

DIRECTOR'S CASE PRACTICE AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
INTERIOR REGION
VERNON INTAKE and ASSESSMENT – DHB

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SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT INTERIOR REGION VERNON INTAKE and ASSESSMENT - DHB

1. 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 is being conducted proactively by the Regional Director's office. Proactive case practice audits of district offices are systemically conducted on a regular cycle. Regions conduct case practice audits as an integral component of their quality assurance plan.

2. METHODOLOGY

The audit was conducted to meet provincial standards in accordance with Case Practice Audit Methodology and Procedures Document (September 2007). The specific audit tools used in conducting this audit are indicated below.

- ✓ **Critical Measures Audit Tool for Child and Family Service Standards (CMAT)**

SECTION II: SERVICE DELIVERY

This section describes significant community characteristics and factors that contribute to the practice context of the office.

3. COMMUNITY OVERVIEW

A) Geographics: Vernon is a city in the south-central region of British Columbia. Three provincial highways can be found in Vernon: Highway 97 which passes through Vernon, Highway 97A which begins in Vernon, and Highway 6 which ends in Vernon. Vernon is served by the Vernon Regional Airport in the Okanagan Landing area. Currently, the airport has no scheduled air service, and is primarily used by civilian aircraft. Greyhound Canada serves Vernon for out-of-town destinations from their downtown bus terminal. The Greater Vernon area is also served by the Kelowna International Airport located approximately 40 kilometers south on Hwy 97.

B) Demographics: The City of Vernon has a population of 35,944 (2006), while its metropolitan region, Greater Vernon, has a population of 55,418 (2006). With this population, Vernon is the largest city in the North Okanagan Regional District. Vernon is currently served by School District 22 which includes fourteen elementary schools and five high schools. Vernon is also home to multiple tuition charging schools such as religious schools. Okanagan College, a multi-campus full degree granting college, offers post-secondary education. There is a full service hospital in Vernon and a twenty bed extended care facility in Armstrong. The area is policed by the RCMP and there are a number of RCMP detachments in the North Okanagan. There is a working relationship between the RCMP, medical and hospital staff and the ministry. The North Okanagan's employment base has grown in the manufacturing, retail and service sectors, as well as agri-businesses. Construction, transportation and primary industry have seen marginal decreases. Tourism continues to grow as a major contributor to the economy.

C) Service Delivery: The Interior region covers three large areas of the Province of BC: Shuswap/Okanagan, Cariboo/Thompson and the East and West Kootenays. The Regional office is located in Kamloops and there are sub region offices in Kelowna and Nelson. At the time of this audit the Regional Sr. Management Team consists of a Regional Executive Director, a Director of Regional Operations, a Director of Integrated Practice, Director of Corporate Services, and a Director of Aboriginal Services. Within the region there are six Community Services Managers and two Aboriginal Services Managers. The Aboriginal Services Manager for the Okanagan is responsible for the Aboriginal services in Vernon.

1/Residential Services – DHB is not directly responsible for any Vernon and area residential resources. DHB does have a liaison relationship with (DEH) Vernon

Resources and Guardianship. The DHB Team Leader acts as a gatekeeper and contract manager for the “Teenage Emergency Bed” at the Vernon Women’s Transition House. This resource provides emergency shelter to teenage girls in the event of family or relationship violence, or short term homelessness.

2/ Service Transformation – In 2008 a social worker on the team co-coordinated with the North Okanagan Community Services Manager to roll out the new “Handbook” on child abuse. DHB staff hold several liaison duties with other government, professional and non-profit bodies. Examples include formal committee or liaison ties with Vernon Jubilee Hospital and School District #22.

4. STAFFING

a) Professional Staff Complement/Staff Turnover:

Position	Education	Length of Time on Team	Length of Time with MCFD	Delegation Level	Status (Perm/aux)
	MSW			C6	REG
	BA/CYC			C6	REG
	BA/BSW			C6	FLOAT
	BSW			C6	REG
	BSW			C5	REG
	BSW			C6	REG
	MSW			C6	REG

b) Current Workload

At the beginning of the audit (July 28, 2008) caseload management reports were printed for each of the caseloads. The following is a listing of FS and CS files assigned by caseload.

- DHB: Fourteen (14) FS files One (1) CS file
- DHB: Twelve (12) FS files One (1) CS file
- DHB: Nineteen (19) FS files Three (3) Notepads
- DHB: Sixteen (16) FS files One (1) Notepad
- DHB: Five (5) FS files (screener)
- DHB: Twenty-Three (23) FS files Three CS files

5. STAFF TRAINING

a) Ministry Training Program							
Child Protection Worker (core)	X	X	X	X	X	X	X
Resources Worker							
Guardianship (core)							X
Adoption (core)							
Clinical Supervision Level 1.	X	X				X	X
Clinical Supervision Level 2	X	X				X	X
Risk Assessment	X	X	X	X	X	X	X
Advanced Risk Assessment	X	X		X	X		
Enhanced Neglect		X	X				
Cultural Awareness		X	X	X	X		
Integrated Case Mgt.	X	X			X	X	
Investigative Interviewing	X	X	X	X	X	X	
FAS/E and NAS/E			X				
Looking After Children	X						X
Substance Misuse			X	X			
Youth Alcohol & Drug							
Youth Suicide prevention		X	X				
Youth agreements		X	X				
District Supervisor mod. 1							
District Supervisor mod. 2							
Leading the Way	X						X

6. SUPERVISION/CONSULTATION

Formal Supervision: Formal supervision occurs one to two times per month with each social worker. (See Investigations/tracking below). Alongside the clinical tracking of files, these 'closed door' supervision sessions allow for social workers to provide the Team Leader with direct feedback, and to share particular successes and challenges in their day to day work. These sessions cover committee work, and EPDP development and training needs.

DHB as a team consists of both senior staff, as well as social workers. As a strategy, the Team Leader completes formal Performance Appraisals annually to document professional development and ongoing professional development, and training.

Clinical Training: The Team Leader has completed the ministry's 2-module clinical supervision course at the Justice Institute (2005) and consciously works to deliver a 'reflective' and inclusive style of supervision.

Informal Supervision: Informally, the Team Leader has an 'open door' policy, and is readily available to staff. Being readily available involves being present at

the office the majority of the time, and being available by cell phone. The workers are made aware that their conversations and telephone calls are the Team Leader's priority and that they should never hesitate to seek him out. The Team Leader also makes efforts to provide compliments, in passing, about good work or ideas.

7. INTAKE AND TRACKING SYSTEMS

- a) **Investigations:** Formal tracking sessions are held with each social worker at minimum one time per month, but most usually two times per month. The frequency depends upon the individual requirements, and wishes of the social worker. Formal supervision involves a discussion and review of each open file/intake on the social worker's caseload. Progress is tracked in writing on a "DHB TL Tracking Form" for each family.

MIS case management reports for each caseload are also printed for each individual tracking session to aid the Team Leader in monitoring investigative timelines, completed (or not) ISA screens, and the nature of the intake / investigation. Timelines are discussed and prioritized depending on the urgency of various files, workload issues, etc.

- b) **Family Development Response:** Please see Appendix 3: *Report on a Three Month Pilot Project Implementing Family Development Response in the North Okanagan, Interior Region.*

- c) **Ongoing Family Service and Child Service:** Case Transfer Process: Monthly or bi-monthly tracking sessions occur with the social workers. As a general rule, Family Service files with a recent investigation that found a child[ren] in need of protection are transferred to the Vernon Family Service Team (DED), or the Vernon Aboriginal Services Team (DWE).

For non-protection files, services/referrals that are put in to place, such as daycare subsidy, voluntary supports like respite, are monitored in tracking sessions to ensure that families are utilizing the services, and that files are closed in a timely manner.

8. SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

Aboriginal Communities: The North Okanagan Indian Band (OKIB) is located within the Vernon Intake Team catchments. Vernon Intake DHB documents any child welfare reports and requests for service for OKIB children and families in notepad form, and forwards this information to the Vernon Aboriginal Team for follow-up, investigation, and ongoing service provision.

Non-OKIB aboriginal families receive assessment, investigation, and support service from the Vernon Intake Team. If a non OKIB aboriginal family requires ongoing family service provision beyond RD#4, or ongoing voluntary support services, the file is transferred to the Vernon Aboriginal Team (DWE) for ongoing service.

SECTION III: AUDIT RESULTS

9. AUDIT SAMPLE

The terms of reference letter, which was distributed prior to the initiation of the Vernon Intake and Assessment (DHB) audit, identified an audit sample of approximately 20 – 25% of open family service files, and approximately 20 – 25% of closed family service files within the last six months to be audited. No child service files were audited given that there were only five (5) files available at DHB.

DHB is responsible for receiving, assessing, and investigating reports of maltreatment as well as receiving and assessing requests for family support. The team does not provide ongoing protection or non-protection family services and they do not manage guardianship files.

The caseload management reports (CMR) printed from the MCFD computer system prior to the first day of the audit on July 28, 2008 were used to identify files for the audit. On that date there were ninety-five (95) open family services files and five (5) open child service files. A 20% random sample was taken from the 95 open FS files resulting in eighteen (18) files audited. A 25.64% random sample of closed FS files was taken resulting in 10 files being audited. Combining the sample percentages of 20% and 25.64% provides a mean sample size of **22.82%**.

The Family Service files were randomly selected from each caseload as follows:

- DHB: six files were selected
- DHB: seven files were selected
- DHB: four files were selected
- DHB: three files were selected
- DHB: three files were selected
- DHB: four files were selected
- DHB: one file was selected

10. CRITICAL MEASURES AUDIT RESULTS

- A. CMAT CFS Narrative Summary
- B. CMAT CIC Narrative Summary

10A. CRITICAL MEASURES AUDIT - CHILD AND FAMILY SERVICES (CMAT-CFS)

NARRATIVE SUMMARY

Twenty-eight (28) Family Service files were audited. Overall compliance to the child and family services standards was **84.2 %**. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

1. Screening and Best Approach to Service Delivery

CRITERIA

The Family Service file contains documentation indicating:

- (a) that the social worker receiving the information has obtained sufficient information from the caller to support an appropriate assessment.
- (b) that the social worker has reviewed the information provided by the reporter, ministry records and any additional information gathered in assessing whether the child may need protection as defined in s.13 of the CFCSA. that an Aboriginal service provider or delegated agency has been contacted when appropriate, when a request for service or a child protection report is received for an Aboriginal child.

This critical measure was applicable to all of the cases that were audited. Twenty-six (92.9%) had documentation that met the criteria for compliance. In all cases sufficient information was gathered to continue with the assessment of the report. Prior contact checks were completed. In the two cases that did not satisfy all of the above criteria for compliance there was some documentation indicating that the family had Aboriginal or Métis heritage, however, there was no documentation indicating that this was pursued.

2. When a Child is at Immediate Risk of Harm

CRITERIA

The Family Service file contains:

- (a) an appropriate determination that the child may be at immediate risk of harm and documentation of adequate steps taken to see the child and ensure the child's immediate health and safety.
- (b) documentation of any circumstances in which the worker was unable to see the child in a time frame that would ensure the child's immediate health and safety, and therefore requested another person to initially see and/or interview the child.

This critical measure was applicable to fourteen files that were audited. All fourteen (100%) of the applicable files had documentation that reflected that an appropriate response was provided to ensure immediate safety of the child.

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

CRITERIA

The Family Service file contains documentation indicating:

- (a) that the social worker has determined an appropriate response to the report, conducting a child protection investigation only when alternative approaches would not ensure the child's safety.

This critical measure was applicable to twenty-seven files that were audited. Twenty-seven (100%) of the files had documentation that met the criteria for compliance to this critical measure.

4. Family Development Response

CRITERIA

Not audited at this time

5. Determining Time Frame to Begin an Investigation

CRITERIA

Where a determination has been made to investigate, the Family Service file contains a documented appropriate determination as to the time frame to begin the investigation and confirmation that the investigation was begun within that time frame.

This critical measure was applicable to twenty-three files that were audited. Twenty-two (95.7%) of the files had documentation that met the criteria for compliance to this critical measure. In the one case that did not meet the criteria the report was given a five day response, however, the file documentation indicates that a response did not commence until nine days following the date the report was received.

6. Conducting a Child Protection Investigation

CRITERIA

Where a determination has been made to investigate, the Family Service file contains:

- (a) documentation that all relevant and necessary information related to the report, including existing case records and files, has been reviewed.
- (b) documentation that information from people who may have relevant knowledge of the family and/or child has been obtained.
- (c) documentation that the child's living situation has been directly observed.
- (d) where required by policy in specific circumstances:
- (e) documentation that a medical examination of the child has taken place and a copy of the medical report is on file, or where a medical examination was not done, the reasons are documented.
- (f) documentation that a child with capacity has given consent to medical treatment and has not received medical treatment without their consent unless so ordered under section 29 of the CF&CS Act or in compliance with other legislation. (examples: a unconscious child who requires critical treatment and a parent/guardian is not available, or required treatment under public or mental health legislation).
- (g) documentation that the aboriginal community and/or identified delegated agency have been contacted and involved, according to established protocols.
- (h) where a child is considered to be in immediate danger and the child or family cannot be located, there is documentation that the police were involved and information/action alerts were completed as required.

- (i) where in the course of an investigation, a conclusion has been reached that a child does not need protection, there is documentation of any decision to discontinue the investigation and where required, of any alternative response chosen.

This critical measure was applicable to twenty-three files that were audited. Twenty (87.0%) of the files had documentation that met the criteria for compliance to this critical measure. In the three cases that did not satisfy all of the above criteria there was no documentation that a home visit occurred. One of these cases indicated that the home was viewed from the exterior; therefore received a non-compliant rating.

7. Seeing and Interviewing a Child and Family

CRITERIA

Where a determination has been made to investigate, the Family Service file contains documentation that:

- (a) the child has been seen and, where developmentally appropriate, interviewed.
- (b) all other vulnerable children in the home have been seen and, where developmentally appropriate, interviewed.
- (c) the parent/s have been seen and interviewed.
- (d) if the child is aboriginal, the aboriginal community or agency is involved, if appropriate.

This critical measure was applicable to twenty-three files that were audited. Seventeen (73.9%) the files had documentation that met the criteria for compliance to this critical measure. In the six cases that did not satisfy all of the above criteria, there were situations where the child and / or sibling, parent, or partner was not interviewed.

8. Concluding a Child Protection Investigation

CRITERIA

The Family Service file documents:

- (a) a decision as to whether or not the child is in need of protection (as defined under section 13 of the CF&CS Act), which is consistent with the facts gathered during the investigation.
- (b) all necessary steps required to address the child's need for protection have been considered and implemented.

This critical measure was applicable to twenty-three files that were audited. Sixteen (69.6%) of the files had documentation that met the criteria for this critical measure. In order to receive a compliance rating for this critical measure all of the minimum steps to an investigation (as reflected in critical measures #6 and #7) must have been met as well as the documentation needed to support the protection finding. Seven files automatically received a non-compliant rating as they were non-compliant in critical measure #6 and #7.

9. Concluding a Child Protection Investigation in a Timely Manner

CRITERIA

The Family Service file documents that the investigation was completed within 30 calendar days.

This critical measure was applicable to twenty-three files that were audited. The conclusion of an investigation is determined by the date the team leader signs the investigation report. The auditor tried to determine when the actual work in the investigation was being completed in order to clarify whether investigations were actually taking a long time to complete or if it was a matter of delays in sign-off. Nine (39.1%) of the cases had documentation that the investigations were completed within thirty days. Fourteen cases were non-compliant as follows:

Six files concluded between 31 - 45 days

Two files concluded between 46 – 60 days

Two files concluded between 61 – 90

Four files concluded over 90 days

10. Developing a Plan to Keep a Child Safe

CRITERIA

The Family Service file contains:

- (a) a documented plan which:
- adequately addresses the child's safety needs.
 - identifies the strengths of the child and family that mitigate the safety risks to the child.
 - considers the child's needs for stability and continuity of relationships.
 - considers the participation of extended family in keeping a child safe.
 - identifies the time frames for a review of the plan.
- (b) documentation that adequate services and strategies to address the child's safety needs were implemented in a timely manner.

Note: *This critical measure does not include the reassessment section of the CFS standard which is covered in Critical Measure # 11.*

This critical measure was applicable to eight of the files that were audited. Seven (87.5%) of the cases had documentation that met the above noted criteria for compliance. One file was given a non-compliance rating as there was no CRA and RRSP completed. Both documents are required when a child is found in need of protection to assess risk factors and the planning to reduce / eliminate risk.

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

CRITERIA

The Family Service file contains:

- (a) documentation on an ongoing and regular basis, of reassessments and any adjustments to the plan necessary to keep the child safe, or when significant changes in the circumstances of the family or child has occurred.
- (b) documentation that the plan to keep the child safe and any reassessments are reviewed with the child as appropriate, with those who have a role in keeping the child safe and wherever possible, with those involved in the plan development.
- (c) documentation that in all cases where a Protection Family Service Response has ended, the family service file contains an assessment that supports a conclusion that the parents are able to keep the child safe without further protection family services.

Notes

- 1. Only those portions of CFS standard #17 above related to reassessment are relevant to these criteria.**
- 2. Criteria (c) is cross-referenced to CFS standard #20 (Ending Child Protection Services to a Child and Family).**

This critical measure was applicable to one of the files that were audited. This one case did not meet the above noted criteria for compliance as there was no documentation that reflected that there had been a review of the planning and that risk was reassessed.

12. Notification of Fatalities and Critical Injuries

CRITERIA

The Family Service file contains documentation confirming:

- (a) that an initial report in the prescribed format has been submitted to the designated director within 24 hours of learning of a death or critical injury of a child who has received services within the past 12 months.
- (b) that reasonable effort has been made to inform and offer support to the child's legal guardians and appropriate members of the child's family and extended family.
- (c) that community service providers and delegated agencies involved with the child have been informed of the incident.

This critical measure was applicable to none of the cases that were audited.

13. Supervisory Approval

CRITERIA

The Family Service File contains documentation of circumstances requiring supervisory approval and documentation of approval including at a minimum when:

- (a) determining if an intake call or information is a protection report.
- (b) deciding on a response to a child protection report and an appropriate response time.
- (c) conducting and concluding a child protection investigation.
- (d) notifying the police.
- (e) determining whether a child needs protection.
- (f) developing an ongoing safety plan.
- (g) using the court process.
- (h) removing a child.
- (i) placing a child.

- (j) Reuniting a child with their family.
- (k) transferring responsibility for or ending services.
- (l) an exception to policy has been considered and approved.

This critical measure was applicable to the twenty-eight cases that were audited. There was documentation on all twenty-eight (100%) files that reflected that the team leader was consulted at the required times.

Additional Comments:

One file was identified for follow up by the Team Leader: .

CM #10 was audited for the work completed at DHB. Files that are transferred for protective family services have a completed CRA / Transfer recording. At the time of the transfer an integrated case management meeting is held with the DHB worker, the family service worker, and the family. The risk reduction service plan is developed on the family service team once the file has been received.

Practice Strengths:

There were several areas that demonstrated practice strengths as indicated by documentation. Areas that met high compliance included:

- *CM # 1. Screening and Best Approach to Service Delivery (92.9%).* The audit determined that sufficient information was gathered and a PCC was conducted on twenty-six of the files reviewed. Where services were offered or provided, they were as least disruptive as possible.
- *CM #2. When a Child is at Immediate Risk of Harm (100%).* In the fourteen cases that determined there was risk of immediate harm, the files contained an appropriate response to ensure safety.
- *CM #3. Assessing Child Protection Reports and Determining the Most Appropriate Response (100%).* The Section 13 concerns were supported by the information gathered. The auditor concurred that given the nature of the concerns the investigations were justified. In all twenty-seven cases the response time assigned was applicable to the reported concerns.
- *CM #5. Determining the Time Frame to Begin an Investigation (95.7%).* Of the twenty-two files that received compliance to this critical measure, all had documentation to show that the investigations were prioritized correctly and started within the timelines.

- *CM # 6. Conducting a Child Protection Investigation (87%).* The auditor looked for documentation that all relevant information was reviewed, the living situation was observed, and pertinent collaterals were contacted. Twenty files received compliance for this measure.
- *CM #10. Developing and Implementing a Plan to Keep a Child Safe (87.5%).* Seven files had documentation that reflected safety planning had taken place after there was a finding that the child was in need of protection. The plans may have included assessment of needs, risks, strengths, review mechanisms, and the family's participation in keeping the child safe.
- *CM # 12. Supervisory Approval (100%).* All of the files had documentation that reflected supervisory consultation at critical points. For example, the files contained evidence that the supervisor was involved during the decision to respond, determining whether a need for protection existed, developing and reviewing safety plans, and concluding an investigation.

Areas for Improved Practice:

The outcome of the audit identified areas where compliance to the standards requires further strengthening.

- *CM # 7. Seeing and Interviewing the Child and Family (73.9%).* Compliance was given to seventeen applicable files. Based on the documentation the interviews were investigative in nature. Six files did not receive compliance as either the child, sibling, parent or parent's partner were not seen and/or interviewed.
- *CM # 8. Concluding a Child Protection Investigation (69.6%).* This critical measure looked for file documentation that all necessary steps required to conduct an investigation were considered and the decision as to whether or not the child was in need of protection was consistent with the facts that were gathered. In sixteen cases the finding of protection or not was consistent with the facts gathered. Steps to address the safety needs were considered and implemented. Seven files received non-compliance as the investigations were considered incomplete due to non-compliance in CM # 6 or CM # 7.
- *CM # 9. Concluding a Child Protection Investigation in a Timely Manner (39.1%)* did not receive high compliance. Although the work may have been completed within the 30 day time frame, the conclusion of the investigation is determined by the date the Team Leader signs off the report. The audit determined that the files were concluded as follows:
 - Six files concluded between 31 - 45 days
 - Two files concluded between 46 – 60 days
 - Two files concluded between 61 – 90
 - Four files concluded over 90 days

Cynthia Walker
Auditor
Interior Region

Date

Brendan Flynn
Deputy Director
Interior Region

Date

11. AUDIT RECOMMENDATIONS

On October 9, 2008 members of the regional senior management team, the team leader at DHB, and the auditor convened in a teleconference during which practice issues identified by the audit were discussed and recommendations for addressing the issues were proposed as follows:

1. By January 31, 2009 the Community Service Manger will advise the Director of Integrated Practice that the Team Leader has reviewed with each worker the importance of conducting interviews using the Step-Wise interview protocol and that the documentation must legibly reflect the facts gathered during the interview process. When possible, interviews will be documented by a second worker or assistant to ensure that comprehensive and detailed interviews are included on the file. The Community Services Manager will explored with the Director's Office consideration for interviews to be audio taped and, if approved, that the necessary audio equipment and training be provided to the workers.
2. By March 31, 2009 the Community Service Manager will meet with the Team Leader to review the criteria for completion of investigations in a timely manner. The purpose is to reduce the length of time intakes remain open once investigations are concluded and allow for services to be continued through the family service file. The Team Leader will request from the Community Service Manager an exemption in writing to Practice Standard # 17 (Concluding an Investigation) in cases where investigations extend beyond the thirty days. Through consultation the social workers and the Team Leader will ensure that the reasons for the exemption are documented. Further, the Community Service Manger will work collaboratively with the Team Leader to guide to completion all overdue investigations.

SECTION IV: APPENDICES - AUDIT DATA SUMMARIES

A. CRITICAL MEASURES AUDIT -CHILD AND FAMILY SERVICES (CMAT-CFS)

DATA SUMMARY

Office Code: DHB

Total # of cases audited: 28

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery CFS Standard #1	26	92.9			2	7.1	0
2	When a Child is at Immediate Risk of Harm CFS Standard #11	14	100.0			0	0.0	14
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	27	100.0			0	0.0	1
4	Family Development Response CFS Standard #14	0	0.0			0	0.0	28
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	22	95.7			1	4.3	5
6	Conducting a Child Protection Investigation CFS Standard #15	20	87.0			3	13.0	5
7	Seeing and Interviewing the Child and Family CFS Standard #15	17	73.9			6	26.1	5
8	Concluding a Child Protection Investigation CFS Standard #16	16	69.6			7	30.4	5
9	Concluding Investigation in a Timely Manner CFS Standard #16	9	39.1			14	60.9	5
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	7	87.5			1	12.5	20
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	0	0.0	0	0.0	1	100.0	27
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24	0	0.0	0	0.0	0	0.0	28
13	Supervisory Approval C&FD Standard on Supervisory Approval	28	100.0			0	0.0	0
Total Applicable Indicators: 221		186	84.2	0	0.0	35	15.8	143

= Number of applicable cases

% = Percent of total

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.

