

DIRECTOR'S CASE PRACTICE RE-AUDIT REPORT
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT
North Region
Fort St. James Child & Family Services (QCD)

Field Work Completed: September 8-20, 2008
Report Completed: October, 2008

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**DIRECTOR'S CASE PRACTICE AUDIT REPORT
NORTH REGION
Burns Lake Child & Family Services (QCB)**

SECTION I: INTRODUCTION

1. PURPOSE

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

The specific purposes of case practice audits are:

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

This case practice re-audit is being conducted proactively by the Regional Director's office. Proactive case practice audits of district offices are systemically conducted on a regular cycle. Regions conduct case practice re-audits as an integral component of their quality assurance plan when a particular area of practice has been identified in the original audit as requiring strengthening or improvement.

2. METHODOLOGY

The audit was conducted to meet provincial standards in accordance with the *Director's Case Practice Audit Methodology and Procedures Document* (June 2004). The specific audit tools used in conducting this audit are indicated below:

- ✓ **Critical Measures Audit Tool for Child and Family Service Standards**
The current critical measures tool (April 2004) included 13 critical measures
- Critical Measures Audit Tool for Child In Care Service Standards**
The current critical measures tool (April 2004) included 12 critical measures

The re-audit of the Fort St. James Child & Family Service team was asked to include a minimum of 20-25% of open family service cases.

The auditor conducted field work from September 8 to 20, 2008. The auditor met initially with the community services manager, team leader and the team to review the re-audit purpose and process.

During the re-audit, the community services manager, team leader, 1 social worker and the supervisor of administrative services were interviewed with respect to any changes within the past year to the office system, the child welfare service delivery structure and services available in the catchment area of Fort St. James.

Upon completion of the audit, the auditor met with the team and community services manager separately to provide an overview of general observations, patterns and themes relating to practice. The individual case reports were provided to the team leader and the community services manager at a later date for review. The individual case reports profile the life of each case reviewed during the re-audit.

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

SECTION II: PRACTICE IN THE COMMUNITY CONTEXT

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

3. SERVICE AREA

- a). **Geography:** Geographically, the north region spans the upper two thirds of the province of British Columbia. The north region is divided into 4 sub-regions for service delivery to children and families: the Northwest sub-region, the Northeast (Peace/Liard) sub-region, the Nechako/Bulkley Valley sub-region, and the Prince George and area sub-region.

The town of Fort St. James is located in the Nechako/Bulkley Valley sub-region. Fort St. James is 160 kilometers northwest of Prince George on Highway 27 (off Highway 16). The main industries include the forestry industry, mining exploration and tourism.

- b). **Demographics:** The north region is comprised of rural and urban communities with varying population size. It is the traditional territory and home for 50 First Nation communities (2008 Northern Aboriginal Authority for Families [NAAFF] database) and 6 Aboriginal agencies at various stages of delegation for child welfare services.

The population of the town of Fort St. James is approximately 2,000. The population for the surrounding rural area is estimated to be approximately 5,000. A large percentage of the population is of First Nations ancestry from the six First Nations communities served by the Fort St. James district office. The 6 Aboriginal communities are as follows:

- Tl'azt'en Nations (which comprise of 3 First Nations Bands: Binche, Tache and Middle River)
- Takla Lake First Nations
- Nak'azdli Band
- Yekooche First Nations

There is also a number of people of European and South Asian descent within the town of Fort St. James.

QCD district office notes that families they encounter are highly mobile requiring close working partnerships in the delivery of child welfare services. The two delegated Aboriginal agencies, Carrier Sekani Family Services (C4 delegation) and Nezul Beh Hunuyeh Child and Family Services (C3 delegation), and nearby district offices in Vanderhoof and Burns Lake are key community partners. Identified social problems amongst the client population include the

legacy of residential school survivors, alcohol and substance misuse, diagnosed or emerging mental health issues, high levels of neglect, family violence, youth suicide and sexual abuse.

- c). **Service Delivery:** MCFD north region's management structure includes the regional executive director, director of operations, director of integrated services, and the community services manager who administers the delivery of child protection services and oversees ongoing and integrated child and family service delivery.

The Fort St. James district office provides a range of child welfare services ranging from responding to community reports of child safety, provision of voluntary and protective family services, provision of guardianship services to children in care, management of service contracts with foster homes and staffed resource facilities for children.

- 1/ a. **Residential Services** – The QCD team accesses placements for children in care through a resource worker who is based out of the Vanderhoof district office. The resource worker is responsible for the recruitment, approval and support of Ministry approved placements for children in care. These placements include a range of foster homes (regular, level or restricted). The resource worker reports that there is no group home for youth in the Fort St. James area. The closest group home is located in the Vanderhoof and Prince George area. The resource social worker conducts annual reviews of local foster homes. Feedback from social workers who have children in Ministry approved foster homes is incorporated in a care provider's annual review.

In situations where a planned placement is required for a child or youth from an identified First Nations community, Carrier Sekani Family Services is contacted to explore First Nation placement options.

The resource worker is also responsible for supporting out-of-care options for families. As a general rule, the preferred practice of the Fort St. James office is to explore out-of-care arrangements for children and youth whenever feasible and to utilize Ministry approved residential services in emergency situations only or as a last resort.

b. **Community Services** -The QCD team works in close partnership with key community service providers in the delivery of child welfare services. The team leader reports that protocols with central community partners are under review by the community services manager for the Nechako/Bulkley Valley sub-region:

- Fort St. James RCMP detachment
- Fort St. James School District
- Hospital: Maternity & Delivery Unit: A recently developed protocol is in place where a hospital alert is initiated for high risk pregnancies with MCFD involvement.
- Provincial protocols are in place when working with children and families associated with Carrier Sekani Family Services (C4 delegation) and Nezul Be Huneyeh (C3 delegation), two delegated Aboriginal agencies providing Aboriginal child welfare services in the Fort St. James area.

A number of contracted community services are available locally in Fort St. James. The following services most utilized by the Fort St. James office are as follows:

- The Nechako Valley Community Services Society offers a variety of services. The following services are: a child and youth mental health therapist, a child and youth outreach worker, 2 counsellors that run local community programs such as Children Who Witness Violence program; parent education and support services, fetal alcohol outreach education.
- There is a small hospital and a small medical clinic within Fort St. James. There are 2 public health nurses who provide services for families and children. A worker from the child development centre attends the community on a monthly basis to provide developmental assessments.
- Northern Interior Health Unit provides the following services: Pre natal classes; STD counselling; baby clinics; post natal follow-up; school health.
- Fireweed women's shelter is located within the Fort St. James area and provides safe shelter for women and children.
- Fort St. James High School provides school-based counsellors for special needs support services, alcohol and drug misuse and Aboriginal liaison services.

2/ **Service Transformation** –A strategic plan for the north region was developed on July 2007. Throughout the transformation process to year 2010, three significant initiatives have been identified:

- i) building family and community capacity through the utilization of more strength-based, collaborative practices in child and family services
- ii) supporting the transition of child welfare services to Aboriginal governance
- iii) encouraging accreditation of services to all children, youth and families through inclusive decision-making, continuous quality improvement and meaningful engagement with staff and their communities.

Some innovative community projects in the Fort St. James area which support the three transformation initiatives include:

- 2007: The Fort St. James office has access to trained family group conference facilitators through Carrier Sekani Family Services and Nezul Be Hunuyeh Child and Family Services.
- 2007: MCFD-Fort St. James has recently transferred case management responsibility for a number of First Nation child service files to Carrier Sekani Family Services for permanent planning and cultural planning purposes.

4. STAFFING

A. Professional Staff Complement/Staff Turnover

The QCD team consists of a full staff complement of one team leader, 5 delegated child protection social workers, a mental health social worker, and a youth probation officer. The youth probation officer's time in Fort St. James (1-2x/month) is shared amongst the Vanderhoof and Burns Lake district offices.

The team leader has been leading the Fort St. James office since _____ when the previous team leader relocated to another region. the new team leader reports that the Fort St. James office has

struggled with staff transitions and overcoming a backlog of staffing/workload issues. The original Fort St. James audit (in 2007) identified ongoing family service files as an area of practice requiring strengthening. Some of the office backlog was partially alleviated with the assistance of a fully delegated child protection social worker . the team leader recalls that the team lost 2 experienced senior child welfare practitioners . Their family service caseloads were redistributed amongst the 3 remaining child welfare caseloads. The team leader reports that the loss of experienced practitioners has had a great impact on office workload.

At the time of the re-audit, the team leader reports that the Fort St. James team continues to work on rebuilding its staff complement. One partially delegated staff is dedicated to temporary and permanent guardianship only cases. The three child welfare caseloads, staffed by child protection workers with full delegation, benefited from temporary supervision provided by the sub-regional clinical team leader. The vacant child welfare position has been filled by a team assistant to assist with work on existing child welfare caseloads.

The administrative support team consists of a supervisor of administrative services and a half-time office assistant. The office supervisor oversees the administrative support services of the team. Key responsibilities are maintaining financial records, records management, contract management and office and (court-related) correspondence. The supervisor of administrative services . possesses a wealth of knowledge of the town of Fort St. James and outlying communities. The half time Office Assistant provides administrative support to the office with reception duties and file management.

B. Current Office Workload

The caseload management report was run on the first day of the re-audit (September 8, 2008) indicating the following office workload of open family service cases for QCD: 84 open family service cases.

The QCD caseload distribution for open family service files
(April 7, 2008)

:	----
:	24FS
:	26FS
:	1FS
:	33FS
Total:	84FS

5. STAFF TRAINING

The QCD team leader has a Bachelor of Social Work. All 4 child protection social workers have a Bachelor of Social Work degree. Please see charts for additional information on staff experience and education.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
		BSW		Full delegation	Full-time

				since	
				Full delegation since	Full-time
		BSW		Full delegation since	Full-time
		BSc, BSW		-Partial since	Full-time
		BSW		Full delegation since	Full-time
		---			Full-time
		BSW		n/a	Full-time
)					Full-time

a) Ministry Training Program						
Child Protection Worker (core) (Caring For First Nations Children)	x	-Not	x	x	x	-Not
Resources Worker	x	Submitted				Applicable
Guardianship (core)	x			x		
Adoption (core)						
Clinical Supervision Level 1	x					
Clinical Supervision Level 2	x					
Risk Assessment	x		x	x	x	
Advanced Risk Assessment						
Enhanced Neglect						
Cultural Awareness	x			x		
Integrated Case Management				x		
Investigative Interviewing	x					
FAS/E and NAS/E				x		
Looking After Children	x			x		
Substance Misuse						
Youth Alcohol & Drug						
Youth Suicide prevention						
Youth agreements				x	x	
District Supervisor module 1						
District Supervisor module 2						
Leading the Way						

The team leader reports that Employee Professional Development Plans and staff performance appraisals have not been completed due to the staff transitions that have occurred within the last year.

6. SUPERVISION/CONSULTATION

The community services manager has managed the Nechako/Bulkley Valley sub-region. , a sub-regional clinical team leader position was created to assist team leaders in the sub-region with clinical supervision and child welfare practice issues. The clinical team leader provided initial coverage between transitions of team leaders to/from the Fort St. James team . Since then, the clinical team leader has also provided assistance to the Fort St. James team with case consultation, administrative closures of select files authorized by the Director, and the set up of tracking systems for active child welfare cases in the office.

The team leader provides supervision and clinical consultation with respect to the delivery of child and family services. The team leader reports that a regular staff supervision schedule, duty schedule and after hours response schedule for social work staff has been reviewed and implemented. The team leader exercises an open door policy with daily discussions around case practice. A schedule of structured supervision time has been set up with each social worker to review key risk decision points throughout an investigation, throughout the course of an open protective or voluntary family service file, and throughout the course of an open child service file.

When the team leader is away from the QCD office for an extended period of time, arrangements are made for staff consultation with a nearby team leader or with the clinical team leader in the sub-region. The team leader states that access to the community services manager is readily available by email or by phone.

7. INTAKE AND TRACKING SYSTEMS for open family services files

- a) **Intakes/Investigations:** The 3 fully delegated social workers carry a generic caseload of open intakes or investigations and ongoing family service cases. New reports (intakes) are screened and investigated by a fully delegated child protection social worker. A duty schedule is rotated monthly amongst all fully delegated social workers available in the office. The duty social worker is responsible for assessing and responding to incoming reports of child safety. The office duty schedule often is synchronized with the after hours response (on call duty) schedule for reports which occur on weekends or outside of office work hours. The provincial After Hours team screens after hours calls and decides if it is necessary to call out a local fully delegated social worker to respond to concerns of a child's immediate safety.
- b) **Family Development Response: N/A.**
The FDR response is currently not audited.
- c) **Ongoing Family Service and Child Service:** Incoming new reports requiring voluntary or protective family services are generally kept on and managed by the responding duty social worker. On files requiring protective family services for a period of time, the family service social worker, in consultation with the team leader, is responsible for developing a comprehensive risk assessment and risk reduction service plan to inform protective service intervention. The team leader may re-assign a case depending on caseload size, level of delegation, experience and availability of the case manager.

The QCD family services social worker works closely with the guardianship social worker who manages the child service file for children that are in care by agreement or by court order. The guardianship social worker has the responsibility for developing and tracking care plans and reviews. Care plans for children are developed collaboratively with the child's family and involved community professionals. If the child in care is Aboriginal, efforts are made to involve the Band and delegated Aboriginal agency in developing a permanent plan that is relevant to the child or youth's cultural and identity needs.

8. ABORIGINAL SERVICES

The following chart provides a breakdown of services provided to Aboriginal and Non-Aboriginal people by team QCD within the last 6 months of the re-audit. The majority of child welfare services provided by team QCD involves working with Aboriginal families in collaboration with the 2 local delegated Aboriginal agencies, Carrier Sekani Family Services (C4 delegation) and Nezul Be Hunuyeh Child and Family Services (C3 delegation).

Office QCD Children in Care - March 2008 to August 2008							
Aboriginal Status	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Average
Aboriginal	21	22	23	25	22	23	22.7
Non-Aboriginal	2	2	2	2	2	2	2.0
Total	23	24	25	27	24	25	24.7

Office QCD Open FS Files - March 2008 to August 2008							
Aboriginal Status	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Average
Aboriginal	98	92	88	84	77	79	86.3
Non-Aboriginal	13	11	10	11	10	9	10.7
Unknown	3	3	4	2	1	1	2.3
Total	114	106	102	97	88	89	99.3

Office QCD Protection Reports Recorded - March 2008 to August 2008							
Aboriginal Status	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Average
Aboriginal	1	8	9	4	3	4	4.8
Non-Aboriginal	1	0	1	0	1	0	0.5
Total	2	8	10	4	4	4	5.3

Office QCD Total Intakes Recorded - March 2008 to August 2008							
Aboriginal Status	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Average
Aboriginal	3	14	11	5	6	5	7.3
Non-Aboriginal	2	0	1	3	1	0	1.2
Total	5	14	12	8	7	5	8.5

The district office of Fort St. James serves 6 First Nations communities. The majority of First Nations communities are located Northwest of the Fort St. James office.

- Takla Lake First Nations community, 160 kilometers, a 3-hour drive from Fort St. James.
- Yekooche First Nations community (formerly known as Portage), located 80 kilometers, approximately a 1.5-hour drive one way from Fort St. James.
- The Tl'azt'en First Nations communities of: Binche, a 30 minutes drive west; Tache, approximately a 45 minute drive west; and Middle River, a 1.5 hour west from the Fort St. James office.

Access and travel to most of these First Nations communities are frequently affected by adverse weather conditions during the winter and spring months.

The exception is Nak'azdli reserve which is adjacent to the town of Fort St. James.

- The Nak'azdli First Nations community is located a short distance (a 3 minute drive) south of the town of Fort St. James along Highway 27.

The Bands located northwest of QCD are represented by Carrier Sekani Family Services, a partially delegated (C4) Aboriginal agency. Carrier Sekani Family Services is able to provide Aboriginal foster home placements, family support services and guardianship services to children from affiliated First Nations communities. Carrier Sekani Family Services is working towards achieving full child welfare delegation (C6) and has sub-offices located in Burns Lake, Vanderhoof and Prince George.

Nak'azdli Band is represented by Nezul Be Hunuyeh Child and Family Services, an Aboriginal agency with C3 voluntary services delegation.

SECTION III: CASE PRACTICE REVIEW

9. RE-AUDIT SAMPLE

The re-audit of the QCD Child and Family Service team was asked to sample a minimum of 20-25% of ongoing family service files. The majority of ongoing files were designated as files requiring protective services.

The caseload management report was printed from the MCFD computer system on the first day of the re-audit and used to arrive at a sample number. On September 8, 2008 the caseload management report recorded:

- A total of 84 open family service cases distributed amongst 3 child protection caseloads.
- Out of 3 family service caseloads, 18 ongoing family service files were randomly selected for review representing 25% of ongoing family service cases during the re-audit.

The auditor was able to review 2 caseloads (representing 10 of 18 sample files) during the re-audit.

The auditor attempted to audit the third caseload (representing 8 of 18 sample files) but was not successful due to the backlog of written case records (the file records consist only of extensive handwritten case notes). A discussion with the team leader and the case manager indicated that the backlog was identified initially in the 2007 audit. Some progress was made initially in updating written records but the backlog built up again due to the re-assignment of cases managed previously by 2 senior practitioners .

At the request of the team leader, a case was selected from the third caseload for case consultation to assist with current service planning. This case consultation was not included as part of the re-audit sample.

10. RE-AUDIT RESULTS

- a) Child and Family Service Standards (CMAT – CFS)
 - Narrative Summary

10 (a) CRITICAL MEASURES AUDIT - CHILD AND FAMILY SERVICES (CMAT-CFS) NARRATIVE SUMMARY

The original audit of office QCD in 2007 identified practice relating to family service files open to provide voluntary or protective services as an area of practice requiring strengthening or improvement. (Please reference the data summary table in Appendix I for details.)

Ten (10) open family service files were reviewed during the re-audit. (Note: 2 out of 3 family service caseloads were reviewed during the re-audit. The auditor was unable to review the 3rd caseload due to the absence of current file documentation. Please reference the data summary table provided in Appendix II for details.)

The sample of family service files consisted of 10 open family service files requiring ongoing protective service intervention.

Information for determining compliance to the service standards was based on file documentation.

The overall compliance to the child and family services standards was 57%.

The following provides a narrative summary and explanation of the ratings for each critical measure:

Compliance Ratings Per Critical Measure For Child & Family Service Cases

1. Screening and Best Approach to Service Delivery

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

- All 10 files audited were applicable to this critical measure. The files were 100% compliance.

2. When a Child is at Immediate Risk of Harm

In reports where a child is at immediate risk of harm the auditor looked for documentation that adequate steps were taken to ensure the child's immediate health and safety, including a safety plan. If a child protection worker was not able to ensure that a child was seen immediately, the auditor would look for documentation describing alternative steps taken to ensure the child's immediate safety.

- 3 files were applicable to this critical measure. The files were 100% compliance.

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

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

- 10 files audited were applicable to this critical measure. The files were 90% compliance. Non compliance was found in 1 case where s.13 concerns were present in the report and the report was assessed as a request for support services.

4. Family Development Response

- Not applicable.

5. Determining a Time Frame to Begin an Investigation

Where a determination has been made to investigate, the auditor looked for documentation that the time frame for beginning the investigation was appropriate to the report and confirmation that the investigation was initiated within the time frame specified.

- 9 files were applicable to this critical measure. The files were 77% compliance. Non compliance was found in 2 cases where an investigation was not initiated within the time frame specified.

6. Conducting a Child Protection Investigation

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

- 9 files were applicable to this critical measure. The files were 56% compliance. Non compliance was found in 4 cases as not all required steps of an investigation were completed. In 3 cases, the home environment was not directly observed. In 1 case, significant collateral information was not collected.

7. Seeing and Interviewing the Child and Family

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

- 9 files were applicable to this critical measure. The files were 56% compliance. Non compliance was found in 4 cases where not all steps required in an investigation were completed. In 3 cases, interviews obtained from vulnerable children living in the home were missing, in 1 case, only one parent interview was evident on file.

8. Concluding a Child Protection Investigation

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

- 9 files were applicable to this critical measure. The files were 44% compliance. Non compliance was found in 5 cases where the facts gathered during an investigation were inconsistent with a finding that the child was not in need of protective services.

9. Concluding an Investigation in a Timely Manner

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

- 9 files were applicable to this critical measure. The files were 23% compliance. Non compliance was found in 7 cases due to sign off exceeding 30 days.

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

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

- 7 files were applicable to this critical measure. The files were 43% compliance. Non compliance was found in 4 cases due to the absence of an initial risk assessment and service plan after a finding that a child was in need of protection.

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

The auditor looked for documented evidence that the plan to keep the child safe has been reviewed, as appropriate, with key players. In ending a protective service response, the auditor looked for documentation that indicated an assessment had been completed that indicated the parents were able to keep the child safe without protective services.

- 6 files were applicable to this critical measure. The files were 0% compliance. Non compliance was found in 6 open FS cases where regular re-assessment of risk level and service planning as required by policy was not evident.

12. Notification of Fatalities and Critical Injuries and Serious Incidents

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

- 0 files were applicable to this critical measure.
- **Supervisory Approval**
The auditor looked for documentation that reflected consultation with supervisors or managers at all critical points: assessing reports, decision on a response time, conducting and concluding an investigation, notifying police, determining a child's need for protection, developing an ongoing safety plan, the court process, removal of a child, placement of a child, reunification, transferring responsibility for or ending services and exceptions to policy.
- All 10 files were applicable to this critical measure. The files were 40% compliance. Non compliance was found in 6 cases where evidence of supervisory tracking was absent.

Overall Compliance to the Child and Family Services standards: 57%

Areas Identified For Improved Practice:

The re-audit identified areas of low compliance or non compliance in the following CFS critical measures:

The critical measures relating to investigative practice in this 2008 re-audit has shown a decrease in compliance:

- CM6: Seeing and interviewing the child and family (92% in 2007 vs. 56% in 2008)
- CM8: Concluding a child protection investigation. The finding of whether a child is in need of [ongoing] protective services is dependent on a comprehensive assessment of all facts gathered during an investigation. Low compliance to this critical measure is due in part to the conduct of incomplete investigations. (85% in 2007 vs. 44% in 2008)

The critical measures relating to the provision of ongoing family services in this 2008 re-audit has shown little difference or a decrease in compliance:

- CM10: Developing and implementing a plan to keep a child safe upon a finding that a child is in need of protective services (38% in 2007 vs. 43% in 2008)
- CM11: Reassessing a plan to keep a child safe and ending a family service response (8% in 2007 vs. 0% in 2008)

- CM13: Supervisory approval was absent or not documented at key supervisory consultation points in a case (57% in 2007 vs. 40% in 2008)

Additional Comments:

This re-audit concluded that practice relating to ongoing family service provision remains an area of practice which requires continuous improvement. The auditor was able to review 2 of the 3 child protective caseloads. The auditor had problems reviewing the 3rd caseload due to a backlog of current written case records.

As a result of the difficulties encountered in this re-audit, a management plan was created to provide intensive support to the office. This plan has been communicated to the QCD team, the involved sub-regional team leader and the community services manager of the sub-region.

11. AUDIT RECOMMENDATIONS

Recommendations brought forth by the Regional Director of Integrated Practice:

- 1.) The recent audit identified practice concerns in this office. As a result, the region developed an immediate short-term response. Completion date: October 31, 2008.
- 2.) The Director Operations to develop a longer term plan for the Regional Executive Director. The longer term plan is to include the aspects of re-training for staff, the plan to meet operational requirements over the next six months as staff are retrained and the community engagement work that needs to occur. Completion date: December 31, 2008.
- 3.) The Director of Integrated Practice to complete a re-audit. Completion date: June 30, 2009.

PRACTICE AUDIT SIGN OFF:

Denise Low
Regional Practice Analyst
North Region

Date

Robert Watts
Director of Integrated Practice
North Region

Date



Ministry of Children and Family Development
Official Audits Summary Rating Sheet by Office - CFS
For audits completed between 2008/Jan/01 ending 2008/Dec/31

QCD, FT. ST. James

Total # of Cases Audited: 10

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery <i>CFS Service Standards #1 and #12</i>	10	100.0%			0	0.0%	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11</i>	3	100.0%			0	0.0%	7
3	Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard #12</i>	9	90.0%			1	10.0%	0
4	Family Development Response <i>CFS Service Standard #14</i>	0	0.0%			0	0.0%	10
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	7	77.8%			2	22.2%	1
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	5	55.6%			4	44.4%	1
7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	5	55.6%			4	44.4%	1
8	Concluding a Child Protection Investigation <i>CFS Service Standard #16</i>	4	44.4%			5	55.6%	1
9	Concluding a Child Protection Investigation in a Timely Manner <i>CFS Service Standard #16</i>	2	22.2%			7	77.8%	1
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Standard #17</i>	3	42.9%			4	57.1%	3
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%			6	100.0%	4
12	Notification of Facilities and Critical Injuries (Reportable Circumstances) <i>CFS Service Standard #24</i>	0	0.0%	0	0.0%	0	0.0%	10
13	Supervisory Approval	4	40.0%			6	60.0%	
	Total Applicable Indicators: 91 NA Ratings Not Included in Count	52	57.1%	0	0.0%	39	42.9%	39

= Number of applicable cases

% = Percent of total

Rating Definitions:

C Full Compliance to the standard

PC Partial Compliance: The intent of the standard is met but significant practice issues have not been addressed

NC Non-Compliance to the standard's criteria requirements

NA Not applicable to the standard being measured

Recommendations brought forward by the Regional Executive Assistant

Peter Cunningham
Regional Executive Director

Date