

CASE PRACTICE AUDIT REPORT

Quesnel Child and Family Services (QGP)

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

North Region

Director of Child Welfare

Field Work Completed: September 10, 2007 – September 17, 2007 & September 24, 2007 –
October 04, 2007

Report Completed: October 11, 2007

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SECTION I: INTRODUCTION

PURPOSE

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

The specific purposes of case practice audits are:

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

This case practice audit was conducted proactively by the Director's office in the North Region. Proactive audits of district offices providing child protection, guardianship, youth and non protective family services are systemically conducted according to a 3 year cycle. The North Region conducts case practice audits as an integral component of their quality assurance plan.

METHODOLOGY

The audit was conducted in accordance with the Case Practice Audit Methodology and Procedures Document (April 2004). The specific audit tool used in conducting this audit was:

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

The current critical measures tool (April 2004) included 13 critical measures for the Child and Family Service Standards and 12 critical measures for the Child Service Standards.

The audit of the Quesnel Child and Family Service team was asked to include a minimum of 20-25% of open and closed family service cases and a minimum of 20-25% of open child service cases.

The auditor conducted field work from September 10 to 15, 2007 and September 23 to October 01, 2007. The auditor met initially with the team leader and the team to review the audit purpose and process. The community services manager was not able to participate in the meeting. During the meeting staff was provided with an opportunity to identify 1 file from their caseload that they viewed as good work or a challenging case. One file was identified.

During the audit, the team leader, 1 social worker and the supervisor of administrative services was interviewed with respect to office systems, service delivery structure, and community resources. An interview with 1 of the Aboriginal service providers occurred as well.

Upon the completion of the audit the auditor met with the team and the community services manager to provide an overview of the results, including general observations, patterns and themes that were identified. The individual case reports were provided to the team leader and the community services manager. The individual case reports are thorough and detailed highlighting the life of the case.

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

SECTION II: SERVICE DELIVERY

COMMUNITY OVERVIEW

The northern region is comprised of rural and urban communities with varying population size.

The QGP team provides services to the area of Quesnel which includes:

- North West—up to and including Kluskus;
- North—up to but not including Hixon;
- East—up to and including Wells;
- South West—up to and including Fraser River;
- South—up to and including Alexandria.

QGP provides service to the following First Nations communities:

Four Bands—Alexandria, Kluskus, Red Bluff and Nazko.

Quesnel is situated at the junction of the Cariboo Highway 96 and Bakerville Highway 26 and at the confluence of the Fraser and Quesnel Rivers. Quesnel is between Prince George—North 118 km and Williams Lake—South 120 km.

The population for Quesnel municipal boundaries is estimated at 10,500. Quesnel is considered to be the commercial centre of North Cariboo. The city's income appears to be supported by industries, such as manufacture wood products, pulp, sawmills mining, agriculture and tourism.

The primary identified social problems amongst the client group include substance misuse, domestic violence and parent/teen conflict. As well poverty may be a contributing factor for many families served by QGP.

The north region's management structure includes the regional executive director, director of operations, director of child welfare, and the community services manager who administers the delivery of child protection services and oversees ongoing and integrated child and family service delivery.

STAFFING

The QGP team is designed for a team leader and 9 full-time employees (FTE). Two of the FTEs are assigned to youth probation and the position of supervisor of administrative support. The remaining 7 positions have been designated to providing services to children and families which is the focus of this audit.

At the time of the audit QGP was not fully staffed. They were functioning with 3 fully, 1 partially and 1 non delegated child protection social workers. As well there were 2 vacancies.

For approximately the past year QGP has encountered a number of transitions and challenges namely staffing issues. The team leader joined QGP. Prior to the team leader's arrival the clinical team leader provided coverage as well senior front line child protection workers back filled the position on an acting basis. As a result front line coverage was reduced. Other identified contributing factors impacting shortage of staff included 1 resignation and maternity and medical leaves.

Within the past 12 months QGP has welcomed 3 new staff members. The most recent employee started on September 10, 2007. The challenges of staffing and level of delegation has impacted the team and necessitated re-assignment of caseloads. There has also been an increase in additional duties for the team leader as he assists staff with their caseloads. In addition, there has been a change in the community services manager.

The team leader reported in July 2007, that the community services manager acknowledged the staffing and workload situation in Quesnel. The community services manager recognized time frame requirements with respect to Comprehensive Risk Assessments, Comprehensive Plans of Care and closure of intakes may be delayed. As a result the community services manager was developing and implementing a plan to address the identified issues in the Quesnel District Office.

The team leader has been supervising QGP since. The full time social workers on QGP have been on this team ranging from.

The structure of the Quesnel district office includes:

- Child and Family Service—intake and family service are provided by 2 integrated teams QGP and QGN;
- Resources;
- Youth Probation;
- Adoption;
- Family Group Conferencing;
- Child and Youth Mental Health;
- Dispute Resolution;
- Deputy Director;
- Community Living BC;
- Youth Forensics worker is co-located.

The service delivery is based on an integrated model. As an integrated model social workers manage new reports. They manage open intakes on existing ongoing family service files, on going protective family service and guardianship to children and youth in care.

The administrative support consists of 1 supervisor of administrative services and 2.5 clerical positions. A .5 position is pending. At the time of the audit administrative support was experiencing staffing challenges due to a leave and temporary assignment. Three auxiliary employees have been hired in. Administrative duties include:

- Three office assistants. One office assistant is responsible for providing administrative support to both QGP and QGN teams and child and youth mental health. The second office assistant is responsible for reception duties and administrative support to the resource unit along with file management. The third office assistant is being trained to provide administrative support.

The supervisor of administrative services is responsible for developing, organizing and supervising all financial and administrative functions required in support of the office in accordance with operating policies and procedures and with the various Acts and related legislation. As the administrative support is in a transition the supervisor of administrative services responsibility has increased.

During the audit, the file room was well maintained and organized.

STAFF TRAINING

The team leader along with 3 social workers has completed the. One social worker completed the. Additionally 1 social worker completed a. One social worker did not provide the information as requested. Please see the chart for additional information on staff experience and education.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Leader				Full Delegation	FTE
Child Protection Social Worker (1)				Full Delegation	FTE
Child Protection Social Worker (2)				Full Delegation	FTE
Child Protection Social Worker (3)				Full Delegation	FTE
Child Protection Social Worker (4)				Non Delegation	FTE
Child Protection Social Worker (5)				Partial Delegation	FTE

The team leader reports that performance appraisals for staff were completed in March of 2007. The process for completing performance appraisals is reported to be a mutual process between the team leader and the employee. The team leader provides the questionnaire to staff. Staff and the team leader independently rate the performance and then meet to discuss.

With respect to employee performance and development plans (EPDP) the team leader reports that they are pending.

The Ministry of Children and Family Development implemented a new learning management system to assist employees in managing their learning and development needs. The north region implemented the program in November 2004. The north region sponsored and promoted learning events that were of interest to the employees and that aligned with the priorities of the region's service delivery plan.

The learning management system project provided the north region with the e-learning infrastructure and the set of on-line tools. The key drivers behind the initiative were:

- (a) the expectation that all north region employees will prepare an employee performance and development plan (EPDP) on an annual basis; and
- (b) the expectation of increased financial accountability in the regions for managing educational resources.

The learning management system provided several benefits for the north region in the following areas:

- Employee and organizational learning linked to ministry and regional service plans, human resources planning initiatives, and the budgeting process;
- Consistent application of policies for training approval, eligibility, and reimbursement;
- Common work practices for educational planning;
- Improved tracking and more comprehensive reporting of employee development activities, including employee development histories; and
- Streamlined administrative procedures for managing learning activities across the Ministry.

In addition to the learning management system employees completed a survey in 2003 as the first step in a regional employee training and performance development plan. The purpose of the survey was to create a strategic plan to address employee and organizational training needs and performance evaluations. The survey highlighted a need to have a strategic plan and identified tremendous strengths within the region. The region had developed an initial project charter that looked towards a long-term goal of incorporating a balance between regional staff training needs and performance evaluations considering the needs of employees and the organization.

In the fall of 2005 the north region developed a Regional Educational Committee. The purpose of the committee is to develop recommendations for regional professional development and conferences, to develop initiatives and to encourage regional participation. The committee was meeting on an annual basis. In the spring of 2007, a decision was made that committee meetings would occur on a monthly basis via face-to-face and teleconference. To date there are no changes to report.

Ministry Training Program						
Child Protection Worker (core)	✓	✓	✓	✓	✓	✓
Resources Worker					✓	
Guardianship (core)	✓	✓				
Adoption (core)	✓	✓			✓	✓
Clinical Supervision Level 1.	✓					

Clinical Supervision Level 2	✓					
Risk Assessment	✓	✓		✓	✓	✓
Advanced Risk Assessment	✓					
Enhanced Neglect	✓					
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 module 1						
District Supervisor module 2						
Leading the Way			✓			

SUPERVISION AND CONSULTATION

The team leader provides supervision and clinical consultation with respect to the delivery of child and family services.

The team leader reports that supervision occurs on an ongoing basis. The team leader is located in the Quesnel district office and provides daily supervision. The team leader has an open door policy and staff can consult on an as needed basis. As well formal supervision is scheduled. Typically the team leader meets with junior staff biweekly and senior staff monthly. When supervision occurs the team leader meets independently with staff. Case planning is reviewed and discussed. The team leader also reports that he checks in with staff on a regular basis. Once per week team QGP meet. As well joint meetings occur with team QGN where staff can share information regarding high risk or challenging cases. Presentations from community service provides also attend on occasion. Prior to QGP team meetings staff from the entire office do meet in order to address any office issues.

Should the team leader be away from the office for brief periods of time he can be accessed by telephone. Mutual coverage by both team leaders from QGP and QGN occurs. The team leader also encourages staff to support one another and use each other as a resource. For longer periods of time away from the office the team leader reports that arrangements are made with an alternate senior practitioner to assume the responsibility as acting team leader.

Supervision for the team leader is provided by the community services manager and clinical team leader. Supervision is provided on an informal and formal basis. The team leader can consult on an as needed basis and can access the community services manager or the clinical team leader via telephone or email. Formal supervision for the team leaders occurs with the clinical team leader on a monthly basis.

INTAKE AND TRACKING SYSTEMS

Investigations

The intake function is managed by the delegated social workers on QGP and QGN. The team leader reports that the intake function is rotated on a daily basis between the 2 teams. One social worker is identified as the screener and a second worker provides back up to the screener. Each delegated social worker is assigned duty and coverage days. Social workers are notified of their duty and back up days via a monthly schedule that is developed and completed by the team leaders from QGP and QGN. The social worker assigned to intake on a particular day screens, assesses and completes a prior contact check. The intake may remain with that social worker or can be assigned to another designated child protection social worker.

The social workers typically capture the caller's information on paper followed by inputting the data onto the MIS system. Consultation with respect to the first assessment varies amongst the social workers. The team leader reports that junior staff tends to develop a plan in consultation with the team leader. Whereas senior staff assess, develop a plan and then seek consultation for approval. If required the team leader assists in mapping out the direction of the plan. The team leader reports that staff is encouraged to consult and obtain approval after they have attempted to assess the report and have developed a plan.

When a report is received the first assessment is based on the nature of the report and if there has been any past Ministry involvement. A decision to investigate is based on the severity of the section 13 concerns identified coupled with the history of the family and vulnerability of the children. Immediacy of the report is also considered as well as the reporter's direct or indirect knowledge of the concern and time frame of the reported incident.

Typically the duty worker is usually assigned the case in order to complete the child welfare response. On occasion a case may be assigned to another social worker dependent upon caseload demands and availability. If a decision is made to manage the case on an ongoing basis it is the responsibility of the social worker who is assigned the case to provide on-going child and family services.

The intake reports are tracked electronically as the QGP social workers are consistent and proficient in their use of the MIS/CIS systems. The team leader reports that he tracks the number of intakes and investigations by utilizing a binder that captures general information regarding the report, the plan and identity of the assigned social worker. When supervision occurs the team leader refers to this binder and the Ministry's shared drive where he documents the date of the consultation, the case direction and action taken by the social worker or the expected action. As well the team leader supplements his tracking system for intakes by utilizing the case management reports from the Ministry data base.

ONGOING FAMILY AND CHILD SERVICE AND TRACKING SYSTEMS:

Ongoing Family Service and Child Service:

The team leader reports all family service cases and children in care are tracked. The tracking method is similar to the technique used for intakes via use of a binder and supplemental reports case management reports and individual social worker's case lists. When consultation occurs the team leader will refer to these documents. As well an electronic system via the Ministry's shared

drive is utilized in order for the team leader to update case direction and action taken by the social worker or expected action. The team leader is in the process of reviewing his tracking method to ensure it is efficient, informative and accessible.

It is the social worker's responsibility to enter new admissions for children in care. The electronic system provides a "to do" list that reminds the social worker that legal status and plans of care need to be updated. The social worker also tracks reviews by ongoing contact with identified service providers. The social worker has frequent contact with the individuals who have been identified to complete certain tasks or goals. The team leader also follows up with staff via email.

Social workers are responsible for arranging their own plan of care meetings when required. Initiation of a care plan is typically done by child's social worker. The social worker will request the child in care and the caregiver review and provide input in the Looking After Children Assessment and/or Comprehensive Plan of Care documents. Further information is elicited from the child's family, First Nations community/identified delegated agency, school and other significant individuals connected to the child. The information collected is consolidated into the document and updated accordingly.

Furthermore, the social worker is responsible for informing children in care of their rights. It is reported that children in care are informed of their rights upon removal and during safety checks which occur every 90 days or sooner. If a child is too young or displays cognitive challenges the social worker reviews the rights with the caregiver and/or tries to explain the rights at a level the child/youth can comprehend. Often most of the children in care are connected with service providers who are aware of the child's rights.

SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

The Quesnel district office works closely and in collaboration with the following First Nations communities:

- Alexandria;
- Kluskus;
- Nazko;
- Red Bluff.

The primary services available to First Nations communities include:

- North Cariboo Aboriginal Family Program Society—Long Name Society: Support services are provided to families. Family support workers are available to assist families. As well play groups, pre-school, lunch support groups, community kitchen and elder lunches as provided;
- North Cariboo Métis Association: Provides a cultural program as well as a family support worker;
- Quesnel Tillicum Society Native Friendship Centre: Offers health services and programs, such as alcohol and drug. Adult education, legal support and counselling services are available. As well youth can seek support and families can obtain assistance from family support workers. A Fetal Alcohol Spectrum Disorder worker is also available.

Other identified services include:

- Métis Commission for Children and Families;
- Nazko Health Centre;
- United Aboriginal Housing.

Currently 1 provincial protocol is in effect with Nazko. Provincial protocols are pending with respect to Alexandria, Kluskus and Red Bluff. Informal agreements are in effect. The social workers display knowledge and work within the parameters of both provincial and informal agreements. The team leader reports that First Nations Bands and/or Aboriginal family support workers are notified of any involvement the Ministry may have with First Nations individuals who originate from the designated Bands in order to provide them with an opportunity to be involved in case planning and/or intervention.

The auditor interviewed an executive director from an Aboriginal agency from Quesnel. The working relationship was identified as very good. The social workers respect and work within the parameters of any agreements that are in effect. The Aboriginal agency is notified and included in all aspects of an investigation and planning. On a monthly basis informal joint meetings occur with the Aboriginal agency and the Ministry. The meetings help to build rapport and provide an opportunity for issues to be addressed. Typically when issues are brought to the forefront staff have been receptive.

The following chart provided a breakdown of services provided to Aboriginal and Non Aboriginal people in the last 6 months.

Office QGP Children in Care - March 2007 to August 2007							
Aboriginal Status	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Average
Aboriginal	26	28	28	25	23	23	25.5
Non-Aboriginal	22	23	26	26	25	24	24.3
Total	48	51	54	51	48	47	49.8

Office QGP Open FS Files - March 2007 to August 2007							
Aboriginal Status	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Average
Aboriginal	34	37	39	40	41	37	38.0
Non-Aboriginal	93	95	101	95	98	94	96.0
Unknown	3	3	4	2	1	2	2.5
Total	130	135	144	137	140	133	136.5

Office QGP Protection Reports Recorded - March 2007 to August 2007

Aboriginal Status	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Average
Aboriginal	11	5	9	6	7	3	6.8
Non-Aboriginal	15	12	16	9	13	19	14.0
Total	26	17	25	15	20	22	20.8

Office QGP Total Intakes Recorded - March 2007 to August 2007							
Aboriginal Status	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Average
Aboriginal	12	8	11	8	8	4	8.5
Non-Aboriginal	21	16	20	13	20	29	19.8
Total	33	24	31	21	28	33	28.3

RESOURCES

The QGP team has access to the resource team as they are physically located in the same district office. The resource team has direct responsibility to recruit, approve and support placements.

When placements are required the child protection social worker contacts the assigned duty worker from the resource team to make a request. In situations where a placement is required for a child or youth who originates from a First Nations community the social worker explores options with the designated representative from the First Nations community/identified delegated agency. If a placement can not be secured than a Ministry approved resource may be sought.

Children and youth in care assigned to the QGP team require various types of placements to meet their needs. These placements include contract residential resources and a range of approved family care homes (regular, level or restricted). Due to the needs of many of the children and youth, limited resource options are not uncommon. At times alternative arrangements may be sought outside the perimeter of Quesnel. Prince George is often explored as it offers regional resources which are accessed through the Regional Resource Committee.

Non Residential Resources

Quesnel offers a variety of services to children, youth and families. Listed below are a number of services provided:

- Amata Transition House: Is a safe house for women and children to access in cases of domestic violence. As well the Phoenix and Children Who Witness Violence Programs are offered;
- Axis: Provides Fetal Alcohol Spectrum Disorder assessments and education. As well provides support to foster families;
- Parenting Wisely: Provides parental and youth support;
- Pregnancy Outreach; Offers pre-natal and six month post-natal support;
- Quesnel Child and Youth Services; Offers child and youth mental health services, such as counselling. As well support is provided to parents;
- Quesnel Family Services: Parental support and education is provided;
- Special Services to Children: Offers the Homefront Program which provides support and education to parents and assists with supervised access;

- Walmsley and Associates: Provide child and youth mental health services, counselling and specialized assessments;
- Women’s Resource Centre: Offers programs designed for women based on need and funding.

Additional services include:

- Adult Mental Health;
- Adult Probation;
- Avery Clinic;
- Big Brothers/Sisters;
- Fraserview Medical Clinic;
- GR Baker Memorial Hospital;
- Healthy Kids;
- Joyful Living;
- Kids Kampus Learning Centre;
- Northern Interior Family Justice Centre;
- Professional Counselling Resources;
- Public Health Unit;
- Quesnel Addiction Services;
- Quesnel Crisis Line
- Quesnel & District Daycare;
- Quest;
- Salvation Army—Food Bank and Thrift Shop;
- Step Up Housing;
- Victim Services—Elizabeth Fry;
- Youth in Care Network;

SERVICE TRANSFORMATION

The Ministry continues to move forward with a transformation plan that is designed to change service delivery by increasing accessibility, building new relationships and creating a Provincial Office that support the regions within the province of BC.

The transformation plan is evolving. The north region continues to shift practice by

- Being more flexible and less restrictive when working with Aboriginal families and communities;
- Aligning our practice with what is needed by the communities that we serve;
- Reducing bureaucracy and relinquishing control;
- Working with service providers and staff within the Ministry to ensure that all are aware of the focus of the Ministry.

The transformation plan includes a number of teams that focus on the following areas:

- Transformation leadership to development group;
- Youth advisory council;
- Elders advisory council;

- Transformation reference group.

Provincially the transformation team includes: Regional Executive Directors, Assistant Deputy Ministers and Ministry Executives. In the north region the transformation team is to be represented by the Regional Executive Director and 2 Aboriginal Services Managers. One of the Aboriginal Services Manager will be leading the Elders Advisory.

The last update with respect to service transformation was released in February 2007. Achieved progress includes:

- Inauguration of the Elders Advisory Council;
- Inauguration of the Youth Advisory Council;
- Establishment of 2 interim Aboriginal authorities (Vancouver Island and Fraser);
- Initial steps taken on developing the new integrated case management system in partnership with the Ministries of Labour and Citizen Services and Employment and Income Assistance;
- Establishment of an integrated policy department for the ministry;
- A different level of engagement with service providers and stakeholders;
- A stronger focus on employees and recognizing the strength of the employees;
- The level of trust with the Leadership Council and Métis Nation of BC has grown and work in collaboration;
- Establishment of an Aboriginal Regional Support Services Team who work closely with Aboriginal communities to develop a service delivery system for Aboriginal children and families by Aboriginal Peoples and organizations;
- The hiring of additional front line staff with a particular effort on attracting Aboriginal staff;
- Establishment of the Provincial Reference Group to assist MCFD in the transformation process. The group comprises approximately 150 members (MCFD staff, service providers, advocacy groups, university representatives, Aboriginal planning committees, local government and other social policy ministries).

As well on February 01, 2007, the Ministry provided a new release advising MCFD, northern delegated agencies represented by Carrier Sekani Family Services and the University of Northern British Columbia formed a partnership in order to deliver the Aboriginal Child Protection Recruitment Project.

In May of 2007, 9 Aboriginal students completed the Child Welfare certificate. The Child Welfare certificate compliments the individual's Bachelor of Social Work degree and provides employment opportunities with MCFD and delegated agency offices in northern BC.

Specifically to Quesnel the team leader reports that regular meetings regarding Aboriginal development occurs with the 4 Bands and the community services manager from the Interior. Currently 3 provincial protocols are being established with Alexandria, Kluskus and Red Bluff Bands. In addition, the Cariboo Chilcotin community services manager meets and supports the 4 Bands with obtaining their delegation.

Furthermore, 2 family group conferencing workers are positioned in Quesnel. One of the family group conferencing workers is located in the Friendship Centre. Plans are pending for both workers to be located in the same office.

SECTION 111: AUDIT RESULTS

AUDIT SAMPLE

The audit of the Quesnel Child and Family Service Team (QGP) included a minimum of 25% of the number of intakes closed between March 2007 and August 2007 (6 months); a minimum of 20%-25% of open family service cases; and 20%-25% of open child service cases.

Caseload management reports were printed from MCFD computer system prior to the commencement of the audit and used to arrive at a sample number. The case management report recorded 127 open family service cases (this number included open intakes). Twenty open family service cases were audited representing 25% of 79 open ongoing family service cases. In the last 6 months 84 intakes were closed. Twenty one of the 84 intakes were audited representing 25% of the closed files. Eleven out of 43 open child service cases were audited, representing 25% of open child service cases.

The child service sample is representative of cases involving voluntary care agreements, temporary and continuing custody orders.

Family service and child service cases represent a stratified sample.

RESULTS: CHILD AND FAMILY SERVICE: INTAKE FUNCTION

Practice Strengths:

The audit examined 20 closed family service files in the last 6 months.

Out of the 21 files examined 10 responses were designated as an investigation, 6 offer support services, 2 no further action, 2 request for family support and/or youth services and 1 refer to community agency. Of the 10 investigations completed, 8 of the 10 cases indicated there was no finding of protection. Two of the 10 cases reflected a finding of protection. One case was managed as an ongoing family service file for a period of time and was closed within the last 6 months. The second case was closed as adequate arrangements were developed and Ministry intervention was not necessary.

Upon review it was found that 4 of the 21 cases were inaccurately assessed. In the 4 cases a child welfare response was required due to section 13 concerns as per the *Child, Family and Community Service Act*.

The following practice strengths were observed in the closed files:

- Requests for service was adequately assessed and the Aboriginal service provider or identified delegated agency was contacted where applicable;
- Staff did well in assessing child protection reports and determining the most appropriate response;
- Staff responded well in situations where a child was deemed to be at immediate risk of harm;

- A plan was developed and implemented with respect to the situation of keeping a child safe—comprehensive risk assessment was completed;
- Utilization of the Risk Reduction Service Plan and re-assessment of risk was completed namely to the applicable identified case;
- Documentation supported excellent work in obtaining supervisory approval on a regular basis.

In general, files were organized. Administrative staff assisted the auditor in obtaining the files.

Areas for Improved Case Practice:

- Ensuring documentation includes and reflects collateral checks, observation of the child's living environment and completion of interview with children and families;
- Concluding a child protection investigation within the allotted 30 day time frame;
- Determining a time frame to commence an investigation.

Compliance Ratings as Per Measure for Closed 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.

- Compliance was met in 17 of 21 cases for 81% compliance. Non-compliance was found in 4 cases where the family was Aboriginal and evidence did not support the Band or delegated agency being contacted and/or the screening function did not appear to be completed.

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 looked for documentation describing alternative steps taken to ensure the child's immediate safety.

- Compliance was met in 2 of 2 cases for 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 determine the best child welfare response.

- Compliance was met in 17 of 21 cases for 81% compliance. Non-compliance was found in 4 cases where the caller's information fell within section 13 and warranted an investigative response.

4. Family Development Response

- N/A

5. Determining a 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 initiated within the time frame specified.

- Compliance was met in 7 of 10 cases for 70% compliance. Non-compliance was found in 3 cases where the time frame for commencement of an investigation was not initiated or documented within the specified time frame.

6. Conducting a Child Protection Investigation

This critical measure outlines many of the activities involved in an investigation. This includes that 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.

- Compliance was met in 7 of 10 cases for 70% compliance. Non-compliance was found in 3 cases where evidence did not support the observation of the child's living situation. Key collateral information was not obtained or documented.

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.

- Compliance was met in 6 of 10 cases for 60% compliance. Non-compliance was found in 4 cases where all interviews were either not completed or not documented.

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.

- Compliance was met in 5 of 10 cases for 50% compliance. Non-compliance was found in 5 cases where the findings of the investigative response did not appear to support the facts gathered. Steps of a thorough investigation appeared to be absent or not documented.

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.

- Compliance was met in 2 of 10 cases for 20% compliance. Non-compliance was found in 8 cases as the investigation was not completed within 30 calendar 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, review mechanisms, consider the child’s need for stability and the participation of family in keeping the child safe. This would involve the completion of the British Columbia risk assessment.

- Compliance was met in 1 of 1 case for 100% compliance.

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. (Risk Reduction Service Plan) In ending a Protective Family 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.

- Compliance was met in 1 of 1 case for 100% compliance.

12. Notification of Fatalities and Critical Injuries and Serious Incidents

- N/A

13. Supervisory Approval

The auditor looked for documentation that reflected consultation with supervisors or managers at all critical points: assessing reports, decision on a response, 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.

- Compliance was met in 21 of 21 cases for 100% compliance.

RESULTS: CHILD AND FAMILY SERVICE: ONGOING SERVICE FUNCTION

Practice Strengths:

The auditor examined 20 ongoing family service files. All files were being managed on an ongoing basis and were designated as family service files.

Out of the 20 files examined 18 responses were designated as an investigation and 2 offer support services. Of the 18 investigations completed 17 of the 18 cases indicated that the children were in need of protection. One case did not reflect an accurate finding as the child was in need of protection. In 1 other case a finding of protection was made however sufficient information to reach this conclusion appeared to be absent or was not documented. Of the 2 offer support cases both have remained open for implementation of services and support. One of the 2 support cases reflected an investigative response would have been the most appropriate designation.

Upon review

- Documentation supported collaborative practice with families and community partners;
- Good work in notifying/involving the First Nations community/identified delegated agency regarding Ministry involvement and planning;
- Staff assessed child protection reports well and determined the most appropriate response;
- Staff responded well in situations where the child was deemed to be at immediate risk of harm;
- Staff responded well in determining the time frame to begin an investigation;
- Staff was competent in concluding child protection investigations;
- Evidence appeared to support the Ministry's visibility in the community as many meetings occurred within the community;
- Supervisory approval was regularly obtained;
- Staff did great work in exploring out of care options.

Areas for Improved Case Practice:

- Ensuring documentation includes and reflects the completion of the screening function along with collateral checks, observation of the child's living environment and interviews with children and families;
- Concluding a child protection investigation within the 30 day time frame;
- Developing and implementing a plan to keep a child safe via completion of comprehensive risk assessments along with re-assessment of risk and evaluation of a service plan at key decision points.

Three cases were flagged and brought to the team leader and community service manager's attention. Two cases required a current up-date on planning and one was for consideration of assessment of risk.

Compliance Ratings Per Measure For Open 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.

- Compliance was met in 14 of 20 cases for 70 % compliance. Non-compliance was found in 6 cases where evidence did not support completion of the screening function.

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.

- Compliance was met in 9 of 11 cases for 82% compliance. Non-compliance was found in 2 cases where documentation did not support adequate steps taken to ensure the child's immediate health and safety.

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 determine the best child welfare response.

- Compliance was met in 19 of 20 cases for 95% compliance. Non-compliance was found in 1 case where the caller's information fell within section 13 and warranted an investigative response.

4. Family Development Response

- N/A

5. Determining a 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 initiated within the time frame specified.

- Compliance was met in 16 of 18 cases for 89% compliance. Non-compliance was found in 2 cases where the time frame for commencement of an investigation was not initiated or was not documented within the specified time frame.

6. Conducting a Child Protection Investigation

This critical measure outlines many of the activities involved in an investigation. This includes that 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.

- Compliance was met in 11 of 18 cases for 61% compliance. Non-compliance was found in 7 cases where documentation did not support the observation of the child's living situation. Key collateral information was not obtained or not documented.

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.

- Compliance was met in 12 of 18 cases for 67% compliance. Non-compliance was found in 6 cases where all interviews were either not completed or not documented.

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.

- Compliance was met in 16 of 18 cases for 94% compliance. Non-compliance was found in 2 cases where all steps required to address a child's safety needs did not appear to be considered and implemented.

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.

- Compliance was met in 5 of 18 cases for 28% compliance. Non compliance was found in 13 cases where the investigation was not completed within 30 calendar 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, review mechanisms, consider the child's need for stability and the participation of family in keeping the child safe. This would involve the completion of the British Columbia risk assessment.

- Compliance was met in 10 of 18 cases for 56% compliance. Non-compliance was found in 8 cases where documentation did not support completion of a comprehensive risk assessment.

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. (Risk Reduction Service Plan) In ending a Protective Family 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.

- Compliance was met in 8 of 18 cases for 44% compliance. Non compliance was found in 10 cases where a risk reduction service plan and/or re-assessment of risk and evaluation of the service plan were absent.

12. Notification of Fatalities and Critical Injuries and Serious Incidents (Reportable Circumstances)

The auditor looked for documented evidence that an initial report has been submitted to the designated director within 24 hours of learning of a death or critical injury of a child who has received services within the past 12 months.

Non-compliance was found in 1 case where a reportable circumstance was not completed/submitted

13. Supervisory Approval

The auditor looked for documentation that reflected consultation with supervisors or managers at all critical points: assessing reports, decision on a response, 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.

- Compliance was met in 15 of 20 cases for 75% compliance. Non-compliance was found in 5 cases where supervisory approval was not obtained or not documented.

RESULTS: CHILDREN IN CARE

Practice Strengths:

Eleven of 42 Child in Care Service files were audited.

There were many areas of strength found within the Child Service files.

- Social workers reflected competence in assuming the responsibility for a child in care along with ensuring a child's safety;
- Social workers did well in ensuring personal contact with a child in care occurred on a regular basis;
- Views from a child/youth and/or significant individuals connected to the subject child appeared to be obtained with respect to case planning and decision making;
- Social workers did well in ensuring a child's need for stability and continuity of lifelong relationships was fostered;
- Regular supervisory approval was obtained.

Areas for Improved Case Practice:

- Ensuring documentation reflects children/youth in care are advised of their Rights of Children in Care on a regular basis;
- Ensuring reportable circumstances regarding fatalities, critical injuries and serious incidents are completed and submitted to the designated Director;
- Plans of care to be completed and documented.

Compliance Ratings Per Measure

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. 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, indication that the social worker understands the child's history and current circumstances. The auditor also looked for a cultural plan within the file that reflected the social worker's efforts in promoting the child's Aboriginal heritage.

- Compliance was met in 7 of 11 cases for 64% compliance. Non-compliance was found in 4 cases where planning did not appear to be comprehensive and/or reflective of the child's Aboriginal heritage.

2. Assuming Responsibility for a Child in Care

The auditor looked for confirmation of the child's legal status such as court orders, agreements and an assessment of the child's history and current circumstances.

- Compliance was met in 9 of 11 cases for 82% compliance. Non-compliance was found in 2 cases where confirmation of a child's legal status was not available.

3. Ensuring a Child's Safety While in Care

Where a child has been brought into care, the auditor looked for documentation to indicate that the child has been placed in a living arrangement that meets his or her 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 a child's safety needs. The auditor looked for documentation to ensure the physical safety and emotional well-being of a child or youth in care.

- Compliance was met in 9 of 11 cases for 82% compliance. Non-compliance was found in 2 cases where documentation did not support how the living arrangement addressed the child's identified needs, including safety.

4. Ensuring the Rights of a Child in Care

The auditor viewed the documentation to ensure that 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. The auditor looked for documentation that when a child or youth comes into care, they are informed of these rights and are assisted in the understanding of these rights, according to the child's or youth's developmental abilities. Furthermore, the review of these rights with the child or youth occurs on a regular basis.

- Compliance was met in 1 of 11 cases for 9% compliance. Non-compliance was found in 10 cases where documentation did not support children/youth being informed of their Rights of a Child in Care.

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 supported that the child and other significant individuals to the child were involved as fully as possible in the case planning process and that any possible barriers to involvement were identified and addressed.

- Compliance was met in 8 of 11 cases for 73% compliance. Non-compliance was found in 3 cases where documentation did not support consideration of the child's, youth and/or significant individuals connected to the subject child views on case planning and decision making.

6. Maintaining Personal Contact with a Child in Care

The auditor looked for documentation that the social worker has had private in-person contact with the child at least every 90 days, and whenever there has been a change in placement, social worker, or other significant circumstances.

- Compliance was met in 11 of 11 cases for 100% compliance.

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 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.

- Compliance was met in 9 of 11 cases for 82% compliance. Non-compliance was found in 2 cases where support with significant people in the child's life and connections to cultural heritage and identity was not clearly documented.

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 was developed for a child in care within six months and that the care plan contained the information outlined in CIC Service Standard #11.

- Compliance was met in 2 of 11 cases for 19% compliance. Partial compliance was found in 1 case and non-compliance was found in 8 cases where the initial plan of care was not completed within the first 30 days of a child entering care or a comprehensive plan of care was either not developed within 6 months or reviewed.

9. When a Child is Missing or Has Run Away

The auditor looked for documentation that an appropriate plan has been developed and implemented to locate the child or if the child habitually runs away under circumstances that place him or her at high risk of harm, that the plan of care has been reviewed to develop strategies to address the high-risk behaviour.

- Compliance was found in 1 of 1 case for 100% compliance.

10. Notification of Fatalities, Critical Injuries and Serious Incidents (Reportable Circumstance)

The auditor looked for documentation that an initial report has been submitted to the designated director within 24 hours of learning of a death, critical injury or serious incident involving a child in care.

- Partial and non-compliance was found in 2 of 2 cases where a reportable circumstance was not completed/submitted to the designated director with respect to a fatality, critical injury or serious incident.

11. Planning for a Child Leaving Care

- N/A

12. Supervisory Approval

The auditor looked within the Child Service file for documentation of supervisory approval when a child was placed, when reuniting a child with his or her family, when transferring responsibility for or ending services and when a child's plan of care is developed. The Child and Family

Development standard on Supervisory Consultation and Approval ensures that supervisory consultation is obtained in all significant circumstances and at all decision points relating to service delivery.

- Compliance was met in 8 of 11 cases for 73% compliance. Non-compliance was found in 3 cases where supervisory approval was not obtained or documented.

AUDIT RECOMMENDATIONS

Recommendations:

1. Community Services Manager to review the general themes observed in the audit with the social workers and team leaders focusing specific attention on the importance of interviewing children, conducting investigations and planning for children in care.
2. The auditor recognized the impact that staffing shortages were having on the team in the time period leading up to the audit. Community Services Manager to provide a verbal update the Director of Operations on the current staffing situation. As well, the Community Services Manager is to provide a written plan to the Regional Executive Director to address the staffing challenges in this community with particular focus on how the work gets prioritized when staffing is compromised.
3. Deputy Director to arrange for mentoring/training for all staff in the areas identified in recommendation #1.
4. Director of Integrated Practice to provide training to all staff in the area of reportable circumstance reporting.
5. The Community Services Manager is to develop a plan to address the timeliness to complete investigations. The written plan is to be submitted to the Regional Executive Director.
6. Recommendation #2 and #5 to be completed by April 30, 2008. Recommendation #1, #3 and #4 to be completed by May 31, 2008.

Corinne Lucyk
Regional Auditor/Analyst

Date:

Robert Watts
Director of Child Welfare

Date:

Recommendations brought forward by Provincial Director:

Provincial Director
Marilyn Hedlund

Date:

**APPENDIX 2: CHILD AND FAMILY SERVICES DATA SUMMARY
OPEN & CLOSED FAMILY SERVICE CASES**

	CRITICAL MEASURES	C	PC	NC	NA
1	Screening and Best Approach to Service Delivery CFS Standard #1	76%		24%	
	Number of cases rated: 41 of 41	31		10	
2	When a Child is at Immediate Risk of Harm CFS Standard #11	85%		15%	
	Number of cases rated: 13 of 13	11		2	28
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	88%		12%	
	Number of cases rated: 41 of 41	36		5	
4	Family Development Response CFS Standard #14				
	Number of cases rated: 0 of 0				41
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	82%		18%	
	Number of cases rated: 28 of 28	23		5	13
6	Conducting a Child Protection Investigation CFS Standard #15	64%		36%	
	Number of cases rated: 28 of 28	18		10	13
7	Seeing and Interviewing the Child and Family CFS Standard #15	64%		36%	
	Number of cases rated: 28 of 28	18		10	13
8	Concluding a Child Protection Investigation CFS Standard #16	75%		25%	
	Number of cases rated: 28 of 28	21		7	13
9	Concluding Investigation in a Timely Manner CFS Standard #16	25%		75%	
	Number of cases rated: 28 of 28	7		21	13
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	58%		42%	
	Number of cases rated: 19 of 19	11		8	22
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17	47%		53%	
	Number of cases rated: 19 of 19	9		10	22
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24			100%	
	Number of cases rated: 1 of 1	0		1	40
13	Supervisory Approval C&FD Standard on Supervisory Approval	88%		12%	
	Number of cases rated: 41 of 41	36		5	

APPENDIX 2:

CHILDREN IN CARE CASES

	CRITICAL MEASURES	C	PC	NC	NA
1	Preserving the Identity of an Aboriginal Child in Care CIC Service Standards #1 and #19	64%		36%	
	Number of cases rated: 11 of 11	7	0	4	
2	Assuming Responsibility for a Child in Care CIC Service Standard #4	82%		18%	
	Number of cases rated: 11 of 11	9		2	
3	Ensuring a Child's Safety While in Care CIC Service Standard #5	82%		18%	
	Number of cases rated: 11 of 11	9		2	
4	Ensuring the Rights of a Child in Care CIC Service Standard #6	9%		91%	
	Number of cases rated: 11 of 11	1		10	
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8	73%		27%	
	Number of cases rated: 11 of 11	8		3	
6	Maintaining Personal Contact with a Child in Care CIC Service Standard #9	100%			
	Number of cases rated: 11 of 11	11			
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10	82%		18%	
	Number of cases rated: 11 of 11	9		2	
8	Assessments and Planning for a Child in Care CIC Service Standard #11	18%	9%	73%	
	Number of cases rated: 11 of 11	2	1	8	
9	When a Child is Missing or has Run CIC Service Standard #14	100%			
	Number of cases rated: 1 of 1	1			10
10	Notification of Fatalities, Critical injuries and Serious Incidents C&FS Standard #24	0%	50%	50%	
	Number of cases rated: 2 of 2	0	1	1	9
11	Planning for a Child Leaving Care CIC Service Standards #15 and #16				
	Number of cases rated: 0 of 11				11
12	Supervisory Approval C&FD Standard on Supervisory Approval	73%		27%	
	Number of cases rated: 11 of 11	8		3	