

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

**Victoria Aboriginal Child Protection Team (KPH)**

**Field Work Completed: July 30, 2008  
Report Completed: November 7, 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 KPH team serves the Greater Victoria area which is defined by the local school district's boundaries of Victoria, View Royal, Royal Oak and part of Saanich. Two major hospitals are located within this geographical area including Victoria General Hospital and the Royal Jubilee Hospital. There are two Aboriginal reservations within this geographical area and they are the Esquimalt and Songhees Nations. However, the team provides services to all Aboriginal peoples within their boundaries. Much of the team's service recipients are from other parts of British Columbia, Canada and the United States.

Until September 2007, KPH also served the Tsartlip, Tsawout, Pauquachin and Tseycum Nations. However there was a service delivery redesign which resulted in a smaller geographical area and the re-assignment of two workers to a different team.

According to BC Statistics, the Aboriginal population in 2006 for Victoria and Saanich was 186,322 people with an estimated 1445 children, 0 to 19 years old\*. BC Statistics did not break down the region to designate View Royal and Royal Oak as separate communities. It did however delineate the Saanich area such that the statistics for the Reserve in Saanich are not included in the above statistics. Following the service delivery redesign, KPH no longer served this community.

#### **b) Service Delivery:**

KPH delivers Intake/Investigation, Family Development Response (FDR), and Protective Family Services and Child in Care Services to Aboriginal people residing within the boundaries indicated above. KPH is co-located with the Victoria Aboriginal Mental Health Team (KRM) in downtown Esquimalt. The Aboriginal Child Protection Team became a specialized team in 2006 in response to the over representation of Aboriginal children in care. Prior to 2006, Aboriginal services were delivered by all of the Greater Victoria child protection teams as services were primarily determined by geographical boundaries.

The team leader reports that the specialization of Aboriginal services appears to have positively impacted the Ministry of Children and Family Development's (MCFD) ability to work collaboratively and enhance relationships with the local Aboriginal Nations. Similarly communication is considered to be positive and improving. According to the team leader, prior to the team's creation, there were inadequate relationships with the local Nations and they did not report child protection concerns. Now, the Nations report concerns, invite the Ministry staff to assist them and include MCFD workers in ceremonies. It is believed that this improvement is the result of the consistency in social workers and a demonstrated respect for Aboriginal peoples and processes. The needs of Aboriginal families and their communities are also being met.

\* *Statistics Canada. 2008. Victoria and Saanich, British Columbia (tables). Aboriginal Population Profile. 2006 Census. Statistics Canada Catalogue no. 92-594-XWE. Ottawa. Released January 15, 2008.*

The Ministry works closely with Nil/Tu'O, Hulitan, the Victoria Native Friendship Centre and Metis Family Services to provide culturally sensitive services. The Songhees Nation receives supports and guardianship services from Nil/Tu'O as do Port Renfrew and the Nations located on the Saanich peninsula. In contrast, the Esquimalt Nation chooses to receive services directly from the Ministry. The Metis Commission is legally served court documents for Metis families and Metis Family Services provides support services to Metis families. There are protocols between MCFD and both the Esquimalt and Songhees Nations.

Providing services to Aboriginal communities can involve considerable time due to the need to adhere to protocols. Prior to attending a home on reserve, arrangements must be made with a Nation's representative, usually the Social Development Officer or another Band representative. Also, Nil/Tu'O needs to attend meetings with the MCFD social worker if the Nation has an agreement with this child protection agency. Family meetings are the norm and can be time consuming to arrange due to the size of families and the complexity of relationships.

The team leader identified that the four major issues impacting child protection for this team include prostitution, street drug use, parental capacity and homelessness. Other factors influencing their work is poverty, the high cost of renting, and a low vacancy rate which makes it common to have two or three families sharing a home. On reserve, there are political issues and a hierarchy to contend with which can leave some vulnerable families without opportunities when resources are limited.

### **c) Residential Services:**

The Resource Team responsible for the provision of MCFD approved caregivers to children in care is located in the same building as KPH but on a different floor. When a placement is required, KPH social workers contact the intake resource social worker to review the situation and the child's needs. A placement request form is then submitted to the Resource Team. When an immediate placement is required, the KPH social worker connects with the Resource Team social worker either by phone or in person to request an emergency placement. KPH team members meet with the Resource Team members directly to discuss a case when necessary. In addition the Resource Team social worker meets with the KPH team monthly to review the status of resources and children's placements.

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. There are some Aboriginal homes but they are limited in number. Safety plans involving placement with extended family members are regularly implemented during investigations.

Being co-located with the Resource Team is considered to be an advantage for the KPH team because of the ease of communication. Staff members regularly walk up and down the stairs to consult with one another about resource planning for children in care. The safe baby program is also well regarded by members of the KPH team.

### **d) Service Transformation**

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

#### 4. STAFF TRAINING

<b>Ministry Training Programs</b>								
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 away for the day, he continues to be available by telephone. When the team leader is on vacation, social workers consult with a team member who officially acts on the team leader's behalf.

The case management report and intake report for each social worker are 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. The team meets monthly to review the over 90 day files. During the weekly meetings team members consult with each other about difficult cases.

The team leader and each staff person meet on an ad hoc basis monthly to review the worker's assigned files. This is a dialogue in which the social worker identifies what cases or issues s/he wishes to review first. Career development is also discussed at this time if the social worker

initiates this conversation. The team leader is well versed in the details of the files with which the team is dealing.

## **6. INTAKE AND TRACKING SYSTEMS**

### **a) Intakes**

All intakes are accepted by the KPH screener who ensures that there is consistency for the community and throughout the process. A designated screener allows other frontline staff to manage their ongoing work without being tied to screening. When an intake is received, the team leader is consulted regarding the type of response, the response time and the initial response plan. The screener documents these decisions and completes the Vancouver Island screening tool. Any report that is assessed as requiring an immediate response or a response within 24 hours is assigned immediately. Reports that do not require an acute response are assigned by the team leader the following work day. If an intake is received on an open file, the assigned worker consults with the team leader as the screener would consult and continues with the intake.

All intakes are entered into a manual tracking log by the screener, including the social worker assigned to the case. Files are assigned according to staff's level of experience and current workload. Workers regularly consult with the team leader and document these consultations throughout the life of the intake. Staff noted that overdue intakes often are the result of having insufficient time to document actions taken although the intake itself may be completed.

### **b) Family Development Response**

Prior to December 2006, there was a specialized family development response (FDR) team for the Greater Victoria area. Following a service delivery model redesign it was determined that all child protection teams would provide FDR. The KPH team has been delivering FDR since the team's inception. There are two primary workers assigned to intake and FDR. The screener completes the FDR form and the team leader assigns the FDR to one of two workers unless workload dictates otherwise.

KPH finds that the FDR model does not fit well with the Aboriginal community because of the protocols with different Nations. Prior to attending on reserve, arrangements must be made with the Nation to attend the Reserve. This communication acts as a potential collateral contact which shifts a FDR approach into an investigative response. Families are to be the first contact in a FDR approach but this may not be possible, especially if the family does not have a telephone. However, KPH social workers provide mini, impromptu FDR community meetings for each family they serve regardless of whether there is an investigation or a FDR approach being provided. The process of initiating a FDR is the same as initiating an intake as described above. If a family is unable to co-operate or the intake does not qualify for a FDR approach, the intake becomes an investigation.

### **c) Ongoing Family Service and Child Service**

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 care agreements.

Due to workload issues, the intake workers have been carrying files for extended periods of time. This has resulted in these workers carrying a generic caseload at times. Sometimes, the Family Service Workers also accept intakes to assist their co-workers. There is flexibility in assignment of files when necessary.

Staff noted that families often have multiple community services which results in many different professionals observing a family's progress. Before a child is returned home, there is minimally a verbal review of the risks identified in the assessment and the relevant sections of the Child, Family and Community Services Act by the worker and the team leader.

An interim plan of care is required within 30 days of a child's placement in care and then a full plan of care is required within six months of placement (practice standard 11). The plan is to be reviewed minimally every 90 days and updated every six months. The same requirements exist for a child's rights while in care (practice standard six). KPH has a rights sign off sheet which the worker and team leader sign when children have their rights reviewed with them.

#### d) Tracking

Social workers track the due dates for the risk assessments and risk reduction plans on their own caseloads. The "case manager reports" and "to do" lists created by the Ministry Information Systems (MIS) computer system are useful tools. When possible, the Administrative staff prints these reports for the social workers.

The tracking of children's plan of care (CPOC) is possible through MIS. However, MIS automatically updates the next due date to a year henceforth when a completion date is input. This is contrary to practice standard 11 which requires CPOCs be reviewed every 90 days and updated every six months.

## 7. STAFFING

#### a) Staff Complement/Staff Turnover:

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

		Grade12		n/a	Reg
		BEd		Full	Reg

Currently, the KPH team consists of one screener, one team leader, two intake/investigation/ family development response social workers, four family service/guardianship social workers and one worker who carries a caseload of half protection files and half youth agreements. All team members have chosen to be a member of this team, rather than being assigned. According to the team leader caseloads have been redistributed on three separate occasions due to illness, the establishment of the Saanich team and the creation of a permanent position from a float position. When necessary, the family service workers will complete investigations to balance the workload. All open files are active as KPF does not leave files open unless the Ministry has a mandate to be involved. There are no files open for monitoring.

As indicated in the table above, there is a range of experience on this team: three social workers have less than two years experience and three social workers have more than ten years experience. All protection workers have full delegation which is an asset not afforded to all of Victoria's child protection teams. The team presents as willingly to assist one another and share their knowledge. Although some of the team members have Aboriginal heritage, serving the Aboriginal community is not necessarily easier for them, according to the team leader.

There has been an impact on the protection staff by the shortage of Administrative staff. Over the past year, there has been one consistent administrative staff person and a regular shortage of the other two administrative positions. This has resulted in social workers performing administrative work that normally would be prepared by a team assistant, such as the preparation of court documents. Despite this shortage, the Administrative staff has maintained an exceptionally well organized filing room. Filing required on individual files is completed daily and as a result there is no backlog of filing. Files are sent to storage as required, according to filing standards and files are easily located.

**b) Current Workload**

<b>File Type</b>	<b>Jun 2008</b>	<b>Monthly Average</b> <i>(July 2007 to June 2008)</i>
Child Protection intakes	17	21.6
Requests for Family Support Services	1	1.6
Child In Care Files	76	79.9
Aboriginal children In Care	73	76.8
Family Services	94	102.8
Supervision Orders	4	14.2
Section 8 (Kith and Kin)	0	0.0

**(MARS July 2007- Jun 2008)**

As indicated by the above table, KPH has a very high ratio of Child Services files in relation to Family Services files when compared to other teams. The number of children in care has remained within the range of 75 to 88 children per month.

The KPH team members submitted an Appendix 4 on September 26, 2006 to management and identified the team's inability to meet practice standards. The Community Services Manager formally responded on October 5, 2006. The team submitted a subsequent letter which stated that they were unable to maintain and meet "*the Ministries protective service monitoring, case documentation, protective services, non protection duties/standards and expectations*" (sic)\*. As a result, the team's geographic area of responsibility was reduced in September 2007 and a

protection worker and a family development worker were added to the team. The Article 29 process continues at this time.

Overall, the number of intakes and family support files has slowly decreased over the past year for KPH. Supervision orders have particularly decreased over time from a high of 21 in August and September 2007 to a low of 4 in April and May 2008. Support files have remained relatively low in volume with a high of 4 in August 2007 to only 1 request for support for 6 months of the year.

### Caseload Characteristics for 2008

#### Children and Youth Served Over Previous Six Months

Month	Aboriginal CIC's	Non-aboriginal CIC's	Total CIC's	Supervision Orders
January 2008	84	4	88	15
February	73	2	75	11
March	74	2	76	8
April	73	2	75	4
May	72	3	75	4
June	73	3	76	7

(MARS January – June 2008)

#### Ages of children and youth

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

(MARS – June 2008)

*\*Letter dated December 12, 2006 from the KPH team members and addressed to Robert Pelling, Team Leader of Aboriginal Services, Nancy Frederick, Acting Community Services Manager for South Vancouver Island and Lise Erickson, Community Services Manager for South Vancouver Island.*

#### Children in Care by Legal Authority

Legal Authority	# of CIC's

#### After Care Plan

After Care Plan	# of CIC's

Removal	4
Interim Order	8
Temporary custody – 41.1C, 49.7B	23
Temporary Extension	23
Voluntary Care Agreement	4
Continuing Care Order 41.1D, 49.4/5	7
Family Relations Act Order	3

(MARS – June 2008)

Independent Living	1
Not Coded	7
Place with Relative	1
Return to Parent	63
Adoption	1

(MARS – June 2008)

## 8. ABORIGINAL SERVICES

KPH is the specialized Aboriginal Intake and Family services team for the Capital Region. This team provides services to families who are identified as Aboriginal, living on and off Reserve. KPH staff note that a very small percentage of their files represents members of the two local Nations, Esquimalt and Songhees. The remainder of the families served is from other areas of British Columbia and Canada. For more information, see *3b) Service Delivery*.

## 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. KPH 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 95 open family service files, and 86 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 25% of each caseload was selected to create the sample of investigations closed in the last six months. A 25% sample of Family Services and 20% sample of 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 KPH team. The results below do not necessarily present an accurate reflection of the work completed by the current members of the KPH team.

## CHILD & FAMILY SERVICES DATA SUMMARY

Fifty-one family service files were audited. Overall compliance to the child and family services standards was **58.5%**. 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>	20	39.2%			31	60.8%	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11</i>	13	100%			0	0.0%	38
3	Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard #12</i>	38	92.7%			3	7.3%	10
4	Family Development Response <i>CFS Service Standard #14</i>	0	0%			0	0.0%	51
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	35	92.1%			3	7.9%	13
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	11	29.7%			26	70.3%	14
7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	21	56.8%			16	43.2%	14
8	Concluding a Child Protection Investigation <i>CFS Service Standard #16</i>	7	18.9%			30	81.1%	14
9	Concluding a Child Protection Investigation in a Timely Manner <i>CFS Service Standard #16</i>	18	48.6%			19	51.4%	14
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #17</i>	2	15.4%			11	84.6%	38
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response <i>CFS Service Standards #17 and #20</i>	1	9.1%			10	90.9%	40
12	Notification of Fatalities and Critical Injuries (Reportable Circumstances) <i>CFS Service Standard #24</i>	0	0.0%	0	0.0%	3	100.0%	48
13	Supervisory Approval	50	98.0%			1	2.0%	
	<b>Overall Results</b>		58.5%				41.5%	

# = 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:** 20

**Non-Compliant:** 31

- *In 16 files there was non-compliance as it was unclear if a review of the family's involvement with MCFD was completed as there was no prior contact check (PCC) attached or a summary of the history documented.*
- *According to documentation, it appears that the file history was not recorded when the intake was managed by a social worker familiar with the family or the social worker assigned to work with the family long term or when Afterhours provided an emergency response.*
- *In 26 files there was non-compliance as there was insufficient documentation to indicate that the Aboriginal community and/or delegated agency was contacted at the beginning of the intake.*
- *In 11 files neither the file history was documented nor was there documentation that the Aboriginal agency was contacted. No documentation could be located for rationalizing why these necessary steps were not taken. It is possible that the file history may have been known to the worker and an Aboriginal community or delegated Aboriginal agency may have been involved already.*

## **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

**Not Applicable:** 38

**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:** 38

**Not Applicable:** 10

**Non-Compliant:** 3

- *In 3 files there was non-compliance as the response decision was made outside of the 5 day time frame requirement.*

## **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. 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:** 35

**Not Applicable:** 13

**Non-Compliant:** 3

- *In 3 files there was non-compliance as documentation indicated the social worker did not initiate the response within the determined response time frame. These files all required a 5 day response.*

## **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:** 11

**Not Applicable:** 14

**Non-Compliant:** 26

- *In 10 files there was non-compliance as documentation was insufficient to confirm that collaterals had been contacted.*
- *In 12 files there was non-compliance as documentation was insufficient to confirm that the child's living situation had been observed directly.*
- *In 14 files there was non-compliance as documentation was insufficient to confirm that the Aboriginal community and/or delegated agency had been contacted and involved.*
- *In 5 files there was non-compliance as documentation was insufficient to confirm that the collaterals had been interviewed, the child's living situation had been observed and the Aboriginal community and or delegated agency had been contacted.*
- *In 8 files there was non-compliance as documentation was unclear about the review of relevant history, records and/or reports. Some of these files had intakes prior to the implementation of the MIS computer system which were not documented.*

## **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:** 14

**Non-Compliant:** 16

- *In 10 files there was non-compliance as documentation was insufficient to confirm if the subject child or children were seen and interviewed or if the interview was sufficient.*
- *In 6 files there was non-compliance as documentation was insufficient to confirm if all of the parents or caregivers were interviewed by a social worker.*
- *In 6 files there was non-compliance as documentation was insufficient to confirm if the step-parent who was residing in the home was interviewed by a social worker.*
- *In 2 file there was non-compliance as interviews were conducted over the phone and not in person by a social worker.*

- ***In 2 files there was non-compliance as documentation was insufficient to confirm 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:** 7

**Not Applicable:** 14

**Non-Compliant:** 30

- ***In 28 files there was non-compliance as documentation was insufficient to confirm that sufficient information was obtained to complete a thorough investigation. However, in 14 (50%) of those files the conclusions appear to be consistent with the findings of a child in need of protection despite some steps missing in a complete investigation. (For example, a Supervision Order may have been violated and the children were not interviewed as the violation was confirmed through other means).***
- ***In 1 file there was non-compliance as the social worker did not verify a child or children required protective services but the findings were not in need of protection.***
- ***In 2 files there was non-compliance as the findings were inconsistent with the information obtained.***

## **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:** 18

**Not Applicable:** 14

**Non-Compliant:** 19

- ***In 9 files there was non-compliance as the investigation was concluded within 30 days but documenting the actions took more than 30 days.***
- ***In 3 files there was non-compliance as the investigation was concluded between 45-59 days.***
- ***In 5 files there was non-compliance as the investigation was concluded between 60-71 days.***
- ***In 1 file the investigation was opened due to a high risk pregnancy and the file needed to be open for more than 30 days. Two weeks following the birth of the child, the investigation was concluded.***
- ***In 3 files, the investigations were delayed due to the assigned worker leaving on leave. The investigations remained open for months despite the majority of the work having been completed before the worker's absence.***
- ***The team leader signed all printed investigations the same day they were printed, except once when there was a three day delay.***

## **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:** 2

**Not Applicable:** 38

Non-Compliant: 11

- *In 2 files there was non-compliance as documentation indicates a risk assessment was completed but a completed risk reduction services plan could not be located on file.*
- *In 2 files there was non-compliance as documentation indicates a risk reduction services plan was completed but a current risk assessment could not be located on file.*
- *In 5 files there was non-compliance as documentation indicates a risk assessment and a risk reduction services plan could not be located.*
- *In 2 files there was non-compliance as documentation indicates there were multiple removals. The file contained either a risk assessment or a risk reduction services plan but not both for each of the removals.*

### **11. REASSESSING A PLAN TO KEEP A CHILD SAFE AND ENDING A FAMILY SERVICE RESPONSE**

The auditor looked for documented evidence that the plan to keep the child safe has been reviewed as appropriate with those involved. In ending a Protective Family Service Response, the auditor looked for documentation indicating an assessment had been completed supporting the conclusion that the parents were able to keep the child safe without protection services.

Compliant: 1

Not Applicable: 40

Non-Compliant: 10

- *In 10 files there was non-compliance as documentation could not confirm that the assessment and plan were reviewed every 4-6 months.*
- *In 6 files there was non-compliance as documentation indicates a significant change appeared to have occurred but a completed review of risk or a plan could not be located – 2 were new removals and 4 involved returning children to family.*
- *In 1 file there was non-compliance as documentation could not confirm that the plan was reviewed with family or significant others.*
- *In 1 file there was non-compliance as documentation could not confirm that a re-assessment occurred prior to closing the file.*
- *In 4 files there was non-compliance as documentation could not confirm that the plan was reviewed.*
- *In 4 files there was non-compliance as documentation indicates there were no initial or review risk assessments or risk reduction service plans on file.*

### **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: 48

Non-Compliant: 3

- *In 3 files there was non-compliance as documentation could not confirm that a reportable circumstance was completed*
- *In 1 file there was non-compliance as documentation could not confirm that a reportable circumstance was completed*

### **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:** 50

**Non-Compliant:** 1

- ***In 1 file there was non-compliance as documentation could not confirm consultation throughout the investigation and specifically regarding the initial safety plan.***

### **PRACTICE STRENGTHS:**

- When a Child is at Immediate Risk of Harm **100%**  
*CFS Service Standard 11*
- Determining the Time Frame to Begin an Investigation **92.7%**  
*CFS Service Standard 16*
- Assessing a Child Protection Report and Determining the most Appropriate Response **92.1%**  
*CFS Service Standard 12*
- Supervisory Approval **98.0%**

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

- Conducting a Child Protection Investigation **29.7%**  
*CFS Service Standard #16*
- Seeing and Interviewing the Child and Family **56.8%**  
*CFS Service Standard #16*
- Concluding a Child Protection Investigation **18.9%**  
*CFS Service Standard #16*
- Concluding a Child Protection Investigation in a Timely Manner **48.6%**  
*CFS Service Standard #16*
- Developing and Implementing a Plan to Keep a Child Safe **15.4%**  
*CFS Service Standard #17*
- Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response **9.1%**  
*CFS Service Standards #17 and #20*
- Screening and Best Approach to Service Delivery **39.2%**  
*CFS Service Standards #1 and #12*

### **NARRATIVE SUMMARY:**

The KPH team has demonstrated strength in assessing the most appropriate response to intakes and determining the time frame to respond to an investigation. 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 screening and best approach to service delivery. This rating received a low compliance score due to the lack of documented contact with the Aboriginal community/delegated agency and lack of recording of the family's history with

the MCFD. Contact with the Aboriginal community/delegated agency was not documented in twenty-six files and the family's history with the MCFD was not recorded in sixteen files. Both of these steps were missed in eleven files.

Critical measure eight, concluding an investigation, reflects all steps of an investigation and combines the results of critical measure six and seven. Concluding an investigation includes completing interviews, collateral checks, home visits, etc. Often social workers decide not to complete certain steps of an investigation but an explanation is not provided for an incomplete step. This oversight results in a low score. In fourteen of fifty-one files, documentation could not confirm that the Aboriginal community/delegated agency was contacted and involved during the investigation. Twelve 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 ten of the files and in five files, neither a home visit was documented nor contact with the Aboriginal community/delegated agency.

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 step-parents, ten files for the subject children and two files for other vulnerable children in the home. An explanation for not interviewing children and/or parents could have improved this rating. When infants are involved in investigations they cannot be interviewed but observations of their well-being can be documented. In two files, the parent was interviewed by telephone and this resulted in a non-compliance rating.

Concluding an investigation in a timely manner received a compliance rate of 48.6%. It was determined that nine of the overdue files had the work completed within 30 days but documentation took longer than 30 days. This means that compliance could have been 73%. Staff explained that they will set aside time to document their actions on line after they have ensured the children's safety as this their priority. Considering that KPH social workers need to abide by more protocols with Aboriginal Nations than other non-Aboriginal teams, the scores for KPH are very good.

It is important to note that once an intake on MIS is updated it is quickly closed by the KPH team. There is almost no delay between the printing of a completed investigation and the sign off by the worker and team leader. Supervisory approval on family services files was exceptionally high with a score of 98%.

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. This was true of ten of the applicable eleven files.

KPH had very few files which were coded for no further action. This indicates that the use of a screener is effective and is not allowing non-protection matters into the system. It was also noticeable that there was minimal delay in response to intakes as only three intakes did not meet their required response time. The immediate response situations were always responded to immediately, 100% of the time. The screening function appears to be effective.

**File Brought to the Team Leader’s Attention:**

During the audit, only one family services file was brought to the team leader’s attention. Documentation did not indicate whether or not this allegation had been addressed. After making inquiries, the local office is satisfied that no child protection concerns exist regarding this situation.

**CHILD SERVICES DATA SUMMARY**

Twenty child service files were audited. Overall compliance to the child service standards was **52.7%**. 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:

**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>	7	35.0%	11	55.0%	2	10.0%	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	18	90.0%			2	10.0%	
3	Ensuring a Child’s Safety While in Care <i>CIC Service Standard #5</i>	19	95.0%			1	5.0%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	7	35.0%			13	65%	0

5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	9	45.0%	1	5.0 %	10	50.0%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	1	5.0%			19	95.0%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	18	90.0%	1	5.0%	1	5.0%	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	3	15.0%	7	35.0%	10	50.0%	
9	When a Child is Missing or has Run Away <i>CIC Service Standard #14</i>	0	0.0%			0	0.0%	20
10	Notification of Fatalities, Critical injuries and Serious Incidents <i>C&amp;FS Standard #24</i>	0	0.0%	0	0.0%	1	100%	19
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	2	40%			3	60.0%	15
12	Supervisory Approval	14	70.0%			6	30.0%	
	<b>Overall Results</b>		52.7%		10.8%		36.6%	

## 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:** 7  
**Partially Compliant:** 11  
**Non-Compliant:** 2

- *In 11 files there was partial compliance as documentation could not confirm that a cultural plan had been developed within 6 months of the child coming into care.*
- *In 1 file there was non-compliance as documentation could not confirm the child's Aboriginal identity.*

## 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:** 18  
**Non-Compliant:** 2

- *In 2 files there was non-compliance as 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.*

- *All of the files had current court documents filed.*

### **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:** 19

**Non-Compliant:** 1

- *In 1 file there was non-compliance as documentation could not confirm that the placement met the child's needs or indicate why the placement was chosen for the child.*

### **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:** 13

- *In 12 files there was non-compliance as it was unclear if the social worker had reviewed the child's section 70 rights with the child who was old enough and capable of understanding his/her rights.*
- *In 1 file there was non-compliance as it was unclear if the social worker had any form of contact with the child's foster parent or with the child less than four years of age to ensure the child's rights were being honoured.*

*A rating of compliance is automatically given if a child who is too young or developmentally unable to understand his/her rights. The audit tool does not measure whether or not an agent was advised of a child's rights on behalf of the child. Seven of the twenty children were too young to understand their rights and one was developmentally impacted. Documentation does not indicate that any agent was advised of these children's rights. It is not required practice to involve an agent 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:** 9

**Partially Compliant:** 1

**Non-Compliant:** 10

- *In 1 file there was partial compliance as the child had been involved in the planning*

*but the family had not been involved.*

- *In 10 files there was non-compliance as documentation could not be located to confirm that the child, family or significant others, including the band, had been involved in the planning for the child. In 3 of these files the child was old enough to contribute to the plan but was not involved. In 5 of these files the child was too young to contribute.*
- *In 2 files there was non-compliance as there were barriers to the child being able to participate but no documentation to indicate what had been done to address these barriers to include the child.*

## **6. MAINTAINING PERSONAL CONTACT WITH A CHILD IN CARE**

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

**Compliant:** 1

**Non-Compliant:** 19

- *In 19 files there was non-compliance as documentation was insufficient to confirm if the social worker had contact with the child in care as per standards, every 3 months in person and in private. In 6 of the 19 files, the children were too young to be interviewed but observations of the children could have been recorded.*
- *In 2 files there was non-compliance as the children were moved and there was no documentation of a visit.*
- *In 1 file there was non-compliance as there was documentation that the worker explained to the children why they were in care but there was no visit documented when the foster parent died.*

## **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** 18

**Partially Compliant** 1

**Non-Compliant:** 1

- *In 1 file there was non-compliance as documentation could not confirm that efforts had been made to promote, re-establish and/or develop the child's life long relationship with an older sibling also in care who was previously removed.*
- *In 1 file there was partial compliance as efforts were made to maintain contact with the family but not with the Aboriginal community.*

## **8. ASSESSMENTS AND PLANNING FOR A CHILD IN CARE**

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

**Compliant:** 3

**Partially Compliant:** 7

**Non-Compliant:** 10

- *In 3 files there was compliance as there were up to date documented comprehensive plans of care; there was a fourth file with an up to date plan however, it received a non-compliance rating as there was no prior plan and the child had been in care for almost 2 years.*
- *In 7 files there was partial compliance as there was an initial plan of care on file with minimal additional planning other than court plans of care in most cases.*
- *In 1 file there was non-compliance as the documents on file included no plans and the child had been in care for 4 months.*
- *In 3 files there was non-compliance as there were initial plans of care but they had taken more than 30 days to complete.*
- *In 1 file there was non-compliance as the documents on file did not meet any of the required time frames.*
- *In 1 file there was non-compliance as documentation included the assessment portion of a comprehensive plan of care but not the plan portion.*
- *In 2 files there was non-compliance because there was an initial plan of care but no other documented plans of care.*
- *In 5 files there was non-compliance as there were no documented plans of care other than court plans 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:** 20  
**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:** 19  
**Non-Compliant:** 1

- *In 1 file there was non-compliance as no reportable circumstance report could be located on file*

#### **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:** 2  
**Not Applicable:** 15  
**Non-Compliant:** 3

- ***In 3 files there was non-compliance as documentation was inadequate to confirm that the parents had been advised of the procedures for requesting the child tax benefits once their child(ren) returned home. However, in 1 of these files, the visitation plan for transitioning the children home was exceptionally clear and thorough.***

## **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:** 14  
**Non-Compliant:** 6

- ***In 5 files there was non-compliance as it was unclear if the team leader had been consulted regarding the child's removal/placement. Some of the files had copies of the removing intake but there were no signatures and no documented consults with the team leader.***
- ***In 1 file there was non-compliance as it was unclear if the team leader had been consulted regarding transferring the file or planning for the same child.***
- ***In 1 file there was non-compliance as it was unclear if the team leader had been consulted regarding a child being moved or an application for a continuing care order for the same child.***

### **AREAS OF PRACTICE STRENGTH:**

- Assuming Responsibility for a Child in Care 90%  
*CIC Service Standard #4*
- Ensuring a Child's Safety While in Care 95%  
*CIC Service Standard #6*
- Meeting a Child's Need for Stability and Continuity of Lifelong Relationships 90%  
*CIC Service Standard #4*

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

- Maintaining Personal Contact with a Child in Care 5%  
*CIC Service Standard #9*
- Assessments and Planning for a Child in Care 15%  
*CIC Service Standard #11*
- Ensuring the Rights of a Child in Care 35%  
*CIC Service Standard #6*

- Preserving the Identify of An Aboriginal Child in Care 35%  
*CIC Service Standard #1, #19*
- Planning for a Child Leaving Care 40%  
*CIC Service Standard #15, #16*
- Involving a Child and Considering the Child's Views in Case Planning and Decision Making 45%  
*CIC Service Standard #8*

**NARRATIVE SUMMARY:**

The KPH team demonstrated practice strengths when assuming responsibility for a child in care by insuring that copies of their court orders were on file and demonstrating an understanding of the children's needs and circumstances. Good practice was also demonstrated in the area of providing stability and continuity of lifelong relationships for children in care with their family and community. KPH documented efforts that ensured the children's needs were met in their placements which earned them their best compliance rating for child services files of 95%.

One of the three areas requiring the most attention include documenting that the social workers had in person contact with the child as required by practice standard nine. Documented contact could not be located for 19 of the 20 children in care whose files were audited. Although eight of the children were under four years of age, twelve of the children were age four to sixteen and contact would have been significant to them.

The second area requiring attention is ensuring the rights of children in care are reviewed with them. It is worth noting that KPH does use a rights form which was observed on some files but it was not used with enough regularity to provide a positive compliance rating. In short, children's rights are not being reviewed annually with children in care served by the KPH team.

Lastly, assessments and planning for children in care needs attention, including cultural plans as required by practice standard 11. There was a 35% partial compliance rating as initial 30 day plans of care were completed on seven files with some additional planning. However, standards were not met for documenting the review of the plans every 90 days and the update of the plans every six months. It is important to note that four of twenty files had recent comprehensive plans of care. It appears that completing thorough plans for children in care is a significant challenge for this team.

Preserving the identity of an Aboriginal child in care would have been 90% if cultural plans were documented but instead the compliance rating was 35%. The remaining 10% non-compliance was the result of not documenting the involvement of the community or extended family in two files.

There was only one file requiring a reportable circumstance be submitted but this did not occur. One file is not considered to be statistically significant.

The audit tool does not measure the inclusion of reports from other relevant support agencies. It was noticeable during the KPH audit that many of the child services files for preschoolers had a series of completed Ages and Stages Questionnaires. These reports identify a child's developmental growth and ongoing needs. Immunization records and information bulletins were also evident on the files. Lastly, some of the files contained photographs of the child in care, sometimes with significant family members. These pictures brought the files more to life.

## **Files Brought to the Team Leader's Attention:**

No child services files were brought to the attention of the Team Leader. Overall, the lack of documented comprehensive plans of care and the lack of documented contact with children on files are concerning. It was determined to be more prudent to use a global approach to address these areas of concern than to approach them on a case by case basis.

## **CONCLUSIONS:**

By being respectful of people and processes, the KPH team reports making gains in working with Aboriginal communities. Involving communities, extended families and adhering to protocols takes energy and time but creates better outcomes for children and families.

The KPH team earned 52.7% compliance on the child services files and 58.5% on their family services files. The team earned 100% compliance when providing immediate responses to child protection reports. Documenting supervisory approval, assessing a child protection report and determining the most appropriate response also resulted in high compliance ratings. On the child services files, the team's practice excels in ensuring a child's safety, assuming the responsibility for a child in care and meeting a child's needs for stability and continuity of lifelong relationships. However, documenting contact with children in care and reviewing their rights needs to be addressed. Similar to other teams on Vancouver Island, completing and reviewing both risk assessments and risk reduction service plans and completing comprehensive plans of care for children in care present as challenges.

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Laurie Vasey

Regional Practice Analyst  
Vancouver Island Region  
Date:

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Thomas Weber

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

## **RESPONSE TO THE AUDIT BY THE KPH TEAM**

The Team Leader of the KPH team reviewed practice standard 18 with the team on September 16, 2008 as well as the documentation guidelines on September 20, 2008. Emphasis was placed on the completion of risk assessments and risk reduction service plans. Also in September, the Team Leader and the Screener adapted screening documentation to provide evidence that the Aboriginal communities/agencies had been contacted.

## **RECOMMENDATIONS:**

**Goal: The KPH team will improve the documentation of private visits with children in care and the dates that the review of children's rights with children in care occurred.**

1) Recommendation/Strategy:

- a) By November 30, 2008, the Quality Assurance team will forward a form to the KPH Team Leader to assist in the tracking of private visits with children and the review of children's rights with children in care.

- b) By December 30, 2008, the KPH team will begin tracking private visits with children and the review of children's rights with children in care.

**Goal: The KPH team will develop cultural plans for Aboriginal children in care.**

2) Recommendation/Strategy:

a) By October 30, 2008, the Quality Assurance team will forward a copy of the template for the regional cultural plan to the KPH Team Leader.

b) By November 30, 2008, the KPH Team Leader will distribute the cultural plan template to the KPH team.

**Goal: The KPH team will improve the documentation of comprehensive plans of care for all children in care.**

3) Recommendation/Strategy:

By March 31, 2009, the Manager of Integrated Practice will confirm with the Manager of Quality Assurance that the Child and Family Development Consultants for Vancouver Island region are offering practice sessions on comprehensive plans of care for all employees. Emphasis will be placed on training for employees with less than two years experience.

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