

DIRECTOR'S CASE PRACTICE AUDIT REPORT
Vancouver Coastal Region

Vancouver North Family Services Team RFJ (2008)



Vancouver's Downtown Eastside. Source: WKCP's Public Gallery, From: Picasaweb.google.com

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SECTION I: INTRODUCTION

1. PURPOSE

The purpose of case practice audits is to support practice principles that promote improved outcomes for children and families. Through a review of a sample of cases, case practice audits help to confirm good practice and identify areas where practice requires strengthening. The specific purposes of case practice audits are:

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

This case practice audit is being conducted proactively by the Office of the Regional Director of Child Welfare. Proactive case practice audits of District Offices are systematically conducted on a regular cycle, which has offices being audited approximately every four years. All regions are expected to conduct regional case practice audits in accordance with the Quality Assurance Standards for case practice audits.

2. METHODOLOGY

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

- Critical Measures Audit Tool for Child and Family Service Standards (May 2004)
- Critical Measures Audit Tool for Child In Care Service Standards (May 2004)

3. REGIONAL CONTEXT

Regionally, two major recent initiatives have impacted practice. Beginning in 2004, a 'Service Transformation' program affected many aspects of our work. More recently, Vancouver Coastal Region announced its 'Regional Strategic Plan' for 2007 to 2010. The following two pages summarize these two shifts.

a) Service Transformation

Within the context of an escalating child-in-care population and research which questions the long-term intervention of a child welfare system in a child's life, in 2004 five practice shifts were

identified and rolled into an overall provincial initiative entitled Service Transformation. The purpose of Service Transformation is to ensure vulnerable children are protected and served through a regional network of community-based, integrated, comprehensive and accessible services that promote:

- preventative, evidence-based approaches, based on early intervention and collaboration;
- family and community-based out-of-care options to care for vulnerable children and youth;
- effective planning for children in care that promotes family continuity, permanency and life-long attachments.

Service Transformation is comprised of five key initiatives or practice shifts, including:

1. Service Redesign:

The child welfare system has traditionally been delivered from a centrally determined program design and resource allocation. Service redesign is intended to ensure community-based collaboration in child welfare practice and to transform service delivery to be unique in each community and informed by community and client demographics and needs.

2. Transforming government's response to child welfare concerns:

This initiative intends to transform practice from a high reliance on investigation to providing communities with a range of options to keep children and youth safe, including implementing strength-based assessments and out-of-care options for children at risk.

3. Reshaping case planning and decision-making:

This initiative addresses past reliance on the courts as a decision-maker, by developing a spectrum of community-based Alternative Dispute Resolution (ADR) processes for resolving case-specific disputes, in order to achieve more timely resolution for children and families involved with the child welfare system.

4. Transforming planning for children in care:

Children have previously remained in the legal care of the province, drifting in foster care until the age of majority with little emphasis placed on permanency planning. This initiative aims to transform child welfare practice to promote family stability and continuity or to provide children with life plans involving alternate guardianship options that offer family stability and opportunities for lifelong relationships.

5. Reducing the number of Aboriginal children in care while keeping Aboriginal children safe:

Aboriginal children make up approximately 9% of the population aged 0-18 in British Columbia, but account for 46% of the children in care population. This initiative is intended to address the inequity experienced by Aboriginal communities to protect Aboriginal children and youth within their extended family and community, whenever possible.

Service Transformation Outcomes:

Service Transformation is intended to refocus the child welfare practice in order to achieve the best possible outcomes for children and families in British Columbia. Outcomes of Service Transformation include:

- shifting child welfare practice away from reliance on 'in care' services to protect vulnerable children;

- utilizing family and community-based options while continuing to protect vulnerable children and ensure their well-being;
- increasing use of family-based foster care and less of contracted residential resources;
- emphasizing stability and the development of lifelong relationships for children and youth;
- exercising greater foresight in guardianship planning for children and youth.

Service Transformation is supported by 40 targeted measures to determine progress made towards integrating the practice shifts. The impact of Service Transformation will be measured on an on-going basis. A working Group has been created to establish the methodology for collecting data on the 40 measures and to develop a reporting mechanism. Currently, there is a process underway to establish an automated on-line provincial reporting mechanism.

b) The Regional Strategic Plan 2007–2010

In October 2007, Vancouver Coastal Region released its ‘Strategic Plan’ for the Vancouver Coastal Region 2007 – 2010 in order to focus on our development into an organization that can move forward through Transformation, Aboriginal Governance and Accreditation. With these latter three changes now in process, the plan seeks to operationalize the Regional ‘Vision’ statement: ‘Children, Youth and Families: their communities, their needs, their voices, our touchstones’. The purpose of the plan is to guide operational planning and assist with resource allocation. The document proposes six dimensions of quality to assist Vancouver Coastal Region towards fulfilling its mission and purpose. These dimensions of quality form the long-term foundation on which we base our service planning. The six dimensions include: client focus, positive work environment, integration, accessibility, effectiveness and efficiency.

Client Focus: This entails implementing processes to incorporate the voices of children, youth, families and communities in order to deliver programs and services that meet their needs. The Region plans to engage children, youth, families, and community leaders and facilitators in a discussion around program service planning and use these ideas in program development and improvement. Strategies include community engagement planning, staff training, and the identification of community leaders and partners.

Positive Work Environment: The goal of this dimension of quality is the creation of an engaging work environment in order to attract and retain motivated and capable staff. Strategies include the development of an employee wellness and engagement plan, incorporating such tools as individual training plans and the creation of an organizational structure that promotes a full range of supports for workers, from orienting new workers to ongoing training and career planning for senior workers.

Integration: Integration refers to building partnerships and linkages among staff, caregivers and community service providers to create a coherent and comprehensive range of services for children, youth and families who use MCFD services. The Collaborative Practice Tool Kit and integrated case management for all children, youth and families are two methods for reaching out to and engaging with community service providers.

Accessibility: The Regional Plan seeks to ensure families obtain needed services by identifying barriers blocking client access to programs and removing or lessening them. The Plan suggests strategies such as soliciting client feedback, developing community service profiles and the creation of an accessibility plan that will contribute to developing more accessible programs for clients.

Effectiveness: The goal here is to identify outcome measures for all programs in hopes of determining the extent to which MCFD services are achieving our intended results. The Regional Plan proposes establishing working groups for each program area to develop a specific measure for each. Other tools include a review of how other jurisdictions measure program effectiveness, the involvement of contract service providers, staff training and pilot programs.

Efficiency: This dimension of quality seeks to use resources as efficiently as possible while providing optimal services to children, youth and families. Vancouver Coastal will identify, analyze and periodically review costs in order to provide cost effective, high quality services.

SECTION II: PRACTICE IN THE COMMUNITY CONTEXT

This section describes significant community characteristics and factors that contribute to the practice context of the Vancouver North Family Services Team (RFJ).

4. SERVICE AREA OVERVIEW

a) Geographic:

Vancouver is bordered on three of its four sides by bodies of water. Vancouver's southern boundary begins on the north bank of the North Arm of the Fraser River, and the city is bounded by the Georgia Strait and the Burrard Inlet on its west and north sides respectively. The Fraser River, Canada's fifth largest river system, begins its 1400 kilometer trek to the ocean in the Rocky Mountains, draining an area of 231,000 square kilometers, or about a quarter of the entire province. The Fraser River splits into two arms slightly west of New Westminster, and, where the river delta meets the Pacific Ocean, a distance of 37 kilometers separates the North from the South arm of the river. At its northernmost point, where Vancouver's downtown area grew up around the city's historic harbour, the Burrard Inlet narrows to little more than a kilometer. On the Inlet's North Shore, the Coast Mountain Range towers above at heights of well over 1,200 meters (4,000 feet). East of Vancouver's harbour the Burrard Inlet branches into a fjord, called Indian Arm, that extends 30 kilometers north by northeast of the city.

Situated at about the mid-point of the West Coast of North America, Vancouver's history and development are intimately related to its location as a gateway to Asia. Today Vancouver's Airport, on Lulu Island in the Fraser River Delta, is one of the busiest for transpacific air travel on the West Coast.

b) History and Demographics:

Three different First Nations resided in the general area of Vancouver when Europeans began settling the Vancouver area in the early part of the 19th Century. The Musqueam people lived along the North Arm of the Fraser River. The Kwantlen had villages in the general area of what is now New Westminster, 10 kilometers southeast of the City. The Squamish had small communities along the northern shoreline of the city, including communities in the Stanley Park

and Kitsilano areas, as well as larger settlements across the Inlet in what is today North Vancouver. As Vancouver grew, the natives lost more and more of their local land. The Musqueam people were the only First Nations Band to retain land within Vancouver proper.

The Port of Vancouver has long been a key part of British Columbia's economy. Vancouver has acted as a gateway for people and products entering and exiting Canada and the North American continent. B.C.'s coal, lumber and fish, wheat from the Canadian prairies, and minerals from BC and elsewhere in Canada have left for foreign markets from Vancouver's port. Products from other countries have similarly entered Canada and North America through this port.

Demographically, Vancouver's population differs in significant ways from Provincial norms. Recently released Stats Can 2006 Census figures provide relatively current data that illustrates these differences. There are approximately 103,000 children between the ages of 0 to 19 in Vancouver. Proportionately, children comprise about 17.8% of the city's total population, as compared to about 23.1% for BC as a whole. Vancouver has approximately 23,600 single parent families, about 81.5% of which are headed by females. Vancouver has more households containing a married or common law couple without children than households containing a married or common law couple with children. A large portion of the city's population has never married (42.7%) and a comparatively large portion of the population is between the ages of 25 and 44 years of age (35.5% of the city population versus 27.3% of the BC population as a whole). Prohibitive housing costs may be one cause of the lower proportion of children to the population as whole in Vancouver. Many young families find Vancouver's housing market unaffordable.

Today, Vancouver is home to a large immigrant population. The Stats Can 2006 Census figures underline this fact. Only slightly less than half of Vancouver's population, about 261,000 people, or 45.6% of the population are immigrants. This compares with a provincial average of 27.4%. Slightly more than half of Vancouver's immigrants arrived after 1991. Thirty-two percent of the city's population speaks a 'non-official language' (i.e. other than English or French) in the home, compared with 15.6% for BC as a whole. Vancouver's three largest visible minority populations are Chinese (29.4% of total population), South Asian (5.6% of total population) and Filipino people (5.0% of total population). These three groups comprise 78.5% of Vancouver's visible minority population. However, there are many other large groups of visible minority immigrants including Southeast Asian, Japanese, Korean and Latin American.

Vancouver's workforce tends to be more highly educated than that of the Province as a whole. Almost 33% of the Vancouver's population aged 15 years and over has a university degree, certificate or diploma, versus about 19% for the Province as a whole. Conversely, in comparison with the Province as a whole, Vancouver has proportionately fewer people aged 15 years or over who have an apprenticeship or trades certificate or diploma (10.8% versus 6.3%).

Vancouver has a service-based economy. The Stats Can Census indicates that almost 65% of the total workforce works in the private services industries, such as retail trade, finance and real estate, business services or 'other' services. After these private services, the largest area of employment is public services, where almost 10% of the workforce is employed.

Median income for two parent families with children in Vancouver is about \$70,000 according to the 2006 Census. However, the median income for a female lone-parent family in Vancouver is about \$35,000 per year. Shelter costs are a large portion of a Vancouverite's expenses. The

median monthly payment for a rented dwelling is \$825, while owner-occupied dwellings require monthly payments of \$958.

The geographic boundaries for the RFJ Team include the original town site of Vancouver, now called the Downtown Eastside, the historic centre of the city, as well as the traditionally working class areas of Vancouver's Eastside. With the end of much of the blue collar employment in Vancouver these neighbourhoods have changed over the last ten years. While they still include a higher proportion of lower income peoples than the Westside of Vancouver, significant numbers of professionals, government workers and childless couples have moved into the area, altering its complexion. The Downtown Eastside itself, once characterized by beautiful, if dilapidated brick hotels and buildings, is now one of the busiest construction sites in the city, with a number of large new condominium developments under construction.

With the three levels of government making huge infrastructure investments due to the upcoming 2010 Olympics, and with intensive real estate development spurred on by these investments and relatively inexpensive mortgages, the architectural landscape of the city is rapidly transforming.

c) Service Delivery:

The cities and towns of Vancouver, Richmond, North Vancouver, Pemberton, Squamish, Sechelt, Gibsons, Powell River, Bella Bella, Bella Coola, and Klemtu comprise the Vancouver/Coastal Region. The management structure for the Region includes a Regional Executive Director (RED), a Director of Operations, a Director of Integrated Practice, a Deputy Director of Integrated Practice, a Manager of Service Quality, a Manager of Contracts & Resources, a Manager of Youth Services, a Manager of Child & Youth Mental Health Services, and five Community Services Managers.

RFJ is a Family Services Team providing ongoing protective and support services to families and children in the 'Vancouver North' section of Vancouver, a subsection within the Vancouver/Coastal Region of the Province of British Columbia's Ministry of Children and Family Development (MCFD). The 'Vancouver North' section of Vancouver includes five MCFD offices: an 'Intake' office, (RFK); two 'Family Services' offices, (RFJ and RFD); a 'Family Development Response' office, (RFH); and a Guardianship and Adoption Team (RFL).

An assigned Community Services Manager (CSM) oversees the delivery of child protection services for the whole 'Vancouver North' section of Vancouver. The Team Leader (TL) for RFJ reports to the CSM in regards to administrative issues, financial decisions, personnel matters, and matters relating to Placement Review Committee (PRC) approval. The PRC reviews all admissions to care whether through a removal or a voluntary admission to care. The PRC also reviews placements of children, requests to extend court orders or Voluntary Care Agreements or Special Needs Agreements (SNA), and decisions to apply for Continuing Custody Orders. The Social Worker (SW) and the TL present the case to the CSM and at the end of the PRC meeting, the CSM, who is the chairperson, signs a form confirming her decision and the form is then placed on the respective service files. The CSM has an office co-located onsite at the RFJ Team office, and is administratively responsible for all services delivered by the RFJ Team.

There is also a Child Welfare Consultant assigned to assist Social Workers at RFJ with the management of complex cases and with Comprehensive Risk Assessments. The Child Welfare Consultant serves as additional clinical support but does not carry out a supervisory role.

The RFJ Family Services Team receives new files from the RFK Intake and Investigation Team. The RFK Team sends files to the RFJ Team after completing an investigation in which there was a finding that a child was 'in need of protection' and that the family will require ongoing protective services.

After the completing a Comprehensive Risk Assessment, the RFK Team Leader contacts the RFJ Team Leader and arranges to transfer the family's file to RFJ for ongoing protective family services. The RFK Team may also transfer files to the RFJ Team when there is a need for ongoing supportive services, although the RFJ Team Leader informed the auditor that this does not happen often.

Once the RFJ Team has received the family's file, SWs at the RFJ Team provide ongoing protective family services, support services to children and families and guardianship services to children in care. The SWs at the RFJ Team conduct investigations when a new intake is received on cases already opened at the RFJ Team. The RFJ Team performs several functions, including intake and investigation, supportive family services, protective family service, guardianship services, and home studies related to out of care alternatives for vulnerable children. These out of care alternatives include Kith and Kin Agreements and placing children in the custody/care of another person under the Director's supervision as per S. 35 (2) (d) and S. 41 (1) (b) of the Child, Family and Community Service Act (CFCSA).

i) Residential Services

All decisions concerning children coming into MCFD's care in the Vancouver/Coastal Region as planned admissions are discussed at the Placement Review Committee before the child is brought into care. In cases requiring emergency placement, SWs discuss the case with their TLs, who in turn obtain verbal approval from the CSM.

Child care resources for the area are managed by the designated Resources Team Manager and are coordinated from a centralized Resources Office. Social workers on the RFJ Team access a placement by contacting either the liaison Resource Worker for a planned admission to care or, in an emergency, the Intake Worker on the Resource Team. Once the Resource Worker locates an appropriate and available placement, the child's SW assumes responsibility for placement and for providing the caregivers with the essential information about the child.

Child care resources utilized by the RFJ Team include a variety of family care homes (i.e., Levels 1, 2 & 3). Restricted and other homes may be located by the SWs at the RFJ Team. When in need of a placement, SWs at the RFJ Team may initiate a preliminary home study for an individual child or sibling group. The home study includes a home visit with the proposed caregiver(s) and up to three reference checks as well as criminal record and police checks. With the approval of the CSM, a child can be placed in a restricted home for 60 days while a Resource Worker completes the home study. When a resource is requested by the RFJ Team, every effort is made to place the child within the catchment area. However, situations arise occasionally when it is necessary to utilize placements outside of the RFJ Team's catchment area, and in such situations, staff work collaboratively with the receiving region.

The RFJ Team has a designated Resource Liaison SW that RFJ workers contact to plan for non-emergency placements and to consult with on Resource matters. For emergency placements, the SWs contact the 'intake' Resource SW for assistance. There is a designated SW to contact for respite placements.

ii) Out-of-Care Options

Children in need of protection who are not in care, but who are listed on an open Family Service file, can be placed for a limited amount of time with a non-ministry caregiver under the following sections of the Child, Family and Community Service Act (CF&CSA):

- Section 8 – Agreement with Kin or Others
- Section 35(2)(d), 41(1)(b), 42.2(4)(a), 42.2(4)(c), and 49(7)(b) – Agreement with a person who has interim or temporary custody of a child.

Under Section 8 of the Child, Family and Community Service Act (CF&CSA), “Agreements with a Child’s Kin and Others”, a parent can arrange for a child to live with a relative or a person with a significant relationship or cultural or traditional responsibility to the child, with the financial support of the Director. An agreement may be made when an assessment indicates that the ongoing involvement of the Director is necessary to support the living arrangement. The intent of the agreement is to:

- use and build on existing strengths and capacity within families and communities to provide the least disruptive living arrangement when a parent is temporarily unable to care for a child;
- assist parents in finding and using family or community-based living arrangements other than foster care;
- enable a Director to financially support the child’s living arrangement with the child’s kin or significant person chosen by the family.

According to the TL at the RFJ Team, most children are in traditional MCFD-contracted foster placements when their file arrives, but a few children are in out-of-care placements when their files are transferred to the RFJ Team. According to data available on the provincial MARS data base, in July 2008 the RFJ Team had three children residing in out-of-care placements. In total there were 37 ‘in-care’ placements at the RFJ Team at the time the audit began.

5. STAFF TRAINING and RFJ SPECIAL PROJECTS

a) Staff Training and Educational Background.

In the course of completing this audit, each of the team members at RFJ identified those Ministry training programs, designed for Child Protection SWs (SW’s), which they had completed up to the date that the audit began. This information is outlined in the table below for each SW at the RFJ Team.

| Ministry Training Programs | | | | | | | | | |
|-------------------------------|---|---|---|---|---|---|---|---|---|
| CPW Training Program (core) | X | X | X | | X | X | X | X | X |
| ASIST Training | X | X | X | X | X | X | X | X | X |
| Family Development Response | | | X | | X | | | X | X |
| Clinical Supervision Level 1 | X | | | | | | | X | |
| Clinical Supervision Level 2 | | | | | | | | X | |
| Risk Assessment | X | X | X | X | X | | X | X | X |
| Advanced Risk Assessment | X | X | | X | X | | X | | |
| Cultural Awareness | X | | | X | X | | | X | X |
| Integrated Case Management | | | | | | | | | |
| Investigative Interviewing | X | | X | X | X | | | X | X |
| FAS/E and NAS/E | | X | X | X | X | | | | X |
| Looking After Children | X | X | X | | | | | X | |
| Substance Misuse | X | | X | X | | | | | X |
| Youth Alcohol & Drugs | | | X | | | | | | X |
| Arete Violence Prevention | | X | X | X | | X | X | X | X |
| Youth Services/Agreements | | | | | | | | | |
| Interviewing re: sexual abuse | X | | | | | | | | X |
| District Supervisor Module 1 | X | | | | | | | | |
| District Supervisor Module 2 | | | | | | | | | |
| Leading the Way | X | | | | | | | | |

In addition to the training listed above, RFJ Team members have completed a number of other MCFD sponsored educational and training courses, including domestic violence training, parent-teen mediation, occupational safety and health training, early childhood development, child care subsidy training, parenting and mental health, support services for sexually exploited youth and first aid training, among others.

Social Workers at the RFJ Team have also had job experience in a number of fields related to child welfare work. Some of the related fields include mental health, income assistance, advocacy work for abused women, immigrant services, services for people with developmental disabilities, and child development work.

Social Workers on the RFJ Team have completed a number of different types of educational degrees. All the workers have multiple degrees. Seven workers have Bachelor of Social Work degrees, and one has a Master of Social Work degree. Two SWs have Bachelor of Art degrees in Psychology, and three others have Bachelor of Art degrees but did not specify the area of the arts they had studied. One worker also has a Teaching Certificate.

b.) Special and Ongoing Projects

The TL on the RFJ Team contributes to a number of committee meetings and special projects. The TL attends a number MCFD projects that aim to address practice issues. The TL also collaborates with a number of community organizations by serving as an MCFD participant in community meetings. The TL at the RFJ Team is the MCFD Liaison for a large community centre that provides a number of recreational programs and social services to families and children located in Vancouver's Downtown Eastside neighbourhood. The TL attends regular meetings with an organization serving HIV positive women living in Vancouver. Beginning in September 2008, the TL will be the MCFD liaison with a number of schools to provide them with a regular MCFD contact for consultation and information. The TL is partnered with a Supervisor

at the Ministry of Housing and Social Development. The TL and this Supervisor provide information to one another and help their workers interact effectively with each other's organizations.

The TL attends regular PACE Committee meetings that focus on promoting positive attachments for children with their biological and foster parents. The TL takes part in ongoing MCFD meetings around planned changes within MCFD through participation in the Transformation Council for Vancouver. The TL promotes SW practice in the region by taking part in the Vancouver North Best Practices Committee, which is chaired by the CSM and includes all the Vancouver North TLs and a senior SW from each office. The TL also participates in the 'Access Committee for Vancouver North', a committee that is trying to set area guidelines around access visits for parents following the removal of their child(ren).

6. SUPERVISION/CONSULTATION

The TL on the RFJ Team provides ongoing casework supervision for all SWs on both a formal and informal basis. The TL provides informal supervision via an 'open door' policy whereby all workers can access supervision on an 'as needed' basis. 'Informal' consultation usually seeks to answer an immediate question regarding a specific case. All workers are invited by the TL to ask any and all questions related to their practice and the children and families they are working with.

The TL provides formal supervision by meeting with each worker at pre-arranged times and at key points in case planning. The TL prints the SW's full caseload report and discusses each case with the SW. The pre-arranged structured supervision is an opportunity for the SW and the TL to conduct a full review of each case. The TL and SW review how the family has progressed towards previous goals, and the use of services by the family. Past planning is also reviewed. For a child in care, the SW and TL review such things as the child's emotional, physical, developmental, and educational growth; progress towards any previously set goals; contact between the child and her or his family; and progress on any prospective adoption proposals. The SW's contacts with a child in care are reviewed. New 'to do' lists are created and future goals and actions are canvassed and discussed. The TL estimates full supervision with senior workers occurs every four to six weeks, depending on how busy the SW's caseload is at any given time. With newer SWs formal supervision happens on a weekly or biweekly basis.

The TL works closely with SWs at RFJ with each investigation on an open file in the office. Consultation and planning occurs at a number of points in the investigation process. After receiving a child protection report, the SW meets together with the TL to assess the appropriate type of child welfare response and the response time. It is a policy at the RFJ Team that the SW must consult with the TL prior to going out on a new child protection report. Together, the SW and TL develop an investigation plan that specifies who the SW needs to interview and who the SW needs to contact to gather collateral information. Specific requirements, for example a medical examination or a police background check, may also be included, if warranted. This plan is included on a form attached to each child protection investigation record and placed on the file. Consultation with the TL is ongoing during the investigatory process after the key interviews have taken place and after the collateral information has been received. The TL consults with the SW on each child protection investigation prior to the completion of each risk decision point. The TL tracks all open investigations at the office with an 'open investigations at RFJ' form.

Consultation occurs prior to each court hearing where the SW is seeking an order. The Placement Review Committee (PRC) is part of all court planning, and so each new court date is reviewed ahead of time with the CSM as well as the TL. The TL reports that in particularly complex cases, the Child Welfare Consultant may also be part of the planning process. The TL also attends court on a regular basis, though not every time, to support SWs at the RFJ Team. The TL does attend each Rule 2 Court Conference together with the assigned SW. The TL also participates in all court planning between the SW and the contracted MCFD lawyers.

The TL tries to ensure she is always available for consultations. She always carries a cell phone when she is away from the office, and answers all calls. If she is somewhere where she cannot be reached (e.g. at a hospital meeting or on a 'flex' day) she encourages the SWs to call the CSM or another of the TLs in the Vancouver North area. When the TL is on vacation, the 'acting' Team Leader responsibilities fall to one of three senior workers on the team.

The TL also assists workers with career development and planning advice. Training opportunities are explored during consultation meetings. The TL completes regular appraisals for SWs at the RFJ Team. The key tool for career planning is the Employee Performance and Development Planning [EPDP], and the TL completes these with each SW. The TL reports that all appraisals and EPDPs are up to date at the RFJ Team. The TL also reported that workers at the RFJ Team have a variety of aspirations within MCFD: some want to become Team Leaders, while others are interested in working in the area of Family Development Response. The TL reports she strives to support her SWs in their goals. The TL tries to provide opportunities to 'act' as the Team Leader for all SWs at the RFJ Team who have sufficient experience. The TL ensures that proper supports are in place to support SWs who are acting for the first time. These supports include ensuring senior SWs at the RFJ Team are not on vacation during these periods.

In turn, the CSM provides ongoing supervision and consultation for the TL at the RFJ Team on an 'as needed' basis. The CSM meets with the TL for consultation at regular biweekly Placement Review Committee meetings. The CSM meets at the RFJ Team's office with the TL for formal supervision about once every two months. They review the TL's training opportunities. The CSM is also available by phone when needed.

A further source of consultation at the RFJ Team is the Regional Director's Office. A Child Welfare Consultant is available to the TL and SWs at the RFJ Team to assist with all aspects of planning as needed.

7. INTAKE AND TRACKING SYSTEMS

At RFJ, SWs share 'duty' responsibilities, dividing the month up equally among the eight SWs. The Duty SW receives all new calls related to open Family Service files at the RFJ Team if the assigned SW is absent or away from the office.

Duty calls originate from a number of different sources. Parents, foster parents, children in care (CICs), or professionals and institutions working with the children and families may call MCFD with child welfare concerns. The duty worker takes these calls when the regularly assigned worker is away or out of the office due to visits, meetings, illness, or vacation time. When the call is urgent, the duty SW consults with the TL and responds as required. If the decision is to open a new report on the MIS system, the duty SW is responsible to enter the report, complete

the 'Prior Contact Check' (PCC) and begin the investigation as needed. Many calls do not require an immediate response, and in these cases the duty worker writes a message to the assigned SW, or, if it pertains to an open investigation, the duty worker writes the information directly into the electronic record.

Each morning, office administration workers check whether the RFJ Team has received any new After Hours memos. New After Hours memos are routed to the TL, the Screener/Duty Worker and the assigned SW when the memo concerns a child who has a pre-existing file with the RFJ Team. After consultation with the TL, any memo requiring an immediate response is pursued by the assigned SW or by the Screener/Duty Worker. A tracking system is in place for all Intake calls/After Hours memos and they are given priority depending on the determined response time.

New Family Service (FS) and Child Service (CS) files arrive at the RFJ Team through an Intake and Investigations Team following the completion of a Child Welfare report, or by a transfer from another Family Service office, after a family they serve relocates to the RFJ Team's catchments' area. When an investigating SW finds the child in need of protection, or when the SW believes the family needs ongoing supportive social work, the file can be sent to the RFJ Team. A 'File Transfer' request form is sent from the Family Services office to the TL at RFJ alerting her of the need for the transfer. When the child has been found 'in need of protection' the SW must complete a full Comprehensive Risk Assessment prior to transferring the case to the RFJ Team. The TL at the RFJ Team then considers such variables as the size of each worker's caseload and the appropriate matching of the child's needs with the SW's interests, abilities and experience, in order to decide which worker to assign the child's file to. The RFJ Team has a 'transfer meeting checklist' to ensure all the main issues are reviewed together with the parent(s) and the SW from the Intake and Investigations Team prior to the file's arrival.

As mentioned in Section 6 above, the TL tracks open FS and CS files in the office by meeting with the SWs and conducting regular full reviews of all aspects of their work with the family. Past goals, ongoing court matters, future goals, and the child's life (placement, school, sibling and family relationship and peer relationships) are reviewed. The TL keeps her own file notes on each child.

The TL has an extensive array of tracking systems in place to monitor workload, compliance to service standards and the progress in planning for each child. Files transferred in and out of the office are tracked separately by file name and transfer date in an In/Out Logbook kept specifically for that purpose. The TL makes use of the Case Management Reports on the MIS system to track the different types of files on RFJ workers' caseloads. When a new file arrives at the RFJ Team it first goes to the TL for a full review of the file. After finishing the review, the TL sends an e-mail to the assigned SW that contains a number of comments about the file and a number of tasks that the SW needs to complete. The TL shared an example of this document with the auditor, and it was very complete. It included relevant questions regarding the legal process, assessments and documents that needed completion by the SW, and important family and medical information, as well as information related to previous MCFD contact with the family.

As well, the TL tracks FS files by using a 'Family Service File Checklist'. This document includes basic information such as the names and birth dates of parents and children, a brief summary of the child welfare concerns, the date of the completion of the current Comprehensive Risk Assessment (CRA) and Risk Reduction Service Plan (RRSP) and the review dates for both, the status of current court involvement, the services in place, and the current long-term plan for the

family. A similar form, a 'Child Service File Checklist', tracks the CS file with a slightly different set of information. Some of the same information is included (services in place, the status of current court involvement, and basic information on the child and family), as well as additional information related to the child's medical status, the completion of medical exams, the completion of assessments, and whether the public trustee has been alerted are all also on this form. The TL also has a tool for tracking ongoing Court related work in the office. This document lists the family name, the Court Order or Care Agreement, the expiry date, the plan and the assigned SW's name. This same form is also used to track respite care support and parental capacity assessments.

8. STAFFING AND WORKLOAD

a) Office Structure / Staff Complement.

Currently the staff at the RFJ Team includes one Team Leader, seven regular Social Worker positions, one Social Worker who has recently returned to work at MCFD and has only begun to take files, and Office Administration staff. Each SW at the RFJ Team is currently fully delegated. The Office Administration staff includes two full time workers, both of whom have worked at the RFJ Team for an extended period of time. .

The RFJ Team has a high level of stability. Five of the workers at RFJ (including the Team Leader and four Social Workers) and both Office Administration workers, have worked at the RFJ Team for at least. The current TL has been the acting Team Leader at the RFJ Team

b) Current Workload

The RFJ Team had 100 Family Service (FS) files and 37 Child Service (CS) files open at the time the audit sample was drawn. Excluding the returning SW, who had only just begun work and so did not have a significant caseload, caseload sizes on the Team ranged from 9 to 19 for FS files and 2 to 9 CS files. The median FS caseload size was 15 at the time the audit began, while the median CS caseload size was five. Overall, average caseload size on the Team for FS and CS combined was 20 files.

9. ABORIGINAL SERVICES

With the recent re-organization in the provision of services in the region to Aboriginal peoples, the Vancouver Aboriginal Child and Family Service Society (VACFSS) provides almost all child and family services, both protective and non-protective, to Aboriginal people living in Vancouver. VACFSS does not serve Metis peoples or Aboriginals from the Musqueam First Nation. The RFJ Team may serve Musqueam people, Metis people and Aboriginals who do not wish to be served by VACFSS. The RFJ Team has designated one worker to take Aboriginal files, but at the time of this audit, there were no Aboriginal families on her caseload.

SECTION III: CASE PRACTICE REVIEWS

10. AUDIT SAMPLE

On July 10, 2008, immediately prior to the commencement of this case practice audit, a Caseload Management Report showed that the RFJ Team had 100 Family Service (FS) files and 37 Child Service (CS) files open. By using the same method to gather statistics on closed files, in the six months preceding the audit, the RFJ Team had closed 20 FS files and 6 CS files.

As noted in the Terms of Reference letter sent to the CSM and TL on May 16, 2008, the audit sample size included a minimum of 20-25% of open and closed Family Services (FS) files and a minimum of 20-25% of open and closed Child Service (CS) files. The auditor randomly selected:

- 23 Family Service (FS) files currently open at the RFJ Team.
- 5 Family Service (FS) files closed at the RFJ Team during the past 6 months.
- 9 Child Services (CS) files currently open at the RFJ Team.
- 2 Child Services (CS) files closed at the RFJ Team during the past 6 months.

The above sample was drawn using the current Caseload Management Reports (CMR's) for the RFJ Team from the MIS and the MARS computer systems. Individual cases were then randomly selected for auditing. Each caseload had between 9 and 19 FS files and between two and 9 CS files open on their caseloads. A selection of these open files together with additional closed files (FS & CS combined) were then randomly selected from each worker's caseload, based proportionally on the relative size of the various caseloads. Between 3 and 6 FS files, and 1 or 2 CS files, were selected from each SWs caseload.

11. CRITICAL MEASURES AUDIT TOOL - CHILD & FAMILY SERVICE STANDARDS

| | | |
|---------------------|---|---------------------------|
| DATA SUMMARY | Office Code: <u>RFJ</u> | Total Number of Cases: 28 |
| Rating Definitions: | | |
| C | Full compliance to the standard | |
| PC | Partial compliance: The intent of the standard is met but significant practice issues have not been addressed | |
| NC | Non-compliance to the standard's criteria requirements | |
| NA | Not applicable to the standard being measured. | |

| | CRITICAL MEASURES | C | | PC | | NC | | NA |
|--|---|-----|--------|----|------|----|-------|----|
| | | # | % | # | % | # | % | # |
| 1 | Screening and Best Approach to Service Delivery CFS Service Standard #1 & #12 | 28 | 100.0% | | | 0 | 0.0% | |
| 2 | When a Child is at Immediate Risk of Harm CFS Service Standard #11 & #13 | 17 | 94.4% | | | 1 | 5.6% | 10 |
| 3 | Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Service Standard #12 | 28 | 100.0% | | | 0 | 0.0% | 0 |
| 4 | Family Development Response CFS Service Standard #14 | 0 | 0.0% | | | 0 | 0.0% | 28 |
| 5 | Determining the Time Frame to Begin an Investigation CFS Service Standard #16 | 28 | 100.0% | | | 0 | 0.0% | 0 |
| 6 | Conducting a Child Protection Investigation CFS Service Standard #16 | 26 | 92.9% | | | 2 | 7.1% | 0 |
| 7 | Seeing and Interviewing the Child and Family CFS Service Standard #16 | 26 | 96.3% | | | 1 | 3.7% | 1 |
| 8 | Concluding a Child Protection Investigation CFS Service Standard #17 | 25 | 89.3% | | | 3 | 10.7% | 0 |
| 9 | Concluding an Investigation in a Timely Manner CFS Service Standard #17 | 18 | 64.3% | | | 10 | 35.7% | 0 |
| 10 | Developing and Implementing a Plan to Keep a Child Safe CFS Service Standard #18 | 24 | 96.0% | | | 1 | 4.0% | 3 |
| 11 | Reassessing a Plan to Keep a Child Safe and Ending Family Service Response CFS Service Standard #18 & #21 | 22 | 81.5% | | | 5 | 18.5% | 1 |
| 12 | Notification of Fatalities, Critical Injuries and Serious Incidents CFS Service Standard #25 | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 28 |
| 13 | Supervisory Approval CFD Standard on Supervisory Consultation & Approval | 28 | 100.0% | | | 0 | 0.0% | |
| Total Applicable Indicators: 293 (NA Ratings Not Included in Count) | | 270 | 92.2% | 0 | 0.0% | 23 | 7.8% | 71 |

= Number of applicable cases %= Percent of total

SAMPLE CHARACTERISTICS & NARRATIVE SUMMARY- CHILD AND FAMILY SERVICES

Of the 28 FS files selected in the audit sample, 21 were headed by single parents (this does not include partners who were occasionally or briefly in the home). Three of those single parents were male and 18 were female. Of these 28 family files, 18 had a single child in the home at the time of the involvement. Three of the families in the sample had four children, four families had three children, and three families had two children in the home.

The 28 FS files audited had been open continuously as Family Service files from three months to as long as six years and seven months. The average length of time a file has been open at the office was two years and three months. The files audited had an average of between five and six intakes on the record, of which the RFJ Team had completed, on average, two of the intakes. However, the median number of intakes completed on each file at the RFJ Team was one.

This audit reviewed 28 Family Service files. Overall compliance to the Child and Family Services Standards was 92.2%. Information for determining compliance to the service standards was based on file documentation. The following narrative summaries briefly explain the rating criteria for each critical measure, and then summarize the audit results for RFJ as a Team.

1. SCREENING AND BEST APPROACH TO SERVICE DELIVERY

Screening is fundamental to determining the best approach to service delivery and depends on collecting detailed information from the caller and reviewing available MCFD sources. The auditor looked for documentation indicating that the Social Worker (SW) gathered sufficient information from the caller on the last completed Intake record to support an appropriate assessment and that the SW reviewed previous MCFD involvement with the family. When the report concerns an Aboriginal family, this measure requires MCFD Social Workers to contact the appropriate Aboriginal service provider or delegated agency.

This measure applies to all Family Service files. This standard was rated compliant in each of the 28 applicable cases (100.0%). It appears that this standard is being fully complied with at the RFJ Team. The designated screener has the required educational qualifications and delegated authority. The screener has also exhibited both experience and competence when assessing a child's or family's eligibility for services in order to determine the best response, and has consistently ensured that these services are coordinated and integrated.

In six of the 28 files audited, the screening function had been completed at another MCFD team. Three were completed by the After Hours Team, two by the Vancouver North Intake and Investigations Team, and one by a MCFD team in another region.

2. WHEN A CHILD IS AT IMMEDIATE RISK OF HARM

In reports where a child is at immediate risk of harm, the auditor looked for documentation that adequate steps were taken to see the child and ensure the child's immediate health and safety, including a safety plan. In circumstances where a child protection social worker was not able to see the child in a time frame that would ensure the child's immediate health and safety, the auditor looks for documentation describing what alternative steps were taken and whether the SW requested another person to initially see and/or interview the child to ensure his/her immediate safety. In keeping with the overriding principle of the CF&CS Act – that the safety

and well-being of children is paramount – this standard reinforces the need to take direct and immediate action to address circumstances where a child may be at immediate risk of harm. These actions are always unique to a child’s circumstances and are often taken in collaboration with other community service providers, such as police.

The placement of this standard before the standard on “Assessing a child protection report and determining the most appropriate response” is purposeful. It provides the opportunity to first take action to resolve immediate safety issues before determining the most appropriate ongoing response (e.g. family development response, investigation, no further action) that best fits the child’s and family’s circumstances.

This standard was applicable to 18 of the 28 files audited. Of these 18 applicable cases, 17 (94.4%) were rated ‘compliant’. The two most frequent reasons for these immediate responses were police incidents involving families receiving services at the RFJ Team (4) and allegations of excessive physical discipline of young children by the caregiver (3). Among other concerns that required immediate responses were reports related to a medical emergency for a child’s caregiver, relapses related to drug use, mental health emergencies, and children being left without caregivers. In all of the cases rated compliant, the Family Service files contained an appropriate determination that the child may be at immediate risk of harm, and upon receiving that information the SW took necessary and sufficient steps to ensure the child’s immediate health and safety.

In the single case rated ‘non-compliant’, a report was appropriately assessed as involving a child at immediate risk of harm, but the SW did not take ‘adequate steps ... to see the child and ensure the child’s immediate health and safety’ as required by this standard. Specifically, when a report indicates that a child is at immediate risk of harm, and for whatever reason, the worker is unable to see the child; this measure requires the SW to request another person to take steps to ensure the child’s safety. Typically, this ‘other’ person includes such people as police, emergency personnel (After Hours), or mental health crisis workers.

3. ASSESSING & DETERMINING THE MOST APPROPRIATE RESPONSE TO CHILD PROTECTION REPORTS

The auditor looked for documentation that demonstrated that the worker assessed the report and determined an appropriate response within five calendar days of receiving the report. An appropriate response takes into account the child’s developmental level and vulnerability, as well as family and community strengths and capacities. The focus of the response is not on process but on achieving the best outcome for the child while promoting safety and minimizing the trauma associated with disruptive interventions. Appropriate responses include:

- conducting a child protection investigation
- referring the family to informal and formal support services
- taking no further action
- providing a family development response
- if the child is a youth, providing a youth service response.

This standard was rated compliant in all 28 files audited (100.0%). This measure applies to all Family Service files containing a completed Intake report. The auditor found that the Section 16 assessment decision to respond by conducting a child protection investigation (28 cases) was fully supported by documentation on the file.

4. FAMILY DEVELOPMENT RESPONSE

A Family Development Response (FDR) audit tool is in the process of being developed; therefore, at this time, this Critical Measure is rated as 'not applicable' on all audited Family Service files.

5. DETERMINING THE TIME FRAME TO BEGIN AN INVESTIGATION.

Following a decision to investigate, the auditor looked for documentation that the time frame for beginning the investigation was appropriate for the report. The auditor also looked for documentation that the investigation was begun within the time frame specified.

Of the 28 applicable cases, ten cases were assessed as requiring an investigation with a five day response time, while 18 cases were appropriately assessed as requiring an investigation with an immediate response time. This standard was rated compliant in all of the 28 applicable cases (100.0%). In all cases rated compliant, the Family Service File contained an appropriate and documented determination about the time frame to begin the investigation, as well as confirmation that the investigation commenced within the specified time frame.

6. CONDUCTING A CHILD PROTECTION INVESTIGATION

This critical measure outlines many of the activities involved in an investigation. These include: documentation that all relevant information relating to the report has been reviewed, documentation that information from people who have relevant knowledge of the family has been obtained, and documentation that the child's living situation has been directly observed.

This standard was rated compliant in 26 of the 28 applicable cases (92.9%). Among the people most frequently contacted by SWs at the RFJ Team to gather further information during investigations were: contracted support workers (eight), school staff (seven), extended family members (seven), doctors (five), and police (four). Others regularly contacted by the SWs during investigations included Mental Health workers, Alcohol and Drug workers, community support organizations, and respite caregivers. The RFJ Team makes good use of community partners in gathering collateral information.

In the two cases rated 'non-compliant', the assigned SW did not document having gathered collateral information, or gathered an insufficient amount of collateral information.

7. SEEING AND INTERVIEWING THE CHILD AND FAMILY

This critical measure requires that the worker sees and whenever possible interviews the subject child, siblings and parents. In families with two parents in the home, both parents must be interviewed. If the child is too young to interview, the SW must view the child and document her observations regarding the child's appearance (apparent health, hygiene, size, behaviour, or bruising, if applicable). The focus of an investigation is on thoroughly gathering and assessing the information about the alleged incident and risks of future harm. Direct interviews with the child and family are essential to the investigation process.

This measure was rated compliant in 26 of the 27 applicable cases (96.3%). In the single file rated 'not applicable', the SW made ongoing and repeated attempts to interview both the mother

and child, The child was subsequently removed. In the single file rated 'non-compliant', the SW did not document interviewing the parents,

8. CONCLUDING A CHILD PROTECTION INVESTIGATION

This critical measure requires the auditor to review, first, whether the decision about the child needing protection is consistent with the facts gathered during the investigation, and second, whether all the necessary steps to ensure the child's safety have been considered and implemented. The decision whether a child needs protection requires a careful and objective examination and analysis of all of the facts, evidence, and professional opinion obtained during the investigation, which either supports or refutes the child's need for protection.

This standard was rated compliant in 25 of the 28 applicable cases (89.3%).

Two of the three cases rated non-compliant involved similar scenarios. In these two cases, a SW from After Hours (AH) went out to assess the home situation together with the Vancouver Police Department's Car 86. In both cases, when they attended the home the SW from AH appropriately found the child at risk and subsequently removed the child. And, in both cases, the SW from the RFJ Team did not complete the rest of the steps required in an investigation. An AH intervention completes the need for an immediate safety assessment; it does not complete an investigation. While occasionally an AH intervention does fulfill all the required steps in an investigation, usually the After Hours SW assesses the child's immediate safety needs and acts on them. When there are no safety concerns, the SW from After Hours sends the District Office a report of what occurred and then leaves it to the assigned SW to follow up on the matter. However, when there are immediate safety concerns, the AH worker must put in place an immediate safety plan. The SW consults with her or his TL and may place the child with an alternative caregiver, put restrictions on who may be in the home, or remove the child. Such interventions do not fulfill the required steps for completing an investigation, all of which still must be completed by the child's regular SW. The third case rated 'non-compliant' involved an investigation into a report of physical discipline of a child. The SW learned that the report concerned incidents that had happened in the past. At the conclusion of the investigation, the SW wrote that, 'there are no current concerns of (under) S. 13 of the Act', but then she went on to find the child 'in need of protection'. The SW could have found the child 'not in need of protection' and the file could still be left open at the RFJ Team on a 'protective' Family Service basis. The finding on a particular intake record does not change the status of the file within the office. To close the file or to change its status to a 'supportive' Family Services file requires changes within the family that are documented through a Comprehensive Risk Assessment.

9. CONCLUDING A CHILD PROTECTION INVESTIGATION IN A TIMELY MANNER

This critical measure requires documentation indicating that child protection investigations were concluded within 30 calendar days.

This standard was rated compliant in 18 out of the 28 applicable cases (64.3%). Of the 10 cases rated non-compliant, four investigations remained open for 31 to 45 days, three investigations remained open from 46 to 60 days, two investigations remained open for 61 to 90 days, and one investigation remained open slightly longer than 90 days. Two of the 10 investigations rated 'non-compliant' on this measure were completed at offices other than RFJ. One of the cases rated 'compliant' was completed at a team other than RFJ. None of the investigations were

hindered by ongoing police investigations that limited the SW's ability to complete their own investigative work.

10. DEVELOPING AND IMPLEMENTING A PLAN TO KEEP A CHILD OR YOUTH SAFE

The auditor looked for documentation of safety planning following a "finding" that the child was 'in need of protection'. This measure does not apply to an investigation that results in a finding that the child is 'not in need of protection'. Safety plans should include an assessment of needs, risks, and strengths, and consider the child's need for stability and the participation of family in keeping the child safe. Full safety plans include time frames for a review of the plan. The most effective plans are those in which the family is actively involved in the decision-making process.

Of the 28 files audited, 25 files, or 89.3%, had investigations that concluded with a finding that the child was 'in need of protection'. In other words, in only three of the files audited was this measure was 'not applicable'.

This standard was rated compliant in 24 of the 25 applicable cases (96.0%). The auditor found that in these cases, the SW took both necessary and sufficient actions to implement a plan for keeping the child(ren) safe and the family service file contained documentation that adequate services and strategies to address the child's safety needs were implemented in a timely manner. The FS file(s) contained a documented plan which adequately addressed the child's safety needs, identified the strengths of the child and family that lessened the risk factors identified, and specified the time frame for a review of the plan.

In the single file rated non-compliant, the SW ensured the safety of the child upon completing the investigation, but did not document a comprehensive protection plan for the family and child. Standards require the inclusion of a detailed planning document, the Comprehensive Risk Assessment. CFS Standard 18 states that 'When a child needs protection,' the SW should 'develop ... a plan that is based on family strengths and risks identified using standardized, culturally appropriate assessment tools.' These tools are the Comprehensive Risk Assessment (CRA) and the Risk Reduction Service Plan (RRSP).

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

The auditor looked for documented evidence that the plan to keep the child safe had been reviewed and updated as appropriate with key players. When ending a protective Family Service response, the auditor looked for documentation that an assessment had been completed that indicated the parents were able to keep the child safe without protection services. A re-assessment of a plan to keep a child safe is necessary when there are significant changes in the circumstances of the child or family, including:

- a. a change in family composition (e.g., a child, youth or adult moving into or out of the family home; a death in the family)
- b. changes of significant support persons or in available resources
- c. a significant change in the physical or mental health of the child or a family member
- d. involvement in criminal activities that pose a risk to the child
- e. re-assessment of risk at regular intervals, and
- f. the receipt of new information indicating the child may be at risk of harm (e.g. After Hours Memo)

This standard was rated applicable to 27 of the 28 cases audited. This measure was found to be compliant in 22 of the 27 applicable cases (81.5%). In general, the RFJ Team appears to reassess risk at regular intervals and at key points over the life of a protective Family Service file. Each of the five closed files also audited contained a full CRA at the time of closing.

Social Workers at RFJ appear to be regularly completing both CRAs and Risk Reduction Service Plans (RRSPs). Each RRSP noted on the files clearly stated goals, the service(s) to be used to attain these goals, and most also included an expected date for completion of the goals. The RRSPs on the file were exceptional for their clarity and concreteness.

The RFJ Team also appears to be using Collaborative Planning and Decision Making strategies as part of the case management process, with some notable successes. In one case, a SW had completed a Family Group Conference (FGC) that included the parents, extended family and the SW and TL a few months prior to a new child welfare report that became a child protection investigation. The plan completed at the FGC became part of the new protection plan for the child.

In another case, the SW used Family Mediation and an FGC at two separate, key points during the planning process.

These are two examples of the preventative and collaborative approach generally used by Social Workers at the RFJ Team.

None of the five files rated non-compliant contained documentation that risk had been reassessed at one of the key points. As mentioned above, risk must be regularly, and when there is a new finding that the 'child is in need of protection', when the file is closing, and at a number of other points of significant change within the family. Of the files rated 'non-compliant', one had two protection findings following investigations, both of which occurred in 2005, but in neither case did the SW complete a full CRA following the finding. On one file, the SW did complete a CRA at the time she closed the file, but the file did not contain a completed CRA or RRSP over a period of approximately three years when the protective Family Services file was open at the RFJ Team. Another file, opened at the RFJ Team in 2006, had five investigations that found the child in need of protection after it was opened at the Team, but contained only a single CRA, dated July 2008, and a single RRSP, dated May 2008. A file opened at the RFJ Team in January 2003 had a number of thorough reassessments of risk, but there was a gap of about 14 months between the two reassessments. Another file rated non-compliant had five investigations that resulted in findings that the children were in need of protection, but risk had been reassessed only one time over the period when these investigations were completed.

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

In cases of death, critical injury or serious incidents involving a child who is receiving services under the CF&CSA or a child who has received services within the past 12 months, the auditor looked for documentation indicating that the Social Worker notified the designated Director. This standard also requires the SW to notify and to offer support to the child's family in a timely way, as well as to inform the Band (when applicable) and service providers. It provides opportunities to objectively review the incidents, as well as receive feedback and to learn from these incidents. It also provides opportunities for the designated director to support individuals,

including staff, who are affected by these events. For the purposes of policy on Reportable Circumstances, a critical injury is defined as a serious injury or condition which may result in the child's death or may cause serious or permanent impairment of the child's health, as determined by a medical practitioner.

As the files did not contain any documented circumstances requiring notification of Reportable Circumstances to the designated Director, this standard was assigned a rating of not applicable (NA) for all 28 cases audited.

13. MANAGEMENT AND SUPERVISORY CONSULTATION

During this audit the auditor looked for documentation that reflected consultation with a supervisor (TL) or a manager (CSM) at all critical points in the management of the FS files: assessing reports, deciding on a response time, conducting and concluding an investigation, notifying police, determining a child's need for protection, developing an ongoing safety plan, the court process, removal of a child, placement of a child, reunification, and transferring responsibility for or ending a family service response. This standard requires that persons who provide services to children and families under the CF&CSA receive supervisory consultation on a regular basis. The intent of Supervisory consultation is to:

- support decision making consistent with statutory requirements, ministry service standards, policy and protocols
- provide accountability
- reflect a commitment to fulfilling delegated responsibilities and good practice
- create opportunities for providing workers with feedback, guidance and support.

Consultation involves a delegated worker and his or her TL. When possible, consultation takes place in person. Where circumstances require an immediate decision and an in-person consultation cannot be arranged in a timely manner, consultation may take place through phone calls or e-mails. Regularly scheduled supervision should occur on the basis of the experience, knowledge and skill of the SW and the complexity of a family's needs.

This standard was rated compliant in all 28 of the cases audited (100.0%). In all of these cases rated compliant, supervisory consultation at specific decision points was clearly documented by the assigned SW. In these cases, file documentation indicated that supervision was utilized by the RFJ Team. Each intake had clearly documented consultation with the TL at key decision making points in the process. Furthermore, the auditor noted that consultation involved a review of relevant information and consideration of available options to best meet the needs of children and families receiving services.

PRACTICE STRENGTHS:

The RFJ Team had a high level of compliance on 9 of the 13 measures. Areas of high compliance for the Team included the critical measures associated with screening (CM1), ensuring children's immediate safety (CM2), assessing child protection reports and determining the most appropriate response (CM3), and determining the time frame to begin an investigation (CM5). In each of these measures, which focus on the initial screening, assessment and response times following a report to MCFD, the compliance rating was between 94.4% and 100.0%, with an average of 98.6%.

When information indicates that a child is at immediate risk of harm (CM2), the RFJ Team is responding accordingly and, in coordination with community partners, taking the necessary steps to ensure the child's immediate health and safety. In consultation with their TL, workers the RFJ Team are both assessing the appropriate time frame in which to begin the response, and beginning the response within the time frame decided upon. The Team has a high rate of immediate responses (64.2%), and the SWs were compliant in responding immediately to ensure the child's safety in almost every single report about a child who was assessed as being at immediate risk of harm (94.4%).

The RFJ Team also had high levels of compliance with most of the Critical Measures associated with the investigatory process, such as conducting a child protection investigation (CM6), seeing and interviewing the child and family (CM7), concluding a child protection investigation (CM8) and developing and implementing a plan to keep a child safe (CM10). With the exception of CM9 (see below), the high overall ratings around the investigatory process (93.6% average) speaks to the Team's clear understanding of the expectations as set out in the Standards. Social Workers at the RFJ Team gather further information related to reports from a wide number of sources, including extended family, community professionals, contracted service providers and community service providers. The workers are consistently observing and documenting the condition of the home. The SWs speak with all the members of the family and document the condition of children who are too young to be interviewed. Following a finding, Child and Family Service Standards require SWs to develop and implement a plan to keep the child(ren) safe. The RFJ Team scored high (96.0%) on this Critical Measure (CM10), following through with protection planning after the conclusion of an investigation. The Team also did well on CM11, reassessing a plan to keep a child safe and ending a family service response (81.5%). Each of the CRAs on the files audited included the signature of the parents, indicating that at the very least they were aware of the document's contents, and that they may have contributed to it. This is a practice that is unique to the RFJ Team, to my knowledge, and adds to the transparency of social work practice, as parents are less likely to feel that the SW planned 'behind their back'. This practice can contribute to a collaborative approach with parents, especially when parents actively contribute to the completion of the document.

Lastly, high compliance was found with the critical measure associated with supervisory approval (CM13). A number of systems are in place to ensure that SWs at the RFJ Team routinely consult with their TL at key risk decision points during the investigation process. On each file, workers clearly documented the assessment of the reports which occurs in consultation with the TL. Most intakes also included an investigation plan completed at the commencement of the investigation by the TL.

Social Workers at the RFJ Team put an exceptional amount of time and effort into Collaborative Planning and Decision-Making strategies. These strategies are not directly measured by this audit tool, but do contribute indirectly to planning and encourage collaborative and shared decision-making with the parent(s), the extended family and community supports. Among the 28 Family Service files audited, Collaborative Practice strategies employed included Family Mediation, Family Group Conferences (FGC), and Integrated Case Management meetings. Eight of the files audited had either completed FGCs or were in the process of planning for future conferences. Four files had either completed Family Mediation or documented planning for an upcoming Family Mediation session. Three files documented ongoing Integrated Case Management meetings that included family members, various service providers, and the MCFD Social Worker.

The Collaborative Practice strategies are used in a variety of ways. The auditor noted a number of instances where the Social Workers at the RFJ Team were not using these strategies to respond to crises, but rather to work together with parents and extended families to better support the child and parent. This work can potentially prevent crises from occurring, but at the same time, when a crisis occurs, the family members are alert and aware of a planned response, and emergencies can be dealt with in a calmer manner, with far less trauma for the child(ren) and parent(s). In some cases, children who were in a position where they might have otherwise been removed went to stay with extended family due to planning agreed upon at the FGCs.

All three of the ongoing 'Integrated Case Management' conferences were associated with families and children who were also working together with Mental Health Teams. This is an impressive display of collaboration across disciplines, and this work needs to be noted and commended.

AREAS FOR IMPROVED PRACTICE:

The only Critical Measure to receive less than 80% rating on the RFJ audit was CM9, concluding a child protection investigation in a timely manner. This measure is a difficult one for all Teams in the region to attain, and the 64.3% compliance rating is comparatively high. Only one of the files rated non-compliant was open longer than 90 days, and four of them were open between 31 and 45 days.

While the RFJ Team scored 100.0% on CM1, screening and best approach to service delivery, SWs at the Team are not consistently reviewing and documenting prior MCFD involvement with the family. One of the three criteria on this measure states that the SW must review the information provided by the caller, and 'ministry records and any additional information gathered in assessing whether the child may need protection'. Screeners at the RFJ Team are obtaining 'sufficient information from the caller to support an appropriate assessment' as required by this Critical Measure. However, a single sentence review of each prior intake is the general practice among teams in the Vancouver Coastal Region. The SW can 'cut and paste' from previous file summaries for each new intake, and so only needs to add a single intake each time the file is reopened.

While the RFJ Team did well (81.5%) on CM11, reassessing a plan to keep a child safe and ending a Family Service response, the number of noncompliant ratings (five out of a possible 27 applicable files) suggests that there is some confusion about the circumstances requiring a full reassessment of a protection plan and how that is done. When a child is found 'in need of protection' by an investigation, there must be a reassessment of risk and planning. As well, under a variety of extraordinary circumstances, risk and the case plan should be reassessed (see CM11 above for further details). Also, the SW must reassess risk at regular intervals and when closing a protective Family Service file. There were a number of findings of 'in need of protection' that did not include a completed CRA and RRSP. However, all of the closed files audited did include a full reassessment of risk.

As noted above, other than CM9, the RFJ Team scored high on each of the CFS Critical Measures. The audit generated a number of statistics that may illuminate practice at the RFJ Team. There is a high proportion (64.2%) of the 'immediate responses' to child protection reports by the Team. In five other audits of Family Service Teams in Vancouver, the average applicability of this measure was 44.8%. The RFJ Team also has an exceptionally high rate (89.3%) with completed investigations where there is a 'finding' that the child is 'in need of

protection'. This compares with an average of 68.5% for five previous audits of Family Service teams in Vancouver. However, there was only one file where the rating that the child was 'in need of protection' was considered to be inappropriate, and in that case the SW specifically wrote she had no S. 13 concerns at that time (the report concerned incidents that had occurred in the past). To clarify this point: a finding that the child is 'not in need of protection' does not change the basis of service provision. In other words, the child can be found 'not in need of protection' based on an investigation of a specific allegation and the file can still remain a protective Family Service file. The only method of changing the service basis is to complete a full Comprehensive Risk Assessment, and to demonstrate how the risk has diminished to the point where protective services are no longer needed to keep the child safe.

In three of the 28 files audited, After Hours SWs were involved and, in the course of assessing the child's immediate safety, removed the child from the caregiver. In each of these cases, the intake was closed off either immediately after or shortly after the removal. In none of the three cases did SWs at the RFJ Team continue with the investigation. However, it is important to complete a full investigation even when After Hours SWs have removed a child due to immediate risk to the child. The SW is still under the same requirement to gather further information, to view the home, and to interview all family members residing in the home. This further information may provide information that leads to the return of the child under supervision. This information is vital for planning purposes. It is important to give parents a chance to give their perspective on the situation that led to the removal, and to assess if it is necessary for the child to remain in care.

12. CRITICAL MEASURES AUDIT TOOL – CHILD IN CARE SERVICE STANDARDS

| | | |
|---------------------|---|------------------------------|
| DATA SUMMARY | Office Code: <u>RFJ</u> | Total # of cases audited: 11 |
| Rating Definitions: | | |
| C | Full compliance to the standard | |
| PC | Partial compliance: The intent of the standard is met but significant practice issues have not been addressed | |
| NC | Non-compliance to the standard's criteria requirements | |
| NA | Not applicable to the standard being measured. | |

| | CRITICAL MEASURES | C | | PC | | NC | | NA |
|---|---|----|--------|----|------|----|------|----|
| | | # | % | # | % | # | % | # |
| 1 | Preserving the Identity of an Aboriginal Child in Care CIC Service Standard #1 & CFS Service Standard #20 | 11 | 100.0% | 0 | 0.0% | 0 | 0.0% | |
| 2 | Assuming Responsibility for a Child in Care CIC Service Standard #4 | 11 | 100.0% | | | 0 | 0.0% | |

| | | | | | | | | |
|---|---|----|--------|---|-------|---|-------|----|
| 3 | Ensuring a Child's Safety While in Care CIC Service Standard #5 | 11 | 100.0% | | | 0 | 0.0% | |
| 4 | Ensuring the Rights of a Child in Care CIC Service Standard #6 | 11 | 100.0% | | | 0 | 0.0% | 0 |
| 5 | Involving a Child and Considering the Child's Views in Case Planning and Decision Making CIC Service Standard #8 | 11 | 100.0% | | | 0 | 0.0% | |
| 6 | Maintaining Personal Contact with a Child in Care CIC Service Standard #9 | 11 | 100.0% | | | 0 | 0.0% | |
| 7 | Meeting a Child's Need for Stability and Continuity of Lifelong Relationships CIC Service Standard #10 | 10 | 90.9% | 1 | 9.1% | 0 | 0.0% | |
| 8 | Assessments and Planning for a Child in Care CIC Service Standard #11 | 5 | 45.5% | 6 | 54.5% | 0 | 0.0% | |
| 9 | When a Child is Missing or Has Run Away CIC Service Standard #14 | 0 | 0.0% | | | 0 | 0.0% | 11 |
| 10 | Notification of Fatalities, Critical Injuries and Serious Incidents CFS Service Standard #25 | 0 | 0.0% | 0 | 0.0% | 1 | 100.0 | 10 |
| 11 | Planning for a Child Leaving Care CIC Service Standards #15 & #16 | 2 | 100.0% | | | 0 | 0.0% | 9 |
| 12 | Supervisory Approval CFD Standard on Supervisory Consultation & Approval | 11 | 100.0% | | | 0 | 0.0% | |
| Total Applicable Indicators: 102 (N/A Ratings are Not Included in Count) | | 94 | 92.2% | 7 | 6.9% | 1 | 1.0% | 30 |

= Number of applicable cases

%= Percent of total

SAMPLE CHARACTERISTICS & NARRATIVE SUMMARY - CHILD IN CARE SERVICES

The RFJ audit reviewed 11 Child Service (CS) files. Overall compliance to the Child Service Standards was 92.2%. A further 6.9% of the audit sample was found in 'partial compliance' with the critical measures of the audit tool. Taken together, 99.0% of the files audited were either fully or partially compliant. Overall, the audit found just 1.0% of the files 'non-compliant'.

The children in the sample ranged from about nine months to about 13 ½ years of age. Eight of the eleven children were six or younger. Six children were of European-Canadian ethnicity, three were Chinese-Canadian ancestry, and two were Vietnamese-Canadian. Other than one

child who has been in care five times, eight of the children had previously been in care just one time, and two had not been in care before. the number of placements per child ranged from one to four. The children generally have been in care a relatively short period of time: six have been in care less than six months, two have been in care about one and one half years, one has been in care two years and two months, and two have been in care more than three years. Two of the children are in care through Voluntary Care Agreements, and one was in care through a Special Needs Agreement. The Ministry received Interim Custody Orders in regards to three of the children in care, Temporary Custody Orders in regards to four of the children in care, and a Continuing Custody Order in regards to one of the children in care.

Information for determining compliance to the service standards was based on documentation contained in each file. The following numbered sections provide a narrative summary explaining the rationale behind each measure, followed by a brief summary of the RFJ Team's results on each critical measure:

1. PRESERVING THE IDENTITY OF AN ABORIGINAL CHILD IN CARE

In this critical measure, the auditor looked for documentation indicating whether or not a CIC was Aboriginal. In the case of an Aboriginal child, documentation should include: the name of the Band and/or Community; the child's status and membership number, or application for status; an indication that the worker understands the child's history and circumstances; and a cultural plan for the child. In addition, the worker should look for Aboriginal foster homes for Aboriginal children, provided that an Aboriginal home is available. As well, the child's plan of care should contain evidence of cultural planning, including an indication of how the child's Aboriginal identity is to be preserved and promoted. It is essential to work in collaboration with the Aboriginal community to establish and preserve an Aboriginal child's identity and connection to heritage and culture.

None of the Child Service files audited involved children of Aboriginal descent. However, this standard was rated compliant in 11 of the 11 cases audited (100.0%) because in each case the SW either specified the child's ethnicity or stated that the child was not of Aboriginal descent.

2. ASSUMING RESPONSIBILITY FOR A CHILD IN CARE

The auditor looked for documentation confirming the child's legal status, such as court orders, care agreements, citizenship and immigration documents and an assessment of the child's history, current circumstances, and needs. This measure also requires documentation that indicates the nature and extent of involvement of family members. This standard requires that when a child comes into care, the necessary first steps are taken to determine and understand the nature of guardianship responsibilities to the child. Guardianship responsibilities include:

- understanding family history and current circumstances and needs of the child
- involving the parent(s) and others, including cultural communities where applicable, in the day-to-day care and planning for the child, and
- timely planning and decision making that supports reunification or the development of other plans to fulfill the child's need for stability, permanency, and continuity of lifelong relationships.

This standard was rated compliant in all 11 cases audited (100.0%). It was evident from file documentation that RFJ Team members are making a concerted effort to meet their obligations

when assuming responsibility for a child in care (CIC). A number of the audited files also contained a detailed family background and history. All the files contained information on the child's circumstances and needs at the time they came into care. Each file included the Intake Record pertaining to the child's removal or the signing of the SN/VCA Agreement. Each file included the most recent Court Order and the child's Birth Certificate.

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/her needs, or for a child/youth refusing placement reasonable efforts were made to ensure a placement. File information should also indicate that there is an adequate plan in place to address a child's safety needs. This standard reinforces the overriding principle of the CF&CS Act – that a child's safety and well-being are paramount – and the Director's statutory responsibility to ensure a child's safety. This responsibility includes taking action to prevent harm to the child (e.g., providing training, safety equipment, and supervision) and responding promptly to circumstances where the child's safety may be jeopardized.

This standard was rated compliant in all 11 of cases audited (100%). It is evident from file documentation that RFJ Team members are working in partnership with parents, caregivers, and community partners to honor and respect children's need for physical and emotional safety.

There were no reports regarding children in care being unsafe in their MCFD placement noted on the any of the files audited.

4. ENSURING THE RIGHTS OF A CHILD IN CARE

The auditor assessed the file for evidence that the child's care conforms to the child's rights as defined by Section 70 of the CF&CSA, that the SW has informed the child of the Rights of Children in Care, and 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, the child or youth is informed of these rights and helped to understand these rights, according to the child's or youth's developmental abilities. The review of these rights with the child or youth should occur on a regular basis. For a younger child or a child with developmental delays, the auditor looked for documentation indicating that S. 70 rights had been reviewed with a person who has regular, ongoing contact with the child, or with the child's caregiver. The rights of CICs, as defined by S.70 of the CF&CSA, do not apply to a child who is in a place of confinement, which includes a youth custody centre under the Young Offenders Act or a mental health facility under the Mental Health Act. This standard reinforces the requirement to respect the statutory entitlements of a CIC under S.70 of the CF&CSA.

This standard was rated compliant in each of the 11 Child Service files audited (100.0%).

In each of these cases rated compliant, the respective files contained clear documentation of a regular review by the SW of the Rights of Children in Care together with the CIC. In the case of the children under six years of age, the SW specifically mentioned having reviewed the S 70 Rights with either the foster parent or the parent, as is appropriate.

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 documented evidence that the child and others with a significant relationship to the child were involved as fully as possible in the process, and that any possible barriers to involvement were identified and addressed. The auditor also looked for planning aimed to facilitate the involvement of a CIC in case planning by:

- including the child or youth in all stages of the planning process, according to the child's or youth's developmental abilities;
- consulting with the child or youth in ongoing discussions and planning reviews
- encouraging the child or youth to fully express his or her views, and supporting him or her in doing so;
- including caregivers and others who have a significant relationship to the child or youth, consistent with the child's or youth's views and best interests, and informing the child or youth of all care plans and decisions, according to the child's or youth's developmental abilities.

This standard was rated compliant in all of the 11 cases audited (100.0%).

The involvement of CICs in planning should become more intensive as they age, as long as they have no serious developmental delays. Because of the high proportion of young children in this sample (nine of 11 children were aged six or younger), there were not many opportunities to include the child directly in planning. In these cases SWs at RFJ included caretakers and when possible parents in case planning for the children. On the two files pertaining to older children, which dealt with youths aged 13 ½ and 12 ½ respectively, the completed CPOCs explicitly included documentation of the youths' input in the completion of the plan of care.

6. MAINTAINING PERSONAL CONTACT WITH A CHILD IN CARE

The auditor looked for documentation that demonstrates CICs have private, in-person contact with their SWs as per CIC Standard #9. Frequency of contact with a child is based on his or her level of vulnerability, developmental needs, visibility in the community and is consistent with the goals of the plan of care. The auditor looked for documentation that the SW has private in-person contact with the child at least every 90 days. This standard reflects the importance of developing a meaningful relationship with a CIC. CICs experience many losses when they come into care, which adds to their vulnerability and sense of insecurity. Maintaining regular in-person contact with a CIC contributes to a child's sense of stability and further promotes the child's direct involvement in planning and decision making.

This standard was rated compliant in all 11 of cases audited (100.0%). The level of contact between SWs at the RFJ Team and children in their care exceeds the level set by standards. For example, a SW documented five visits with a child in care over a five month period. Another SW documented four visits with a child over a three month period. One SW documented 11 visits with a child in care over a six month period. One SW documented five visits with a child over a four month period, and noted that in addition she sees the child two to three times per week at the office as the child's visits with the parents take place there.

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. According to CIC Service

Standard #10, throughout the time a child is in care the SW should make it a priority to promote the stability and continuity of lifelong relationships for the child by:

- actively supporting the child in maintaining positive attachments with parents, siblings, extended family, friends, caregivers and others, consistent with the child's best interest;
- making every effort to prevent unnecessary delays in decision making by using collaborative planning and alternative dispute resolution processes to reach agreements on developing and implementing the plan of care;
- reunifying the child with family or extended family, or if that is not possible, developing an alternative out-of-care living arrangement that will provide the opportunity to maintain and develop lifelong relationships; and
- exploring on a regular basis the possibility of reunification with family or extended family.

Promoting and preserving stable, enduring relationships for a CIC is central to maintaining the child's well-being. This standard requires, before actions are taken and decisions are made and throughout the time services are provided for the CIC, that services be viewed in the context of how they will affect the child's relationships. All children have a basic need for stability and continuity of lifelong relationships, including continued or new relationships with immediate and extended family, with peers and with their communities. Children who have this need met have an increased potential for developing meaningful relationships with others into adulthood. This includes relationships with parents, siblings, extended family, friends, caregivers and others with a connection to the child.

This standard was rated compliant in 10 of the 11 files audited (90.9%). Among the many indicators on audited files that RFJ Social Workers are doing a good job supporting and encouraging stable relationships and healthy attachments for children in their care were such things as: regular visitation with parents and extended family and siblings and the placement of CICs together with their siblings.

On the single file rated 'partially compliant', the file documented visits between the child and his mother, but lacked information indicating whether the child visited with his father who had separated from the child's mother. The file contained documentation indicating that the father had played a role in planning, but did not document the status of visits with the father.

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 and a more comprehensive plan of care for a CIC at six months. As well, the auditor looked for information that indicates the plan is reviewed when appropriate and that all necessary changes are made when required. The child's plan of care is a "living document" that is reviewed regularly or as significant circumstances change. The documentation should accurately reflect current needs and goals for the child, as well as the services in place to support them.

A plan of care that promotes the child's well-being and achieves the best possible outcomes must address the following areas:

- health, emotional, spiritual and behavioral development
- educational and intellectual development
- culture and identity

- family, extended family and social relationships
- social and recreational involvement
- social presentation and development of self-care skills related to assuming successful independent functioning, and
- placement needs.

Five of the 11 audited files were rated compliant (45.5%), and the other six (54.5%) were rated partially compliant on this critical measure. Those files rated compliant all contained up to date 'Initial Developmental Needs Service Plans' (IDNSP) or Comprehensive Plans of Care (CPOC). Those files rated partially compliant tended to have completed the initial needs assessment quite late (it is required within 30 days of the child coming into care), or to have missed the completion of a CPOC document. Of the six CS files rated 'partially compliant' on this measure, three of them came from another team (two from the regular intake team, one from another region). Neither of the files arriving from the intake team contained a completed IDNSP. Planning documents by the RFJ team members tend to be detailed and included concrete information about the specific services, goals, and estimated time for completion of the goals.

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

In circumstances where children are missing or have run away, the auditor looked for documentation indicating that the appropriate individuals had been notified, a plan was developed and implemented, and in cases of habitual running away, the plan of care was reviewed and strategies developed to address the behaviour. When a child or youth is missing or has run away, notification should be made as soon as possible to:

- the designated director, if the child or youth is at high risk of harm;
- the child's or youth's parent, unless this compromises the child's or youth's safety;
- other people who may be able to play a role in locating the child or youth.

This measure was not applicable to any of the files randomly selected for this audit. Most of the files audited involved children less than six years of age, and many involved very young children. These children are much less likely to run away from a foster home.

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

In circumstances where there is a death or critical injury of a CIC or there is a serious incident that may affect the immediate safety or health of a CIC, appropriate members of the child's family, the designated director, community service providers, and delegated agencies are all informed of the incident, as per CFS Standard #25.

A critical injury is defined as an injury that may result in the child's death or may cause serious or permanent impairment of the child's health, as determined by a medical practitioner. Serious incidents are circumstances involving a child who:

- is in life-threatening circumstances, including illness or serious accident;
- is lost, missing or continually running away to a situation that places him or her at high risk of death or injury;

- is missing for more than 10 days;
- is a victim of abuse or neglect by an approved caregiver, caregiver's staff or caregiver's child;
- is the victim of abuse or neglect by a care provider or care provider's family in an out of care placement;
- has been exposed to a high-risk situation or disaster which may cause emotional trauma;
- has been involved in crimes of violence or major property damage;
- has been abducted.

This standard was applicable to only one of the 11 files audited. This single file was rated non-compliant. This fits the criteria for the submission of an 'Initial Reportable Circumstances' (IRC) report as a 'serious incident' due to being a 'high risk situation'. There was no documentation noted on the file that an IRC was ever submitted.

11. PLANNING FOR A CHILD LEAVING CARE

The Auditor looked for documentation that appropriate preparation took place for a child in the process of leaving care. Planning should involve the child, relevant family members, caregivers, and other significant persons in the child's life. For a child/youth returning to his or her family after a period in care under a court order, services should be in place to support the child and family. For children who are leaving care to a planned adoption, the auditor looked at all adoption related documentation attached to the CS file detailing preparations for the adoption. For youth 'aging' out of care, the auditor looked for signs that the youth was supported in developing self-care and independence skills and that the youth's capacity for successful living in the community was assessed together with others involved in the youth's plan of care.

This measure was applicable to two of the 11 files that were audited. This measure is not applicable in cases where planning for the child's discharge from care is not actively underway (i.e., if a child is not to return home for six months or more, planning specific to the child's return home is not required).

Both of the applicable files were found compliant (100.0%). In one case, a child was in care a brief period (1 month) through a Voluntary Care Agreement (VCA) to provide her mother respite prior to the birth of another child,

The other file rated compliant also involved a child who came into care through a VCA and returned home to his parent, and the SW had completed a detailed 'Support Services Agreement' which included a detailed ongoing protection plan.

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 developing a child's plan of care. The Child and Family Development Service Standard on Supervisory Consultation and Approval ensures that supervisory consultation is obtained in all significant circumstances and at all key decision points related to service delivery. Supervisory consultation:

- helps to ensure that decisions are consistent with statutory requirements, Ministry

- service standards, policy and protocols
- promotes accountability
- reflects a commitment to fulfilling delegated responsibilities and good practice, and
- creates opportunities for providing workers with feedback, guidance and support.

This standard was rated compliant in all 11 of the cases audited (100.0%). The auditor found evidence of the TL's extensive involvement in planning and case management. This included documentation of consultation with the TL and TL sign-offs and/or involvement in the formulation of an array of planning documents. These documents included CPOCs, Initial Development Needs Service Plans, and Placement Review Forms, among others. As well, e-mails attached to the files and black book notes provided further evidence of the ongoing involvement of the TL in consultations, planning and approval regarding individual children.

PRACTICE STRENGTHS:

The RFJ Team achieved a high level of compliance on all of the measures in the Child in Care (CIC) portion of this audit. The only exceptions were CM9, which did not apply to any of the audited files, and CM10, which applied to only one of the audited files. In fact, the RFJ Team achieved a full 100% rating on each of the audited files on 8 of 12 critical measures. These 100.0% compliance ratings included preserving the identity of an Aboriginal Child in Care (CM1), assuming responsibility for a child coming into care (CM2), ensuring a child's safety while in care (CM3), ensuring the Rights of a child in care (CM4), involving a child and considering the child's views in case planning and decision making (CM5), maintaining personal contact with a child in care (CM6), planning for a child leaving care (CM11) and supervisory approval (CM12). On meeting a child's need for stability and continuity of life-long relationships (CM7), RFJ was found compliant in 10 of 11 applicable files (90.9%) while one file (9.1%) was rated partially compliant. Similarly, on the critical measure for assessment and planning for a child in care (CM8), five of the files were rated compliant (45.5%) and six files were rated partially compliant (54.5%), together the two total the full 100%.

Social Workers at the RFJ Team clearly document their reviews of the Rights of a child in care (CM4) with older children and youth in care, as well as their reviews of these same Rights with significant persons and caregivers, when the child is too young to fully grasp the concepts. The RFJ Team has developed a number of forms to document the completion of specific guardianship responsibilities. The Team has a useful and clear form to document contact between SWs and children in care. Completion of these forms accounts for the high ratings on maintaining personal contact with the child in care (CM6). The SWs at the RFJ Team visit their children in care with great regularity. Visitation of children by SWs exceeded Standards in each file audited, and in some cases surpassed standards many times over.

Social Workers at the RFJ Team were also found to be fully compliant in involving children in case planning and decision making (CM5). Of the open CS files audited, other than two , all the children in care were aged six years or younger. Because of the young age of the child, the workers involved 'caregivers and others with a significant relationship to the child ... in the development and review of the child's plan of care, as consistent with the child's views and best interests', as stipulated in the standards. In both of the files relating to , the SWs involved them directly in planning, and included their thoughts on the CPOC.

In an anomalous outcome originating from the random sample, CM11, 'planning for a child leaving care', applied to only two of the 11 audited files, but both of these cases were rated

compliant. This measure is essential to all the protection work as a good plan needs to be in place to ensure the child's reunification with her or his family is successful.

There is an abundance of documentation of SWs consultation and planning work with the TL on the CS files, including copies of e-mail discussions regarding the cases, TL attendance at key planning meetings, TL signatures on all major documents, and TL attendance at regular Placement Review Committee meetings. As well, the RFJ Team has developed a form to track this consultation, entitled, 'Clinical Supervision on file' that documents each consultation with the TL.

AREAS FOR IMPROVED PRACTICE:

The single applicable file to which CM10, notification of fatalities, critical injuries and serious injuries (Reportable Circumstances) applied was rated as non-compliant (see CM10 above for details). However, as this measure applied to only one of the audited files it is unfair to say that this reflects on general practice within the team.

Critical Measure 8 requires ongoing 'assessment and planning for a child in care'. Standards require 'an initial assessment of the child's needs' 'within a maximum of 30 days of a child coming into care'. A full assessment and written plan of care for a child is required within six months of the child coming into care, with reviews and reassessments at regular intervals thereafter. As can be seen by the high rating on CM8, which is 100.0% when partial compliance and full compliance are combined, SWs at the RFJ Team are completing assessments and planning for children in care. The six files rated partially compliant each had completed either an initial assessment of the child's service needs and/or a Comprehensive Plan or Care (CPOC) or Looking After Children (LAC) document, however, the completion dates were significantly outside the timelines as set out by Standards. In four of the six files the 'Immediate Developmental Needs Service Plan' (IDNSP) was significantly late (two were completed after the children had been in care for about ten weeks and one was completed after the child had been in care for about 12 weeks) or was not completed. In the other two cases rated partially compliant, the first full LAC was completed eight months after the child's file had transferred to the RFJ Team from another region, and in the other case the file contained annually completed CPOCs but no evidence of reviews.

A comprehensive reassessment entails the completion of a full, new CPOC. Reviews are different from full reassessments. A review looks at the last fully completed CPOC and comments on progress made towards fulfilling previous goals and any challenges to the past plan. It may also include revisions or adjustments to that plan. Reviews are often placed on the file chronologically following the most recent full reassessment, dated and co-signed by the SW and the TL. Sometimes reviews take the form of ongoing commentaries written in the margins of the last completed CPOC, each comment dated to separate it from other review comments before it or following it.

13. RECOMMENDATIONS

1. The Community Services Manager (CSM) and the Regional Manager of Service Quality will meet with the members of the RFJ Team to discuss the results and major findings of this audit. To be completed by October 15, 2008.

2. The CSM and Team Leader at RFJ will review the case rating sheets to insure that any cases that received non-compliance ratings in the audit will be addressed and that case management meets current practice standards. To be completed by December 31, 2008.

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| Reed Eurchuk Practice Analyst (A) Vancouver Coastal Region | Date: |
| Larry Peters Manager of Service Quality (A) Vancouver Coastal Region | Date: |
| Sohan Singh Director Integrated Practice Vancouver Coastal Region | Date: |
| Linda McNulty Director of Operations Vancouver Coastal Region | Date: |
| Beverly Dicks Regional Executive Director Vancouver Coastal Region | Date: |