk reduction service plan within one month of the transfer.

The acting family service team leader reports that the previous family service team leader had developed a tracking system to assist in managing case activity for ongoing family service files and to track care plans for children in care. Case activity is reviewed on a monthly basis. The acting team leader utilizes the case management reports on MIS to review intakes, risk assessments and service plans and care plans for children in care. The acting team leader prints the case management reports when meeting with the social worker to review caseload activity. Individual case tracking sheets which track decisions made at risk decision points relating to court preparation, ongoing family service activities and guardianship activities are printed and filed in each file.

The family service social worker enters new admissions for children in care. The family service social worker manages the child service files for children that are in the temporary care of the Director by agreement or by court order. It is the social worker's responsibility to track care plans and reviews. The electronic system provides a "to do" list that reminds the social worker that legal status and plans of care need to be updated. The social worker reports that all significant players in the child's life are invited to the care plan meeting. The social worker is responsible for contacting involved persons in the care plan meeting. If all professionals are not able to attend the meeting then the information is collected and consolidated into the care plan document.

The family service social worker reports that children in care are informed of their rights when they are taken into care. If a child is too young to fully understand or has cognitive challenges the social worker reviews the rights with the caregiver and/or tries to explain rights at a level that the child/youth is able to understand.

The family service social worker prepares the child or youth for transfer into the Prince George guardianship team or the adoption team when a child or youth comes into the permanent care of the Director. These 2 teams specialize in developing long term permanent care plans for children and youth in the Director's care.

SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

There is 1 First Nations reserve located in the Prince George area. The acting team leader reports that any family from the Lheidi T'enneh Band (formerly known as Shelley Band) that comes to the attention of MCFD is served by 1 family service team in the Prince George area. One team has been assigned to the Band to promote partnership development and continuity of child welfare services on reserve.

Although there is only 1 reserve located within Prince George there is a high number of Aboriginal people in Prince George. There are many reserves located around Prince George that are served by other communities. Many Aboriginal people access Prince George, the northern capital and major service centre of the north, for services that are not available in their home communities.

There is a Provincial Protocol in place with Carrier Sekani Family Services. The acting team leader reports that the team is familiar with the protocol with Carrier Sekani and the team has a copy of the protocol.

Carrier Sekani provides various services to Aboriginal and Non Aboriginal individuals. Carrier Sekani Family Services has partial delegation pursuant to C4 of the Aboriginal agency delegation matrix. Under this partial delegation, Carrier Sekani Family Services has the authority to provide the following services:

- Voluntary care agreements and special needs agreements;
- Support services agreements;
- Development and recruitment of residential resources;
- Guardianship services to children and youth.

The Prince George Native Friendship Center is a non-profit, non-sectarian organization dedicated to servicing the needs of Aboriginal people residing in the Prince George area. A number of services are offered by the Native Friendship Center. The following services are:

- Alcohol and drug counseling;
- The employment services unit which is a client-centered employment agency servicing the entire community of Prince George. This unit includes several counselors. The unit provides life skills for adults;
- Alternative schooling affiliated with the school district. This program targets youth;
- Smokehouse kitchen. The smokehouse kitchen project is a 6 month course designed to prepare youth to find employment as commercial cooks. The program includes budgeting, menu planning, hospitality, food purchasing, and meal preparation and customer service;
- Literacy program matches individuals with trained literacy tutors to assist with learning, understanding and acquiring the diverse skills specific to literacy;
- Victim services;
- Law clinic, which provides individuals with court advocacy;
- Reconnect shelter;
- Community kitchen for families and youth;
- Aboriginal infant development program;
- Emergency resources;
- Aboriginal head start and the power of friendship head start are pre-school programs where parents and/or caregivers are on site participating in the programs. The programs includes the following components:
 - Morning and afternoon programs;
 - Culture and language;
 - Education;
 - Health promotion;
 - Nutrition;
 - Social support programs;
 - Parental involvement;
 - Transportation.

The following chart provides a breakdown of services provided to Aboriginal and Non Aboriginal people by team QGG within the last 6 months.

Office QGG Children in Care - April 2006 to September 2006							
Aboriginal Status	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Average
Aboriginal	26	23	20	18	18	18	20.5
Non-Aboriginal	14	18	15	14	14	10	14.2
Total	40	41	35	32	32	28	34.7

Office QGG Open FS Files - April 2006 to September 2006							
Aboriginal Status	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Average
Aboriginal	41	42	43	38	41	36	40.2
Non-Aboriginal	43	43	51	48	49	47	46.8
Unknown	1	1	0	0	0	0	0.3
Total	85	86	94	86	90	83	87.3

Office QGG Protection Reports Recorded - April to September 2006							
Aboriginal Status	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Average
Aboriginal	3	3	6	6	1	4	3.8
Non-Aboriginal	6	7	6	3	3	1	4.3
Total	9	10	12	9	4	5	8.2

Office QGG Total Intakes Recorded - April 2006 to September 2006							
Aboriginal Status	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Average
Aboriginal	4	3	6	6	1	4	4.0
Total	10	10	13	9	5	5	8.7

RESOURCES

Residential Resources

Prince George has a resource team that has direct responsibility to recruit, approve and support foster and group homes. QGB accesses the resource team when required by contacting the assigned duty worker on the resource team. The resource team also coordinates and contracts with the regional placement resources for children in care.

There is a shortage of foster homes for adolescents and for children with serious behavior problems. Placement stability is an issue for children with behavioral problems. There is 1 group home in the Prince George area that is a regional resource and provides residential care and assessments of children. There are also 10 available regional beds amongst the group homes that are reserved for adolescents. Placements in regional resources are accessed through the Regional Resource Committee. There is a continuum of residential services in Prince George.

Non- Residential Resources

Intersect is a child and youth mental health organization that is fully funded by MCFD and offers counseling for children, youth and families. Intersect is able to provide assessment services fairly rapidly, however cases are prioritized according to the level of risk. Clients may wait several weeks for counseling services. In addition intersect provides other services. The following services are:

- Associated school program for youth with mental health issues;
- Home based services;
- Outreach for youth and families;
- Clinical consultation was provided to residential facilities and other child and youth mental health services;
- Training.

The Northern Child and Family Clinic provides medical assessment and treatment for abused and neglected children. Project Parent North offers a parenting program for parents with children under the age of 5 years.

The Prince George Family Services Society offers a step-parenting program and provides education regarding conflict resolution and anger management. Child and Youth Care Workers provide direct services to children and families.

The Child Development Center provides individual services as well as a daycare program for children under the age of 5 who were experiencing developmental delays. There is a waitlist for the daycare program. The Infant Development Program provides assessment services and provides support to parents in implementing recommendation for their babies.

The Prince George Sexual Assault Centre provides a children's program, individual counseling and group counseling to children who have been sexually abused.

The Prince George Rainbows program is offered to children and teens that may need grief support due to a death, divorce, separation or other painful transitions.

The North Central Family Resources provides the phase II program. This program is designed to prepare youth to transition on to independent living.

Nechako Youth Treatment Centre is a residential facility offering youth a safe, secure environment to begin dealing with their substance misuse problems.

Healthiest Babies Possible is a program offering nutrition and lifestyle counseling to pregnant women.

SERVICE TRANSFORMATION

The north region as well as Prince George has been working with service providers, consultants and stakeholders to review existing service delivery in keeping with MCFD service transformation targets. As a result, a number of initiatives have been implemented. There has been development of new programs and a continuum of services being provided to children, youth and their families. Some examples of this are:

- Family Resource Center opened in February 2005. This center is located at South Fort George School. The family resource center includes a co-location of education, health, MCFD programs and city-sponsored groups such as the local city community association. The majority of the programs focus on early and young childhood development. The resource also offers an alternative school program for youth. In addition there is a specialized team working with children and families affected by fetal alcohol spectrum disorder. The configuration of services provides a full range of prevention and early childhood interventions as well as specialized treatments to children and families using an integrated multi-service model. The aim is to have the informal and formal services connected to provide the ongoing informal support.
- There have been ongoing initiatives related to the family resource centre. There is a plan to develop another family resource center in another area of Prince George. The model will be a reflection of the family resource center that was opened in February of 2005. The center will be located in the Highland school building. The plans are in the preliminary stages of development. The announcement has been made to the community.
- Family Development Response; (The child protection consultant is rolling out the training to the region)
- With the development of the youth village, the Native Friendship Center opened their doors to the youth in November 2005. The youth village includes shelter beds, emergency beds and transitional housing. The development of the youth village project was a municipal and provincial partnership. The youth village was funded by MCFD.
- Additional resources have been provided to families dealing with child and youth mental health issues.
- Additional resources are being placed into the early childhood services.
- Child at Risk and Alternative Dispute Resolution programs.

SECTION III: AUDIT RESULTS

AUDIT SAMPLE

The audit of the Prince George Westwood Family Service Team (QGG) included a minimum of 25% of the number of child protection intake reports closed between April of 2006 and September of 2006, (6 months); a minimum of 20-25% of open Family Service cases; and 20-25% of open Child Service cases.

Caseload Management Reports were printed from the MCFD computer system at the commencement of the audit and used to arrive at a sample number. Within the last 6 months 19 family service files were closed. Five out of the 19 closed family service files were audited representing 33% of the closed files. The Caseload Management Report recorded a total of 86 open Family Services cases. Seventeen open Family Service cases were audited representing 20% of 86 open ongoing Family Service cases. Eight out of 32 open Child Service cases were audited, representing 25% of open Child Services cases.

The Child Service sample is representative of cases involving Agreements, Temporary Custody Orders and recent Continuing Custody Orders.

Family Service and Child Service cases represent a stratified sample.

RESULTS: CHILD AND FAMILY SERVICES: INTAKE FUNCTION

Practice Strengths:

The audit examined 5 family service files that were closed within the last 6 months.

All 5 intakes were located in family service files managed as ongoing protective files for a period of time and were closed within the last 6 months. Out of the 5 intakes examined, 5 responses were coded as investigations. Of the 5 investigations completed, 4 of the cases concluded that the children were found in need of protection and a court order was initiated. In 1 case the family relocated out of the province and an inter-provincial request for information was located on file.

The reports were screened and assessed accurately. The findings at the conclusion of an investigation were generally consistent with the information gathered throughout the investigative process.

Good work was evident involving the Aboriginal Band/identified delegated agency in the assessment, planning and delivery of services.

Supervisory consultation and approval were clearly documented in the child protection reports.

Areas for Improved Case Practice:

Areas that require attention include the steps of an investigation that require all children in the home to be interviewed as well as both parents when applicable, and concluding an investigation in a timely manner.

A re-assessment of risk and an evaluation of the risk reduction service plan is required when submitting an ongoing protective file for closure.

In one case, notification of a serious incident involving a child known to the ministry was required.

Compliance Ratings Per Measure For Closed Family Service Cases

1. Screening and Best Approach to Service Delivery

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

- Compliance was met in 5 of 5 cases for 100% compliance.

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 ensure the child's immediate health and safety, including a safety plan. If a child protection worker was not able to ensure that a child was seen immediately, the auditor would look for documentation describing alternative steps taken to ensure the child's immediate safety.

- Compliance was met in 5 of 5 cases for 100% compliance.

3. Assessing a Child Protection Report and Determining the Most Appropriate Response

The auditor looked for documentation that demonstrated that the worker had obtained and collected sufficient information to assess a report and determine the best child welfare response.

- Compliance was met in 5 of 5 cases for 100% compliance.

4. Family Development Response

- N/A

5. Determining a 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 initiated within the time frame specified.

- Compliance was met in 5 of 5 cases for 100% compliance.

6. Conducting a Child Protection Investigation

This critical measure outlines many of the activities involved in an investigation. This includes that all relevant information relating to the report has been reviewed, including information from people/professionals who have relevant knowledge of the family and that the child's living situation has been directly observed. All of the above steps need to be completed for compliance.

- Compliance was met in 3 of 5 cases for 60% compliance. Non-compliance was found in 2 cases where sufficient information had not been gathered from people who have knowledge of the family.

7. Seeing and Interviewing the Child and Family

This critical measure requires that the social worker interviews the subject child, siblings, parents, and the Aboriginal community involved if applicable. Each investigation includes at a minimum: seeing the child and all other vulnerable children in the home, interviewing the child and all other children in the home, where developmentally appropriate and with supports if necessary, and seeing and interviewing the parents. All of the above steps need to be completed for compliance.

- Compliance was met in 3 of 5 cases for 60% compliance. It was determined that 2 cases were non-compliant as an interview with a child and/or parent was absent.

8. Concluding a Child Protection Investigation

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

- Compliance was met in 4 of 5 cases for 80% compliance. Non-compliance was found in 1 case where the facts gathered were inconsistent with the outcome of the investigation.

9. Concluding an Investigation in a Timely Manner

This critical measure requires that there is documentation that demonstrates the investigation was concluded within 30 calendar days. The documentation includes the sign off by the team leader.

- Compliance was met in 3 of 5 cases for 60% non-compliance. Non-compliance was found in 2 cases where the investigation was not completed within 30 calendar days.

10. Developing and Implementing a Plan to Keep a Child Safe

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

- Compliance was met in 5 of 5 cases for 100% compliance.

11. Reassessing Plan to Keep a Child Safe and Ending Family Service Response

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

- Compliance was found in 3 of 5 cases for 60% compliance. Non-compliance was found in 2 cases where a re-assessment of risk was not evident when the ongoing protective file was submitted for closure.

12. Notification of Fatalities and Critical Injuries and Serious Incidents

- Non-compliance was found in 1 of 1 case for 100% non-compliance where notification of a serious incident was absent.

13. Supervisory Approval

The auditor looked for documentation that reflected consultation with supervisors or managers at all critical points: assessing reports, decision on a response, conducting and concluding an investigation, notifying police, determining a child's need for protection, developing an ongoing safety plan, the court process, removal of a child, placement of a child, reunification, transferring responsibility for or ending services and exceptions to policy.

Compliance was met in 5 of 5 cases for 100% compliance.

RESULTS: CHILD AND FAMILY SERVICES: ONGOING SERVICE FUNCTION

Practice Strengths:

The auditor examined 17 ongoing family service files. All files were being managed on an ongoing basis. 16 files were designated as protection files and 1 file was re-opened as a non-protective file.

11 of the 17 ongoing family service files reviewed were newly assigned files received from the Prince George Intake team. 5 files were ongoing files that have been managed by the QGG team for one year or longer. The majority of critical measure ratings from 1 to 9 for open family service cases reflect work completed by the Prince George intake team prior to transfer into the QGG team.

Generally, supervisory consultation and approval was clearly documented in child protection reports. Supervisory consultation relating to ongoing family service work was less evident due to the lack of review summary recordings but was apparent in individual social worker case notes.

There is evidence on the files that MCFD actively involved First Nations Bands and the delegated agency in safety planning for First Nations children and families. It was clear that services and referrals were provided to families in a supportive manner.

There was evidence on the files that MCFD has a good working relationship with the RCMP, the Prince George After Hours team and other community service providers.

There was evidence that Integrated Case Management meetings occur regularly involving relevant family members and community partners.

Family service case activity on files indicated that family service case managers have extensive knowledge of a family's kinship and support networks. Documentation supported that least intrusive measures were generally explored and considered with the family whenever possible. Legal documentation indicated that court-related orders were usually obtained by consent of all involved parties.

Areas for Improved Case Practice:

Areas that require attention include the steps of an investigation that require all children in the home to be interviewed as well as both parents when applicable, gathering information from people and professionals who have relevant knowledge of the child and family and concluding an investigation in a timely manner.

The majority of newly assigned protection files did not contain completed comprehensive risk assessments. In addition, service plans with clearly stated goals, objectives, and time frames were not located on file.

Compliance Ratings Per Measure For Open Family Service Cases

1. Screening and Best Approach to Service Delivery

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

- Compliance was met in 17 of 17 cases for 100% compliance.

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 ensure the child's immediate health and safety, including a safety plan. If a child protection worker was not able to ensure that a child was seen immediately, the auditor would look for documentation describing alternative steps taken to ensure the child's immediate safety.

- Compliance was met in 13 of 14 cases for 93% compliance. Non-compliance was found in 1 case where an out of region request for follow-up was made well after 5 days of the incident date.

3. Assessing a Child Protection Report and Determining the Most Appropriate Response

The auditor looked for documentation that demonstrated that the worker had obtained and collected sufficient information to assess a report and determine the best child welfare response.

- Compliance was met in 14 of 17 cases for 82% compliance. Non-compliance was found in 3 cases where the information was coded as requiring an assessment for support services but section 13 concerns in the report required an investigative response.

4. Family Development Response

- N/A

5. Determining a 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 initiated within the time frame specified.

- Compliance was met in 10 of 12 cases for 83% compliance. In 2 cases the investigation was not initiated within the time frame specified.

6. Conducting a Child Protection Investigation

This critical measure outlines many of the activities involved in an investigation. This includes that all relevant information relating to the report has been reviewed, including information from people/professionals who have relevant knowledge of the family and that the child's living situation has been directly observed. All of the above steps need to be completed for compliance.

- Compliance was met in 7 of 12 cases for 58% compliance. Non-compliance was found in 5 cases where sufficient collateral information was not gathered.

7. Seeing and Interviewing the Child and Family

This critical measure requires that the social worker interviews the subject child, siblings, parents, and the Aboriginal community involved if applicable. Each investigation includes at a minimum: seeing the child and all other vulnerable children in the home, interviewing the child and all other children in the home, where developmentally appropriate and with supports if necessary, and seeing and interviewing the parents. All of the above steps need to be completed for compliance.

- Compliance was found in 3 of 12 cases for 25% compliance. Non-compliance was found in 9 cases where children and/or both parents were not interviewed.

8. Concluding a Child Protection Investigation

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

- Compliance was met in 9 of 12 cases for 75% compliance. Non-compliance was found in 3 cases where the child's level of safety was not satisfactorily assessed due to absent steps in the investigative process.

9. Concluding an Investigation in a Timely Manner

This critical measure requires that there is documentation that demonstrates the investigation was concluded within 30 calendar days. The documentation includes the sign off by the team leader.

- Compliance was met in 2 of 12 cases for 17% compliance. Non-compliance was found in 10 cases where the investigation was not concluded within 30 calendar days.

10. Developing and Implementing a Plan to Keep a Child Safe

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

need for stability and the participation of family in keeping the child safe. This would involve the completion of the British Columbia risk assessment.

- Compliance was found in 4 of 16 cases for 27% compliance. Non-compliance was found in 12 cases where there was a lack of a comprehensive risk assessment and/or risk reduction service plan.

11. Reassessing Plan to Keep a Child Safe and Ending Family Service Response

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

- Compliance was found in 3 of 11 cases for 27% compliance. Non-compliance was found in 8 cases where a re-assessment of risk and an evaluation of the service plan was absent at key risk decision points.

12. Notification of Fatalities and Critical Injuries and Serious Incidents

- Partial compliance was found in 1 of 1 case for 100% partial compliance.

13. Supervisory Approval

The auditor looked for documentation that reflected consultation with supervisors or managers at all critical points: assessing reports, decision on a response, conducting and concluding an investigation, notifying police, determining a child's need for protection, developing an ongoing safety plan, the court process, removal of a child, placement of a child, reunification, transferring responsibility for or ending services and exceptions to policy.

- Compliance was met in 17 of 17 cases for 100% compliance.

RESULTS: CHILDREN IN CARE

Practice Strengths:

Eight of the 19 child in care service files were audited.

There were many areas of strength found within the child service files. There was evidence to support that many children and youth in care have varied and complex needs. Social workers were diligent in assuming guardianship responsibility for a child or youth in care. Current and updated multidisciplinary assessments were located on file.

Social workers were able to meet a child's need for stability and continuity of lifelong relationships.

Social workers were encouraging the children/youth to express their views and to participate in their case planning and decision making when applicable.

Plans of Care meetings actively involved Band and Aboriginal agency personnel and relevant family members and service providers.

Areas for Improved Case Practice:

Areas of low compliance involved critical measures 8, 9 and 10. These are associated with *Plans of Care, Notification When a Child/Youth is Missing or Has Run Away and Notification of Fatalities, Critical Injuries and Serious injuries.*

In 2 cases, Comprehensive Plans of Care for youths were not located on file.

In 4 cases, reportable circumstance reports of a youth missing or a youth that has run away were absent from the file.

In 2 cases, reportable circumstance reports of a youth in care involved in serious incidents were absent from the file.

Compliance Ratings Per Measure

1. Preserving the Identity of an Aboriginal Child in Care

In this critical measure the auditor looked for documentation that reflected whether a child in care was Aboriginal. 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, indication that the social worker understands the child's history and current circumstances. The auditor also looked for a cultural plan within the file that reflected the social worker's efforts in promoting the child's Aboriginal heritage.

- Compliance was met in 8 of 8 cases for 100% compliance.

2. Assuming Responsibility for a Child in Care

The auditor looked for confirmation of the child's legal status such as court orders, agreements and an assessment of the child's history and current circumstances.

- Compliance was met in 8 of 8 cases for 100% compliance.

3. Ensuring a Child's Safety While in Care

Where a child has been brought into care, the auditor looked for documentation to indicate that the child has been placed in a living arrangement that meets his or her 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 a child's safety needs. The auditor looked for documentation to ensure the physical safety and emotional well-being of a child or youth in care.

- Compliance was met in 6 of 8 cases for 75% compliance. Non-compliance was found in 2 cases where a plan to manage the youth's high risk behaviours in his/her placement was absent.

4. Ensuring the Rights of a Child in Care

The auditor viewed the documentation to ensure that 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. The auditor looked for documentation that when a child or youth comes into care, they are informed of these rights and are assisted in the understanding of these rights, according to the child's or youth's developmental abilities. Furthermore, the review of these rights with the child or youth occurs on a regular basis.

- Compliance was met in 6 of 8 cases for 75% compliance. Non compliance was found in 2 cases where there was no documentation which supported that rights were reviewed with the child/youth.

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 supported that the child and other significant individuals to the child were involved as fully as possible in the case planning process and that any possible barriers to involvement were identified and addressed.

- Compliance was met in 8 of 8 cases for 100% compliance.

6. Maintaining Personal Contact with a Child in Care

The auditor looked for documentation that the social worker has had private in-person contact with the child at least every 90 days, and whenever there has been a change in placement, social worker, or other significant circumstances.

- Compliance was met in 7 of 8 cases for 88% compliance. Non compliance was found in 1 case where there was no documentation supporting the ongoing personal contact with a child in care.

7. Meeting a Child’s Need for Stability and Continuity of Lifelong Relationships

The auditor looked for documentation to demonstrate that efforts had been made to promote continuity for the child by supporting contact with significant people in the child’s life and maintaining connections to the child’s cultural heritage and identity.

- Compliance was met in 6 of 8 cases for 75% full compliance. Partial compliance was found in 2 cases where efforts or strategies to promote stability and/or continuity of significant relationships were not fully or clearly documented.

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 was developed for a child in care within six months and that the care plan contained the information outlined in CIC Service Standard #11.

- Compliance was met in 5 of 8 cases for 63% full compliance. Partial compliance was found in 1 case where documentation supported that a comprehensive plan of care was initiated but not completed. Non-compliance was found in 2 cases where plans of care were due or absent.

9. When a Child is Missing or Has Run Away

In circumstances where a child or youth is missing or has run away, the auditor looked for documentation that appropriate individuals had been notified, a plan to locate the child or youth was developed and implemented, and strategies have been developed to address habitual running away behaviour.

- Non-compliance was found in 0 of 4 cases for 100% non-compliance.

10. Notification of Fatalities, Critical Injuries and Serious Incidents

In circumstances where there is a death or critical injury of a child who has received services within the past 12 months or there is a serious incident that may affect the immediate safety or health of a child in care, appropriate members of the child’s family, the designated director, community service providers and delegated Aboriginal agencies are all informed of the incident.

- Compliance was met in 2 of 5 cases leading to 40% compliance. Partial compliance was found in 1 case where some, but not all, reportable circumstances as required under CFS Service Standard #25 were documented. Non-compliance was found in 2 cases where reportables for serious incidents were absent.

11. Planning for a Child Leaving Care

The auditor looked for documentation that appropriate preparation occurred when a child leaves care and that significant persons were involved in planning for the transition. In a case involving a youth leaving care, that the youth is supported in developing self-care and independence skills for successful living in the community.

- Compliance was met in 3 of 4 cases for 75% compliance. There was 1 case of non-compliance where documentation in planning toward independence for a youth was absent.

12. Supervisory Approval

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

- Compliance was met in 6 of 8 cases for 75% compliance. Non-compliance was found in 2 cases where documentation of supervisory consultation or approval was absent.

APPENDIX 1: CHILD AND FAMILY SERVICES DATA SUMMARY

CLOSED FAMILY SERVICE CASES

	CRITICAL MEASURES	C	PC	NC	NA
1	Screening and Best Approach to Service Delivery CFS Standard #1	100%			
	Number of cases rated: 5 of 5	5			
2	When a Child is at Immediate Risk of Harm CFS Standard #11	100%			
	Number of cases rated: 5 of 5	5			
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	100%			
	Number of cases rated: 5 of 5	5			
4	Family Development Response CFS Standard #14				
	Number of cases rated: 0 of 0				5
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	100%			
	Number of cases rated: 5 of 5	5			
6	Conducting a Child Protection Investigation CFS Standard #15	60%		40%	
	Number of cases rated: 5 of 5	3		2	
7	Seeing and Interviewing the Child and Family CFS Standard #15	60%		40%	
	Number of cases rated: 5 of 5	3		2	
8	Concluding a Child Protection Investigation CFS Standard #16	80%		20%	
	Number of cases rated 5 of 5	4		1	
9	Concluding Investigation in a Timely Manner CFS Standard #16	60%		40%	
	Number of cases rated: 5 of 5	3		2	
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	100%			
	Number of cases rated: 5 of 5	5			
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	60%		40%	
	Number of cases rated: 5 of 5	3		2	
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24			100%	
	Number of cases rated: 1 of 1			1	4
13	Supervisory Approval C&FD Standard on Supervisory Approval	100%			
	Number of cases rated: 5 of 5	5			

APPENDIX 1: CHILD AND FAMILY SERVICES DATA SUMMARY

OPEN FAMILY SERVICE CASES

	CRITICAL MEASURES	C	PC	NC	NA
1	Screening and Best Approach to Service Delivery CFS Standard #1	100%			
	Number of cases rated: 17 of 17	17			
2	When a Child is at Immediate Risk of Harm CFS Standard #11	93%		7%	
	Number of cases rated: 14 of 14	13		1	3
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	82%		18%	
	Number of cases rated: 17 of 17	14		3	
4	Family Development Response CFS Standard #14				
	Number of cases rated: 0 of 17				17
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	83%		17%	
	Number of cases rated: 12 of 12	10		2	5
6	Conducting a Child Protection Investigation CFS Standard #15	58%		42%	
	Number of cases rated: 12 of 12	7		5	5
7	Seeing and Interviewing the Child and Family CFS Standard #15	25%		75%	
	Number of cases rated: 12 of 12	3		9	5
8	Concluding a Child Protection Investigation CFS Standard #16	75%		25%	
	Number of cases rated: 12 of 12	9		3	5
9	Concluding Investigation in a Timely Manner CFS Standard #16	17%		83%	
	Number of cases rated: 12 of 12	2		10	5
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	25%		75%	
	Number of cases rated: 16 of 16	4		12	1
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	27%		73%	
	Number of cases rated: 11 of 11	3		8	6
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24		100%		
	Number of cases rated: 1 of 1		1		16
13	Supervisory Approval C&FD Standard on Supervisory Approval	100%			
	Number of cases rated: 17 of 17	17			

APPENDIX 2:

CHILDREN IN CARE CASES

	CRITICAL MEASURES	C	PC	NC	NA
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	100%			
	Number of cases rated: 8 of 8	8			
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	100%			
	Number of cases rated: 8 of 8	8			
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	75%		25%	
	Number of cases rated: 8 of 8	6		2	
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	75%		25%	
	Number of cases rated: 8 of 8	6		2	
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	100%			
	Number of cases rated: 8 of 8	8			
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	88%		12%	
	Number of cases rated: 8 of 8	7		1	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	75%	25%		
	Number of cases rated: 8 of 8	6	2		
8	Assessments and Planning for a Child in Care CIC Service Standard #11	63%	12%	25%	
	Number of cases rated: 8 of 8	5	1	2	
9	When a Child is Missing or has Run CIC Service Standard #14	0%		100%	
	Number of cases rated: 4 of 4			4	4
10	Notification of Fatalities, Critical injuries and Serious Incidents C&FS Standard #24	40%	20%	40%	
	Number of cases rated: 5 of 5	2	1	2	3
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16	75%		25%	
	Number of cases rated: 4 of 4	3		1	4
12	Supervisory Approval C&FD Standard on Supervisory Approval	75%		25%	
	Number of cases rated: 8 of 8	6		2	