

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

**Westshore Child Protection Team (KND)**

**Field Work Completed: January 29, 2008  
Report Completed: March 10, 2008**

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## 1. PURPOSE

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

The specific purposes of case practice audits are:

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

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

## 2. METHODOLOGY

The audit was conducted to meet provincial standards in accordance with Case Practice Audit Methodology and Procedures Document (March 2003). The specific audit tool used to conduct this audit was the **Critical Measures Audit Tool for Child and Family Service Standards**. At the time the audit sample was taken, KND had two open child service files therefore a decision was made not to audit open CS files.

The auditor met initially with the team to review the audit purpose and process. Following the audit, the Team Leader was interviewed with respect to office systems and service delivery. KND social workers were also interviewed regarding the office service delivery and barriers to effective service delivery. An exit meeting was held with the team members and Team Leader to review the findings. At the conclusion of the audit, individual case audit reports were provided to the Team Leader and Community Service Manager.

## SECTION II: COMMUNITY CONTEXT

### **3. SERVICE AREA**

#### **a) Geographics:**

The Westshore Child Protection unit (KND) primarily serves 3 municipalities: Colwood, Langford and Metchosin. “The City of Colwood is a rapidly growing residential community with exceptional heritage landmarks. It is located 10 kilometers west of the City of Victoria in the dynamic and fast paced West Shore.”

(<http://www.city.colwood.bc.ca/siteengine/activepage.asp?bhcp=1>)

Langford is located “on the southern end of Vancouver Island... [and] is a young and growing community of 20,000 residents in 2002. It offers a variety of business opportunities, affordable housing and a wide range of services and amenities. Langford is within easy access of the rest of the Greater Victoria metropolitan area ... With its central location, Langford is becoming the commercial core of the West Shore. Langford is well served by highways, rail and bus to Victoria and the rest of Vancouver Island, and by ferries and air to Vancouver and the US.”

(<http://www.district.langford.bc.ca/newsarticle.asp?TopicID=7>)

“Metchosin is located on the southern coast of Vancouver Island, British Columbia, Canada, a quick twenty minute drive from the capital city Victoria. It has a population of just under 5,000 on approximately 30 square miles of rural farmland and second-growth forests, bordered by the Strait of Juan de Fuca on its southern side.”

(<http://metchosin.org/>)

#### **b) Demographics:**

According to the City of Langford website, “due to the increasing demand for land in the CRD and the decreasing availability of land in the City of Victoria, District of Saanich, Township of Esquimalt and the District of Oak Bay, homebuyers are looking to the West Shore for affordable and diverse housing. This has resulted in substantial growth in the West Shore, especially in Langford which experienced a population increase of 7.6% from 1996 to 2001.” (<http://www.district.langford.bc.ca/newsarticle.asp?TopicID=7>)

The following demographic profile information for KNC was obtained from BC Statistics (<http://www.bcstats.gov.bc.ca/data/sep/lha/lkidoth.pdf>)

#### **Population**

Colwood	14,687
Langford	22,459
Metchosin	4,795
<b>Total Region</b>	<b>41,941</b>

#### **Social demographics**

##### Education & Income

- % of Income Assistance Caseload that are single 18.6

parent families (Sept. 2006)

• % of Unemployment beneficiaries ages 19-64 (Sept. 2006)	2.2
• % of population ages 25-54 without High school completion (2000)	16.17
• % of 18 year old who did not graduate (average 2004-2006)	33.6

Serious Crime incidences per 1000 population (average 2003-2005)

Violent	.9
Property	6.3
Total Serious Crime	7.1
Non Cannabis drug offences	96.9
Illicit drug deaths (2005)	2.5
Spousal Assault (crime rate average 2003-2005)	1.2

Serious Juvenile (12-17) Crime rate incidences per 1000 pop (average 2003-2005)

Violent	1.4
Property	2.5
Total Serious	4.0
Non Cannabis drug offences	38.9

Health

• Infant Mortality Rate (per 1000 live births) (2001-2005)	4.5
• Potential years of life lost due to suicide/homicide (per 1000 population) (2001-2005)	2.9
• Teen Pregnancies (per 1000 women 15-17) (2002-2004)	14.8
• Per Capita Alcohol Sales (2006)	
• Dollars Spent	\$727.00
• Liters consumed	123

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

• Child Abuse Rate incidences (per 1000 population) (2006)	8.3
• Children in Care Rate incidences (per 1000 population) (December 2006)	12.4

**c) Service Delivery:**

The KND team, identified as a Child Protection/Intake-Investigation team, serves children of all ages and their families. This team's office is co-located with the Westshore protective family services team, youth justice/probation staff and child and youth mental health. In addition, several community resources such as HARC, Pacific Centre and Pacific Families Neighborhood Centre are located in the same premises.

KND social workers carry a caseload that consists primarily of investigations. It is their responsibility to assess each intake to determine an appropriate response, assess any immediate safety concerns and determine if there is a need for protective services. If a child(ren) is in need of protection KND social workers complete a comprehensive risk assessment (CRA). Ideally, to transfer a file to the protective family services team, a meeting occurs involving both Team Leaders and a social worker from both teams. Both social workers meet with the family to review the CRA and begin working jointly on the risk reduction service plan, after which the file is transferred. Issues arise if there is no available family service worker to receive the case (due to high caseload and staffing issues) the file then remains on the caseload of the KND staff to case manage until a transfer can occur.

### i) Residential Services

Residential services for children served by KND are developed by a resource team located in Victoria. To obtain a foster home/placement for a child a resource intake form or a verbal request must be made to the respective resource team. The needs of the child are identified to match the skills of available foster parents. KND staff report that it can take weeks to find an appropriate resource for a child, and in the case of youth, it can take months. In addition, KND staff report they must actively pursue a placement by making regular and frequent inquiries to the resources team. To improve the relationship between the resources team and child protection teams, the resource and KND team leader are currently in the process of organizing a resources forum to enhance communication, collaboration and an understanding of each other's roles.

## 4. STAFF TRAINING

The following table outlines the training received by KNC staff to date:

<b>Ministry Training Programs</b>								
CPW Training Program (core)	X	X	X	X	X	X	X	X
Resources SW Training							X	
Guardianship Core Training								
Adoption Core Training	X							
Clinical Supervision Level 1.	X				X		X	
Clinical Supervision Level 2	X				X		X	
Risk Assessment	X	X	X	X	X	X	X	X
Advanced Risk Assessment	X				X		X	X

Cultural Awareness	X		X		X		X	
Integrated Case Management	X		X	X	X	X	X	
Investigative Interviewing	X			X	X		X	X
FAS/E and NAS/E					X	X	X	X
Looking After Children			X				X	
Substance Misuse	X		X	X	X		X	X
Youth Alcohol & Drug							X	
Youth suicide prevention	X		X				X	
Youth agreements					X			X
District Supervisor training module 1	X				X		X	
D/S training mod. 2	X				X			
Leading the Way					X		X	

## 5. SUPERVISION/CONSULTATION

According to the Team Leader, case supervision is provided on an ad hoc basis. The Team Leader states that in the past she has made attempts to schedule regular clinical supervision meetings with staff however work demands inhibit the effectiveness of this process. In addition, a calendar posted on the Team Leader's wall displays available time slots for supervision for which staff can sign up. Staff indicate that they initiate scheduled supervision however it is frequently cancelled by social workers and the Team Leader due to availability and workload issues.

The Team Leader states she has an open door policy for consultation. Staff state that the Team Leader is available to consult regarding high risk cases and makes herself available for phone consultation when staff are out of the office.

## 6. INTAKE AND TRACKING SYSTEMS

Intakes from After Hours and from the previous day are reviewed during daily morning team meetings. These meetings facilitate information sharing and the development of investigation plans. During this meeting, intakes are recorded in a log book and assigned, typically to the screener that received the intake. The screener role is shared amongst team members and changes daily. Files are transferred to another office, are also supposed to be recorded in the log book.

When assigning cases, the Team Leader looks not only at caseload numbers, but details of cases provided by social workers in a "stats sheet" they complete for this purpose. This sheet provides the Team Leader with information about

each social worker's caseload such as new files, closures and steps required to close files, upcoming court and removals. The Team Leader believes this allows for fairness in the assignment of incoming intakes.

In order to track work, the Team Leader reports she utilizes the case management reports (CMR) and sends monthly reminders about outstanding work. Investigations over 30 days are printed and signed off with a plan developed with the assigned worker.

KND staff made several suggestions to improve the tracking and assignment process:

- Capped caseloads and creation of a waitlist
- A designated screener on the team
- A collaborative process to develop the screening schedule
- The Screener and Team Leader should determine the response time and plan for each intake by the end of every day
- More details should be added in the tracking log, such as the re-assignment of files to a Social Worker or team.
- Collaborative assignment of files

## 7. STAFFING

### a) Staff Complement/Staff Turnover:

Presently, KND consists of 5 permanent Social Workers, 2 Social Workers from the float team, a Team Assistant and a Team Leader. Of the 7 Social Workers on KND, 1 is partially delegated and 6 are fully delegated. In addition, KND currently has two practicum students.

Over the last year KND has experienced staffing difficulties. Due to illness and secondments, caseloads have been redistributed 4 times within a year. Typically the float team is used to fill temporary vacancies due to leaves, rotational positions and leaves. If the Team Leader is away and team members take the opportunity to act on her behalf that team member's caseload is not backfilled. Annual vacation leaves are not backfilled for staff either. The Team Leader stated that within the last year there have been at least two staff away without backfill at any given time.

KND staff members also identified that administrative staffing issues have a negative impact on productivity throughout the team and office.

In addition, due to the case transfer process, the workflow of KND is highly impacted by the receiving team's staffing shortages and high caseloads. Under these circumstances, KND staff are required to keep family service and child service files for a longer period of time, while still managing incoming intakes

The following table outlines KND's current staff complement:

Position	Length of Time on Team	Education	MCFD Experience	Delegation	Status
TL				Full	Perm
SW1				Full	Perm
SW2				Full	Perm
SW3				Partial	Aux
SW4				Full	Perm
SW5				Full	Perm
SW6				Full	Perm
SW7				Full	Perm

### b) Current Workload

File Type	Monthly Average (June to November 2007)
Child Protection intakes	27.8
Requests for Family Support Services	4.1
Youth Services Requests	1.4 (5 months)
<b>Total Intakes per month</b>	<b>33.3</b>
Children in Care	4.6
Family Services	122.6
Supervision Orders	1.8

### Caseload Characteristics for 2007

#### Closed Intake Files by Request Type Office: KND as of 30 November 2007

Intake Type	Investigations	All Closed Intakes
Protection Report	25	41
Request for Family Support Service	0	6
Request for Youth Services	0	5
Total	25	52

#### Requests by Caseload November 2007

Caseload	Child Protection Requests	Family Service Requests
KND	1	2
KND	4	1
KND	1	1
KND	4	0
KND	2	0
KND	5	0

KND	5	1
KND	2	1

**Closed Intake Files by Action Taken**

**Office: KND**

**For November 2007**

<b>Action Taken</b>	<b>Cases Closed</b>
Determine need for support	1
No further action	11
Offer support services	6
Protection Investigation	25
Refer to community agency	9
Total	52

**Open child protection reports files by time open  
As of November 2007**

<b>Number of days open</b>	<b>Number of cases</b>
0 to 30 days	20
31 to 60 days	22
61 to 90 days	12
more than 90 days	31

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

KND staff report there is no reserve within their jurisdiction, but there are 2 new First Nations (M'Akola) housing complexes in the area. They frequently interact via a protocol with Nil Tu'O Child and Family Services and often families are connected with/or become connected with the Native Friendship Center. According to the Team Leader, when working with an Aboriginal family, their practice is to contact the band/community from which the family originates.

**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 December 20, 2007, a sample size of between 20% and 25% of open cases were selected for this audit. KND is responsible for intake/investigations. At the time of the audit there were 98 open family service files, and 2 child services files. A data set was compiled by obtaining the number of closed Investigation reports from the MARS website for the previous six months. This data was then randomly sorted using Excel spreadsheet, and a random sample (20%) from each caseload was selected to create the audit sample. In addition, a sample (20%) of open Family Services files was selected from current case management reports available on MIS via a random sampling process using Excel spreadsheet.

The intake reports for KND on MARS indicate there were 221 intake and investigation reports closed over the past 6 months. Of the 221 reports, 190 (85.9%) were child protection reports, 22 (9.9%) were family service requests and 9 (4.1%) were youth service requests. 43 closed intake files were audited representing 20% of the closed intakes received within the last 6 months. In addition, 20 open family services file were selected for audit representing 20% of the open, on-going family service files. One file could not be located, nor could any substitution be made; therefore, only 19 open family service files were audited. No child services files were audited.

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

### Rating Definitions:

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

	Critical Measures	C		PC		NC		NA
		#	%	#	%	#	%	
1	Screening and Best Approach to Service Delivery <i>CFS Service Standards #1 and #12</i>	47	77.0%			14	23.0%	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11</i>	13	100.0%			0	0%	48
3	Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard #12</i>	45	78.9%			12	21.1%	4
4	Family Development Response <i>CFS Service Standard #14</i>	0	0%			0	0%	61
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	32	97.0%			1	3.0%	28
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	18	54.5%			15	45.5%	28
7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	23	69.7%			10	30.3%	28
8	Concluding a Child Protection Investigation <i>CFS Service Standard #16</i>	13	40.6%			19	59.4%	28
9	Concluding a Child Protection Investigation in a Timely Manner <i>CFS Service Standard #16</i>	3 (13)	9.1% (39%)			30 (20)	90.9% (61%)	28
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #17</i>	1	20%			4	80%	56
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response <i>CFS Service Standards #17 and #20</i>	0	0%			2	100%	59

12	Notification of Fatalities and Critical Injuries (Reportable Circumstances) <i>CFS Service Standard #24</i>	0	0%	0	0	0	0%	61
13	Supervisory Approval	54	88.5%			7	11.5%	
	<b>Total Applicable Indicators: NA Ratings Not Included in Count</b>	<b>249</b>	<b>68.4%</b>	<b>0</b>	<b>0</b>	<b>115</b>	<b>31.6%</b>	<b>428</b>

# = 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:** 47 files

**Non-** 14 files

- Compliant:**
- 8 files required a more comprehensive review of the history.
  - 5 files required consultation with the Aboriginal community and provided no explanation why this did not occur.
  - 2 files identified more information could be provided but was not pursued.
  - 1 file had possible section 13 concerns identified by the caller but they were not considered or identified.

### 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:** 13 – there was complete compliance for this critical measure.

**Not** 48 files

**Applicable:**

**Non-** 0

**Compliant:**

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

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

**Compliant:** 45 files

**Not** 4 files

**Applicable:**

**Non-** 12 files

**Compliant:**

- 5 files had a response decision time over 5 days.
- 6 files indicated that a protection response may have been required but was not provided.
- 6 files were coded as no further action despite investigative steps having been taken.

**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:** 32 files

**Not** 28 files

**Applicable:**

**Non-** 1 file

**Compliant:**

- 1 file had information that did not support the response time frame and no information was provided to support this decision.

**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:** 18 files

**Not** 28 files

**Applicable:**

**Non-** 15 files

**Compliant:**

- 7 files did not document collecting sufficient collateral information.
- 7 files did not document observation of the family home or provide documentation to support this decision.
- 5 files did not document a review of the relevant file history.

**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:** 23 files

**Not** 28 files

**Applicable:**

**Non-Compliant:** 10 files

- 6 files did not include documentation of interviewing of other vulnerable children or give an explanation for this decision.
- 3 files did not include documentation of interviews of both parents or one parent and no explanation for this decision.
- 3 files did not include documentation of step-parent/spouse being interviewed and no explanation for this decision.
- 1 file did not observe or interview the subject child(ren) or provide an explanation for this decision.
- 1 file documented interviewing the parents together in a domestic violence situation and they should have been interviewed separately.
- 1 file did not document that the Aboriginal community or band was contacted or documentation that protocols do not require such contact

#### **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:** 13 files

**Not** 28 files

**Applicable:**

**Non-** 19 files

**Compliant:**

- 18 files were missing one or more steps to an investigation and there was insufficient documentation to explain why the steps were not taken.
- 2 files verified a child in need of protection but did not find the child 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:** 3 files

**Not** 28 files

**Applicable:**

**Non-** 30 files

**Compliant:**

- 8 files had the work completed within 30 days but the signatures took more than 30 days, sometimes several months.
- 1 file was delayed as the mother could not be located.
- 1 file was extremely complex and required additional time to complete.

If a rating of compliance is given to the 10 specific files identified above that fell outside of the 30 day time frame for good reason, the

number of non-compliant files changes from 30 to 20.  
The compliance rate changes from 9.1% to 39%.  
For those files that still fall outside of the 30 day time limit, it has been determined that:

- 1 file was completed between 31-45 days
- 6 files were completed between 46-60 days
- 5 files were completed between 61-90 days
- 8 files were completed in over 90 days

In addition, based on information recorded in the reports of audited files, there is a significant delay that ranges from 2 weeks to 8 months, with an average of 3 months, between the time the investigative work is completed and signoff (by social worker and Team Leader).

#### **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:** 1 file

**Not** 56 files

**Applicable:**

**Non-** 4 files

**Compliant:**

- 2 files did not have a risk assessment or risk reduction service plan.
- 2 files had a risk assessment but there was no risk reduction service plan.

#### **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:** 0 files

**Not** 59 files

**Applicable:**

**Non-** 2 files

**Compliant:**

- 2 files had risk assessments and risk reduction service plans overdue.
- 1 file did not complete a risk assessment prior to the child returning home.

#### **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 files

**Not** 61

**Applicable:**

**Non-** 0 files

**Compliant:**

### **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:** 54 files

**Non-** 7 files

- Compliant:**
- 4 files had insufficient consultations during the investigation.
  - 4 files had insufficient consultations documented during planning which may have included no risk reduction service plan.
  - 1 file had insufficient consultations documented during ongoing file work which may have included risk assessments.
  - 1 file did not have a TL signature on the intake.

#### **PRACTICE STRENGTHS:**

When a Child is at Immediate Risk	<b>100%</b>
Determining the Time Frame to Begin an investigation	<b>97.0%</b>
Obtaining Supervisory Approval	<b>88.5%</b>
Assessing a Child Protection Report and Determining the Most Appropriate Response	<b>78.9%</b>

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

Concluding a Child Protection Investigation in a Timely Manner	<b>9.1%</b>
Concluding a Child Protection Investigation (all investigative steps)	<b>40.6%</b>
Conducting a Child Protection Investigation (home visit, history reviewed, collaterals)	<b>54.5%</b>



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Tamara Leonard-Vail  
Regional Practice Analyst

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Thomas Weber  
Director of Child Welfare &

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Vancouver Island Region  
March 10, 2008

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Deputy Director Adoptions  
Vancouver Island Region

## 11. RECOMMENDATIONS

1.

Desired Outcome:

In conducting investigations, KND will complete/account for all required investigative steps as identified in CFS Standard #16.

Strategies to achieve Outcome:

KND will employ the regional documentation guidelines, an investigation recording format (developed by the Team Leader and supported by management) or other tools to document and ensure investigative steps are completed. A copy of the selected tool will be sent to the Director, Integrated Practice by June 1, 2008.

Review Date and Process:

By Aug. 31, 2008, the Director's office will review a sample of intakes (investigations) closed after February 1, 2008, to measure increased compliance to Critical Measures 6, 7 and 8. Following the completion of the review, the Practice Auditors and CSM will meet with the team to discuss progress towards the desired outcome.

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

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