

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

Esquimalt/Victoria/Saanich Intake and Family Services Team 2 (KPF)

**Field Work Completed: May 2, 2008
Report Completed: May 30, 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 Quality Improvement and Assurance Team for Vancouver Island Region. Proactive case practice audits of district offices are systematically conducted on a regular cycle. All regions are expected to conduct regional case practice audits in accordance with the Quality Assurance Standards for case practice audits.

2. METHODOLOGY

The audit was conducted to meet provincial standards in accordance with Case Practice Audit Methodology and Procedures Document (March 2003). The specific audit tools used in conducting this audit are indicated below.

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

During the audit, the Team Leader and one social worker were interviewed with respect to office systems, service delivery and barriers to effective service delivery. An exit meeting with the team including the Team Leader was conducted at the conclusion of the audit to review the findings. At the conclusion of the audit, individual case audit reports were given to the Team Leader.

SECTION II: COMMUNITY CONTEXT

3. SERVICE AREA

a) Geographic:

The KPF team services the greater Victoria area including Victoria, Esquimalt, View Royal, Oak Bay, East Saanich and West Saanich. Two major hospitals are located within this geographical area including Victoria General Hospital and the Royal Jubilee Hospital. According to BC Statistics, the population in 2007 for this area (including all of Saanich) was 242,532 people with an estimated 37,431 people being children ages 0 to 14 in the Saanich, Greater Victoria and the Gulf Islands (BC Statistics - 2006).

b) Service Delivery:

KPF is co-located with two other teams, KPB and KPC. Prior to December 2006, KPF was responsible for Family Development Response and KPB and KPC were responsible for intake/Investigation and Protective Family Services. Since that time, there have been two service delivery changes. First, in December 2006, Family Development Response was no longer specialized and all three teams became responsible for providing Family Development Response, Intake and Investigation, Protective Family Services, and Child in Care services for families with children ages 0 to 12.

Second, in mid-September 2007, the Peninsula office (KPD) was re-established. KPD is responsible for Sydney, the Gulf Islands and the Saanich Peninsula. This resulted in KPB, KPC and KPF losing one worker per team but being responsible for a smaller geographical area.

c) Residential Services:

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

The KPF team and a liaison worker from the Resource Team meet monthly to review information about resources and enhance their positive working relationship. The team leader and staff report that placing children has become an even greater challenge over the past year due to a lack of resources. Sibling groups are often separated and require more than one placement before they can be placed together. As a result, restricted placements are becoming more commonplace and there is a need to have a dedicated worker to approve these placements, according to the team leader.

Family Development Response and Service Transformation Plan

For the past seven years, before Family Development Response was formalized as a new initiative for the Ministry of Children and Family Development, members of the KPF team attended community development meetings. Approximately 20 agencies continue to meet to reduce recidivism and to co-ordinate community services who are working with families requiring long term service. A strength based risk assessment has been used since the beginning.

KPF delivered Family Development Response services exclusively until a change in the service delivery model as described in the above section. KPF now delivers Family Development Response as well as Intake/Investigation, Protective Family Services and Child in Care Services.

The Vancouver Island Region in the past year has increased the number of positions in alternative dispute resolution programs such as Family Mediation and Family Group Conferencing. The KPF team refers families where appropriate to these services to assist with planning for children and working collaboratively with families.

The team leader noted that the team is using Kin and Other Agreements more often but have found the paperwork for these agreements and the support and training of the caregivers to be very time consuming. These requirements reduce staff's available time to work with the subject children and families.

4. STAFF TRAINING

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

5. SUPERVISION/CONSULTATION

The team leader has an open door policy for supervision and social workers consult as needed throughout the day. The team leader is available by phone for workers who need to consult from the field. If the team leader is unavailable, social workers can consult with either of the other two team leaders working in the same office location. The team leaders work co-operatively.

The case management report and caseload for each social worker is printed weekly by the team leader. The team leader highlights the cases which are overdue by 90 days and gives this information to the social worker. Several strategies to address this challenge have been tried with varying degrees of success. Each social worker's learning and working style is different and requires individualized planning to assist them in consistently completing all of their responsibilities over time. For example, the team leader has found "Do not disturb" days during the week to be ineffective for many social workers. They continue to be interrupted as they appear to be available. In the past, social workers have initiated overtime on the weekend to reduce the backlog and this was successful.

KPF's team leader has scheduled supervision sessions with each social worker on at least a monthly basis, depending on the worker's level of experience. New workers receive supervision on a weekly basis. Consultation is initiated and maintained by the team leader and the social workers.

Social workers bring a copy of their case load and a case management report for open intakes and child services files to each supervision session. During supervision the team leader and social worker review each case for initial concerns, planning, changes, services and parental involvement and decision points.

The worker's personal goals and career development are also reviewed during supervision sessions on occasion. Self care is an emphasis during supervision.

6. INTAKE AND TRACKING SYSTEMS

a) Investigations:

KPF is responsible for new intakes on a rotating weekly basis with the other two teams located at the same office. During KPF's intake week, after hours reports and police reports that are received overnight are entered into intakes by the team assistant and reviewed by the team leader for assignment. All intakes are entered into a manual tracking log by the screener, including the social worker assigned for the case. KPB has an intake meeting each morning of the week the team is on duty at which time all new intakes are reviewed, assigned and logged in the tracking log. Each social worker is assigned at least two files during their duty week. Files are assigned in the order they are received to the workers based on a predetermined rotational list. This method of assignment reduces specialization and allows workers to develop their skills in all types of intakes.

The team consults on each intake to generate ideas, increase learning opportunities and to assist in making important decisions. The social worker documents this initial case consult and subsequent consultations.

During the day when new intakes are received, the screener documents all information and consults with the team leader. Any reports that are assessed as requiring an immediate response or a response within 24 hours are assigned immediately. Reports that do not require an acute response are assigned at the daily intake meeting the following work day.

b) Ongoing Family Service and Child Service

When an investigation determines that ongoing child protective services are required, the team leader reviews the workload of each family services social worker and assigns the case during a meeting with the family service social workers. The Intake social worker is responsible for completing a comprehensive risk assessment prior to transferring the file and a comprehensive plan of care if there is a child in care. The Family Services social worker provides ongoing case management and works with the family to assist them in reducing identified risks. This includes completing regular and ongoing review of risks, implementing risk reduction services planning and working with community service providers. The Family Services social worker also provides guardianship for children who are in care via temporary court orders or voluntary agreements. Due to the frequent staff changes of ongoing family service workers on the team over the past year, the investigators have been carrying files for extended periods of times. This has resulted in these workers carrying a generic caseload at times.

Ongoing family service work and child service work are relatively new to this team. As previously mentioned, the service delivery model changed 16 months ago to expand the responsibilities of the KPF team beyond Family Development Response to ongoing work with children and families. The team leader is beginning to identify when new systems and procedures are required.

Currently, risk assessments are tracked during supervision when the team leader takes notes of the discussion. Risk assessments and risk reduction service plans are typically completed when a transfer is required. The team leader is considering developing a tracking system for comprehensive plans of care.

Regarding child services work, the team leader reports that integrated case management meetings are held with the parents and foster parents. The social worker frequently acts as the “child’s voice” due to the young age of the children in care. As of February 2008, 58 % of the child in care on this team were five years old or younger (MARS). A picture of the child is made prominent during the meeting to emphasis the child is the focus of the meeting. Social workers use a colouring book to review a child’s rights with children who are in care when appropriate.

7. STAFFING

a) Staff Complement/Staff Turnover:

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
		BSW		Full	Reg
		BSW, BA (Soc)		Full	Reg
		BSW, BSc		Full	Reg
		BSW		Full	Reg
		BA (CYC)		Full	Reg
		BA (CYC)		Partial	Reg
		BA (CYC)		Partial	Reg

			n/a	Reg
		BA (CYC) MA(candidate)	Full	Reg

Currently, the KPF team consists of two shared screeners, one team leader, five intake/ investigation social workers, two protective family services social workers, and one team assistant. The two shared screeners receive all new intakes for the three teams located in the same office. The responsibility for new intakes rotates weekly between the three teams. As a result of the previously mentioned service delivery changes, KPF's team was reduced by one team member when there was a decrease in the geographical area the team covers.

The team leader reports that the KPF team has been understaffed by at least one worker at all times over the past 16 months. KPF is a very skilled team which is frequently called upon to assist with other activities such as computer or handbook training, community development meetings and so forth. These are good opportunities for staff to develop their skills and to support the Ministry and community but impacts timely work completion.

Also, there have been frequent staff changes on the team. One caseload has had five different workers since the team was redesigned. The staff shortage is due to various reasons including parental leave, retirement, medical leave, promotions, etc. Furthermore, partially delegated workers have been assigned to the team and legally, they require back up from fully delegated workers. This places extra work on the senior workers. Like other offices, senior staff are required to train workers in the Child Welfare Specialization Program. All of these factors together have impacted the team's ability to complete work within timeframes according to practice standards. The team however, has made children's safety their priority at all times.

b) Current Workload

File Type	Feb 2008	Monthly Average <i>(March 2007 to Feb 2008)</i>
Child Protection intakes	29	37.3
Requests for Family Support Services	1	1.7
Child In Care Files	31	28.7
Aboriginal children In Care	0	0.0
Family Services	119	182.3
Supervision Orders	15	9.0
Section 8 (Kith and Kin)	0	0.0

(MARS Mar 2007- Feb 2008)

Caseload Characteristics for 2007

Children and Youth Served Over Previous Six Months

Month	Aboriginal CIC's	Non- aboriginal CIC's	Total CIC's	Supervision Orders
September 2007	0	22	22	6
October	0	21	21	7
November	0	24	24	8
December	0	24	24	6
January	0	30	30	10
February 2008	0	31	31	15

(MARS Sep 2007 – Feb 2008)

Ages of children and youth

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

(MARS – Feb 2008)

Children in Care by Legal Authority

Legal Authority	# of CIC's
Removal	1
Interim Order	9
Temporary custody – 41.1C	18
Temporary Extension	2
Adjournment	1

(MARS – Feb 2008)

After Care Plan

After Care Plan	# of CIC's
Independent Living	0
Not Coded	13
Place with Relative	4
Return to Parent	14

(MARS – Feb 2008)

8. ABORIGINAL SERVICES

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

SECTION III: CASE PRACTICE REVIEWS

9. AUDIT SAMPLE

As noted in the terms of reference letter that was sent to the Community Services Manager and Team Leader, a sample size of between 20% and 25% of open cases were selected for this audit. KPF is responsible for Intake, Investigation, Protective Family Services and Guardianship of children in temporary or voluntary care. At the time of the audit there were 128 open family service files, and 35 child services files. A data set was compiled by obtaining Closed Investigation reports from the MARS website for the previous six months. This data was then randomly sorted using Excel spreadsheet, and 20% of each caseload was selected to create the sample for the Intake and Family Services files and 25% for the Child Services files. Open Family Services and Child Services files were selected from current case management reports available on MARS via a random sampling process using Excel spreadsheet. Scores for both the closed investigations and open family services files are summarized together in the critical measures audit tool for child and family services standards (section 10).

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

CHILD & FAMILY SERVICES DATA SUMMARY

Seventy-one family service files were audited. Overall compliance to the child and family services standards was **67.7%**. Information for determining compliance to the service standards was based on documentation. The following provides a summary and explanation of the ratings for each critical measure:

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>	50	70.4%			21	29.6%	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11</i>	11	100%			0	0.0%	60
3	Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard #12</i>	56	78.9%			15	21.1	0
4	Family Development Response <i>CFS Service Standard #14</i>	0	0%			0	0.0%	71

5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	32	97%			1	3.0%	38
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	17	51.5%			16	48.5%	38
7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	21	63.6%			12	36.4%	38
8	Concluding a Child Protection Investigation <i>CFS Service Standard #16</i>	12	36.4%			21	63.6%	38
9	Concluding a Child Protection Investigation in a Timely Manner <i>CFS Service Standard #16</i>	5	15.2%			28	84.8%	38
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #17</i>	4	44.4%			5	55.6%	62
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response <i>CFS Service Standards #17 and #20</i>	0	0.0%			8	100.0%	63
12	Notification of Fatalities and Critical Injuries (Reportable Circumstances) <i>CFS Service Standard #24</i>	0	0.0%			0	0.0%	71
13	Supervisory Approval	67	94.4%			4	5.6%	
	Overall Results		67.7%				32.3%	

= 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: 50

Non-Compliant: 21

- ***In 18 files it was unclear if a review of the family's involvement with MCFD was completed as demonstrated by having a PCC attached or a summary of history documented.***
- ***According to documentation, it appears that in some cases in which the file history was not documented occurred when the intake was managed by a social worker familiar with the family or was involved on an ongoing basis (ongoing Family Services worker).***
- ***In 3 files, the Aboriginal community was not contacted when it would have been appropriate.***
- ***In 1 file further information need to be gathered or clarified to make an appropriate assessment.***

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: 11

Not Applicable: 60
Non-Compliant: 0

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: 56
Not Applicable: 0
Non-Compliant: 15

- *In 14 files the response decision was made outside of the 5 day time frame requirement.*
- *In 4 files a protective response was required but not provided.*
- *In 4 files numerous investigative steps had been completed but the intakes were closed as NAC.*

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
Not Applicable: 38
Non-Compliant: 1

- *In 1 file, documentation indicated the social worker was not able to initiate the response within the determined response time frame.*

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: 17
Not Applicable: 38
Non-Compliant: 16

- *In 6 files there were collaterals identified that did not appear to have been interviewed.*
- *In 14 files documentation could not confirm that the child's living situation had been observed directly.*
- *In 5 files, neither the collaterals had been interviewed nor had the child's living situation been observed.*
- *In 2 files it was unclear if relevant history, records and/or reports were reviewed.*

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: 21

Not Applicable: 38

Non-Compliant: 12

- *In 6 files it was unclear if the subject child or children were seen and interviewed or if the interview was sufficient.*
- *In 6 files it was unclear if all of the parents or caregivers were interviewed by a social worker.*
- *In 1 file it was unclear if a grandparent who was living in the home or involved was interviewed by a social worker.*
- *In 1 file interviews were conducted over the phone and not in person by a social worker.*
- *In 2 files it was unclear if other vulnerable children in the home were interviewed.*

8. CONCLUDING A CHILD PROTECTION INVESTIGATION

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

Compliant: 12

Not Applicable: 38

Non-Compliant: 21

- *In 21 files there was insufficient information obtained to complete a thorough investigation. However, in 12 of those 21 files the conclusions appear to be consistent with the finding of the child being in need of protection despite some missing steps of the investigation. In 9 of the 21 files (12.7% of 71 files) the conclusions were either inconsistent with the findings or a conclusion was not possible due to the nature of the missing information.*
- *In 1 file a social worker did verify a child or children required protective services but the response was inadequate.*

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: 5

Not Applicable: 38

Non-Compliant: 28

- *In 14 files the investigation was concluded within 30 days but printing and signing off the intake delayed the closing an additional 2 months or longer.*
- *In 1 file the investigation was concluded between 46-60 days with the team leader taking 2 weeks over Christmas to sign the investigation.*
- *In 8 files the investigation itself was concluded between 61-90 days. In 5 of these 8 files, the intake was printed and signed the same day the intake was concluded but the remaining 3 files took an additional 2 to 10 weeks to be printed and signed.*
- *In 6 files the investigation was concluded in over 90 days. 3 of these files were*

complex and required more time.

- *In 5 files, the investigations were delayed due to their complexity or the family's transient lifestyle.*
- *In 19 files, the team leader signed the completed intake the same day it was printed and in 4 files signed the intake the next day.*

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: 4

Not Applicable: 62

Non-Compliant: 5

- *In 3 files a comprehensive assessment was completed but a completed risk reduction services plan could not be located on file.*
- *In 2 files a completed risk reduction services plan was completed but a current comprehensive assessment could not be located on file. Please, note older assessments were on file.*

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

Not Applicable: 63

Non-Compliant: 8

- *In 4 files a significant change appeared to have occurred but the auditor was unable to find a completed review of risk or a plan – 2 were new removals and 2 involved returning children to family.*
- *In 7 files documentation could not firm that the plan was reviewed with family or significant others.*
- *In 6 files review risk assessments and risk reduction service plans were overdue at the time of audit.*

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

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

Compliant: 0

Not Applicable: 71

Non-Compliant: 0

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: 67

Non-Compliant: 4

- ***In 4 files documentation could not confirm consultation regarding the assessment of the intake.***
- ***In 3 files documentation could confirm consultation regarding the response time.***
- ***In 1 file documentation could not confirm consultation regarding the plan to address the intake.***

PRACTICE STRENGTHS:

• Screening and Best Approach to Service Delivery <i>CFS Service Standards #1 and #12</i>	70.4%
• When a Child is at Immediate Risk of Harm <i>CFS Service Standard 11</i>	100%
• Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard 12</i>	78.9%
• Determining the Time Frame to Begin an Investigation <i>CFS Service Standard 16</i>	97.0%
• Supervisory Approval <i>CFS Service Standard</i>	94.4%

AREAS FOR IMPROVED PRACTICE:

• Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	51.5%
• Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	63.6%
• Concluding a Child Protection Investigation <i>CFS Service Standard #16</i>	36.4%
• Concluding a Child Protection Investigation in a Timely Manner <i>CFS Service Standard #16</i>	15.2%
• Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #17</i>	44.4%
• Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response <i>CFS Service Standards #17 and #20</i>	0.0%

NARRATIVE SUMMARY:

The KPF team has demonstrated strength in screening intakes, assessing the most appropriate response and determining the time frame to respond to an intake. Their compliance was 100% in situations requiring an immediate response. They also demonstrated excellence in gaining supervisory approval on intakes.

An area for improvement is the completion of an investigation. Fourteen files were non-compliant because there was no documentation to confirm that the child's living arrangement had been observed. Collaterals were not contacted in six of the files and in five files, neither a home visit was documented nor collaterals contacted.

Lower compliance was noted in seeing and interviewing the parents/caregivers and children during investigations. These steps were missed in six files for the parents, six

files for the subject children and two files for other vulnerable children in the home. When infants are involved in investigations they cannot be interviewed but observations of their well-being can be documented.

Concluding an investigation received a low compliance rating as it is a culmination of the all of the steps required in completing an investigation. If this had only examined the accuracy of the conclusion, rather than all of the steps of an investigation then the compliance rate would have been 72.7%.

Concluding an investigation in a timely manner received a compliance rate of 15.2%. It was determined that 14 of the overdue files had the work completed within 30 days but documentation took two months or longer. This means that compliance could have been 57.6%. Staff explained that they will set aside time to document their actions on line after they have ensured the children's safety and responded to the next crisis. Children's safety is the priority. It is important to note that once the documentation is input into the computer, the intake is closed. There is no significant delay between the printing of a completed investigation and the sign off by the worker and team leader.

The final areas for improvement are, developing and implementing a plan to keep a child safe and, re-assessing the plan and ending a family service response. The files which were non-compliant either had a risk assessment or a risk reduction service plan but not both as required. Documentation could not confirm that plans were reviewed with families or significant others. Reviewing of risk assessments and risk reduction service plans did not appear to be occurring as frequently as required or when there was a significant event.

Files Brought to the Team Leader's Attention:

During the audit, four closed family service files were brought to the team leader's attention for review. One file needed to be referred to another community for follow up as it had been closed when the family moved to another community rather than being forwarded for investigation. The team leader and community services manager have decided to re-open this file and ask for the assistance of the district office in the family's new community to complete this intake.

In the second family service file, a letter had been sent in error to a mother with a similar name as the subject parent. Both mothers have a child with the same name and live in the same community. The only difference was the children's gender. The social worker's letter requested that the parent contact the worker to discuss an allegation involving her daughter. The parent's response was that the social worker had contacted the wrong parent as she has a son, not a daughter by the name indicated in the letter. The steps of the intake were recorded in the other family's file and the subject parent's file was closed. The team leader is attempting to clarify the information on both files.

The third family service file was closed with a letter providing possible community services for a child left alone . Phone contact with the parent had been attempted but was unsuccessful. The team leader was able to confirm that the parent had been interviewed and this was a matter of insufficient documentation by a student. The file was not re-opened.

The last family service file concerned a mother . The intake was coded as previously assessed but no documentation could be located to confirm that this specific complaint had been addressed in the previous intake, as indicated by the worker. This file has been re-opened for investigation and is in progress.

CHILD SERVICES DATA SUMMARY

Nine child service files were audited. Overall compliance to the child service standards was **67.1%**. Information for determining compliance to the service standards was based on documentation. The following provides a summary and explanation of the ratings for each critical measure:

11. CRITICAL MEASURES AUDIT TOOL FOR CHILD IN CARE STANDARDS

Rating Definitions:

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

	Critical Measures	C		PC		NC		NA
		#	%	#	%	#	%	
1	Preserving the Identity of an Aboriginal Child in Care <i>CIC Service Standards #1 and #19</i>	9	100%	0	0.0%	0	n/a	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	8	88.9%			1	11.1%	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	6	66.7%			3	33.3%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	7	77.8%			2	22.2%	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	4	44.4%	2	22.2%	3	33.3%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	3	33.3%			6	66.7%	

7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	8	88.9%	0	0.0%	1	11.1%	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	5	55.6%	1	11.1%	3	33.3%	
9	When a Child is Missing or has Run Away <i>CIC Service Standard #14</i>	0	n/a			0	n/a	9
10	Notification of Fatalities, Critical injuries and Serious Incidents <i>C&FS Standard #24</i>	0	n/a	0	0.0%	0	n/a	9
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	1	100%			8	n/a	0
12	Supervisory Approval	4	44.4%			5	55.6%	
	Overall Results		67.1%		3.7%		29.3%	

1. PRESERVING THE IDENTITY OF AN ABORIGINAL CHILD IN CARE

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

Compliant: 9

Partially Compliant: 0

2. ASSUMING RESPONSIBILITY FOR A CHILD IN CARE

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

Compliant: 8

Non-Compliant: 1

- ***In 1 file the initial court order was on the file but no subsequent court orders. Also documentation could not confirm that the social worker understood the child's needs and circumstances or that there had been contact with the child's family.***

3. ENSURING A CHILD'S SAFETY WHILE IN CARE

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

Compliant: 6

Non-Compliant: 3

- ***In 3 files documentation could not confirm that the placement met the child's needs and one of the three files did not indicate why this placement was chosen.***

4. ENSURING THE RIGHTS OF A CHILD IN CARE

The auditor assessed the file for evidence that the child's care conforms to their rights as defined by section 70 CFCSA, the social worker has informed the child of the rights of children in care, and that any reports that a child's rights may have been violated, have been addressed.

Compliant: 7

Non-Compliant: 2

- *In 2 files it was unclear if the social worker had reviewed the child's section 70 rights with the child who was old enough to understand his/her rights. Three of the nine children were old enough to understand their rights.*

The audit tool does not measure whether or not an agent was advised of a child's rights on behalf of the child when a child is too young and/or incapable of understanding his/her rights. Six of the nine children were too young to understand their rights and no agent was advised of the children's rights. This is not a practice standard but it is preferred practice.

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

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

Compliant: 4

Partially Compliant: 2

Non-Compliant: 3

- *In 1 file there was partial compliance as the family had not been involved in the planning for the child.*
- *In 1 file there was partial compliance as the child had contributed to only part of the plan yet was old enough to have a voice in all aspects of the plan.*
- *In 3 files documentation could not be located to confirm that there had been a plan of care or that the family had been involved in the planning for the child. In one of these files the child was old enough to contribute to the plan but was not involved.*

6. MAINTAINING PERSONAL CONTACT WITH A CHILD IN CARE

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

Compliant: 3

Non-Compliant: 6

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

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

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

looked for evidence of strategies that were implemented to promote stability and continuity of lifelong relationships and planning for the development of new lifelong relationships

Compliant 8

Partially Compliant 0

Non-Compliant: 1

- *In 1 file documentation could not confirm that efforts had been made to promote, re-establish and/or develop the child's life long relationships.*

8. ASSESSMENTS AND PLANNING FOR A CHILD IN CARE

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

Compliant: 5

Partially Compliant: 1

Non-Compliant: 3

- *In 1 file there was partial compliance as documentation could not confirm that the comprehensive plan of care was reviewed every 90 days.*
- *In 1 file there was non-compliance as the initial plan was inadequate. Only the court plan of care was on the file and the child had been in care for five months.*
- *In 2 files there was non-compliance as documentation could not confirm an initial plan of care.*

9. WHEN A CHILD IS MISSING OR HAS RUN AWAY (REPORTABLE CIRCUMSTANCE)

In circumstances where children are missing or have run away, the auditor looked for documentation indicating that the appropriate individuals had been notified, a plan was developed and implemented, and in cases of habitual running away the plan of care was reviewed and strategies developed to address the behaviour.

Compliant: 0

Not Applicable: 9

Non-Compliant: 0

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

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

Compliant: 0

Not Applicable: 9

Non-Compliant: 0

11. PLANNING FOR A CHILD LEAVING CARE

When children were leaving care the auditor looked for documentation indicating that transition preparation took place involving the child, family, and other relevant and significant individuals.

When youth in care had reached the age of majority, the auditor looked for information to indicate an assessment of the youth's capacity for living independently had been assessed; the youth had been supported to develop self care and independence skills, and provided with assistance to obtain necessities as outlined in CIC standard #16.

Compliant: 1
Not Applicable: 8
Non-Compliant: 0

- *In the only applicable file, documentation indicates there was planning for the child to have unsupervised visits during the transition home and the continuation of services after the child was home.*

Please note, one applicable file should not be considered representative of the team's overall practice.

12. SUPERVISORY APPROVAL

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

Compliant: 4
Non-Compliant: 5

- *In 3 files it was unclear if the team leader had approved/been consulted regarding the child's removal/placement.*
- *In 4 files it was unclear if the team leader had approved/been consulted regarding planning for the child/youth or reviewing the plan.*
- *In 1 file it was unclear if the team leader had approved/been consulted regarding a child being reunited with family.*

AREAS OF PRACTICE STRENGTH:

- **Preserving the Identity of an Aboriginal Child in Care** **100%**
CIC Service Standards #1 and #19
- **Assuming Responsibility for a Child in Care** **88%**
CIC Service Standard #4
- **Ensuring the Rights of a Child in Care** **78%**
CIC Service Standard #6
- **Meeting a Child's Need for Stability and Continuity of Lifelong Relationships** **88%**
CIC Service Standard #4

AREAS FOR IMPROVED PRACTICE:

- **Maintaining Personal Contact with a Child in Care** **33%**
CIC Service Standard #9
- **Supervisory Approval** **44%**

NARRATIVE SUMMARY:

The KPF team demonstrated practice strengths when determining whether or not a child has Aboriginal heritage. Victoria has a specialized Aboriginal team however, Aboriginal children can be found on non-Aboriginal teams. Of the files audited, only non-Aboriginal children were served by KPF which is their mandate. Good practice was also demonstrated in the area of providing stability and continuity of lifelong relationships for children in care with their family and friends. Furthermore, staff assumed the responsibility of children in care by insuring that copies of their court orders were on file and demonstrating an understanding of the children's needs and circumstances.

Although the results indicate the team showed strength in ensuring the rights of a child, the audit mostly examined infants' files. This is a pertinent detail as a rating of compliance is automatically awarded if the children are too young and/or unable to understand their rights. Practice standards do not require an agent be advised of the child's rights to act on the child's behalf however, to improve practice, this would be highly recommended.

There were only two areas of improvement to highlight in the child services files. One, documentation could not confirm that the social workers had in person contact as required by practice standard nine. Documented contact could not be located for six of the nine children in care whose files were audited. Although four of the children were under one year of age, two children were age nine and eleven and contact would have been significant to them.

Second, supervisory approval needs to be documented more frequently. Documentation could not be located to confirm the team leader had approved the placement of three children in care, the plans for four children and the plan to reunite one child with family. This lack of documented approval can be explained if the worker did not document a consultation with the team leader at the time of removal or if a signed copy of the intake which brought a child into care is not on the child's file. If the worker has not documented a plan of care, then the team leader's approval often is not noted elsewhere during the child's time in care or when being reunited with family.

File Brought to the Team Leader's Attention:

During the audit, only one child services file was brought to the team leader's attention. This file involved an 11 year old child with significant delays and no documented plan could be located on the file. There were however, plans addressing the child's needs produced by the lead agencies, Community Services Living BC and the school. The social worker has since updated the Individual Developmental Needs Service Plan which will be used as the foundation for a comprehensive plan of care for this child.

CONCLUSIONS:

Overall, the KPF team has adapted well to its new role of providing supportive, protective and guardianship services rather than solely providing a Family Development Response. They earned over 67% compliance on both child services and family services files. The team excels

in providing immediate responses to child protection reports, assuming the responsibility for a child in care and meeting a child's needs for stability and continuity of lifelong relationships. Like other teams, completing and reviewing both risk assessments and risk reduction service plans presents as a challenge. Oddly, supervisory approval is 94.4% for family service files but 44.4% for child service files. This may be a function of how decisions are documented on the computer during intakes on family service files but not for ongoing work for child service files. Considering KPF has experienced two major service delivery changes and ongoing staffing challenges over the past 16 months, this team can be proud of its accomplishments. It has established a foundation of good practice which can assist in improving their services to children, youth and families.

Laurie Vasey

Regional Practice Analyst
Vancouver Island Region
Date:

Thomas Weber

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

12. RECOMMENDATIONS

These recommendations were developed in consultation with, Nancy Frederick, Community Services Manager, Kevin Looyesen, Team Leader, Acting Manager of Quality Improvement and Assurance for Vancouver Island Region, Tamara Leonard-Vail and Laurie Vasey, Regional Practice Analysts.

KPF team members will be more aware of due dates for risk assessments, risk reduction service plans and their review as reported by the Team Leader. This will be achieved by:

- a) The Team Leader will develop a tracking system for risk assessments, risk reduction service plans and their review. A copy of the tracking system will be forwarded to the Community Services Manager and Manager of Quality Improvement and Assurance by September 30, 2008.
- b) The Manager of Quality Improvement and Assurance will forward copies of existing tracking systems used by some Team Leaders in the region by June 30, 2008.
- c) The KPF team will strategize how to complete risk assessments, risk reduction service plans and their review according to practice standards 17 and 20. The strategies will be forwarded to the Community Services Manager and Manager of Quality Improvement and Assurance by September 30, 2008.

The KPF team will improve the documentation of home visits, collateral checks, and interviews with parents and children, as reported by the Team Leader. This will be achieved by:

The KPF Team Leader will discuss the utilization of an investigation check list with the KPF team and implement a tool by September 30, 2008.

The KPF team will improve the documentation of contact with children in care, especially infants. This will be achieved by:

The KPF team will develop strategies for documenting contact with children and forward these strategies to the Community Services Manager and Manager of Quality Improvement and Assurance by September 30, 2008.

The KPF team will improve the documentation of supervisory approval in child services files, as reported by the team members. This will be achieved by:

The KPF team will develop strategies to address the documentation of supervisory approval and forward these strategies to the Community Services Manager and Manager of Quality Improvement and Assurance by September 30, 2008.

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

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