

CASE PRACTICE AUDIT REPORT

Dawson Creek Child and Family Services (QJB)

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

North Region

Director of Child Welfare

Field Work Completed: December 04, 2006 – January 05, 2007  
Report Completed: January 12, 2007

**CASE PRACTICE AUDIT REPORT**  
**Dawson Creek Child and Family Services (QJB)**

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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 Dawson Creek 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 December 04, 2006 to January 10, 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 available. During the entrance meeting the social workers were invited to identify 1 file each that reflected good practice or a challenging situation.

During the audit, the team leader, 1 social worker and the office manager were interviewed with respect to office systems, service delivery structure, and community resources.

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 QJB team provides services to the area of Dawson Creek which includes:

- North—up to and including Farmington;
- South—up to and including Kelly Lake and Tom Lake;
- West—up to and including Arras.

The First Nations community served by QJB is Kelly Lake Band which is situated approximately 56 km's south of Dawson Creek.

Dawson Creek is centrally located in the Peace Region and is anchored on the junction of 4 highways. The highways include highway 97 south (Hart Highway), highway 97 north (Alaska Highway), highway 49 east and highway 2 south to Edmonton.

As per the 2001, census the population of Dawson Creek was estimated at approximately 10,755. It was noted that males make up approximately 5,255 while the female population is approximately 5,495. The number of dwellings in the community has been reported to be approximately 4,690 with an average estimated value of \$82,183.00. The average family income and household income has been estimated at approximately \$47,350.00. Due to the date of the information it is probable that these estimations have changed accordingly.

The City's economy is diverse as the primary industries include agriculture, energy, forestry, mining and tourism. Dawson Creek is approximately 406 kms from Prince George, BC's northern capital. The Ministry's regional office is situated in the city of Prince George.

The primary identified social problems amongst the client population include substance misuse and mental health issues. The team leader further identified housing and poverty as other additional factors that contribute to child protection concerns or stressors for many of the families served by QJB.

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

## **STAFFING**

The QJB team is designed for a team leader and 6 fully delegated child protection social workers. At the time of the audit QJB team was not fully staffed. They were functioning with 4 fully delegated child protection social workers. There were 2 vacancies due to 1 leave and 1 position not filled.

For approximately the past year QJB encountered challenges with respect to staffing. For example , the team leader resigned. As a result 2 QJB child protection social workers back filled the team leader position on an acting basis. They also maintained their own caseloads. The vacant team leader position was filled One child protection social worker from the team was temporarily assigned to the Chetwynd district office for approximately 3 months. Furthermore, child protection social workers from other district offices were temporarily parachuted in to assist with caseload demands. In an auxiliary child protection social worker joined QJB. As well in September 2006 the service delivery model was modified. An integrated caseload approach was replaced by a specialized service model which reflects 2 intake social workers and remaining positions designated to family services. Due to a number of transitions QJB staff experienced an increase in duties and responsibilities. The team leader reported an increase in additional duties as she assisted 1 day per week with the intake screening function.

The team leader has been supervising team QJB since . The full time child protection social workers on QJB have been on the team ranging from

The structure of the Dawson Creek district office includes:

- Child and Family Service—intake and family service;
- Guardianship;
- Resources;
- Adoption;
- Child and Youth Mental Health;
- Community Living BC;
- Aboriginal services manager is co-located.

The structure of the team (QJB) model consists of:

- Two intake social workers. The intake social workers are responsible for managing the intake function within the geographical boundary. The intake social workers are accountable for responding to new reports that are received on families that reside within their designated boundary;
- Three family service social workers. The family service social workers are responsible for on-going protective family service and guardianship to children and youth in care within the geographical boundary.

The administrative support team consists of an office manager that supervises 3 positions that consist of 1.5 positions filled by auxiliary staff and .5 by 1 regular part-time, and 2 permanent positions. One administrative staff is designated as a team assistant to a child protection team while the other position is assigned to the managers. In addition, the office manager supervises 1 team assistant in another office within the sub-region.

The administrative staff is responsible for the reception and administrative tasks for team QJB as well as the other disciplines within the integrated office.

### **STAFF TRAINING**

The team leader obtained  
. The social workers obtained  
additional information on staff experience and education.

Please see chart for

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)				Full Delegation	FTE
Child Protection Social Worker (5)				Information not provided.	

The team leader indicates that 2 performance appraisals have been completed to date. The others are pending. The team leader plans to complete these in the near future. It is important to note that the team leader has been responsible for this team. In addition, the team leader reports the employee performance and development plans (EPDP) 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 conferences, to develop initiatives and to encourage regional participation.

<b>Ministry Training Program</b>	<b>Team Leader</b>	<b>SW 1</b>	<b>SW 2</b>	<b>SW 3</b>	<b>SW 4</b>	<b>SW 5</b>
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 and is informal. As the team leader is located in the Dawson Creek district office daily supervision is provided. The team leader has an open door policy and staff can consult on an as needed basis. Typically the team leader checks in with staff daily as time is set for the team to meet as a whole. This time provides staff with an opportunity to consult as cases can be reviewed as well new cases may be assigned. Weekly team meetings also provide an avenue for consultation to occur. Typically during supervision case planning is reviewed and discussed.

In addition, the team leader provides supervision and consultation to the family service team in Chetwynd. The team leader travels to the Chetwynd district office minimally once per week. When the team leader is away from the office for short periods of time she is available by cell telephone as well e-mail. For longer periods of time away an alternate senior practitioner will assume the responsibility as acting team leader.

The team leader states that there is no regular scheduled supervision with the community services manager or clinical team leader. The team leader reports that if she requires supervision she emails, telephones or walks to the office of the community services manager or clinical team leader as both are located in the Dawson Creek district office.

**INTAKE AND TRACKING SYSTEMS**

Investigations

The intake function is managed by 2 intake social workers. The intake social workers alternate duty days. The intake social worker screens, assesses, and completes a prior contact check. Once the intake social worker completes an assessment consultation with the team leader occurs. The first assessment is made based on the nature of the report. A decision to investigate is based on the severity of the section 13 concerns identified coupled with the history of the family and the vulnerability of the children. It is the responsibility of the intake social worker to manage the case until completion or up to and including the presentation hearing. The intake social worker is responsible for completing an opening/transferring recording and the comprehensive risk assessment. If a decision has been made to manage the case as a protection file it is the responsibility of the family service worker to manage the file on an ongoing basis. The team leader reports that she receives a hard copy of the intake the next day during their morning meeting. The intake reports are tracked electronically as the QJB social workers are

consistent and proficient in their use of the MIS/CIS systems. The team leader reports that she uses the case management reports to track the intake function.

## **ONGOING FAMILY AND CHILD SERVICE AND TRACKING SYSTEMS:**

### Ongoing Family Service and Child Service:

The family service social workers receive ongoing family service files from the 2 intake social workers. Typically file transfers occur at the team's daily meetings. It is up to the intake and family service social workers to decide if a transition meeting will occur with the family and in applicable cases the Aboriginal community/identified delegated agency.

The team leader reports that she tracks all family service cases and children in care by utilizing case management reports and individual social worker's case lists. During consultation it is the social worker's responsibility to document the date of the supervision, the case direction and action or expected action that is required. It is the family service social workers responsibility to review comprehensive risk assessments, complete risk reduction service plans and re-assess risk to children and families.

The social worker enters new admissions for children in care. It is the social worker's responsibility for tracking care plans and reviews. 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 the reviews by ongoing contact with the service providers. The social worker has frequent contact with the individuals who have been identified to complete certain tasks or goals. The care plan meetings are held when required. The social worker reports that all significant players in the child's life are invited to the care plan meeting. If individuals are not able to attend the meeting the information is collected and consolidated into the document.

Children in care are informed of their rights upon removal. If the child is too young or cognitive impairments are present the information is reviewed with the child's caregiver. 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 Dawson Creek office works closely and in collaboration with the Kelly Lake Band.

Many Aboriginal families can obtain support services advocacy and training from the Dawson Creek Family Resources Society. Tansi Friendship Centre offers further support, such as family development conferences, parent education, household management, FASD early intervention and education, youth outreach and support, pregnancy outreach, preschool, parent/tot groups and support networks.

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

<b>Office QJB Children in Care - June 2006 to November 2006</b>							
<b>Aboriginal</b>	<b>Jun-</b>	<b>Jul-</b>	<b>Aug-</b>	<b>Sep-</b>	<b>Oct-</b>	<b>Nov-</b>	<b>Average</b>

<b>Status</b>	<b>06</b>	<b>06</b>	<b>06</b>	<b>06</b>	<b>06</b>	<b>06</b>	
Aboriginal	17	19	22	24	25	27	22.3
Non-Aboriginal	9	7	9	9	11	11	9.3
Total	26	26	31	33	36	38	31.7

<b>Office QJB Open FS Files - June 2006 to November 2006</b>							
<b>Aboriginal Status</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Average</b>
Aboriginal	34	32	35	39	38	35	35.5
Non-Aboriginal	46	39	44	40	46	38	42.2
Unknown	1	0	0	0	4	3	1.3
Total	81	71	79	79	88	76	79.0

<b>Office QJB Protection Reports Recorded - June to November 2006</b>							
<b>Aboriginal Status</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Average</b>
Aboriginal	5	6	6	7	5	4	5.5
Non-Aboriginal	11	9	14	4	16	6	10.0
Total	16	15	20	11	21	10	15.5

<b>Office QJB Total Intakes Recorded - June 2006 to November 2006</b>							
<b>Aboriginal Status</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Average</b>
Aboriginal	5	8	8	8	10	7	7.7
Non-Aboriginal	15	10	17	7	24	11	14.0
Total	20	18	25	15	34	18	21.7

## **RESOURCES**

### Residential Resources

The QJB 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 social worker contacts the assigned liaison worker from the resource team. Monthly meetings involving resources, guardianship and child and family service teams have been reinstated. This provides a forum for communication between staff.

Children and youth in care assigned to the QJB team can require various types of placements to meet their needs. These placements include contract residential resources and a range of foster 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 are sought outside of the perimeter of Dawson Creek. Prince George is often explored as it offers regional resources which are accessed through the Regional Resource Committee. Other areas may include, McBride, Fort St. John and Vancouver.

The Dawson Creek resource team leader is responsible for a unique residential resource. It is known as the Pathway Community Service Ltd. Under this contract 3 residential resources are functioning. These resources are Burnaby Pathway House South and Sardis Pathway House. The third Pathway House opened in Dawson Creek on October 01, 2006.

### Non Residential Resources

Dawson Creek offers a number of services to children, youth and families such as:

- Dawson Creek Family Resources—Provides family group conferencing, support for families and coordination for alternate dispute resolution. Family preservation/differential response, intensive and family support is provided as well;
- Dawson Creek Catholic Social Services—Family counseling which is parent and child focused;
- Dawson Creek Society for Community Living—Home support services, such as training in homemaking, house cleaning and child care is provided;
- Independence Networking Services—Family support is provided for families where children/youth have difficulties with mental health issues;
- North Peace Community Resources Society—Provide counseling services regarding sexual abuse. As well special services to children and short term assistance to families where children have special needs is provided. They also provide supported independent living services to youth;
- South Peace Community Resources Society—Offers family counseling--parent focused. It assists to stabilize acute situations and provides crisis response. Family support is offered along with parent education, household management and support networks. They also provide youth outreach;
- South Peace Child Development Society—Provides supported childcare, Building Blocks, Infant Development Program, education and support to families of preschool age children and advocacy and support to pregnant teens;
- Tansi Friendship Centre.

### **SERVICE TRANSFORMATION**

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

For the next 5 years the transformation plan will be evolving. To initiate the process the north region is currently shifting practice by committing to:

- 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.

In addition, the transformation plan includes a number of teams that will focus on the following areas:

- Transformation leadership development group;
- Youth advisory council;
- Elders advisory council;
- Transformation reference group.

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

Specifically to Dawson Creek, the local Ministry office is in the beginning stages of renewing a working protocol with Aboriginal Family Resources Society. This protocol will provide a process for Ministry staff to follow in situations involving an aboriginal, or Métis child, youth and family. The Community Services Manager reports that the Dawson Creek district office has a positive relationship with Aboriginal Family Resources society and the efforts being made to build trusting working relationships continue in a variety of ways throughout the local community.

The Community Services Manager further reports that one of the exciting changes within the community of Dawson Creek is the addition of a half time family group conference coordinator. This coordinator will be working under a contract with the Aboriginal Family Resources Society. This new locally based service is supported by both the Ministry staff and Aboriginal communities. Another positive change is a Mediation project that will be starting in the Peace Liard sub-region within the next month which will focus on offering families another avenue to be collaborative with the Ministry in providing better services for families and meeting their needs.

### **SECTION III: AUDIT RESULTS**

## **AUDIT SAMPLE**

The audit of the Dawson Creek Child and Family Service Team (QJB) included a minimum of 25% of the number of intakes closed between June of 2006 and November of 2006 (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 the MCFD computer system prior to the commencement of the audit and used to arrive at a sample number. The Case Management Report recorded 57 open Family Services cases (this number included open intakes). Nine open Family Service cases were audited representing 25% of 37 open ongoing Family Service cases. In the last 6 months 87 intakes were closed. Twenty one out of the 86 intakes were audited representing 25% of the closed files in the last 6 months. Nine out of 37 open Child Service cases were audited, representing 25% of open Child Services cases.

The Child Service sample is representative of cases involving Temporary Custody Orders.

Family Service and Child Service cases represent a stratified sample.

## **RESULTS: CHILD AND FAMILY SERVICES: INTAKE FUNCTION**

### **Practice Strengths:**

The audit examined 21 closed family service files in the last 6 months.

Out of the 21 files examined 15 responses were coded as an investigation, 2 responses were coded as offer support services and 4 responses were coded as no further action.

- In general, files were well organized. The auditor was able to locate the selected files with ease. The caseloads assigned to this function were clearly established;
- It was clear that the social workers have a good understanding of the intake procedures;
- The high compliance in the initial screening function indicate that staff understand the nature of the work and were able to determine the best response to incoming information, regardless of the source;
- Supervisory consults were clearly documented.

### **Areas for Improved Case Practice:**

- In a few cases not all interviews or collaterals were documented.

One closed family service file was flagged for follow-up for consideration of providing the family with ongoing services.

## **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 18 of 21 cases for 86% compliance. Non-compliance was found in 3 cases where the family was Aboriginal and there was no evidence to support that the Band or delegated agency was contacted.

## **2. When a Child is at Immediate Risk of Harm**

- Compliance was met in 5 of 5 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 18 of 21 cases for 86% compliance. Non-compliance was found in 3 cases where the caller's information fell within section 13 and warranted a protective 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 12 of 15 cases for 80% 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 12 of 15 cases for 80% compliance. Non-compliance was found in 3 cases where there was no evidence supporting 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 9 of 15 cases for 60% compliance. Non compliance was found in 6 cases where all interviews were not completed or 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 13 of 15 cases for 87% compliance. Non-compliance was found in 2 cases where the child's level of safety was not satisfactorily assessed due to absent steps of an investigation.

## **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 6 of 15 cases for 40% compliance. Non-compliance was found in 9 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.

- N/A

### **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.

- N/A

### **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 19 of 21 cases for 90% compliance. Non-compliance was found in 2 cases where supervisory approval was not obtained or documented.

## **RESULTS: CHILD AND FAMILY SERVICES: ONGOING SERVICE FUNCTION**

### **Practice Strengths:**

The auditor examined 9 ongoing family service files. All files were being managed on an ongoing basis and were designated as child and family service files.

- Great work in exploring out of care options;
- Documentation supported collaborative practice with families and community partners;
- Supervisory consults were clearly documented;
- There was evidence to support referrals to services;
- The documentation on the files supported that MCFD has a good working relationship with community partners.

### **Areas for Improved Case Practice:**

- Documentation did not support the Band or delegated agency being contacted at the point of service delivery when the family was identified as Aboriginal;
- Risk reduction service plans were not located on the files;
- There was no evidence to support if service providers were contacted on a regular basis in order to review the progress of the family;
- Documentation was absent to support a reassessment of risk prior to the expiration of a supervision order.

## **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 5 of 9 cases for 55% compliance. Non-compliance was found in 4 cases where the family was Aboriginal and there was no evidence to support that the Band or delegated agency was contacted.

### **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 4 of 5 cases for 80% compliance. Non compliance was found in 1 case where an immediate response did not occur.

### **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 8 of 9 cases for 89% compliance. Non compliance was found in 1 case where the caller's information fell within section 13 and a protective response was required.

### **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 8 cases for 88% compliance. Non-compliance was found in 1 case where the 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 4 of 8 cases for 50% compliance. Non-compliance was found in 4 cases where there was no evidence supporting the observation of the child's living situation or key collateral checks were 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 3 of 8 cases for 38% compliance. Non-compliance was found in 5 cases where all interviews were either not completed or 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 7 of 8 cases for 88% compliance. Non-compliance was found in 1 file as all of the steps required to address a child's safety was not completed or 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 7 of 8 cases for 88% compliance. Non compliance was found in 1 case 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 6 of 8 cases for 75% compliance. Non-compliance was found in 2 cases where there was no evidence 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 3 of 8 cases for 38% compliance. Non compliance was found in 5 cases where there was no documentation supporting a service plan or re-assessment of risk.

## **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 8 of 9 cases for 89% compliance. Non-compliance was found in 1 case where supervisory approval was not obtained or documented.

## **RESULTS: CHILDREN IN CARE**

### **Practice Strengths:**

Nine child service files were audited.

There were many areas of strength found within the Child Service files, and evidence that the social worker is planning for children in care.

- There is evidence to support that social workers are utilizing a culturally sensitive approach with children, youth and families;
- Social workers reflected competence in assuming the responsibility for a child in care along with ensuring a child's safety;
- Documentation indicated that appropriate strategies have been planned and implemented to promote stability and continuity of lifelong relationships;
- It was noted that social workers promote access with significant individuals in children's lives.

### **Areas for improved practice:**

- In a few cases documentation did not support children in care being informed of their rights;
- In a few cases documentation was absent regarding planning and making decisions for a child; as well the documentation did not support that the child and other significant individuals to the child were involved as fully as possible in the case planning process;
- In several files an updated comprehensive plan of care was absent.

## **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 9 of 9 cases for 100% compliance.

### **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 8 of 9 cases for 89% compliance. Non compliance was found in 1 case where a current agreement was not located on the file.

### **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 9 cases for 100% compliance.

### **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 5 of 9 cases for 56% compliance. Non compliance was found in 4 cases where there was no documentation supporting that the rights of children in care were reviewed.

### **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 6 of 9 cases for 67% compliance. Partial compliance was met in 2 cases where the documentation partially supported that the child and other significant individuals were involved in the process of case planning.

### **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 8 of 9 cases for 89% compliance. Non-compliance was found in 1 case where documentation did not support personal contact with the child in care.

## **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 8 of 9 cases for 89% compliance. Non compliance was found in 1 case where the documentation did not support contact with significant people in the child's life.

## **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 9 cases for 22% compliance. Partial compliance was met in 3 cases as reviews were due. Non-compliance was found in 4 cases where a plan of care was either not developed or documented.

## **9. When a Child is Missing or Has Run Away**

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

## **10. Notification of Fatalities, Critical Injuries and Serious Incidents**

- N/A

## **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 9 cases for 89% compliance. Non compliance was found in 1 case where supervisory consultation was not documented.

## AUDIT RECOMMENDATIONS

### Recommendations brought forward by the Director of Integrated Practice:

1. The Community Service Manager will meet with all staff to lead a discussion on the results of the audit and the practice themes identified.
2. Specifically, the Community Service Manager is to discuss the critical importance of seeing and interviewing all children and parents as part of the investigation process.
3. The Deputy Director is to deliver training on interviewing children and developing plans to address identified risks in families.
4. The Community Service Manager is to complete a plan for the Director of Operations that will outline how this office can become more effective in planning for children in care.
5. The Director of Integrated Practice will develop and implement semi-annual reports to outline the progress the region, and this office in particular, is making on planning for children in care.
6. Recommendation #1 and # 2 to be completed by May 31, 2008. Recommendation #4 to be completed by June 30, 2008. Recommendation #3 to be completed by September 30, 2008. Recommendation #5 will result in the first semi-annual report being completed by September 30, 2008.

<hr/> <p>Corinne Lucyk Regional Auditor/Analyst Tammy Stubley Senior Regional Auditor/Analyst</p>	<hr/> <p>Robert Watts Director of Integrated Practice</p>
<p>Date:</p>	<p>Date:</p>

**Recommendations brought forward by the Regional Executive Director:**

1.)

Peter Cunningham  
Regional Executive Director

Date:

**RECOMMENDATIONS BROUGHT FORWARD BY THE PROVINCIAL DIRECTOR:**

**CLOSED FAMILY SERVICE CASES**

	<b>CRITICAL MEASURES</b>	<b>C</b>	<b>PC</b>	<b>NC</b>	<b>NA</b>
<b>1</b>	Screening and Best Approach to Service Delivery <b>CFS Standard #1</b>	86%		14%	
	Number of cases rated: 21 of 21	18		3	
<b>2</b>	When a Child is at Immediate Risk of Harm <b>CFS Standard #11</b>	100%			
	Number of cases rated: 5 of 5	5			16
<b>3</b>	Assessing a Child Protection Report and Determining the Most Appropriate Response <b>CFS Standard #12</b>	86%		14%	
	Number of cases rated: 18 of 21	18		3	
<b>4</b>	Family Development Response <b>CFS Standard #14</b>				
	Number of cases rated: 0 of 21				21
<b>5</b>	Determining a Time Frame to Begin an Investigation <b>CFS Standard #15</b>	80%		20%	
	Number of cases rated: 15 of 15	12		3	6
<b>6</b>	Conducting a Child Protection Investigation <b>CFS Standard #15</b>	80%		20%	
	Number of cases rated: 15 of 15	12		3	6
<b>7</b>	Seeing and Interviewing the Child and Family <b>CFS Standard #15</b>	60%		40%	
	Number of cases rated: 15 of 15	9		6	6
<b>8</b>	Concluding a Child Protection Investigation <b>CFS Standard #16</b>	87%		13%	
	Number of cases rated: 15 of 15	13		2	6
<b>9</b>	Concluding Investigation in a Timely Manner <b>CFS Standard #16</b>	40%		29%	
	Number of cases rated: 15 of 15	6		9	6
<b>10</b>	Developing and Implementing a Plan to Keep a Child Safe <b>CFS Standard #17</b>				
	Number of cases rated: 0 of 0				21
<b>11</b>	Reassessing Plan to Keep a Child Safe and Ending Family Service Response <b>CFS Standard #17</b>				
	Number of cases rated: 0 of 0				21
<b>12</b>	Notification of Fatalities, Critical Injuries and Serious Incidents <b>CFS Standard #24</b>				
	Number of cases rated: 0 of 0				21
<b>13</b>	Supervisory Approval <b>C&amp;FD Standard on Supervisory Approval</b>	90%		10%	
	Number of cases rated: 21 of 21	19		2	

APPENDIX 2: CHILD AND FAMILY SERVICES DATA SUMMARY

**OPEN FAMILY SERVICE CASES**

	<b>CRITICAL MEASURES</b>	<b>C</b>	<b>PC</b>	<b>NC</b>	<b>NA</b>
<b>1</b>	Screening and Best Approach to Service Delivery <b>CFS Standard #1</b>	55%		45%	
	Number of cases rated: 9 of 9	5		4	
<b>2</b>	When a Child is at Immediate Risk of Harm <b>CFS Standard #11</b>	80%		20%	
	Number of cases rated: 5 of 5	4		1	4
<b>3</b>	Assessing a Child Protection Report and Determining the Most Appropriate Response <b>CFS Standard #12</b>	89%		11%	
	Number of cases rated: 9 of 9	8		1	
<b>4</b>	Family Development Response <b>CFS Standard #14</b>				
	Number of cases rated: 0 of 9				9
<b>5</b>	Determining a Time Frame to Begin an Investigation <b>CFS Standard #15</b>	88%		12%	
	Number of cases rated: 8 of 8	7		1	1
<b>6</b>	Conducting a Child Protection Investigation <b>CFS Standard #15</b>	50%		50%	
	Number of cases rated: 8 of 8	4		4	1
<b>7</b>	Seeing and Interviewing the Child and Family <b>CFS Standard #15</b>	38%		62%	
	Number of cases rated: 8 of 8	3		5	1
<b>8</b>	Concluding a Child Protection Investigation <b>CFS Standard #16</b>	88%		12%	
	Number of cases rated: 8 of 8	7		1	1
<b>9</b>	Concluding Investigation in a Timely Manner <b>CFS Standard #16</b>	88%		12%	
	Number of cases rated: 8 of 8	7		1	1
<b>10</b>	Developing and Implementing a Plan to Keep a Child Safe <b>CFS Standard #17</b>	75%		25%	
	Number of cases rated: 8 of 8	6		2	1
<b>11</b>	Reassessing Plan to Keep a Child Safe and Ending Family Service Response <b>CFS Standard #17</b>	38%		62%	
	Number of cases rated: 8 of 8	3		5	1
<b>12</b>	Notification of Fatalities, Critical Injuries and Serious Incidents <b>CFS Standard #24</b>				
	Number of cases rated: 0 of 9				9
<b>13</b>	Supervisory Approval <b>C&amp;FD Standard on Supervisory Approval</b>	89%		11%	
	Number of cases rated: 9 of 9	8		1	

**APPENDIX 2:**

**CHILDREN IN CARE CASES**

	CRITICAL MEASURES	C	PC	NC	NA
<b>1</b>	Preserving the Identity of an Aboriginal Child in Care <b>CIC Service Standards #1 and #19</b>	100%			
	Number of cases rated: 9 of 9	9			
<b>2</b>	Assuming Responsibility for a Child in Care <b>CIC Service Standard #4</b>	89%		11%	
	Number of cases rated: 9 of 9	8		1	
<b>3</b>	Ensuring a Child's Safety While in Care <b>CIC Service Standard #5</b>	100%			
	Number of cases rated: 9 of 9	9			
<b>4</b>	Ensuring the Rights of a Child in Care <b>CIC Service Standard #6</b>	56%		44%	
	Number of cases rated: 9 of 9	5		4	
<b>5</b>	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <b>CIC Service Standard #8</b>	67%		33%	
	Number of cases rated: 9 of 9	6		3	
<b>6</b>	Maintaining Personal Contact with a Child in Care <b>CIC Service Standard #9</b>	89%		11%	
	Number of cases rated: 9 of 9	8		1	
<b>7</b>	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <b>CIC Service Standard #10</b>	89%		11%	
	Number of cases rated: 9 of 9	8		1	
<b>8</b>	Assessments and Planning for a Child in Care <b>CIC Service Standard #11</b>	22%	33%	45%	
	Number of cases rated: 9 of 9	2	3	4	
<b>9</b>	When a Child is Missing or has Run <b>CIC Service Standard #14</b>	100%			
	Number of cases rated: 1 of 1	1			8
<b>10</b>	Notification of Fatalities, Critical injuries and Serious Incidents <b>C&amp;FS Standard #24</b>				
	Number of cases rated: 0 of 9				9
<b>11</b>	Planning for a Child Leaving Care <b>CIC Service Standards #15 and #16</b>				
	Number of cases rated: 0 of 9				9
<b>12</b>	Supervisory Approval <b>C&amp;FD Standard on Supervisory Approval</b>	89%		11%	
	Number of cases rated: 9 of 9	8		1	