

**CASE PRACTICE AUDIT REPORT**

**Vanderhoof Child and Family Services (QCC)**

**MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT**

**North Region**

**Director of Child Welfare**

Field Work Completed: January 9, 2006 – January 16, 2006  
Report Completed: February 9, 2006

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## **SECTION I: INTRODUCTION**

### **PURPOSE**

The purpose of case practice audits is to support practice to promote improved outcomes for children and families served by the Ministry. Through a review of a sample of cases, case practice audits help to confirm good practice and identify areas where practice requires strengthening.

The specific purposes of case practice audits are:

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

This case practice audit was conducted proactively by the Deputy Director's office on behalf of the Director, North Region. Proactive audits of district offices providing child protection, guardianship, youth and non protective family services are systemically conducted according to a 3 year cycle. The North Region conducts case practice audits as an integral component of their quality assurance plan.

### **METHODOLOGY**

The audit was conducted in accordance with the Case Practice Audit Methodology and Procedures Document (April 2004). The specific audit tools used in conducting this audit were:

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

The current critical measures tools (April 2004) include 13 critical measures for the Child and Family Service Standards and 12 critical measures for the Child Service Standards.

The audit of the Vanderhoof Child and Family Service team included a minimum of 20-25% family service files open and/or closed between June of 2005 and December of 2005; (6 months) a minimum of 20-25% of open protective family services cases; 20-25% of open child services cases.

The Auditor and an Auditor-in-training conducted fieldwork from January 9, 2006 to January 16, 2005. The Auditor met initially with the team to review the audit purpose and process. During this time the staff were invited to identify files that reflected recent practice shifts e.g., Kith and Kin Agreements, Section 54.1 placements, Family Development Response and Alternate Dispute Resolution.

At the conclusion of the audit, the Auditor met with the Team and the Community Services Manager and provided an overview of the results, including general observations, patterns and themes that were identified. Both the acting Team Leader and the Community Services Manager were provided with the case reports of all the files reviewed. The individual case reports were detailed and thorough capturing the bulk of the practice conducted over several years.

Following the audit, the acting Team Leader, the Resource Team Leader, 1 Social Worker and the Office Manager were interviewed with respect to office systems, service delivery structure, and community resources.

Files were audited based on documentation found on the physical files.

## **SECTION II: SERVICE DELIVERY**

### **COMMUNITY OVERVIEW**

The Northern Region is comprised of rural and urban communities with varying population size.

Vanderhoof is located approximately 100 km west of Prince George in the Nechako Valley. Forestry is the town's main industry, followed by agriculture. There are also dairy farms, buffalo farms, ostrich farms as well as sheep and swine producers in the Vanderhoof rural area.

The Vanderhoof Child and Family Service team (QCC) provides services to the town of Vanderhoof and surrounding area. The geographical boundaries extend more than 75 km to the west through Fort Fraser, Fraser Lake to Endako; 60 km to the east through Cluculz Lake to Bednesti Lake; and halfway to Fort St. James to the north. The population of the area covered by the Vanderhoof team is approximately 22,000.

Many families in the immediate town of Vanderhoof have strong Christian beliefs and a portion of the population is Mennonite. Staff report that poverty, domestic violence, alcohol and substance misuse affect many of the families being served by the Ministry of Children and Family Development. The number of young parents affected by Fetal Alcohol Spectrum Disorder and crystal methamphetamine (crystal meth) misuse is a growing concern.

A significant number of the clients served by the Vanderhoof Child and Family Service team are Aboriginal. Services are provided to Aboriginal clients living both on and off reserve. The QCC office is responsible for serving 3 Aboriginal communities in

conjunction with Carrier Sekani Family Services Aboriginal Agency. The following bands serviced by MCFD and Carrier Sekani are:

- Stelat'en First Nations
- Nadleh Whuten First Nations
- Saik'uz First Nation (formerly the Stoney Creek Band)

The Vanderhoof Child and Family Service Team (QCC) provides child welfare intake and assessment services; ongoing child protective services; guardianship services to children/youth-in-care and limited non-protective support services to families and children.

## **STAFFING**

The QCC staff complement consists of a Team Leader and 5 full time Social Workers. Over the years, the professional staffing complement of the team has experienced many transitions.

the office was supervised by a series of 7 interim acting Team Leaders recruited locally from the Northern region and from the Lower Mainland for varying term positions. A long-term Team Leader had supervised the office for a two year period. Since that time, there has been significant staff changes and staff turnover which impact service delivery. At the time of the audit, the interim acting Team Leader is a senior social work practitioner whose supervisory responsibilities also include managing a child welfare caseload.

The Vanderhoof child welfare team model consists of child protection Social Workers who are responsible for a generic child welfare caseload. The social work staff is responsible for all child welfare functions ranging from intake services, on going protective family services and guardianship services to children and youth in care. All child protection social work staff have full child welfare delegation (C6 full child protection).

The Administrative team consists of 1 Office Manager, 2 half-time OA2's and 1 Team Assistant. The Administrative team is responsible for the reception and administrative tasks for resources, probation, community living branch and the protection team. The Team Assistant is assigned to the protection team. The Assistant is responsible for a variety of tasks. The Administrative staff is responsible for providing file management, court documentation, opening and closing intakes, transferring files and correspondence. Amongst the variety of tasks completed by the Administrative team there were additional duties reported. The following duties included:

- Occupational, Safety and Health duties, including monthly meetings, quarterly inspections/reports, First Aid training & record keeping, and updating the Violence in the Workplace Plan and the Business Recovery Plan;
- Staff security forms, building security and office equipment maintenance and office supply orders and purchases;

- Regular vehicle maintenance including tire changeover (summer & winter), cost expenditures monitoring and monthly mileage reporting;
- Monthly office inventory reports, monthly MARS reports printed and documented.

During the audit, the file room was well maintained and organized.

Caseload management reports obtained during the audit showed 65 open cases to QCC. Of these, 37 were open family service files and 28 were child service files. There were 5 active caseloads on QCC. The breakdown for current files open is as follows:

QCC : 27 cases

QCC : 13 cases

QCC : 12 cases

QCC : 12 cases

QCC : 11 cases

One caseload, \_\_\_\_\_, was being reviewed by the acting Team Leader \_\_\_\_\_ The acting Team Leader reports that she was reviewing intakes submitted for closure. Family service files and child service files opened for ongoing protective and guardianship services will be redistributed amongst the 4 team members.

Please see chart for additional information on staff experience and education.

Position	Length of Time on Team	Education	MCFD Experience	Delegation	Status
Acting Team Leader				Full Delegation	
Child Protection Social Worker (1)				Full Delegation	
Social Worker (2)				Full Delegation (in 2005)	
Social Worker (3)				Full Delegation (in 2002)	

### STAFF TRAINING

The acting Team Leader reports that she was not able to comment on performance appraisals during the brief period that she has been acting in the Team Leader position.

The Ministry of Children and Family Development implemented a new Learning Management System to assist employees in managing their learning and development needs. The North Region implemented the program in November 2004. The North Region sponsored and promoted learning events that were of interest to the employees and that aligned with the priorities of the region's service delivery plan. The Learning Management System project provided the North Region with the e-learning infrastructure and the set of on-line tools. The key drivers behind the initiative were:

- (a) the expectation that all North Region employees will prepare an Employee Performance and Development Plan (EPDP) on an annual basis; and
- (b) the expectation of increased financial accountability in the regions for managing educational resources.

The Learning Management System provided several benefits for the North Region in the following areas:

- Employee and organizational learning linked to Ministry and regional service plans, human resources planning initiatives, and the budgeting process;
- Consistent application of policies for training approval, eligibility, and reimbursement;
- Common work practices for educational planning;
- Improved tracking and more comprehensive reporting of employee development activities, including employee development histories; and
- Streamlined administrative procedures for managing learning activities across the Ministry.

In addition to the Learning Management System, employees completed a survey in 2003 as the first step in a regional Employee Training and Performance Development Plan. The purpose of the survey was to create a strategic plan to address employee and organizational training needs and performance evaluations. The survey highlighted a need to have a strategic plan and identified tremendous strengths within the Region. The Region had developed an initial project charter that looked towards a long-term goal of incorporating a balance between regional staff training needs and performance evaluations considering the needs of employees and the organization.

In the fall of 2005 the North Region developed a Regional Educational Committee. The purpose of the committee is to develop recommendations for regional professional conferences, to develop initiatives and to encourage regional participation.

<b>Ministry Training Program</b>	<b>A/Team Leader</b>	<b>SW 1</b>	<b>SW 2</b>	<b>SW 3</b>
Child Protection Worker (core)				
Resources Worker				
Guardianship (core)				
Adoption (core)				
Clinical Supervision Level 1.				
Clinical Supervision Level 2				
Risk Assessment				
Advanced Risk Assessment				
Enhanced Neglect				
Cultural Awareness				
Integrated Case Management				
Investigative Interviewing				
FAS/E and NAS/E				
Looking After Children				
Substance Misuse				
Youth Alcohol & Drug				
Youth Suicide prevention				
Youth agreements				
District Supervisor module 1				
District Supervisor module 2				
Leading the Way				

## **SUPERVISION AND CONSULTATION**

The Team Leader provides supervision and clinical consultation with respect to the delivery of child protection, non-protection and guardianship services.

At the time of the audit, supervision times with social work staff have not yet been formalized.

The Social Workers report that they currently manage their caseload by using the calendar function in Outlook and periodically checking the 'To Do' function on SW MIS. Social Workers report that consultation with the previous Team Leader occurred at all risk decision points during an intake/investigation and during ongoing casework. The previous Team Leader expected the Social Worker to initiate and document supervisory consultation and decisions.

consultation on an on going basis. She reports that the newer workers would require a different type of supervision than the more senior practitioners in the office.

In

circumstances where the acting Team Leader is away from the office and case consultation is required, Social Workers have the opportunity to consult with a number of designated local Team Leaders by cell phone or email.

The Community Services Manager oversees the work of the Team Leader. currently there is no scheduled supervision with the Community Services Manager. the Community Services Manager is always accessible by phone or email and the Community Services Manager attends the office on a regular basis.

## **INTAKE AND TRACKING SYSTEMS**

### Investigations:

The intake function is managed by all the Social Workers on the team. The intake schedule is generated monthly by the acting Team Leader and 3 Social Workers. The intake schedule operates on a daily rotation system where one worker is responsible for intake on a designated day. The acting Team Leader reports it is the expectation that the screener responds to immediate calls. The intake worker screens, assesses, completes a prior contact check, and consults with the Team Leader. The Team Leader assists in mapping out the direction of the plan, which is made jointly with the workers. The first assessment is made based on the history of the family and the nature of the report. A decision to investigate is determined based on the assessment and intake information. It is the responsibility of the intake worker to manage the case until completion. If a decision is made to manage a case as a protection file it is the responsibility of the intake worker to manage the file on an ongoing basis. The acting Team Leader reports that on occasion a case is transferred to another worker to ensure an even distribution of workload or if there is a conflict of interest. The intake reports and After Hour memos are tracked electronically and a paper copy is kept in a binder in the Team Leader's office.

### Ongoing Family Service and Child Service:

The senior practitioners track their family service activities by printing their caseload reports and key events in the case management reports. The binder system was designed to store planning information and supervisory notes by Social Worker caseload and was to be used for future supervision.

The acting Team Leader reports that she is aware of the majority of the cases in the office.

consultation on an ongoing basis to manage critical decision points. monitors changes in protective files

reports that case consultation occurs on a daily basis but no formal scheduled supervision time has been implemented.

The Social Workers report that they enter new admissions for children in care. It is the Social Worker's responsibility for tracking care plans and reviews and keeping the Team Leader informed about the child in care. The electronic system provides a 'to do' list that reminds the Social Worker that legal status and plans of care need to be updated. The Social Worker tracks review periods by indicating the information on the appropriate MIS screen. The care plan meetings are held when required. The Social Worker reports that all significant players in the child's life are invited to the care plan meeting. The Social Worker states that if all professionals are not able to attend the meeting then the information is collected and incorporated into the document. The Social Workers try to hold care plan meetings in a neutral environment. The Social Worker is responsible for contacting involved persons in the care plan meeting. The plan of care is distributed to the appropriate people who require a copy.

The Social Worker reports that children in care are informed of their rights either by the Social Worker or the foster parent. The Social Worker reports that a booklet on (section 70) rights for children in care is given to the foster parent when the child is an infant or when the child's capacity to comprehend information is compromised.

## **SERVICES TO ABORIGINAL CHILDREN AND FAMILIES**

Three First Nations communities fall within the jurisdiction of the MCFD Vanderhoof office. The following Bands are:

- **Stellat'en First Nation:** more than half of the 400-plus Stellat'en's live in Stellako, a Yinka Dene community located at the western shore of Nadleh Bun (Fraser Lake). Other Stellat'en's live in other Carrier Sekani communities and in towns and cities, such as Fraser Lake, Vanderhoof, Prince George, Vancouver, and Victoria. The Stellat'en's are Dene (Athapaskan) whose people have lived in the Stellat'en territory for thousands of years. Archaeological evidence indicate that the Athapaskan have lived in the Central Interior for at least 10,000 years. The community of Stellako is located 160 kilometres west of Prince George, B.C. The community's sole economic venture is a small gas bar and convenience store that sells to local people and people travelling highway 16, a major route connecting Prince George to Prince Rupert and Alaska. Individual members of the community own businesses, which includes businesses in landscaping, excavation, hauling, and logging. Of the forty percent who have jobs, most work for the community office, some work in nearby sawmills.
- **Nadleh Whuten First Nation** is located about 130 km west of Prince George. The band has some land with agricultural potential. Forest-related activities (logging and sawmill operations) are a major source of employment in the area; however, the forest industry has been very unstable. Facilities available on the reserve are the Band office, school, church, store, community hall and an adult learning centre.

- **Saik'uz First Nations: (Stoney Creek Band)** The First Nations village of Stoney Creek, south of Vanderhoof on the Kenney Dam Road, dates back to the 1890s, with their heritage being evident in their handicrafts and the magical stories their elders tell.

There is a Provincial Protocol in place with Carrier Sekani Family Services, the delegated Aboriginal agency responsible for Aboriginal child welfare services within the Vanderhoof geographical area. The Social Workers display knowledge in regards to the protocol agreement in place. The Social Worker describes the nature of working relationship with Carrier Sekani Family Service as positive. Social Workers report that First Nations Bands are always notified if there is any involvement with Aboriginal people in order to provide the Band or Agency with an opportunity to be involved in case planning. The auditor conducted a telephone interview with the supervisor of Carrier Sekani and he describes the relationship with MCFD as supportive and collaborative. He states that many joint meetings occur in the communities with MCFD and Carrier Sekani Family Services.

Carrier Sekani Family Services provides various services to Carrier Sekani individuals living on reserve. Carrier Sekani Family Services has been granted Partial Delegation pursuant to Level 13 of the Aboriginal agency Delegation Matrix. Under this partial delegation, Carrier Sekani Family Services has the authority to provide the following services:

- Voluntary care agreements and special needs agreements;
- Support services agreements;
- Development and recruitment of residential resources;
- Guardianship to children and youth.

Carrier Sekani Family Services has an office located in Vanderhoof. The Vanderhoof office offers the following services and supports:

- Health related home support services (in the training stages);
- Community base teams that liaise with MCFD Social Workers;
- Nursing services (on reserve);
- Addiction recovery program (out of Vanderhoof).
- The office has 3 Social Workers that provide support to children and families.

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

<b>Office QCC Children in Care - July 2005 to December 2005</b>							
<b>Aboriginal Status</b>	<b>Jul-05</b>	<b>Aug-05</b>	<b>Sep-05</b>	<b>Oct-05</b>	<b>Nov-05</b>	<b>Dec-05</b>	<b>Average</b>
Aboriginal	19	19	18	17	15	15	17.2
Non-Aboriginal	10	12	12	12	11	11	11.3
Total	29	31	30	29	26	26	28.5

<b>Office QCC Open FS Files - July 2005 to December 2005</b>							
<b>Aboriginal Status</b>	<b>Jul-05</b>	<b>Aug-05</b>	<b>Sep-05</b>	<b>Oct-05</b>	<b>Nov-05</b>	<b>Dec-05</b>	<b>Average</b>
Aboriginal	25	29	25	21	18	20	23.0
Non-Aboriginal	24	25	22	22	23	23	23.2
Unknown	0	0	1	0	0	0	0.2
Total	49	54	48	43	41	43	46.3

<b>Office QCC Protection Reports Recorded - July 2005 to December 2005</b>							
<b>Aboriginal Status</b>	<b>Jul-05</b>	<b>Aug-05</b>	<b>Sep-05</b>	<b>Oct-05</b>	<b>Nov-05</b>	<b>Dec-05</b>	<b>Average</b>
Aboriginal	7	6	6	4	5	5	5.5
Non-Aboriginal	4	6	5	4	6	1	4.3
Total	11	12	11	8	11	6	9.8

<b>Office QCC Total Intakes Recorded - July 2005 to December 2005</b>							
<b>Aboriginal Status</b>	<b>Jul-05</b>	<b>Aug-05</b>	<b>Sep-05</b>	<b>Oct-05</b>	<b>Nov-05</b>	<b>Dec-05</b>	<b>Average</b>
Aboriginal	7	8	8	4	5	5	6.2
Non-Aboriginal	5	7	7	5	6	2	5.3
Total	12	15	15	9	11	7	11.5

## **RESOURCES**

### Residential Resources

The Vanderhoof office has two resource workers who are responsible to recruit, approve and support placements in Vanderhoof and surrounding areas. The resource Team Leader is located in the Vanderhoof office and is responsible for the clinical supervision of the two resource workers. The resource Team Leader reports that the two resource workers cover resource support and development west from Cluculz Lake to Endako (Vanderhoof area) and northwest from Takla to Yekooche (all of the Fort St. James area).

The QCC team accesses the resource worker when required. Once the resource worker locates an available home, the child's worker assumes responsibility for placement and

for providing the caregivers with essential information (referral form or copy of snapshot) about the child.

Every weekend the resource worker sends an email to the QCC staff outlining the available resources. There is also a Vanderhoof foster parent list, which is updated frequently. The resource workers report that when they are not available the QCC staff can contact their Team Leader. Children and youth in care assigned to the QCC team are in various types of placements. These placements can include a range of foster homes, most which are located in areas outside of the town of Vanderhoof.

The resource Team Leader reports that there is one group home in the Vanderhoof area for older children ages 12 to 18. There is a strong demand for the development of residential resources as many of the foster homes are full.

The QCC team also has access to regional resources in Prince George or other areas of the region.

### Non-residential Resources

There are several contracted resources providing support services to children and families in the Vanderhoof area:

Nechako Valley Community Services Association is the key contracted resource for Vanderhoof providing the following services:

- Child care workers and Youth Workers;
- Home Support services;
- Mental health services for adult and children;
- Family counselling;
- Family centred programs;
- Addictions counselling.

Other community resources which provide support services to children and families in Vanderhoof are:

- Neighbourhood Link, a non-profit agency runs a second-hand store and a community kitchen supported through volunteer, staff, and student time.
- Public Health Unit
- Omineca Safe House
- St. John's Hospital
- North Central Foster Parent Resources offer foster parent training and support services
- College of New Caledonia campus which offer business classes and social services classes towards a Diploma.

## **SERVICE TRANSFORMATION**

MCFD has been working with community partners to develop a database outlining community services available to children and families. MCFD is in the final stage of gathering this data. The next stage is to establish the links between community services in attempts to identify the gaps. The plan is to use needs based analysis to assist in recognizing the gaps amongst services. The overall goal is to make the services flow from one another, seal the gaps between services and improve communication with the intent to create purposeful services for children and families.

## **SECTION III: AUDIT RESULTS**

### **AUDIT SAMPLE**

The audit of the Vanderhoof Child and Family Service Team (QCC) included a minimum of 25% of the number of child protection intakes closed between July of 2005 and December of 2005 (6 months); a minimum of 20-25% of open Family Service cases; and 20-25% of open Child Service cases.

Caseload Management Reports were printed from the MCFD computer system prior to the commencement of the audit and used to arrive at a sample number. The Case Management Report recorded 37 open Family Services cases (this number included open intakes). Ten open Family Service cases were audited representing 35% of 27 open ongoing Family Service cases. Fifteen closed Family Service cases were audited representing 32% of 48 closed cases in the last 6 months. Seven out of 28 open Child Service cases were audited, representing 25% of open Child Services cases.

The Child Service sample is representative of cases involving Removals, Temporary Custody Orders and Continuing Custody Orders.

Family Service and Child Service cases represent a stratified sample.

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

The audit examined 15 closed family service files.

In general, files were well organized and intakes were well documented. The auditor was able to locate the selected files with ease. The caseloads assigned to this function were clearly established.

Supervisory consults were documented.

In reviewing casework documentation, generally social work staff has a good understanding of intake procedures and the steps involved in a child welfare investigation.

In a small number of cases not all interviews were documented.

Five out of the fifteen (representing 30%) closed files were flagged for follow-up. Four cases were flagged for premature closures and one case for consideration of a thorough investigation.

### **Compliance Ratings Per Measure For Closed Family Service Cases**

#### **1. Screening and Best Approach to Service Delivery**

- Compliance was met in 14 of 15 cases for 93% compliance. Non-compliance was found in 1 case where the caller's information was inaccurately assessed as requiring a section 13 response.

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

- Compliance was met in 6 of 6 cases for 100% compliance.

#### **3. Assessing a Child Protection Report and Determining the Most Appropriate Response**

- Compliance was met in 13 of 13 cases for 100% compliance. .

#### **4. Family Development Response**

- N/A

#### **5. Determining a Time Frame to Begin an Investigation**

- Compliance was met in 13 of 13 cases for 100% compliance.

#### **6. Conducting a Child Protection Investigation**

- Compliance was met in 13 of 13 cases for 100% compliance.

#### **7. Seeing and Interviewing the Child and Family**

- Compliance was met in 9 of 13 cases for 69% compliance. Non compliance was found in 4 cases where interviews were either not conducted or not documented.

#### **8. Concluding a Child Protection Investigation**

- Compliance was met in 11 of 13 cases for 85% compliance. Non compliance was found in 2 cases where the findings were incongruent with the documented information.

#### **9. Concluding an Investigation in a Timely Manner**

- Compliance was met in 7 of 13 cases for 54% compliance. Non compliance was found in 6 cases where the conclusion of the investigation exceeded 30 days.

#### **10. Developing and Implementing a Plan to Keep a Child Safe**

- Compliance was met in 5 of 7 cases for 71% compliance. Non compliance was found in 2 cases; a comprehensive risk assessment was not located on file in 1 instance where a decision was made to manage the file to provide ongoing protective services. The other instance requiring a risk assessment was when a protective file was submitted for closure.

#### **11. Reassessing Plan to Keep a Child Safe and Ending Family Service Response**

- Compliance was met in 3 of 5 cases for 60% compliance. Non compliance was found in 2 cases where the file was closed before risks were clearly mitigated. In 2 cases, this measure was rated not applicable as no comprehensive risk assessment had been generated (see CM#10) on a protective family service file.

#### **12. Notification of Fatalities and Critical Injuries and Serious Incidents**

- Non compliance was found in 1 of 1 case for 100% non compliance where a reportable circumstance report was required but a report was not generated.

#### **13. Supervisory Approval**

- Compliance was met in 9 of 15 cases for 60% compliance. Non compliance was found in 6 cases where protective files were signed off by the Team Leader when casework activities indicate that the risks to child safety have not been fully addressed.

## **RESULTS: CHILD AND FAMILY SERVICES: ONGOING PROTECTIVE SERVICES**

The audit examined 10 open ongoing family service files.

In general, files were well organised and intakes were well documented. Caseloads were clearly assigned.

The work completed through on-going protective family service files is complex and challenging. The files that are opened in response to child welfare concerns represent those circumstances where intervention was clearly required.

Comprehensive Risk Assessments were not always documented.

Risk reduction service plans were not always documented.

Three of the ten (representing 30%) on-going family service files were flagged for follow-up for consideration of a Risk Assessment and Risk Reduction Service Plan.

### **Compliance Ratings Per Measure For Open Family Service Cases**

#### **1. Screening and Best Approach to Service Delivery**

- Compliance was met in 9 of 10 cases for 90% compliance. Non compliance was found in 1 case where case notes indicate that the caller's information fell within section 13 concerns but an intake was not generated.

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

- Compliance was met in 5 of 5 cases for 100% compliance.

#### **3. Assessing a Child Protection Report and Determining the Most Appropriate Response**

- Compliance was met in 9 of 9 cases for 100% compliance.

#### **4. Family Development Response**

- N/A

#### **5. Determining a Time Frame to Begin an Investigation**

- Compliance was met in 9 of 9 cases for 100% compliance.

#### **6. Conducting a Child Protection Investigation**

- Compliance was met in 8 of 9 cases for 89% compliance. Non compliance was found in 1 case where the documentation lacked key collateral checks.

#### **7. Seeing and Interviewing the Child and Family**

- Compliance was met in 6 of 9 cases for 67% compliance. Non compliance was found in 3 cases where there was a lack of documentation supporting interviews.

**8. Concluding a Child Protection Investigation**

- Compliance was met in 7 of 9 cases for 78% compliance. Non compliance was found in 2 cases where the finding was incongruent with the documented information.

**9. Concluding an Investigation in a Timely Manner**

- Compliance was met in 6 of 9 cases for 67% compliance. Non compliance was found in 3 cases where the conclusion of the investigation exceeded 30 days.

**10. Developing and Implementing a Plan to Keep a Child Safe**

- Compliance was met in 5 of 10 cases for 50% compliance. Non compliance was found in 5 cases, where a comprehensive risk assessment was not documented.

**11. Reassessing Plan to Keep a Child Safe and Ending Family Service Response**

- Compliance was met in 4 of 10 cases for 40% compliance. Non compliance was found in 6 cases; in 4 cases there was no evidence of a risk reduction service plan, in 2 cases a family service response was ended before all safety risks to the child have been mitigated.

**12. Notification of Fatalities and Critical Injuries and Serious Incidents**

- N/A

**13. Supervisory Approval**

- Compliance was met in 8 of 10 cases for 80% compliance. In 1 case, there was no evidence to support that supervisory consultation occurred prior to the expiry date of a court intervention. In 1 instance, the file did not include an intake reflecting removal of a child.

## **RESULTS: CHILDREN IN CARE: GUARDIANSHIP FUNCTION**

Seven child service files were audited.

Generally, the Plans of Care were well documented and rich in detail.

In a small number of cases, it was difficult to locate documentation which support that children were informed of their rights or were involved in case planning.

In reviewing Social Workers case notes, it was evident that Social Workers engaged collaboratively with key community partners in planning for children in care.

### **Compliance Ratings Per Measure For Guardianship Cases**

#### **1. Preserving the Identity of an Aboriginal Child in Care**

- Compliance was met in 6 of 7 cases for 86% compliance. Partial compliance was found in 1 case where the child was identified as Aboriginal however a cultural plan was not completed or documented.

#### **2. Assuming Responsibility for a Child in Care**

- Compliance was met in 7 of 7 cases for 100% compliance.

#### **3. Ensuring a Child's Safety While in Care**

- Compliance was met in 7 of 7 cases for 100% compliance.

#### **4. Ensuring the Rights of a Child in Care**

- Compliance was met in 5 of 7 cases for 71% compliance. Non compliance was found in 2 cases where there was no documentation that the child has been informed of his or her rights.

#### **5. Involving a Child and Considering the Child's Views in Case Planning and Decision Making**

- Compliance was met in 5 of 7 cases for 71% compliance. Partial compliance was found in 2 cases where there was little documented evidence that the child was involved with case planning.

#### **6. Maintaining Personal Contact with a Child in Care**

- Compliance was met in 7 of 7 cases for 100% compliance

#### **7. Meeting a Child's Need for Stability and Continuity of Lifelong Relationships**

- Compliance was met in 6 of 7 cases for 86% compliance. Non compliance was found in 1 case where the plan to maintain significant relationships was not documented.

- 8. Assessments and Planning for a Child in Care**
  - Compliance was met in 6 of 7 cases for 86% compliance. Partial compliance was found in 1 case where the documented plan of care spanned a 2 year period.
- 9. When a Child is Missing or Has Run Away**
  - Compliance was met in 1 of 1 case for 100% compliance.
- 10. Notification of Fatalities, Critical Injuries and Serious Incidents**
  - N/A
- 11. Planning for a Child Leaving Care**
  - Compliance was found in 3 of 3 cases for 100% compliance.
- 12. Supervisory Approval**
  - Compliance was met in 7 of 7 cases for 100% compliance.

## **AUDIT RECOMMENDATIONS**

### **Recommendations brought forward by Regional Director:**

1. The Community Service Manager (Nechako/Bulkley Valley) share the report with staff and highlight the strengths identified.
2. The Community Service Manager meet with the Team Leader to develop a plan to ensure that outstanding work identified in the audit is completed.
3. The Community Service Manager meet with the Team Leader to establish a tracking system for Intakes (to ensure that all steps of an investigation have been completed) and for ongoing protective Family Service files (to include updated risk assessments and risk reduction service plans).
4. The Community Service Manager review with the Team Leader and staff the practice standards related to reassessment of risk during the provision of ongoing protective family services. The Director, Child Welfare will make a child protection consultant available for this discussion at the Community Service Manager's request.
5. The Regional Director of Child Welfare to acknowledge the sound guardianship casework of the team during his visit with the team at the end of March 2006.

Within receipt of the final report, recommendations #1, 2, 3 and 5 will be completed within 60 days.

Recommendation #4 will be completed within 90 days.

The CSM will advise the Director of Child Welfare and the Regional Executive Director in writing when the recommendations have been completed. The Director of Divisional Operations will be copied for tracking purposes.

Denise Low  
Regional Auditor/Analyst

Robert Watts  
Director of Child Welfare

Date:

Date:

**AUDIT RECOMMENDATIONS**

**Recommendations brought forward by Provincial Director**

Mark Sieben  
Provincial Director

Date:

## APPENDIX 1: CHILD AND FAMILY SERVICES DATA SUMMARY

### CLOSED FAMILY SERVICE CASES ( X=15)

	CRITICAL MEASURES	C	PC	NC	NA
1	Screening and Best Approach to Service Delivery <b>CFS Standard #1</b>	93%		7%	
	Number of cases rated: 15	14		1	
2	When a Child is at Immediate Risk of Harm <b>CFS Standard #11</b>	100%			
	Number of cases rated: 6	6			9
3	Assessing a Child Protection Report and Determining the Most Appropriate Response <b>CFS Standard #12</b>	100%			
	Number of cases rated: 13	13			2
4	Family Development Response <b>CFS Standard #14</b>	n/a			
	Number of cases rated: 0				15
5	Determining a Time Frame to Begin an Investigation <b>CFS Standard #15</b>	100%			
	Number of cases rated: 13	13			2
6	Conducting a Child Protection Investigation <b>CFS Standard #15</b>	100%			
	Number of cases rated: 13	13			2
7	Seeing and Interviewing the Child and Family <b>CFS Standard #15</b>	69%		31%	
	Number of cases rated: 13	9		4	2
8	Concluding a Child Protection Investigation <b>CFS Standard #16</b>	85%		15%	
	Number of cases rated: 13	11		2	2
9	Concluding Investigation in a Timely Manner <b>CFS Standard #16</b>	54%		45%	
	Number of cases rated: 13	7		6	2
10	Developing and Implementing a Plan to Keep a Child Safe <b>CFS Standard #17</b>	71%		29%	
	Number of cases rated: 7	5		2	8
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response <b>CFS Standard #17</b>	60%		40%	
	Number of cases rated: 5	3		2	10
12	Notification of Fatalities, Critical Injuries and Serious Incidents <b>CFS Standard #24</b>	0%		100%	
	Number of cases rated: 1			1	14
13	Supervisory Approval <b>C&amp;FD Standard on Supervisory Approval</b>	60%		40%	
	Number of cases rated: 15	9		6	

**APPENDIX 2:**

**OPEN FAMILY SERVICE CASES (X=10)**

	<b>CRITICAL MEASURES</b>	<b>C</b>	<b>PC</b>	<b>NC</b>	<b>NA</b>
<b>1</b>	Screening and Best Approach to Service Delivery <b>CFS Standard #1</b>	90%		10%	
	Number of cases rated: 10	9		1	
<b>2</b>	When a Child is at Immediate Risk of Harm <b>CFS Standard #11</b>	100%			
	Number of cases rated: 5	5			5
<b>3</b>	Assessing a Child Protection Report and Determining the Most Appropriate Response <b>CFS Standard #12</b>	100%			
	Number of cases rated: 9	9			1
<b>4</b>	Family Development Response <b>CFS Standard #14</b>	n/a			
	Number of cases rated: 0				10
<b>5</b>	Determining a Time Frame to Begin an Investigation <b>CFS Standard #15</b>	100%			
	Number of cases rated: 9	9			1
<b>6</b>	Conducting a Child Protection Investigation <b>CFS Standard #15</b>	89%		11%	
	Number of cases rated: 9	8		1	1
<b>7</b>	Seeing and Interviewing the Child and Family <b>CFS Standard #15</b>	67%		33%	
	Number of cases rated: 9	6		3	1
<b>8</b>	Concluding a Child Protection Investigation <b>CFS Standard #16</b>	78%		22%	
	Number of cases rated: 9	7		2	1
<b>9</b>	Concluding Investigation in a Timely Manner <b>CFS Standard #16</b>	67%		33%	
	Number of cases rated: 9	6		3	1
<b>10</b>	Developing and Implementing a Plan to Keep a Child Safe <b>CFS Standard #17</b>	50%		50%	
	Number of cases rated: 10	5		5	
<b>11</b>	Reassessing Plan to Keep a Child Safe and Ending Family Service Response <b>CFS Standard #17</b>	40%		60%	
	Number of cases rated: 10	4		6	
<b>12</b>	Notification of Fatalities, Critical Injuries and Serious Incidents <b>CFS Standard #24</b>				
	Number of cases rated: 0				10
<b>13</b>	Supervisory Approval <b>C&amp;FD Standard on Supervisory Approval</b>	80%		20%	
	Number of cases rated: 10	8		2	

**APPENDIX 3:**

**CHILDREN IN CARE CASES (X=7)**

	CRITICAL MEASURES	C	PC	NC	NA
<b>1</b>	Preserving the Identity of an Aboriginal Child in Care <b>CIC Service Standards #1 and #19</b>	86%	14%		
	Number of cases rated: 7	6	1		
<b>2</b>	Assuming Responsibility for a Child in Care <b>CIC Service Standard #4</b>	100%			
	Number of cases rated: 7	7			
<b>3</b>	Ensuring a Child's Safety While in Care <b>CIC Service Standard #5</b>	100%			
	Number of cases rated: 7	7			
<b>4</b>	Ensuring the Rights of a Child in Care <b>CIC Service Standard #6</b>	71%		29%	
	Number of cases rated: 7	5		2	
<b>5</b>	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <b>CIC Service Standard #8</b>	71%	29%		
	Number of cases rated: 7	5	2		
<b>6</b>	Maintaining Personal Contact with a Child in Care <b>CIC Service Standard #9</b>	100%			
	Number of cases rated: 7	7			
<b>7</b>	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <b>CIC Service Standard #10</b>	86%	14%		
	Number of cases rated: 7	6	1		
<b>8</b>	Assessments and Planning for a Child in Care <b>CIC Service Standard #11</b>	86%	14%		
	Number of cases rated: 7	6	1		
<b>9</b>	When a Child is Missing or has Run <b>CIC Service Standard #14</b>	100%			
	Number of cases rated: 1	1			6
<b>10</b>	Notification of Fatalities, Critical injuries and Serious Incidents <b>C&amp;FS Standard #24</b>				
	Number of cases rated: 0				7
<b>11</b>	Planning for a Child Leaving Care <b>CIC Service Standards #15 and #16</b>	100%			
	Number of cases rated: 3	3			4
<b>12</b>	Supervisory Approval <b>C&amp;FD Standard on Supervisory Approval</b>	100%			
	Number of cases rated: 7	7			

## **Director's Case Practice Audit – Vanderhoof Child & Family Services (QCC)**

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

1. The Community Services Manager review with the Team Leader the need to ensure that, before signing off protective files, all risks to the child's safety have been identified and addressed. To be completed by May 31, 2006.

Mark Sieben  
A/Assistant Deputy Minister  
May 8, 2006