

DIRECTOR'S CASE PRACTICE AUDIT REPORT
Vancouver Island Region

Duncan Permanency Planning and Youth Services (**KDC**)

Field Work Completed: August 2005
Report Completed: December 2005

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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 Case Practice Audit Methodology and Procedures Document (March 2003). The specific audit tools used in conducting this audit are indicated below.

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

The auditor met initially with the team to review the audit purpose and process. During the audit, the Team Leader was interviewed with respect to office systems, and service delivery. The KDC social workers were also invited to participate in a discussion regarding the office service delivery, barriers to effective service delivery and recommendations for improving services. An exit meeting with the team including Team Leader and team was conducted at the conclusion of the audit to review the findings. At the conclusion of the audit, individual case audit reports were given to the Team Leader.

SECTION II: COMMUNITY CONTEXT

3. SERVICE AREA

a) Geographics:

The Youth Services and Probation team (KDC) services the Cowichan Valley area. This region covers approximately 373,000 hectares, and stretches from the Malahat in the south, to the town of North Oyster in the north, west to the Pacific Ocean (Pacific Rim National Park and Trail) and includes the communities of Honeymoon Bay and Youbou on Cowichan Lake. The Cowichan Tribes Land, which falls into this geographical area, is the responsibility of the delegated Aboriginal agency, Lalum'utul' Smun'eem. There is one main hospital in Duncan, with Chemainus having one small hospital. The ministry office is located in downtown Duncan.

There are several local protocols that are negotiated and followed by this office. These include: Aboriginal agencies, RCMP, the Hospital, Local schools, an internal protocol between the three MCFD teams regarding file transfers, and the Duncan teams are in the process of updating a protocol with WAVAW (Women Against Violence Against Women)

b) Demographics:

The following demographic information was obtained from the BC Statistics 2004 Demographic Profile of the Cowichan Valley District. The total population for the Cowichan Valley area is approximately 77,338 (2004). Of this population, 8.8% of the population is Aboriginal and 3.9% belong to other Visible Minority groups. The team leader reports observations of a wide variance in income levels in the community. Staff report observing pockets of extreme poverty in some areas compared to areas with very high income families. Staff report the lower income areas are Duncan, Crofton, Chemainus and Lake Cowichan. These lower income areas have been observed by staff to generally have larger numbers of children as compared to the higher income families. In the Cowichan Valley 24.9% of families are paying more than 30% of their income for housing costs. 5.9% of families in the Cowichan Valley are receiving Income Assistance Benefits, and of the clients receiving this assistance, 33.3% are single parent families. The team leader reports there is currently no major industry in the area. The mill in Youbou closed down a few years ago, which had a significant impact on the community. Many people who live in the South end of the community work in Victoria and commute, and many access services in Victoria.

The incidence of youth committing serious crimes in this community is 7.1 per 1000 population as compared to 6.8 for the province (2003). The teen pregnancy rate in the Cowichan Valley is 32.4 per 1000 women ages 15 to 17, as compared to 20.5 provincially. The number of youth between the ages of 19 to 24 receiving income assistance in 2004 was approximately 7.2%. Between 2001 and 2003 26.8% of 18 year olds did not graduate from high school.

The Cowichan Valley area is made up of a number of distinct communities which include Lake Cowichan, Crofton, Chemainus, Kuper Island, Shawnigan Lake, Cobble Hill, Mill Bay and the town of Duncan. The team leader reports there are varying degrees of incomes throughout these communities from areas with high income such as Shawnigan Lake area to areas of low income such as Lake Cowichan and Kuper Island. Staff report observing a variety of issues with the clients they work with such as drug and alcohol use, drug trafficking, family violence, pockets of isolation, sexual and physical abuse, neglect, and mental health issues. Staff have observed that there is an increase in reporting when the Crofton mill shuts down in winter, for

issues of domestic violence and parent/teen conflict. Drug use and trafficking is observed by staff to be an emerging issue for the Cowichan Valley community that is becoming more and more prevalent, particularly in the use and production of crystal methamphetamine. Staff reported that it appears that domestic violence is a significant issue in the Cowichan Valley community. According to BC STATS, the incidence rate for family violence from 2001 to 2003 was 3.4 incidences per 1000 population, compared to a provincial incidence rate of 2.3 per 1000 population.

The team leader reports there are specific challenges the team experiences in working with youth in the Cowichan Valley. There are no specialized alcohol and drug services for youth in this community. Foster parents, youth workers and social workers try to address substance abuse with youth; however, there are no specific treatment programs. Youth Probation offers the YSAM substance abuse program, but youth must be on probation to access this service. This community also does not have any anger management programs for youth. Youth Probation offers a youth violence program approximately one to two times per year to youth on probation. The team leader reports there is also no short term emergency shelter for youth in the community, and housing for youth on independent living is difficult to find. The Community Options Society recently closed a resource that could accommodate up to four youth on independent living due to property damage and drug dealers coming to the property. This agency is considering the possibility of purchasing a building with separate living units for youth on independent living which would have a manager who lives on site. The team does have access to parent/teen mediation services as well as a child protection mediator for court involved cases. This team has access to five youth workers who cover all of the community with the exception of Lake Cowichan which has two youth workers. Staff report this is not adequate to meet the needs of youth in the community. The Community Options society is currently working on obtaining a youth street worker position. Staff also reported observing a high number of teenage pregnancies, which is supported by information obtained through BC Vital Statistics below:

Year	BC	Van. Island	Cowichan	Lake Cowichan
2005 (to date)	3.7%	5.5%	5.7%	18.2%
2004	3.5%	5.2%	7.3%	10%
2003	3.7%	5.2%	5.4%	3.7%

(BC Vital Statistics, Summary Statistics by Local Health Areas, 2003, 2004, 2005)

c) Service Delivery:

There are two buildings that house Ministry for Children and Family Development services in the Cowichan Valley. Permanency Planning and Youth Services (KDC) which includes youth probation, are located in one building and the Child Protection Intake and Investigation team (KDF), Resources and Family Services (KDB), and Child and Youth Mental Health (KDD) are located in the second building in a different area of town. The Community Services Manager with responsibility for this community is located in the Nanaimo Regional Office.

i) Residential Services

The resource team is responsible for residential resources for the Cowichan Valley area and all the team leaders meet together to discuss and address residential services at the team leader meetings as the need arises on a regular basis.

If a placement is required for a child the social worker contacts the resource duty worker to request a placement. If a child requires a placement via After Hours, these are accessed through a resource list of emergency placements. Upon placement foster parents are given the medical confirmation form, the admission medical form, a referral document, and verbal information. The referral document contains information on allergies, the child’s needs, medications, and family information. The social worker also gives the foster parent clothing for the child if possible, a list of contact people that are known at time of placement, and arranges for contact with the family as soon as possible.

Potential restricted foster placements are referred by the youth team to the resource team to complete the assessment and approval of the home. For children who are placed in the “custody of a person other than the parent” the youth intake worker completes the assessment, approval and contract.

Caregivers are supported in caring for children through their resource worker and through a contracted resource support worker.

ii) Service Transformation Plan

KDC has a contract with the Community Options Society to provide youth services in the area which includes providing family preservation/unification services for up to ten hours per week.

KDC utilizes a contracted program to provide independent living skills development with youth. This includes using the Ansell-Casey life skills assessment, independent living skills education and clear expectations for reporting on youth progress.

4. STAFF TRAINING

Ministry Training Programs	Team Leader	SW 1	SW 2	SW 3	SW4	SW5	SW6
CPW Training Program (core)							
Resources SW Training							
Guardianship Core Training							
Adoption Core Training							
Clinical Supervision Level 1.							
Clinical Supervision Level 2							
Risk Assessment							
Advanced Risk Assessment							

Cultural Awareness							
Integrated Case Management							
Investigative Interviewing							
FAS/E and NAS/E							
Looking After Children							
Substance Misuse							
Youth Alcohol & Drug							
Youth suicide prevention							
Youth agreements							
District Supervisor training module 1							
D/S training mod. 2							
Leading the Way							

5. SUPERVISION/CONSULTATION

formal supervision as staff need for all decision points to be made such as responding to protection reports, removals, inter-provincial issues, risk decisions, ending services and court orders. regular formal supervision approximately every 6 to 8 weeks with each worker.

KDC staff meet each morning to review new intakes, cases and After Hours Memos.

All KDC staff have an Employee Professional Development Plan in progress at the time of audit. All team leaders in the Cowichan Valley participated in the Tony Morrison workshop supervision history with each worker to assist in completing an individual supervision contract . The supervision contract defines the expectations and goals of supervision and how it will occur.

completed performance appraisals for each worker as of August 2005 and has submitted these to the Community Services Manager for review.

tracks Reportable Circumstances

case management reports to track plans of care and is exploring the possibility of developing a tracking system with the team assistant for risk assessments and risk reduction services plans.

6. INTAKE AND TRACKING SYSTEMS

a) Investigations:

KDC has a screener position that takes all initial reports. The screener inputs the information into the computer system, and the decision about how to respond is completed in the morning intake meeting. The team leader reviews and signs approval for the new intake assigns a worker for follow up to the investigation/short term worker if needed. The screener provides support services and short term assessments as assigned by the team leader.

The investigation/short term worker completes investigations, Youth Agreement assessments and assessments for supports. The short term worker also provides services to families where it is assessed that the services will be less than six months in duration.

KDC maintains a rotating duty schedule to ensure there is a duty worker available at all times.

If ongoing protective family services are required the file is transferred to a family services worker.

b) Family development Response:

Not applicable at the time of this audit

c) Ongoing Family Service and Child Service

During consultation, if it appears that a file will require protective services longer than six months, the team leader and social worker review the case. In determining which social worker will provide longer term protective family services, the team leader reviews all family services caseloads for current cases, active files, file complexity, worker strengths and preferences in considering the most appropriate worker to transfer the file to.

7. STAFFING

a) Staff Complement/Staff Turnover:

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Leader				Full	
Social Worker				Full	
Social Worker				Full	
Social Worker				Full	
Social Worker				Full	
Social Worker				Full	
Social Worker				Full	

b) Current Workload

Caseload Characteristics for 2005

(KDC was expanded in April 2005)

Children and Youth Served Over Time

Month	Aboriginal CIC's	Non- aboriginal CIC's	Total CIC's	Youth Agreements	Supervision Orders
April	50	71	121	5	10
May	52	75	127	5	8
June	51	73	124	5	7
July	47	74	121	5	6

Ages of children and youth

Age	# of CIC's	Age	# of CIC's	Age	# of CIC's
0	1	6	7	12	5
1	2	7	4	13	10
2	1	8	2	14	10
3	3	9	8	15	10
4	11	10	12	16	8
5	5	11	5	17	9
				18	8

(July 2005, MARS)

Children in Care by Legal Category

Legal Authority	# of CIC's
Continuing Custody	93
F.R.A. Ward	1
Interim Order	7
Out of Province	2
Removal of Child	1
Special Needs Agreement	1
Temporary Custody	10
Voluntary Care Agreement	6

(July 2005, MARS)

Placement	# of CIC's	After Care Plan	# of CIC's
Regular Family Care	9	Adoption	38
Restricted Family Care	14	Independent Living	9
Level 1 Care	16	Not Coded	1
Level 2 Care	16	Place with Relative	13
Level 3 Care	24	Place within Aboriginal Community	6
Contracted Resources	7	Return to Parent	34
Living Independently	5	Substitute Care	19
Parents/Relatives	8	Transfer Custody (Section 54.1)	1
Adoption Residency Period	19		
Missing/Runaway	3		
Regular Family Care	9		

(July 2005, MARS)

Intake, Investigation and Ongoing Family Services

Month	Request	Ongoing	Clients
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	Section 8 Kith and Kin	Protection Reports	for Family Support Services	Request for Youth Services	Family Service Cases	Families	Children and Youth
April	1	11	2	6	50	49	116
May	1	12	2	3	65	59	140
June	1	7	2	1	68	63	153
July	1	12	8	3	84	78	184

Between April and July 2005, the two most common section 13 concerns identified in the intakes received was physical harm or likelihood of physical harm by parent and parent unable/unwilling to care for child.

8. ABORIGINAL SERVICES

There are five First Nations Bands within the KCD catchment area that this office provides services to: Cowichan tribe members who live off reserve. Malahat First Nations, Penelakut First Nations (Kuper and Chemainus), Halalt First Nations (Chemainus), and Lake Cowichan First Nations. As well the office provides services to local Metis families and First Nations families who are from other areas.

KDC has protocol agreements with the Delegated Agencies Kwumut'le'lum (level 13) and Cowichan Tribes Lalum'utum'Smuneem (level 15/16) that represent the local bands.

The current plan is to transfer all continuing care wards, who are registered members of the Cowichan Band and removed off reserve, to the delegated agency in the fall of 2005. The agency will then provide guardianship services for these wards.

The team leader states that approximately every 6 to 8 weeks, all MCFD team leaders and Lalum'utum'Smuneem supervisors meet with Lalum'utum'Smuneem to review policies, changes, what is currently being worked on. a barrier to transferring files is related to budget restrictions and the monies transferred to the delegated agencies with case transfers. The team leader reports relationships between workers in both MCFD and the delegated agency are positive.

SECTION III: CASE PRACTICE REVIEWS

9. AUDIT SAMPLE

As noted in the terms of reference letter that was sent to the Community Services Manager and Team Leader, a sample size of between 50-75% of closed investigations files from the past 6 months, 50% of open Family Services files and 25% of open Child Service files were selected for this audit after consultation with the team leader. KDC is responsible for intake, investigation, protective family services and guardianship for youth. A data set was compiled by obtaining closed investigation reports from the MARS website for the previous five months This data was then randomly sorted using Excel spreadsheet, and the first 50% of files were selected to create the audit sample. Open Family Services and Child Services files were selected from current case management reports via a similar random sampling process using Excel spreadsheet.

The intake reports for KDC on MCFD MARS indicate there were 69 intake and investigation reports over the previous four months. Of the 69 reports, 42 (61%) were child protection reports, 14 (20%) were family service requests and 13 (19%) were youth service requests. 10 closed intake files were audited representing 75% of the intakes received within the last 5 months (this includes intakes that were completed during the audit). In addition, 10 open family services file were audited representing 50% of the open, eligible, on-going family service files. 24 child services files were audited representing 25% of open, eligible child service files for children in care.

10. CRITICAL MEASURES AUDIT TOOL FOR CHILD AND FAMILY SERVICE STANDARDS

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 <i>CFS Service Standards #1 and #12</i>	20	100%			0	0%	0
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11</i>	11	91.7%			1	8.3%	8
3	Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard #12</i>	14	87.5%			2	12.5%	4
4	Family Development Response <i>CFS Service Standard #14</i>	0	0			0	0	20
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	7	77.8%			2	22.2%	11
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	8	88.9%			1	11.1%	11
7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	7	77.8%			2	22.2%	11
8	Concluding a Child Protection Investigation <i>CFS Service Standard #16</i>	8	88.9%			1	11.1%	11
9	Concluding a Child Protection Investigation in a Timely Manner <i>CFS Service Standard #16</i>	3	33.3%			6	66.7%	11
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #17</i>	4	50%			4	50%	12
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response <i>CFS Service Standards #17 and #20</i>	1	16.7%			5	83.3%	14
12	Notification of Fatalities and Critical Injuries (Reportable Circumstances) <i>CFS Service Standard #24</i>	0	0	0	0	2	100%	18
13	Supervisory Approval	20	100%			0	0	0

	Total Applicable Indicators: 129 NA Ratings Not Included in Count	103	79.8%	0	0	26	20.2%	131
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= Number of applicable cases

% = Percent of total cases reviewed

NARRATIVE SUMMARY- CHILD AND FAMILY SERVICES

20 Investigation and Family Service files were audited. Overall compliance to the child and family services standards was **79.8 %**. Information for determining compliance to the service standards was based on 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, an aboriginal service provider or delegated agency had been contacted where applicable.

Compliant: all cases

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 unable 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 their immediate safety.

Compliant: 11 cases

Not Applicable: 8 cases

Non-Compliant: 1 case

- *Unable to determine if a SW attended the home to determine youth's immediate safety*

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

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

Compliant: 14 cases

Not Applicable: 4 cases

Non-Compliant: 2 cases

- *The decision was to refer to community where there was a likelihood that section 13 concerns existed.*
- *unable to determine if sec 16 assessment decision was made within 5 day time frame*

4. FAMILY DEVELOPMENT RESPONSE

When a family development response 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. Not applicable for this audit

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.

Compliant: 7 cases

Not Applicable: 11 cases

Non-Compliant: 2 cases

- *decision to respond within 24 hours was not supported by documentation*
- *SW was unable to initiate response within 5 days*

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, documentation that the child living situation has been directly observed, etc.

Compliant: 8 cases

Not Applicable: 11 cases

Non-Compliant: 1 case

- *Not all children were interviewed and a home visit was not completed*

7. SEEING AND INTERVIEWING THE CHILD AND FAMILY

This critical measure requires that the worker sees and when possible interviews the subject child, siblings, parents, and involves the aboriginal community if applicable.

Compliant: 7 cases

Not Applicable: 11 cases

Non-Compliant: 2 cases

- *Unable to determine if parent's partner, who was involved in incident, was interviewed*
- *Not all children were interviewed and a home visit was not completed*

8. CONCLUDING A CHILD PROTECTION INVESTIGATION

This critical measure requires the auditor to review whether or not the decision about the child needing protective services 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.

Compliant: 8 cases

Not Applicable: 11 cases

Non-Compliant: 1 case

- *The social worker verified that the reported section 13 concerns did exist but the determination was that the youth did not require protective services. NOTE: this youth was in care at the time of the incident, which occurred during a home visit.*

9. CONCLUDING A CHILD PROTECTION INVESTIGATION IN A TIMELY MANNER

This critical measure requires that there is documentation that demonstrates the investigation was concluded within 30 calendar days.

Compliant: 3 cases

Not Applicable: 11 cases

Non-Compliant: 6 cases

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

The auditor looked for documentation that reflected safety planning that occurred after determining that the child was in need of protective services. 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.

Compliant: 4 cases

Not Applicable: 12 cases

Non-Compliant: 4 cases

- 3 cases had current risk assessments completed but did not have current comprehensive safety plans
- 1 file did not have a current risk assessment and comprehensive safety plan

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 as appropriate with those involved. In ending a Protective Family Service Response, the auditor looked for documentation indicating an assessment had been completed supporting the conclusion that the parents were able to keep the child safe without protection services.

Compliant: 1 case

Not Applicable: 14 cases

Non-Compliant: 5 cases

- 1 case had a completed review of risk but unable to determine if a review of the safety plan had been completed
- In 4 cases documentation indicated significant changes had occurred but unable to determine if a review of risk and the safety plan had been completed

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

Compliant: 0 cases

Not Applicable: 11 cases

Non-Compliant: 2 cases

- 1 incident where a youth took an overdose of Tylenol requiring hospitalization
- 1 file where there were 2 reported incidents – youth in care threatened other youth with a knife, threatened other youth with a loaded gun.

13. MANAGEMENT AND SUPERVISORY CONSULTATION

During this audit the auditor looked for documentation that reflected consultation with supervisors or managers at ALL critical points.

Compliant: All 20 cases were rated as compliant

PRACTICE STRENGTHS:

- **Screening and Best Approach to Service Delivery** **100%**
CFS Service Standards #1 and #12
Compliant: all cases
- **When a Child is at Immediate Risk of Harm** **91.7%**
CFS Service Standard #11
Compliant: 11 cases
Not Applicable: 8 cases
Non-Compliant: 1 case
- **Supervisory Approval** **100%**
Compliant: All 20 cases were rated as compliant

AREAS FOR IMPROVED PRACTICE:

One file was highlighted for the team leader for follow up of identified practice issues

- **Concluding a Child Protection Investigation in a Timely Manner** **33.3%**
CFS Service Standard #16
 Compliant: 3 cases
 Not Applicable: 11 cases
 Non-Compliant: 6 cases
- **Developing and Implementing a Plan to Keep a Child Safe** **50%**
CFS Service Standard #18
 Compliant: 4 cases
 Not Applicable: 12 cases
 Non-Compliant: 4 cases
- **Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response** **16.7%**
CFS Service Standards #18 and #21
 Compliant: 1 case
 Not Applicable: 14 cases
 Non-Compliant: 5 cases
- **Notification of Fatalities and Critical Injuries (Reportable Circumstances)** **100%
NC**
CFS Service Standard #25
 Compliant: 0 cases
 Not Applicable: 11 cases
 Non-Compliant: 2 cases

11. CRITICAL MEASURES AUDIT TOOL FOR CHILD IN CARE STANDARDS

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
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 Standards #1 and #19</i>	19	76%	5	20%	1	4%	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	24	96%			1	4%	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	24	96%			1	4%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	10	40%			15	60%	0

5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	24	96%	0	0	1	4%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	23	92%			2	8%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	24	96%	1	4%	0	0	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	9	36%	6	24%	10	40%	
9	When a Child is Missing or has Run Away <i>CIC Service Standard #14</i>	1	100%			0	0	24
10	Notification of Fatalities, Critical injuries and Serious Incidents <i>C&FS Standard #24</i>	0	0	0	0	6	100%	19
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	9	75%			3	25%	13
12	Supervisory Approval	25	100%			0	0	
	Total Applicable Indicators: 244 NA Ratings Not Included in Count	192	78.7%	12	4.9%	40	16.4%	56

NARRATIVE SUMMARY - CHILD SERVICES

25 child service files were audited. Overall compliance to the child service standards was **78.7%**. Information for determining compliance to the service standards was based on 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, and a cultural plan for the child.

Compliant: 19 cases

Partially Compliant: 5 cases

- *In all partially compliant cases, there was evidence the social worker was involving the aboriginal community but there was not a specific cultural plan that met the requirements as outlined by the standards.*

Non-Compliant: 1 case

- *Information on file indicated the youth may have aboriginal heritage but youth identified as non aboriginal.*

2. ASSUMING RESPONSIBILITY FOR A CHILD IN CARE

The auditor looked for confirmation of the child's legal status such as court orders, 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.

Compliant: 24 cases

Non-Compliant: 1 case

- *Insufficient historical information documented on the child's file, where documentation made references to significant historical involvement existing*

3. ENSURING A CHILD'S SAFETY WHILE IN CARE

The auditor looked for documentation to indicate that the child has been placed in a living arrangement that meets the child's needs, or for a child/youth refusing placement reasonable efforts were made to ensure a placement. File information also indicates that there is an adequate plan in place to address any identified safety needs.

Compliant: 24 cases

Non-Compliant: 1 case

- *One child's file indicated 2 reports of physical altercations between a caregiver and the youth in care but documentation was unclear what follow up occurred to address these incidents.*

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 CFCSA, the social worker has informed the child of the rights of children in care, and that any reports that a child's rights may have been violated, have been addressed.

Compliant: 10 cases

Not Applicable: 0 cases

Non-Compliant: 15 cases

- *8 files did not contain documentation that would indicate the social worker had reviewed the youth's section 70 rights in the past 12 months*
- *2 files involved infants and documentation did not indicate if, in the past 12 months, the social worker had reviewed the child's section 70 rights with an individual who had the ability to act in the child's best interest.*

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

In planning and making decisions for a child, the auditor looked for documentation that evidenced 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.

Compliant: 24 cases

Partially Compliant: 0

Non-Compliant: 1 case

- *Unable to determine extent of involvement as the youth had not been seen consistently by a social worker over the past 3 years, the youth's plan was not signed by the youth, and there was insufficient documentation to demonstrate youth's involvement or her views.*

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 as per CIC standard #9 during the past three years.

Compliant: 23 cases

Non-Compliant: 2 cases

- *youth in a long term stable placement and was seen on average every six months*
- *youth was seen once in 2002 and once in 2003 prior to file transfer (according to documentation).*

Current social worker reports seeing child in person every six months

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 stability and 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

Compliant: 24 cases

- *In cases where the youth is in care via a continuing care order, 4 cases had documentation indicating the social worker is actively exploring adoption and in 7 cases the social worker is actively working on placement with family or the youth's aboriginal community.*

Partially Compliant: 1 case

- *One case had insufficient documentation to determine if the plan from 2003 of exploring adoption was current or had changed.*

Non-Compliant: 0 cases

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.

Compliant: 9 cases

Partially Compliant: 6 cases

- *3 files had a completed comprehensive assessment and plan on file, but the review was overdue by less than one year*
- *2 files contained comprehensive assessments but did not have completed plans*
- *1 file had an immediate needs assessment and plan completed outside of the 30 day time requirement*

Non-Compliant: 10 cases

- *2 cases were overdue for a comprehensive review by more than one year*
- *3 cases were overdue for a comprehensive review by more than two years*
- *2 cases were overdue for a comprehensive review by more than three years*
- *1 case had an immediate needs assessment and plan but did not contain a comprehensive assessment and plan*
- *1 case contained a completed comprehensive assessment but did not have a plan*
- *1 case did not have a completed comprehensive assessment and plan.*

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.

Compliant: 1 case

Not Applicable: 24 cases

Non-Compliant: 0 cases

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

In circumstances where a death or critical injury has occurred for a child in care, the auditor looked for documentation indicating a Reportable Circumstances form had been completed, the

director and Public Guardian and Trustee were notified, and reasonable efforts to notify and support the child's family and community services providers.

Compliant: 0 cases

Not Applicable: 19 cases

Non-Compliant: 6 cases

- Youth was the subject of a protocol investigation and the concerns were verified
- Report of youth threatening caregiver with a knife
- 2 reported incidents of physical altercations where the caregiver hit the youth
- 1 file contained information of 2 incidents – 1 incident of suicide ideation requiring assessment, 1 incident of self harm requiring hospitalization
- 1 file contained several reports of the youth assaulting the caregiver resulting in injuries.

11. PLANNING FOR A CHILD LEAVING CARE

When children were leaving care the auditor looked for documentation indicating that transition preparation took place involving the child, family, and other relevant and significant individuals. When youth in care had reached the age of majority, the auditor looked for information to indicate an assessment of the youth's capacity for living independently had been assessed; the youth had been supported to develop self care and independence skills, and provided with assistance to obtain necessities as outlined in CIC standard #16.

Compliant: 9 cases

Not Applicable: 13 cases

Non-Compliant: 3 cases

- 2 files where the youth was older than 16 but there was insufficient documentation on file to demonstrate assessment and planning for developing independent living skills
- 1 file where the youth was older than 16 and an assessment of the youth's capacity for independence had been completed but there did not appear to be specific planning for skill development.

12. SUPERVISORY APPROVAL

During this audit the auditor was looking for documentation that reflected consultation with supervisors or managers at ALL critical points including placement, reunification, transferring responsibility, ending services, initial plan of care, plan of care reviews, and any significant changes in the child's circumstances.

Compliant: 25 cases

Non-Compliant: 0 cases

AREAS OF PRACTICE STRENGTH

- **Assuming Responsibility for a Child in Care** **96%**
CIC Service Standard #4
Compliant: 24 cases
Non-Compliant: 1 case
- **Ensuring a Child's Safety While in Care** **96%**
CIC Service Standard #5
Compliant: 24 cases
Non-Compliant: 1 case
- **Involving a Child and Considering the Child's Views in Case Planning and Decision Making (CIC Service Standard #8)** **96%**
Compliant: 24 cases
Partially Compliant: 0
Non-Compliant: 1 case

- **Maintaining Personal Contact with a Child in Care** **92%**
CIC Service Standard #9
 Compliant: 23 cases
 Non-Compliant: 2 cases
- **Meeting a Child's Need for Stability and Continuity of Lifelong Relationships** **96%**
CIC Service Standard #10
 Compliant: 24 cases
 Partially Compliant: 1 case
 Non-Compliant: 0 cases
- **When a Child is Missing or has Run Away** **100%**
CIC Service Standard #14
 Compliant: 1 case
 Not Applicable: 24 cases
 Non-Compliant: 0 cases
- **Supervisory Approval** **100%**
 Compliant: 25 cases
 Non-Compliant: 0 cases

AREAS FOR IMPROVED PRACTICE:

4 cases were highlighted to the team leader for follow up of practice issues identified.

- **Ensuring the Rights of a Child in Care** **40%**
CIC Service Standard #6
 Compliant: 10 cases
 Not Applicable: 0 cases
 Non-Compliant: 15 cases
- **Assessments and Planning for a Child in Care** **36%**
CIC Service Standard #11
 Compliant: 9 cases
 Partially Compliant: 6 cases
 Non-Compliant: 10 cases
- **Notification of Fatalities, Critical injuries and Serious Incidents** **100%
NC**
C&FS Standard #24
 Compliant: 0 cases
 Not Applicable: 19 cases
 Non-Compliant: 6 cases

Michelle Webber
 Regional Auditor
 Vancouver Island Region
 June 27, 2005

Thomas Weber
 Director of Child Welfare &
 Deputy Director Adoptions
 Vancouver Island Region

12. RECOMMENDATIONS

These recommendations were developed in consultation with, Mark Armitage Community Services Manager, Laurie Vasey Team Leader, Alex Scheiber Deputy Director, Michelle Webber, Regional Auditor and Tom Weber Regional Director

1. The Community Services Manager will ensure the audit report is shared with KDC social work staff.
2. The Community Services Manager with the Director of Operations Vancouver Island Region will assess the workload and capacity issues identified by the Youth Team Leader.
3. The Community Services Manager will review with the KDC staff practice expectations for Risk Assessments, Risk Reduction Services Plan and Comprehensive Plans of Care.
4. The Team Leader will implement a tracking system for Comprehensive Risk Assessments, Risk Reduction Services Plans and Plans of Care and implement strategies to ensure these are completed as per standards and report back on the strategies and tracking system implemented.
5. The Team Leader will request that the Practice Analyst facilitate training on completing Reportable Circumstance reports.
6. The Team Leader will ensure that staff advise and review with all children in care of the section 70 rights of children in care on an annual basis through Plan of Care tracking.
7. The Team Leader will incorporate expectations of timeframes for completion of required casework activities within regularly scheduled supervision
8. The Director of Operations Vancouver Island Region provide a written confirmation to the Director of Child Welfare of the Vancouver Island Region that the above recommendations have been completed by March 31, 2006

Thomas Weber
Director of Child Welfare &
Deputy Director Adoptions
Vancouver Island Region
Date:

Director's Case Practice Audit – Duncan Permanency Planning and Youth Services (KDC)

Reviewed by the Assistant Deputy Minister – no further recommendations to add.

Mark Sieben
A/Assistant Deputy Minister
April 3, 2006