DIRECTOR'S CASE PRACTICE AUDIT REPORT

TRI-CITIES CHILD AND YOUTH SAFETY ASSESSMENT TEAM

(HEC now HDO)

Field Work Completed: August 23 – September 13, 2004
Report Completed: February 9, 2005

DIRECTOR'S PRACTICE AUDIT REPORT
FRASER REGION
TRI-CITIES CHILD AND YOUTH SAFETY ASSESSMENT TEAM (HEC/HDO)

TABLE OF CONTENTS

SECTION I: INTRODUCTION

SECTION II: PRACTICE IN THE COMMUNITYCONTEXT

SECTION III: CASE PRACTICE REVIEW

SECTION I: INTRODUCTION

DIRECTOR'S CASE PRACTICE AUDIT REPORT
FRASER REGION
TRI-CITIES CHILD AND YOUTH SAFETY ASSESSMENT TEAM (HEC/HDO)

****At the time of this audit, this team was coded HEC however, since the audit's completion, the team has changed to the code HDO. HEC will be used in this report.****

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 systematically conducted on a regular cycle. All regions are expected to conduct regional case practice audits as an integral component of their quality assurance plan.

2. METHODOLOGY

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

- **Critical Measures Audit Tool for Child and Family Service Standards**

Sections 3 to 8 are based on information from interviews with two Social workers and the Team Leader.

SECTION II: COMMUNITY CONTEXT

3. SERVICE AREA

a) Geography:

HEC (Child and Youth Safety and Assessment) is located at #300 - 3003 St. John's Street, Port Moody, BC. HEC is co-located with HEJ (Intake and Assessment), HDD (Family Services) and HDK (Child and Youth Mental Health).

Areas serviced by HEC are the Tri-Cities of Port Moody, Port Coquitlam and Coquitlam. Port Moody is a large community that borders to the west, Vancouver, to the south it is bordered by the Fraser River, and to the north, the Burrard Inlet. To the east, Port Moody is bordered by two Simon Fraser Region communities, Coquitlam (north) and New Westminster (south).

Port Coquitlam is located in the eastern portion of the Greater Vancouver Regional District, bordered by the Pitt and Fraser Rivers to the east and south and the Coastal Mountains to the north.

Coquitlam is located at the geographical centre of the Lower Mainland, bordered by the municipalities of Port Moody, Port Coquitlam, Burnaby and New Westminster as well as the Fraser River to the south, Pitt River to the east and the Coastal Mountains to the north.

Some rural areas included are the villages of Belcarra and Anmore. There is one Aboriginal reserve, KWAYQUITLAM, and it is located at the junction of the Fraser and Pitt River.

The Fraser Health Authority and School District #43 service all 3 communities.

b) Demographics:

In 2001, Coquitlam's population was 12,890; Port Coquitlam was 51,257 and Port Moody was 23,816. Youth make up 28.43% of Port Moody's population, 29.61% of Port Coquitlam and 26.75% of Coquitlam's population.

The Team leader and Social workers describe the community served as being culturally and socio-economically diverse. The service area consists of a diverse mixture of cultures (e.g. Chinese, Vietnamese, and Persian) and the economic status level ranges from impoverished to very high.

A Social worker states that there are two low-income housing complexes, Gately and Cottonwood and they accommodate many of HEC's clientele.

HEC's MISSION STATEMENT: Created in January 2004

- Children have a right to be safe within their families.
- We will take the time to conduct respectful and thorough assessments, interacting with integrity, compassion and empathy.
- We will accept responsibility and be accountable for our actions. We will fulfil our responsibilities in a holistic, child-centered, and family focused manner.

- We believe that people have the capacity to change and have a voice in the process of change.

HEC deals with a wide variety of issues such as drug/alcohol addiction, mental health, neglect and domestic violence. A Social worker states a "typical" case comes from HEJ and involves a person who is drug affected and has a mental health issue, with risk factors of neglect and domestic violence.

HISTORY OF HEC:

HEC was created in 1997 and consisted of 7 Social workers and the Team leader. Later, HEJ was created and HEC currently has 5 Social workers and the Team leader. Four of the team members have worked together since 1999. A Social worker states that the team mainly consists of senior workers who have a "wealth" of varied experience.

c) Service Delivery:

1/ Residential Services:

The Resources Unit that services this community consists of 2 teams located in Coquitlam. HEC has a contact/liaison resource Social worker who handles all their placement requests. One Social worker reports that the resource workers are easy to reach when needed.

It was reported by both Social workers interviewed that placements are difficult to find with very few foster homes located in the Tri-Cities area. Usually the placements are in Maple Ridge or Abbottsford.

A Social worker reports that Tri-Cities foster homes usually have working parents and there is difficulty with foster parents being able to meet the needs of children (e.g. transport to counseling or medical appointments, supervising visits, and the actual amount of quality time spent with the children). One Social worker expressed concern that foster homes may be accepting too many challenging children and worries that foster parents are burning out.

According to one Social worker, the Team leader and Community Services Manager encourage creativity in placing children. Community and family options are exhausted before a MCFD placement is used. One Social worker indicates that she has been doing Kin and Other placements extensively as well as exploring other alternatives. Families are assisted in locating supports in order to keep children with their families. She further reports that mediation and family group conferencing are being integrated into case practice.

Another Social worker reports that HEC is committed to using least disruptive measures more than the previous offices where she worked. (e.g. family group conferencing, mediation). This Social worker expressed concern about the ability to mitigate risk while awaiting outcomes of less disruptive measures. She reports that this is a change in practice for her. To the best of the Social worker's knowledge, these measures are assessed on a case by case basis. She reports there have been good outcomes for the families and children, such that, MCFD can withdraw and close the file.

2/ Service Transformation Plan:

The Team Leader and the Social Workers report the following:

- ICM meetings are called FACT meetings (Family and Community Together). Cases that require ongoing family services are required to go through the FACT process.

- FDR will be implemented by HEJ however HEC will continue to do child protection investigations and protocol investigations only.

- All Aboriginal files have been transferred to the new generalized Aboriginal team (FIP).

HEC continues to work collaboratively with their community:

- Best Practices Committee consists of representatives from community service providers, the Fraser Health Authority, School District #43 and the MCFD Team leaders of the Tri-Cities community. They meet once per month and oversee training and discuss topics such as systemic issues, strength based practice, etc. Their most current goal is to integrate the school wraparound process with FACT meetings.
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- HEC has quarterly breakfast meetings with the RCMP.

- SHARE and Act II are the sole counseling agencies available for HEC (D&A; family; individual; speech therapy).

- PLEA is contracted to work with adolescents.

- The Team leader continues to have a positive working relationship with the Port Coquitlam MLA office and there is a clear understanding about information sharing.

4. STAFFING:

HEC has 6 FTEs including the Team leader position and there are no specific administrative FTEs dedicated to HEC. Administrative FTEs are dedicated to the floor, which includes the HEJ, HDD and HDK teams.

Professional Staff Complement/Staff Turnover:

There is very little staff turnover noted on this team. Since the last audit, the team split into HEC (investigation) and HEJ (screening and FDR) and the Team leader reports that the team has been fairly stable since then.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
TL				Full	
SW #1				Full	
SW #2				Full	
SW #3				Full	
SW #4				Partial	
SW #5				Full	
SW #6				Full	

One Social worker is on leave.

Current Workload:

Open Intakes:
HEC214 – 10
HEC205 – 11
HEC204 - 16
HEC203 - 09
HEC201 - 04

Total active cases – 71

5. STAFF TRAINING:

MCFD Training Program	TL	#1	#2	#3	#4	#5	#6	
CPW Training Program (core)								
Resources Training								
Guardianship Core Training								
Adoption Core Training								
Clinical Supervision Level 1								
Clinical Supervision Level 2								
Risk Assessment								
Advanced Risk Assessment								
Enhanced Neglect Training								
Cultural Awareness								
Integrated Case Management								
Investigative Interviewing								
FAS/E and NAS/E								
Looking After Children								
Substance Misuse								
Youth Drugs and Alcohol								
Youth Suicide Prevention								
Youth Agreements								
District Supervisor Training module 1								
District Supervisor Training module 2								
Leading the Way								
Other Training:								
When Working Hurts (Personal Wellness)								
RCMP/MCFD interviewing younger children								
Suicide Prevention								
Stopping Violence in Relationships								
7 Habits of Highly Effective People								
Fundamentals of Supervision								
Orientation to Guard. & CP Standards								
Attachment & Bonding								
Attachment with Steinhauer (TL symposium)								
Working with Mentally Ill Parents								
Early Prevention Schizophrenia								
TL lecture re bruising. Speaker from Sick Kids in TO								
Other Training								
Motivational interviewing								
Brief Solution Focus Training								
Training on Narrative Counselling								
Homeworks Training								
Advanced Investigative Interviewing								
Training for Trainers								
Language of Gifts								
North Carolina Model								

Grow Op & Meth Labs								
Regional Leadership Forums								

*** One** Social worker is on leave

6. SUPERVISION/CONSULTATION:

There are several informal supervision/consultation processes used: daily morning check-in, , team/peer consultation, senior team member consultation, and the Team leader is available via cell phone at all times. The Team leader reports that one challenging case is discussed in the weekly team meeting.

The formal processes are via the team meeting, case consult or a caseload review by Team leader (every 2 weeks).

Clinical supervision is considered “their time” and occurs every 5 weeks.

The team reports that there is a strong focus on"wellness" both personal and team.

HEC can be described as a champion in wellness and a senior HEC Social worker and the Team Leader provide wellness training in the Region.

Social workers report that this team is more aware of self-care and wellness and they look out for each other. This initiative is strongly supported by the Community Services Manager.

Senior social workers act in the Team Leader’s absence (e.g. vacation) and have been identified by the Team leader as available for case consultations. Also, Social workers can consult with the other team leaders (HEJ, HDD).

contacting xxx Community Services Manager when needed. The Community Services Manager has gotten directly involved with case consultation as needed/requested (e.g. via speakerphone with TL and SW).

The Team leader reports that every two months, the Community Services Manager attends part of the daily check in and then meets with the Team leader for the rest of the morning. The Team leader receives supervision every 6 – 8 weeks or as needed.

. The Team leader and Social workers describe HEC as a strong team. it could be challenging for someone new to the team.

One Social worker reports that HEC is committed to training practicuum students and that HEC used to be considered a training office prior to April 1, 2004.

7. INTAKE AND TRACKING SYSTEMS:

intake and case management tracking is done during case reviews with the social workers.

The Team leader

reported HEC completed approx. 6 foster home protocols last year.

The Team leader describes the intake process as follows:

Usually the reports come from HEJ but do come from other sources. There is a "Prime" Social worker schedule for the week and this schedule is shared with HEJ. Immediate and 24 hour response reports go to the Prime worker for that day however it is noted that this is open to negotiation depending on the Social worker's caseload and number of intake reports coming in. This becomes a team decision as to case assignment. The Team leader has designated a senior Social worker to assist when she is not available

When HEJ receives an investigation report, If the report is assessed as requiring an investigative response, the HEC Team leader is notified. HEC may re-assess the report. The investigation report is then taken to the Prime worker of the day. Each case is discussed, HEC may re-assess the report, a plan is developed and the Prime worker then takes responsibility for that case. The Prime worker schedule is done by the Social workers. As well, a "Duty" worker schedule is done for the week. The Duty worker's responsibility is to cover emergencies on other Social workers' caseloads if they are away from the office (e.g. flex days, holidays, etc.). The Duty worker is never the Prime worker on the same day and an equitable process based on flex days is used.

There is a separate caseload that has been created under the Team leader's name and number (HEC) for the 5-day intake reports that are pending assignment. The 5-day intake reports are distributed during the weekly team meeting. These reports will go directly to the Team leader who develops an investigation plan after reviewing the file. This plan becomes part of the physical file and is entered into the computer system.

The Team leader reports that the Social workers are responsible for management of their caseload however the Team leader is available to assist in prioritizing work.

The Team leader reports that the Community Service Manager's direction is to attend to all intake reports within 6 months. The team struggles with timelines given the volume of intake reports received. Another struggle is balancing between immediate child safety and file documentation.

a) Investigations:

The tracking system for investigations is noted above, as HEC is an investigation team.

The Team leader noted that Social workers are responsible for their own case management with her support. One Social worker described her tracking system as follows:
- Voice mail log system (all calls are recorded and once documented in file, shredded, tries to document verbatim), a daybook system (all appts and notes things like cancellations), and a red file folder system (new investigation – prints off and puts it in the front of file, will jot down notes to self, all notes, scrap notes are shredded and behind the red file puts all gathered information that eventually gets entered into MIS).

When an investigation is closed, HEC either closes the file or transfers it to a family service team, usually HDD.

One Social worker noted that HEC does a significant amount of background collaterals that require Sec 96 requests plus thorough file reviews.

One Social worker noted less recidivism in comparison to other offices she has worked in. She feels that the thorough case practice of HEC helps reduce this.

One Social worker noted that HEC also does very thorough RD#5 and the risk analysis is much more thorough and comprehensive than other teams she has worked on.

The Social worker feels that due to the amount of collaboration between HDD and HEC, the continuity and positive outcomes for families are improved. In comparison to other teams, there are more formal transfer meetings and direct case consultations. HDD is more involved in the planning process during the investigation (e.g. court process). HEC does not complete risk reduction plans, however they do make recommendations.

b) Family Development Response:

At the time of this audit, FDR was not formally implemented in this community.

c) Ongoing Family Service and Child Service:

HEC does not provide ongoing family/child services.

8. ABORIGINAL SERVICES:

One Social worker reports that there is a small Aboriginal community and one Aboriginal MCFD team – Circle 6. There is one reserve, KWAYQUITLAM, that is located behind Colony Farm (where the Fraser/Pitt River meets) and consists of approx. 30-50 people.

As of April 1, 2004, all Aboriginal files were transferred to the Circle 6 team and clients did not have a choice. One Social worker expressed concern about the transfer process and the impact it has on children and families

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SECTION III: CASE PRACTICE REVIEW

9. AUDIT SAMPLE

There were 16 family service files audited, which is 21.5% of the total open office caseload (71).

As outlined in the Terms of Reference letter dated June 25, 2004, two Practice Analysts were required to do this audit as one was in training. In consultation with the Manager of Service Quality, a small sample of closed files was not reviewed due to the lack of adequate office space, computer access and scheduling restraints.

Current caseload management reports (CMR) of cases assigned to this office and individual caseload lists were identified on the Ministry computer system. The audit

sample took 21.5% of cases from each caseload however no less than 3 cases per caseload. Then cases were randomly selected from each caseload.

10. CRITICAL MEASURES AUDIT

A. Child and Family Service Standards (CMAT – CFS)

- Data Summary
- Narrative Summary

CRITICAL MEASURES AUDIT - CHILD AND FAMILY SERVICES (CMAT-CFS)
DATA SUMMARY

Office Code: HEC
Total # of cases audited: 16

	CRITICAL MEASURES	C		PC		NCF		NC		NA	
		#	%	#	%	#	%	#	%	#	%
1	Screening and Best Approach to Service Delivery CFS Standard #1	**15**	**94**					**1**	**6**		
2	When a Child is at Immediate Risk of Harm CFS Standard #11	**4**	**44**					**5**	**56**	**7**	
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	**15**	**94**					**1**	**6**		
4	Family Development Response CFS Standard #14									**16**	
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	**2**	**13**					**13**	**87**	**1**	
6	Conducting a Child Protection Investigation CFS Standard #15	**6**	**40**					**9**	**60**	**1**	
7	Seeing and Interviewing the Child and Family CFS Standard #15	**6**	**40**					**9**	**60**	**1**	
8	Concluding a Child Protection Investigation CFS Standard #16	**4**	**80**					**1**	**20**	**11**	
9	Concluding a Child Protection Investigation in a timely manner CFS Standard #16	**2**	**14**					**12**	**86**	**2**	
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17	**1**	**50**					**1**	**50**	**14**	

11	Reassessing a plan to keep a child safe and ending a family service response CFS Standards #17, 20	**-**	**-**					**-**	**-**	**16**	
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24	-	**-**					**-**	**-**	**16**	
13	Management and Supervisory Consultation	**13**	**81**					**3**	**19**	**-**	
OVERALL COMPLIANCE:			**56**						**45**		

= Number of applicable cases: 16

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 AUDIT - CHILD AND FAMILY SERVICES (CMAT-CFS)

NARRATIVE SUMMARY

Sixteen Family Service Files were audited. Information for determining compliance to the service standards was based on the documentation found in the physical files of those selected in the stratified random sampling.

The overall compliance was 56%. The following are the CFS Critical Measures used and the results:

1. Screening and Best Approach to Service Delivery (CFS Standard 1)
Applicable cases 16 - 94% compliant; 6% non-compliant

2. When a Child is at Immediate Risk of Harm (CFS Standard 11)
Applicable cases 9 - 44% compliant – 56% non-compliant

3. Assessing a Child Protection Report and Determining the Most Appropriate Response (CFS Standard 12)
Applicable cases 16 - 94% compliant – 6% non-compliant

4. Family Development Response (CFS Standard 14) – Not implemented in the Region

5. Determining a Time Frame to Begin an Investigation (CFS Standard 15)
Applicable cases 15 - 13% compliant – 87% non-compliant

6. Conducting a Child Protection Investigation (CFS Standard 15)
Applicable cases 15 – 40% compliant – 60% non-compliant

7. Seeing and Interviewing the Child and Family (CFS Standard 15)
Applicable cases 15 - 40% compliant – 60% non-compliant

8. Concluding a Child Protection Investigation (CFS Standard 16)
Applicable cases 5 – 80% compliant – 20% non-compliant

9. Concluding a Child Protection Investigation (CFS Standard #16)
Applicable cases 14 – 14% compliant – 86% non-compliant

10. Developing and Implementing a Plan to Keep a Child Safe (CFS Standard 17)
Applicable cases 2 – 50% compliant – 50% non-compliant

11. Reassessing a Plan to Keep a Child Safe (CFS Standard #17, 20)
Applicable cases - 0

12. Notification of Fatalities and Critical Injuries (Reportable Circumstances) (CFS Standard 24)
Applicable cases – 0

13. Management and Supervisory Consultation
Applicable cases 16 – 81% compliant – 19% non-compliant

Practice Strengths: Areas of High Compliance:

CM #1 – Screening and Best Approach to Service

CM#3 – Assessing a Child Protection Report and Determining the Most Appropriate Response

CM #8 – Concluding a Child Protection Investigation

CM #13 – Management and Supervisory Consultation

Number of cases highlighted to team leader/ manager:

Five cases were highlighted for very good to excellent case practice for the following reasons:

1. Initiative to use the FDR approach.
2. Clear, professional and individualized approach to collateral information requests that promote positive relationships with community partners and professionals.
3. Collaborative work within team, HEJ, HDD and HDG.
4. Noteworthy Immediate Safety Assessment and planning process – very thorough and Social worker made a significant effort to ensure the children understood and agreed with the plan.

Areas for Improved Practice: Areas of Low Compliance

CM #2 – When a Child is at Immediate Risk of Harm -

CM #5 – Determining a Time Frame to Begin an Investigation

CM ##6 – Conducting a Child Protection Investigation

CM #7 – Seeing and Interviewing the Child and Family

CM #9 - Concluding a Child Protection Investigation in a timely manner

Number of cases highlighted to team leader/ manager and reason that the cases were highlighted:

There were 2 cases brought to the attention of the Team Leader and Community Services Manager during the audit.

One case was in regards to an investigation not being completed appropriately and the other case was in regards to several child safety issues were not addressed in the file documentation found. Also, the historical child protection issues were very concerning. responded to these issues in a timely fashion.

Themes:

1) Direct Observations of the home and children were lacking in documentation – need to provide descriptive and detailed information.
2) Interviews – need more detailed documentation and ensure specific report concerns are included.
3) Investigations are taking longer than 30 days and need to close intakes in a more timely fashion (e.g. when investigation is completed). Reasons ranged from the Social worker doing ongoing family service work after the investigative process was completed; intake report not being closed promptly and other high risk cases taking priority.
4) If decision is to provide further short-term service, document what and why.

5) Staffing, workload and the need to prioritize intakes impacted Critical Measures #3, 5, and 6.
6) Need to document as if reader has no understanding of case.
7) Clearly document why an exception to the standards/criteria has been decided (e.g. timeline for completing an investigation). It should be noted that in one case, this was done in an exemplary fashion.
8) Very good collaborative work was found between HEC team members, HEJ/HDD and HDG.
9) Completed investigations were thorough.
10) Solid, professional, working relationships with community partners noted.
11) Very good collateral information - gathering system in place.
12) Very clear investigation plan documented by the HEC Team Leader and completed upon receipt of the intake report.
13) Team Leader consultation and case reviews are integral to HEC's daily case practice and are well documented overall.

_____ _____

Julie Cringle
Practice Analyst
Fraser Region

Date

_____ _____

Henry Grayman
Service Quality Manager
Fraser Region

Date

RECOMMENDATIONS:

Recommendations developed June 8, 2005, by:

Manager of Service Quality
Manager of Practice Development
Tri-Cities Community Services Manager
Team leader (HEC)

1. The Community Services Manager and Team leader will develop a plan to close investigations within 30 days as outlined in the MCFD standards.

2. The Team leader will review and document with each worker the rationale for not completing the audited investigations within 30 days.

3. The Team leader will review with HEC Social workers the need to document:

- Completion of the Immediate Safety Assessment
- Supervisory consultation/approval
- Investigative Process while conducting an investigation

The above mentioned recommendations will be completed by **May 1, 2006** (3 months).

Note: A request to review more closed investigation cases was requested and granted. A special audit (20 cases) was completed on September 1, 2005. A final report was provided to the Community Services Manager and Director of Child Welfare. The results of the 2001 audit and this regular audit were compared to the results of the special audit. This process was for information purposes and the results support the above recommendations.

_____ February 01, 2006_____
Bruce McNeill Date
Director of Child Welfare
Fraser Region

Additional (Executive) Recommendations (if any):

_____ _____

Les Boon Date
Regional Executive Director
Fraser Region

Additional (Executive) Recommendations (if any):

Director's Case Practice Audit – Tri- Cities Child and Youth Safety Assessment Team HDO (was HEC)

Reviewed by the Assistant Deputy Minister - the following recommendation is being added to this report.

1. It is recommended that priority be given to conducting a re-audit of the HDO office within the next six months.

Mark Sieben
A/Assistant Deputy Minister
April 13 2006