

DIRECTOR'S CASE PRACTICE AUDIT REPORT

FRASER Region

Newton Community Services Team (GDE)

Field Work Completed: February 27, 2006
Report Completed: March 17, 2006

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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 Regional Director's office. Proactive case practice audits of district offices are systemically conducted on a regular cycle. All regions are expected to conduct regional case practice audits in accordance with the Quality Assurance Standards for case practice audits.

2. METHODOLOGY

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

X Critical Measures Audit Tool for Child and Family Service Standards (May 2004)

X Critical Measures Audit Tool for Child In Care Service Standards (May 2004)

SECTION II: COMMUNITY CONTEXT

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

3. SERVICE AREA OVERVIEW

a) Geographic:

The GDE team operates within the following geographic area: from the western boundary at 120 Street, Surrey; to the eastern boundary of 152 Street, Surrey; from the northern boundary to 82 Avenue, Surrey; south to 48 Avenue, Surrey.

b) Demographics:

The Team Leader reports that GDE serves a diverse ethnic population including a very large Indo-Canadian population, a primarily Punjabi-speaking, group. The client base increasingly includes new immigrants from Africa, of Muslim affiliation. Issues presenting within these groups (but not exclusively to these groups) are physical abuse, inappropriate discipline and domestic violence and alcoholism.

The Team Leader has observed a movement of people from Whalley to the GDE area, which also means a movement of prostitution and drugs from the more southern King George area. Cases involving drugs, prostitution and gangs have increased over the past few years.

Other common client issues are those of single mothers with mental health issues: The area has a lot of basement suites and low-cost housing and a second-stage housing facility for women having left domestic violence situations is located in the area. Some of these families locating within the GDE area do come with family service files already open.

Longer term files involve mental health and drug issues. Cases involving inappropriate discipline many times involve one-time responses.

c) Service Delivery:

The GDE Team Leader supervises seven social worker Full Time Equivalent (including three Punjabi-speaking workers) and one office manager, who supervises five additional administrative staff serving the entire building. The Team Leader identified that the issues arising from administrative staff supervision take 20 to 25% of work time and that other building issues have taken up to another 25% of her time in the last 18 months. The Analyst identified this as an issue for discussion at the Recommendations Meeting.

GDE is co-located with the youth team and mental health team.

Child Protection social workers complete intake, assessment and investigation services in response to child protection reports and requests for service. Family Service social workers complete guardianship services to children in care and ongoing support and monitoring to families where the need has been identified by Child Protection (CP) social workers. Over the past year worked to reduce the Family Service (FS) caseloads so that the FS workload could be managed by three workers rather than the previous four, and reassigned one worker to the CP function: The team currently has three FS and four CP workers. The Team Leader reported that this change has improved the ability of the team to manage the workload.

CP workers receive the majority of intakes from GDM (office providing intake and assessment for Surrey) and afterhours. Any afterhours memos on new cases are received at GDE, but GDM makes an

electronic notepad, documenting the intake information and sends that notepad to GDE. The Family Service social worker reported that the Team Leader receives a copy of all afterhours memos.

All new cases received at GDE are entered on the caseload GDE000 and are then assigned to CP social workers, on a rotating basis. Once a new intake is assigned, the GDE CP social worker always re-assesses the response to the report, the Team Leader reported. Family Service social workers receive and respond to intakes on their own open files. One FS social worker reported that afterhours memos received on open cases go directly to the social worker with the case or to the social worker on duty. Any afterhours memos received on an open case may be assessed as new intakes upon Team Leader consultation.

When completing investigations, most workers go out in pairs due to safety issues, the Team Leader reported. The FS social worker reported that there is also an advantage to attending investigations in pairs: the social worker can make more detailed observations and take more detailed notes.

Upon completion of an investigation a file may be transferred to a GDE FS social worker for ongoing support or monitoring. The CP social worker reported that files are transferred to the FS social workers after a clear safety plan is in place for the children. The CP social worker needs to have developed a Comprehensive Risk Assessment and include information regarding schools and legal status. Usually the FS social workers will complete the Risk Reduction Safety Plan with the parents, following case transfer.

i) Residential Services

The FS social worker reported that, when in need of a foster home, she telephones the resources office and makes the request of the resources intake worker. The placement information would also be provided to the resources worker in an email and a completed referral document. The Family Service social worker reported that it is more difficult to place older, rather than younger, children.

The FS social worker reported that there are two emergency caregiver homes available and the social worker believes that the caregivers are skilled. There are also safe baby homes available (foster parents who have taken the Safe Baby training to care for babies born addicted to drugs). The Team Leader reported that the need for safe baby homes is greater than the supply.

The FS social worker reported that she is working with one restricted foster home presently. The FS social worker described the process for approving a restricted foster home: she would have to ask the potential foster parent for a criminal record check; request three letters of reference (or the information from the references may be documented from conversations and sent to the resources team in an email); and the social worker also does a home visit. The FS social worker must then summarize the information gathered, send it to the Team Leader and also sends it to the resources team. In this way, the FS worker and Team Leader document that the social worker and Team Leader are in agreement with the plan to authorize the prospective parents to become restricted foster parents.

The FS social worker reported that she has recently used a "free home", a family

friend/caregiver not requiring payment for child care. The children were moved from the home because the family was later found to be unsuitable

The social worker identified that communication with the RCMP with regard to approving “free homes” was an issue in this case.

ii) **Out-of-Care Options**

The CP social worker reported the following out-of-care services are available:

- **OPTIONS:** an agency doing Family Development Response (FDR) work. Operates a three month program using the North Carolina assessment tool and emphasizes the strengths of the family toward improved functioning. The CP worker reported that she would use this service for lower risk cases such as inappropriate discipline, parenting issues; and anger issues. If there are any child protection concerns the FDR worker will call the social worker. The social worker will then reassess the case, which may include a home visit to review with the family the goals and the progress and the further progress needed. The CP worker reported that it may be possible that a different intervention would be appropriate. The CP social worker can recall only one time when the case needed to return to the investigation stage.
A file is closed when the risks are shown to have decreased by use of the North Carolina tool, when the family “has engaged” and is willing to engage in other services. Reports are provided to the social worker at the initial, midterm and final stages of work. The final report notes family strengths and recommendations for further family work.
- **QRP (Quick Response Program, Outreach):** to help prevent children from coming into care. Provides counselling, parenting, anger management, daycare services, drop-in groups for parents, multicultural workers, a library with toys and games, and does empowerment work with mothers involved in domestic violence.
- **Surrey Community Services: Family Support Outreach Program:** an outreach parenting program, liaising parents with services and working one-to-one with family members.
- **Surrey Delta Immigrant Services Society:** provides interpretation services (Cantonese, Spanish, Vietnamese). The CP worker reported that she has always had a good experience in going out with interpreters.
- **Legal counsel:** The Team Leader reported a good relationship with legal counsel, however that Surrey Court judges allow numerous adjournments, delaying permanency planning for children served. The Team Leader reported that currently at least five open Child Service cases have had adjournments totally one year or more. The Analyst did observe numerous adjournments in audited cases.

iii) Service Re-Design

The GDE Team Leader is the MCFD liaison for the agency, OPTIONS. The Team Leader sat on the Family Development Response development committee for the area and provides ongoing mentoring for Team Leaders and social workers in FDR. The Team Leader also attends the “child welfare table” which meets once per month and discusses issues regarding regional child welfare practice.

4. STAFF TRAINING

| Ministry Training Program | Team Leader | SW 1 | SW 2 | SW 3 | SW 4 | SW 5 | SW 6 | SW 7 |
|-----------------------------|-------------|------|------|------|------|------|------|------|
| Child Protection - Core | | | | | | | | |
| Resources | | | | | | | | |
| Guardianship - Core | | | | | | | | |
| Adoption - Core | | | | | | | | |
| Clinical Supervision 1 | | | | | | | | |
| Clinical Supervision 2 | | | | | | | | |
| Risk Assessment - Core | | | | | | | | |
| Advanced Risk Assessment | | | | | | | | |
| Family Development Response | | | | | | | | |
| Cultural Awareness | | | | | | | | |
| Integrated Case Management | | | | | | | | |
| Investigative Interviewing | | | | | | | | |
| FAS/E and NAS/E | | | | | | | | |
| Looking After Children | | | | | | | | |
| Substance Misuse | | | | | | | | |
| Youth Alcohol & Drug | | | | | | | | |
| Youth Suicide Prevention | | | | | | | | |
| Youth Agreements | | | | | | | | |
| Enhanced Neglect | | | | | | | | |
| Leading the Way | | | | | | | | |
| Other: ATTACHMENT | | | | | | | | |
| Other: MH PARENTS | | | | | | | | |

Team Leader reports that two CP social workers need to attend Advanced Interviewing and the three FS workers also need to attend. The Team Leader reported that there are two seats for Surrey in 2006 with a possibility of one other session in the fall. The Team Leader reported that GDE social workers have attempted in the past to attend supervision courses.

5. CONSULTATION and SUPERVISION

Consultation

One FS social worker reported that consultation is always available

The FS social worker reported that she has received consultation with the Team Leader when the Team Leader is out of the building, on cell phone, or the social worker has consulted with another Team Leader.

A case can also be presented at the weekly team meeting for ideas from colleagues.

One CP social worker reported that before she goes out on an investigation, she consults: in regard to the investigation plan; during the course of an investigation if she has any questions; and at the investigation conclusion.

The CP social worker may also request the Team Leader attend a case conference or mediation with the social worker. Weekly meetings with the team can also be helpful in case discussion.

CP social workers are frequently in the Team Leader's office, consulting prior to beginning an investigation and upon return after having completed client interviews.

Supervision

One FS social worker reported that all FS GDE social workers meet every month to discuss work issues and to schedule "paper days" (days reserved for documentation completion). The FS social worker reported that she once per month with the Team Leader to review all of the cases on her caseload list.

weekly meetings during which the team engages in group supervision:

"Wellness" is a main agenda item and community agencies are also invited to speak as guests.

Every six weeks, the Team Leader meets with the FS social workers as a group to discuss office work flow issues for the FS workers:

Every two weeks the Team Leader attends a meeting with all Surrey Team Leaders. The Team Leader reports that these meetings are largely information-sharing meetings

rather than discussions regarding teams' issues.

Last week, a plan was made to meet every other week with other Surrey Community Service Team Leaders. Specific concerns including staffing, workload distribution and team goals will be discussed.

6. INTAKE AND TRACKING SYSTEMS

The CP social worker reported that all afterhours memos go to the duty worker and are entered into a tracking book. A "blue intake book" is also maintained to record all intakes received at GDE and contains the following data: client name; FS file number; the reported concern; date report was received; the duty worker that took the call; assessed response time; and to which social worker it was assigned. The CP worker reported that the book helps the office to know how many intakes have come in for each month and types of intakes being received as well as to facilitate the fair assignment of intakes amongst social workers.

One CP social worker reported that upon generation of an electronic intake, two copies are made, one green and one pink copy. The Team Leader holds the pink copy to the intake until the intake is ready to close. The social worker keeps the green copy for her records.

The Team Leader reported that she has an electronic spreadsheet on which she records all intakes, and closed and transferred files. She also does "levels" once per week with child protection workers, a tracking method to monitor the progress of each investigation underway. This helps the Team Leader manage the work flow for the CP social workers.

7. STAFFING

a) Staff Complement/Staff Turnover:

The Team Leader supervises seven social worker full time equivalents (FTEs). One social worker will be returning from leave ; GDE did have backfill for this position. The Team Leader reported that GDE has had "solid staffing" for over one year with delegated and experienced workers on staff. The Team Leader is also responsible for the supervision of one Office Manager, who supervises 4.5 administrative staff FTEs.

GDE always takes two social work students and currently has does have two students.

b) Current Workload

| Caseload | # Family Service Files | # Child Service Files | Assigned to |
|--------------|------------------------|-----------------------|-------------|
| GD | 2 | 0 | Not named |
| GDE | 15 | 0 | SW |
| GDE | 15 | 2 | SW |
| GDE | 17 | 0 | SW |
| GDE | 16 | 1 | SW |
| GDE | 14 | 9 | SW |
| GDE | 16 | 17 | SW |
| GDE | 15 | 13 | SW |
| GDE | 6 | 0 | Student |
| GDE | 5 | 0 | Student |
| Total | 121 | 42 | |

c) Professional Staff Complement/Staff Turnover:

| Position | Length of Time on Team | Education | <i>MCF Experience</i> | <i>Delegation</i> |
|----------|------------------------|-----------|-----------------------|-------------------|
| TL | | | | Full |
| SW 1 | | | | Full |
| SW 2 | | | | Full |
| SW 3 | | | | Full |
| SW 4 | | | | Full |
| SW 5 | | | | Full |

8. ABORIGINAL SERVICES

GDE receives intakes involving Aboriginal families and also receive FS files which involve Aboriginal families, where the Aboriginal affiliation was previously not noted on file. Once Aboriginal ancestry is discovered, an Aboriginal family's file is transferred to the Aboriginal Circles. The Team Leader reports that she encourages social workers to carefully query families on their heritage in ways that info comes out.

SECTION III: CASE PRACTICE REVIEWS

9. AUDIT SAMPLE

As noted in the Terms of Reference letter sent to the Community Services Manager and Team Leader on September 2, 2005, the audit sample size included a minimum of 20% of open and closed Family Services files and a minimum of 20% of open and closed Child Service files. For closed files, only those closed in the last 6 months were audited. At the time of the audit there were 121 open Family Service files and 42 open Child Service files. The auditor randomly selected:

- 25 Family Service (FS) files open at audit start
- 2 Family Service (FS) files closed at during the past 6 months of audit start
- 9 Child Services (CS) files open at audit start
- 2 Child Services (CS) files closed at during the past 6 months of audit start.

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

DATA SUMMARY Office Code: GDE

Total Number of Cases: 27

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.

= Number of applicable cases %= Percent of total

| | CRITICAL MEASURES | C | | PC | | NC | | NA |
|----|--|----|------|----|----|----|------|----|
| | | # | % | # | % | # | % | # |
| 1 | Screening and Best Approach to Service Delivery <i>CFS Standard #1 & #12</i> | 27 | 100 | 0 | 0 | 0 | 0 | 0 |
| 2 | When a Child is at Immediate Risk of Harm <i>CFS Standard #11 & #13</i> | 6 | 100 | 0 | 0 | 0 | 0 | 21 |
| 3 | Assessing a Child Protection Report and Determining the Most Appropriate Response <i>CFS Standard #12</i> | 25 | 92.6 | 0 | 0 | 2 | 7.4 | 0 |
| 4 | Family Development Response <i>CFS Service Standard #14</i> | 0 | 0 | 0 | 0 | 0 | 0 | 27 |
| 5 | Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i> | 13 | 65 | 0 | 0 | 7 | 35 | 7 |
| 6 | Conducting a Child Protection Investigation <i>CFS Standard #16</i> | 15 | 78.9 | 0 | 0 | 4 | 21.1 | 8 |
| 7 | Seeing and Interviewing the Child and Family <i>CFS Standard #16</i> | 11 | 57.9 | 0 | 0 | 8 | 42.1 | 8 |
| 8 | Concluding a Child Protection Investigation <i>CFS Standard #17</i> | 15 | 75 | 0 | 0 | 5 | 25 | 7 |
| 9 | Concluding an Investigation in a Timely Manner <i>CFS Standard #17</i> | 7 | 36.8 | 0 | 0 | 12 | 63.2 | 8 |
| 10 | Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #18</i> | 10 | 100 | 0 | 0 | 0 | 0 | 17 |
| 11 | Reassessing a Plan to Keep a Child Safe and Ending Family Service Response <i>CFS Standard #18 & #21</i> | 5 | 55.6 | 0 | 0 | 4 | 44.4 | 18 |
| 12 | Notification of Fatalities, Critical Injuries and Serious Incidents <i>CFS Service Standard #25</i> | 1 | 50 | 1 | 50 | 0 | 0 | 25 |
| 13 | Supervisory Approval <i>CFD Standard on Supervisory Consultation & Approval</i> | 19 | 70.4 | 0 | 0 | 8 | 29.6 | |

| | | | | | | | |
|-------------------------------------|------------|--------------|----------|-----------|-----------|-------------|------------|
| Total Applicable Indicators: | 154 | 75.1% | 1 | .5 | 50 | 24.4 | 146 |
|-------------------------------------|------------|--------------|----------|-----------|-----------|-------------|------------|

NARRATIVE SUMMARY- CHILD AND FAMILY SERVICES

Family Service files were audited. Overall compliance to the Child and Family Services Standards was 75.1 %. Information for determining compliance to the service standards was based on file documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

1. SCREENING AND BEST APPROACH TO SERVICE DELIVERY

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

27 cases were rated C (100%).

2. WHEN A CHILD IS AT IMMEDIATE RISK OF HARM

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

Six cases were rated C for 100% compliance; 21 cases were NA.

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

The auditor looked for documentation that demonstrated that the worker had collected sufficient information to make a decision about the type of response and that the decision to provide a specific response was supported by the information documented.

25 cases were rated C (92.6%); two cases were rated NC (7.4%).

- In one case rated NC, assessed by GDM, the report was inappropriately assessed as 'no further action' given the mother's statements
 - . A letter was sent to mother.
- In one case rated NC, the protection report (Intake #5) was assessed as 'previously assessed' under a previous intake (Intake #3). Intake #5 was inappropriately assessed as 'family development response'. The response would have appropriately been 'investigation'.

The audited intake report contained detail of commotion in the home concerning the caller for the physical safety and emotional well being of the child. Days prior concerns of frequent physical abuse were received. Intakes #3, 4, and 5 were assessed as 'family development

response'. Fraser Regional Operating Policy on FDR notes that FDR is suitable as a response in cases where physical injuries are not life-threatening or dangerous (minor bruises, scratches, other marks located on non-vital parts of the body). The report of _____ increases the severity of the report beyond that appropriate to an FDR assessment.

4. FAMILY DEVELOPMENT RESPONSE

When a Family Development Response (FDR) option has been selected the auditor looked for documentation detailing the rationale for providing an FDR, a completed assessment, a plan for supporting the family and keeping the child safe. See Critical Measure #4 for further information.

The compliance to this standard was not rated.

5. DETERMINING THE TIME FRAME TO BEGIN AN INVESTIGATION.

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

13 cases were rated C (65%); seven cases were rated NC (35%); seven cases were NA. Where rated NC:

- In one case rated NC, the response did not begin within the assessed time period, however the family had moved and the file was transferred back to GDH.
- In one case rated NC, the assessed response time was five days and the investigation began seven days after call date.
- In one case rated NC, the assessed response time was five days and the response time was seven days: two days to transfer from GDM; three days to be assigned at GDE; and two days later a home visit was done.
- In one case rated NC, the assessed response time was five days however GDM did apparently not transfer the file until seven days after call date, and the response by GDE began at that time.
- In one case rated NC, the assessed response time was five days and the file was assigned at GDE eight days after call date.
- In one case rated NC, the assessed response time was five days and the response began at nine days.
- In one case rated NC, the assessed report time was five days and the investigation was documented as having started 23 days after the call date.

The Associate Community Services Manager emphasized that the central screening team, GDM, often tries to respond to cases themselves, prior to transfer, affecting compliance for Surrey Community Services teams.

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.

15 cases were rated C (78.9%); four cases were rated NC (21.1%); eight cases were NA.

Where rated NC:

- In one case rated NC, a collateral check would have appropriately been done with the outreach program previously involved. It was neither clear that the file history had been reviewed and/or considered within the investigation, as the outreach worker had noted 2 months prior an uncertainty that the physical abuse would not reoccur and this information was not noted as significant during the audited investigation.
- In two cases rated NC, no confirmation of a completed home visit was found within the investigation documentation.
- In one case rated NC, no confirmation was found that the mother's mental health issues were discussed with collaterals and no contact was documented with the psychiatrist, who would have appropriately been a key collateral.

7. SEEING AND INTERVIEWING THE CHILD AND FAMILY

This critical measure requires that the worker sees and whenever possible interviews the subject child, siblings, parents, and if applicable, the family's aboriginal community.

compliant here, documentation showed the subject child was interviewed, but the questioning by the SW was not investigative in nature.

11 cases were rated C (57.9%); eight cases were rated NC (42.1%); eight cases were NA.

Where rated NC:

- In one case rated NC, the social worker documented having spoken briefly to two children about the concerns with mother present.
- In one case rated NC, no confirmation was found of a four-year-old subject child having been interviewed.
- In one case rated NC, no confirmation was found of a five-year-old sibling having been interviewed.
- In two cases rated NC, no confirmation was found of two siblings having been interviewed.
- In one case rated NC, the social worker discussed the issues by telephone with mother however no confirmation of an in-person interview was found.
- In two cases rated NC, no confirmation was found of the father or male partner having been interviewed.

8. CONCLUDING A CHILD PROTECTION INVESTIGATION

This critical measure requires the auditor to review whether all information is gathered

and whether the decision about the child needing protection is consistent with the facts that were gathered during the investigation and that all steps required to address the child's safety needs have been considered and implemented.

15 cases were rated C (75%); five cases were rated NC (25%); seven cases were NA. In the cases rated NC, insufficient information was available on file to confirm that an appropriate decision was made and that all steps required to address the child's safety needs have been implemented due to:

- Missing information from one key collateral
- Missing confirmation that the details of the report were discussed with parents
- A conclusion that the caller information was incorrect or "malicious" in nature, although received from a community professional. The social worker did not contact the caller again in an attempt to address discrepancies between the parent's and caller's reports as would have been appropriate.
- Missing confirmation that a key collateral was contacted and that, although file reviews were noted to have been done by both GDM and GDR, a lack of clarity that the file history was considered within the investigation.
- Missing confirmation that a sibling had been interviewed and the question of what additional information may have been available had the children been interviewed separately from mother and from each other.

9. CONCLUDING A CHILD PROTECTION INVESTIGATION IN A TIMELY MANNER

This critical measure requires that there is documentation that demonstrates child protection investigations are concluded within 30 calendar days.

Seven cases were rated C (36.8%); 12 cases were rated NC (63.2%); eight cases were NA.

Of the cases rated NC:

- One case was completed within 31 to 45 days.
- One case was completed within 46 to 60 days
- Six cases were completed within 61 to 90 days
- Four cases were completed in over 90 days. In two of these cases, the audit notes that a very thorough investigation was completed:
 - In one of these cases, three intakes had been received within a short time period with all concerns addressed by the social worker.
 - In one of these cases, the social worker completed all steps to ensure the child's safety regarding physical abuse and medical neglect.

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

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

10 of 10 applicable cases were rated C for 100% compliance. 17 cases were NA.

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

RESPONSE

The auditor looked for documented evidence that the plan to keep the child safe has been reviewed and updated as appropriate with key players. In 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.

Five cases were rated C (55.6%); four cases were rated NC (44.4%); 18 cases were NA. In the cases rated NC:

- In one case rated NC, risk assessments had been completed in 2000 and 2004 however no current risk assessment or risk reduction safety plan was found on file as appropriate.
- In one case, a risk assessment had been completed in 2004 however no current risk assessment or risk reduction safety plan was found on file.
- In one case, a safety plan had been completed in 2004 however no current plan was found on file.
- In one case, changes to the family circumstances and lapse of a Supervision Order required a review of the safety plan, not found on file.

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

The auditor looked for documentation to confirm in the case of a fatality or critical injury, the designated Director was notified and that the appropriate people were notified and offered support in a timely way.

One case was rated C (50%); one case was rated PC (50%); 25 cases were NA. Where rated PC, complaints were made by children in foster care and the mother of the children reported concerns of sexual abuse and name-calling/swearing in the foster home. The reported concerns received some documented follow up however there is a question as to whether the information received was assessed as appropriate for a protocol investigation.

13. MANAGEMENT AND SUPERVISORY CONSULTATION

The auditor was looking for documentation that reflected consultation with a Team Leader or a manager at all critical points: assessing reports, decision on a response time, conducting and concluding an investigation, determining a child's need for protection, developing an ongoing safety plan, the court process, removal of a child, reunification, and transferring responsibility for or ending family service.

The quality of the supervision and/or the appropriateness of any documented clinical direction from the Team Leader were not assessed by the auditor within the critical measures however the auditor did note that on several occasions, clear, very appropriate direction was given by the GDE Team Leader as documented by the social worker.

19 cases were rated C (70.4%); eight cases were rated NC (29.6%).
Of the cases rated NC:

- One case was rated NC due to lack of documented consults by GDE alone.
- One case was rated NC due to a lack of documented consult by GDM or GDE.
- One case was rated NC due to a lack of documented consult by afterhours, GDM or GDE.
- Four cases were rated NC due to a lack of documented consult by GDM.
- One case was rated NC due to a lack of documented consults by GDR.

PRACTICE STRENGTHS:

Many areas of strength were noted during the audit and shared with the team, Team Leader and Community Services Manager at the audit conclusion. The GDE audit results as percentages are for the most part higher than the Fraser regional results. Of those areas completed by GDE, the following measures were rated as showing significantly higher rating percentages than the regional results:

- When a child is at Immediate Risk of Harm (26.2% higher)
- Assessing a child protection report (10% higher)
- Conducting a child protection investigation (21.5% higher)
- Developing a safety plan to keep a child safe (28.4%) higher
- Notification of fatalities and critical injuries (38.9% higher)

The auditor noted examples of social workers having demonstrated and documented strong practice within investigations in the areas of:

- Team Leader consultation
- Investigation plan documentation
- Addressing all key issues within parent interviews
- Confronting parents on contradictions in response to protection reports
- Providing parents with clarity regarding parents' responsibilities within the context of the investigation, safety plan implementation or reunification
- Follow up with a family to ensure a safety plan is working
- Completion of investigative steps as per Team Leader direction
- Addressing reported concerns within investigation decision documentation

As examples, the following cases were noted as having demonstrated strong practice in some of the above areas:

- In one case a thorough interview was done and documented with the child, the social worker addressed all issues, and contradictions; a difficult interview due to an apparent developmental delay on the child's part. Also a very thorough interview done and documented with mother.
- In one case, the Team Leader consult and plan were documented and clear direction was given to remove children if mom was using drugs. Upon interview, the child was not disclosing but the social worker asked a question to get at the effect of the drug use, "How heavy does mom sleep?" The social worker also interviewed caller to confirm concerns and interviewed the landlord and mother again, who then confirmed her drug use. The auditor noted that if audits gave out gold stars, this investigation would get one

- In one case, the social worker in her interview with mom, succeeded in having mom tell the real situation on her drug use during pregnancy and social worker informed mom of the decision that baby will not be coming home. A thorough risk assessment was completed with a risk reduction service plan also done by the GDE social worker.
- In another case, the GDE social worker did a good job of detailing the protection concerns with mother, noting contradictions in mother's response and the interview led to mother telling what appeared to be the whole story about her drug use. A safety plan was then developed.
- In one case, when [redacted] did not provide information about police attending house, the social worker asked [redacted] specifically about the [redacted] incident which brought out further information. In interviewing [redacted], the social worker was very clear [redacted]; did not accept [redacted] initial response that all was well; was clear [redacted] in telling [redacted] needed treatment; and did not let [redacted] 'off the hook' when [redacted] raised the objection of [redacted] as a barrier to treatment.
- In one case, the GDE social worker was clear with dad that he must have a psychological assessment done as step number one of any possible reunification process, despite his objections.
- In one case, Team Leader consultation was documented providing clear, appropriate direction. The direction was followed up on and the social worker documented having checked in again with mother to offer services once more before closing.

AREAS FOR IMPROVED PRACTICE:

The audit results show that GDE may improve practice and/or documentation in the following areas:

- Determining the time frame to begin an investigation (2.7% under regional results)
- Concluding a child protection investigation in a timely manner (3.7% under regional results)
- Reassessing a plan to keep a child safe and ending a family service response (3.3% under regional results)

The measure "Concluding a child protection investigation" was rated at 75% compliance, also in excess of the regional average. In these cases, all reported protection issues were addressed within the decision statement. In some cases, however, information was absent from key collaterals or family interviews. In one case, the wording of the decision statement indicated that the social worker had not successfully reconciled contradictions in caller and collateral information and indicated support for the conclusion of "malicious report", a conclusion not supported by the information documented. In one case, the wording of the disclosure by a parent was changed slightly, the effect of which was to downgrade the final reporting of the severity of the abuse.

While the measure "Supervisory Approval" shows that GDE is 10.8% under the regional average, note that the audit results are not based upon GDE work alone. As reported earlier, five of eight cases were rated non-compliant due to the documented work of other teams. Generally, the auditor's impression in reviewing GDE files was that exceptional work was completed and documented in the pursuit and provision of Team Leader consultation.

Four cases were brought to the attention of the Team Leader and Community Services Manager.

In one case, file documentation did not answer questions regarding the safety plan

The Team Leader responded that the child protection issues have been addressed.

- In one case, file documentation did not confirm that concerns regarding the care provided by a foster home had been addressed and specifically that concerns for the child in care had been addressed.

The Team Leader responded that these child protection issues have been addressed.

- In one case, no current safety plan was found on file for a two-year-old subject child of a September 2005 protection investigation.

The Team Leader responded that the child is safe, living in transition housing in Ontario, in contact with extended family and that the Fraser Region's Child Protection Consultant and inter-provincial specialist was to be involved.

- In one case, an investigation assessed as "previously assessed" was rated non-compliant at the assessment decision. The investigation was assessed as part of a previous intake, assessed as "family development response". Three reports assessed as one "family development response" included a report of bruising and ongoing reports of partying and yelling/swearing at the child. A fourth report of marks was undocumented as an electronic intake.

The case was discussed at the Team Leader/Associate Community Services Manager/auditor exit meeting. The auditor noted that the reported increased the severity of the report beyond that appropriate to an FDR assessment. The Associate Community Services Manager and Team Leader confirmed the report to be appropriate to an FDR response.

The auditor agreed to revisit the FDR policy regarding the appropriateness of FDR as a response to the reports and to reconsider the non-compliant rating on this basis. The auditor also consulted with the Fraser Regional Practice Development Manager on the above questions. The rating was not changed.

The auditor also noted that the FDR worker's role would not have appropriately included responding to a report of child abuse, to view the reported bruising and to interview the mother and child. The Community Services Manager agreed. The auditor consulted with the Service Quality Manager. The issue was identified as appropriate to discussion within the recommendation development process.

11. CRITICAL MEASURES AUDIT TOOL - CHILD IN CARE SERVICE STANDARDS

Rating Definitions: Office Code: GDE Total # of cases audited: 11

- C** Full compliance to the standard
PC Partial compliance: The intent of the standard is met but significant practice issues have not been addressed
NCF Non-compliance to the standard for reasons beyond the control of the social worker or supervisor
NC Non-compliance to the standard's criteria requirements
NA Not applicable to the standard being measured.

| | CRITICAL MEASURES | C | | PC | | NC | | NA |
|----|---|----|------|----|------|----|------|----|
| | | # | % | # | % | # | % | # |
| 1 | Preserving the Identity of an Aboriginal Child in Care <i>CIC Service Standard #1 & CFS Service Standard #20</i> | 10 | 90.9 | 1 | 9.1 | 0 | 0 | 0 |
| 2 | Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i> | 9 | 81.8 | 0 | 0 | 2 | 18.2 | 0 |
| 3 | Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i> | 3 | 27.3 | 0 | 0 | 8 | 72.7 | 0 |
| 4 | Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i> | 0 | 0 | 0 | 0 | 8 | 100 | 3 |
| 5 | Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i> | 1 | 9.1 | 3 | 27.3 | 7 | 63.6 | 0 |
| 6 | Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i> | 0 | 0 | 0 | 0 | 11 | 100 | 0 |
| 7 | Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Standard #10</i> | 6 | 54.5 | 3 | 27.3 | 2 | 18.2 | 0 |
| 8 | Assessments and Planning for a Child in Care <i>CIC Standard #11</i> | 0 | 0 | 7 | 63.6 | 4 | 36.4 | 0 |
| 9 | When a Child is Missing or Has Run Away <i>CIC Service Standard #14</i> | 0 | 0 | 0 | 0 | 0 | 0 | 11 |
| 10 | Notification of Fatalities, Critical Injuries and Serious Incidents <i>CFS</i> | 0 | 0 | 0 | 0 | 0 | 0 | 11 |

| | <i>Service Standard #25</i> | | | | | | | |
|-------------------------------------|---|-----------|--------------|-----------|--------------|-----------|--------------|-----------|
| 11 | Planning for a Child Leaving Care <i>CIC Service Standards #15 & #16</i> | 3 | 100 | 0 | 0 | 0 | 0 | 8 |
| 12 | Supervisory Approval <i>CFD Standard on Supervisory Consultation & Approval</i> | 8 | 72.7 | 0 | 0 | 3 | 27.3 | 0 |
| Total Applicable Indicators: | | 40 | 40.4% | 14 | 14.1% | 45 | 45.5% | 33 |

= Number of applicable cases

%= Percent of total

NARRATIVE SUMMARY - CHILD SERVICES

Child Service files were audited. Overall compliance to the child service standards was 40.4%. Information for determining compliance to the service standards was based on file documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

1. PRESERVING THE IDENTITY OF AN ABORIGINAL CHILD IN CARE

In this critical measure, the auditor looked for documentation that reflected whether a child in care was aboriginal or not. In the case of an aboriginal child, the documentation identifies: the Band and/or Community; the child's status and membership number, or application for status; the worker understands the child's history and current circumstances; and a cultural plan for the child.

10 cases were rated C (90.9%); one case was rated PC (9.1%) where the child is noted to be Métis and discussion is documented on file regarding a transfer to an Aboriginal team however where no confirmation that an Aboriginal agency has been involved nor cultural plan is found on file.

2. ASSUMING RESPONSIBILITY FOR A CHILD IN CARE

The auditor looked for confirmation of 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.

Nine cases were rated C (81.8%); two cases were rated NC (18.2%) where the most recent court orders were not found on file.

3. ENSURING A CHILD'S SAFETY WHILE IN CARE

Where a child has been brought into care, the auditor looked for documentation to indicate that the child has been placed in a living arrangement that meets their needs including safety needs, or for a child/youth refusing placement reasonable efforts were made to ensure a placement.

Three cases were rated NC (27.3%); eight cases were rated NC (72.7%).

Of the cases rated NC:

- In one case rated NC, concerns regarding a foster home placement were not documented as having been addressed although the child was subsequently

- moved from the home.
- In seven cases rated NC, no confirmation was found on file that the placement met the child's needs including safety needs.

4. ENSURING THE RIGHTS OF A CHILD IN CARE

The auditor assessed the file for evidence that the child's care conforms to their rights as defined by Section 70 CFCS Act, the SW has informed the child of the Rights of Children in Care, and that any reports that a child's rights may have been violated, have been addressed. The auditor looked for documentation that when a child or youth comes into care, they are informed of these rights and are assisted in the understanding of these rights, according to the child's or youth's developmental abilities. Furthermore, the review of these rights with the child or youth occurs on a regular basis.

Eight cases were rated NC (100%); three cases were NA. Where rated NC, no confirmation was found on file that the social worker had informed the child of his/her rights as a child in care.

5. INVOLVING A CHILD AND CONSIDERING THE CHILD'S VIEWS IN CASE PLANNING AND DECISION MAKING

In planning and making decisions for a child, the auditor looked for documented evidence that the child and others with significant relationships to the child were involved as fully as possible in the process, and that any possible barriers to involvement were identified and addressed. The auditor also looked for planning aimed to facilitate the involvement of a child or youth in care 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 throughout 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.

One case was rated C (9.1%); three cases were rated PC (27.3%); seven cases were rated NC.

Where rated PC:

- In one case rated PC, a biological father was noted to have been involved in planning. No additional documentation was found on file to assist with the rating of this measure.
- In one case rated PC, file documentation indicated that the child's preference for supervision during family meetings was observed. No additional documentation was found on file to assist with the rating of this measure.
- In one case rated PC, confirmation was found on file that caregivers and others with a significant relationship to the child were present at a family conference however no confirmation was found on file that the child was involved in planning.

Where rated NC, little or no planning was found on file to confirm that the child or significant individuals in the child's life were involved in case planning.

6. MAINTAINING PERSONAL CONTACT WITH A CHILD IN CARE

The auditor looked for documentation that demonstrates the child has had private, in-person contact with their social worker every 90 days.

11 cases were rated NC ((100%) where no confirmation was found on file to confirm compliance to the measure.

The Team Leader reported that the audit result is not representative of the actual practice, noting her confidence that GDE social workers are fulfilling the requirements of this measure.

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. As well, the auditor looked for evidence of strategies that were implemented to promote stability and continuity of lifelong relationships and planning for the development of new lifelong relationships. 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 an ongoing, regular basis whether reunification with family or extended family is possible.

Six cases were rated C (54.5%); three cases were rated PC (27.3%); two cases were rated NC (18.2%).

Where rated PC:

- In one case rated PC, discussion with the parents regarding their responsibilities toward ensuring the child's return home was documented. No additional file documentation was found to further assist with the rating of this measure.
- In one case rated PC, family visits were documented on file. No additional file documentation was found to further assist with the rating of this measure.
- In one case rated PC, efforts to assist the child to maintain contact with family are documented. No additional file documentation was found to further assist with the rating of this measure.

Where rated NC, no documentation was found on file to confirm compliance to the measure.

8. ASSESSMENTS AND PLANNING FOR A CHILD IN CARE

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

Seven cases were rated PC (63.6%) where some planning was found on file. Four cases were rated NC (36.4%) where little or no case planning was found on file.

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.

11 cases were NA (100%).

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

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

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:

- 1 is in life-threatening circumstances, including illness or serious accident;
- 2 is lost, missing or continually running away to a situation that places him or her at high risk of death or injury;
- 3 is missing for more than 10 days;
- 4 is a victim of abuse or neglect by an approved caregiver, caregiver's staff or caregiver's child;
- 5 is the victim of abuse or neglect by a care provider or care provider's family in an out of care placement;
- 6 has been exposed to a high-risk situation or disaster which may cause emotional trauma;
- 7 has been involved in crimes of violence or major property damage;

8 has been abducted.

11 cases were NA (100%).

11. PLANNING FOR A CHILD LEAVING CARE

The Auditor looked for documentation that appropriate preparation takes place when a child leaves care, including involving the child, relevant family members, caregivers, and other significant persons in planning for the transition and arranging for appropriate services to support the child and family after the child has left care. In a case involving a youth leaving care, that all youth in care are supported in developing self-care and independence skills and that a youth's capacity for successful living in the community is assessed with the participation of others involved in the youth's plan of care.

Three of three applicable cases were rated C (100%); eight cases were NA.

12. SUPERVISORY APPROVAL

The auditor looked within the Child Service file for documentation of supervisory approval when a child was placed, when reuniting a child with his or her family, when transferring responsibility for or ending services and when a child's plan of care is developed. The Child and Family Development Service Standard on Supervisory Consultation and Approval ensures that supervisory consultation is obtained in all significant circumstances and at all decision points relating to service delivery.

Eight cases were rated C (72.7%); three cases were rated NC (27.3%) where no Team Leader consultation or approval was found on file.

PRACTICE STRENGTHS

GDE audit results are higher than regional average in the following areas:

- Preserving the Identity of an Aboriginal Child in Care (21.1% above regional results)
- Assuming Responsibility for a Child in Care (4.1% above regional results)
- Planning for a Child Leaving Care (27.7% above regional results)
- Supervisory Approval (2.2% above regional results)

Documented practice audited indicates that:

- Social workers are attempting less disruptive measures such as placement with family, Kith and Kin Agreements, Voluntary Care Agreements and Supervision Orders prior to making a decision to remove a child.
 - In one case, a DNA test was ordered by the social worker, and resulted in a previously-uninvolved father gaining the right to parent his child. The case is reported as a success story for the child, who subsequently left care.
- Social workers are making significant efforts to ensure a sense of continuity for children in care by: placing siblings together, where possible;

- facilitating family visits; and arranging pre-placement visits with prospective homes.
- In one case, the auditor noted that the social worker well-documented the case activity and that it is clear that she has been very active in managing this case, including to ensure the child's contacts with family.
 - Social workers, where planning was documented, involved various stakeholders in the planning process.

AREAS FOR IMPROVED PRACTICE

One case was brought to the attention of the Team Leader and Associate Community Services Manager. The file documentation lacked current legal documentation for a child brought into care in 2005; the file also lacked documentation on planning, information as to the reasons for the child having come into care, or confirmation of a Team Leader consultation.

- The Team Leader requested that the social worker place all notes on file. As a result, legal documentation was added to the file. Ratings on other measures remained non-compliant.

Areas in need of improvement are:

- Ensuring a Child's Safety While in Care (49% below regional results)
- Ensuring the Rights of a Child in Care (47.6% below regional results)
- Involving a Child and Considering a Child's View in Case Planning and Decision making (51.1% below regional results)
- Maintaining Personal Contact with a Child in Care (55.1% below regional results)
- Assessments and Planning for a Child in Care (42.8% below regional results)

The measure "Meeting a Child's Need for Stability and Continuity of Lifelong Relationships" was also rated at below the regional average however the work found indicated that efforts are being made to ensure continuity for children in care. The efforts noted gave the auditor the impression that the social workers valued "continuity" for their children in care. It was therefore the auditor's sense that the lower compliance result for this measure may be a documentation issue rather than a practice issue.

The Team Leader reported her belief that social workers are conducting private, in person visits with children in care every 90 days as required, but are not documenting those visits on file.

Report by Jennifer Bailey, BSW

Jennifer Bailey
Practice Analyst
Fraser Region

Date

Henry Grayman
Service Quality Manager
Fraser Region

Date

12. RECOMMENDATIONS

Persons present at recommendations meeting (March 24, 2006):

GDE Team Leader
Surrey Associate Community Service Manager
Fraser Region Practice Analyst
Fraser Region CP Consultant
Fraser Region Service Quality Manager

Recommendations:

Within the next three months:

1. The Surrey ACSM will review their working protocol with the RCMP in order to garner more thorough responses regarding any police involvement. Good co-operation from the police is particularly important to ensure the safety of children in out-of-care placements.
2. The ACSM and the Team Leader will develop a plan to ensure that the Team Leader for GDE is no longer put in the role as a mediator with other supervisors in the building. This extra function detracts from the GDE Team Leader's ability to supervise her own team.
3. The ACSM/Team Leader will review with the GDE team, the need to document the rationale for decisions regarding the steps in an investigation
4. The ACSM/Team Leader will develop a plan to complete intakes open over 90 days.
5. The ACSM/Team Leader will brainstorm and put into action with the team a plan to increase compliance regarding the documentation of planning.

6. The Practice Development Manager will discuss with the Director of Child Welfare a possible forum on FDR practice issues. The issue of re-assessment of risk with FDR cases would be one of the topics discussed.



Bruce McNeill
Director of Child Welfare
Fraser Region

Date

Additional (Executive) Recommendations (if any):

Les Boon
Regional Executive Director
Fraser Region

Date

Additional (Executive) Recommendations (if any):

Director's Case Practice Audit – Newton Community Services Team - GDE

Reviewed by the Assistant Deputy Minister – the following recommendations are being added to this report.

1. The Acting Community Service Manager to review with the Team Leader and staff the intent of seeing and interviewing the child and family during a child protection investigation and the need to document this.
2. In addition to recommendation # 5, that a plan is developed and implemented to increase compliance with the following child in care service standards:
 - Ensuring a child's safety while in care;
 - Ensuring the rights of a child in care;
 - Involving a child and considering the child's views in case planning and decision making;
 - Maintaining personal contact with a child in care;
 - Assessments and Planning for a child in care.
3. The Regional Director of Child Welfare's office to re-audit a sample of CS files within the next year to ensure compliance to the children in care service standards has improved.

Mark Sieben
Assistant Deputy Minister
Policy and Legislation Team
Child and Family Development Division

June 26, 2006