

**DIRECTOR'S CASE PRACTICE AUDIT REPORT
Vancouver Coastal Region**

Powell River Family Services Team (RYB)

**Field Work Completed: March 2, 2006
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TABLE OF CONTENTS

SECTION I: INTRODUCTION

1. PURPOSE
2. METHODOLOGY

SECTION II: PRACTICE IN THE COMMUNITY CONTEXT

3. SERVICE AREA OVERVIEW
4. STAFF TRAINING
5. SUPERVISION/CONSULTATION
6. INTAKE AND TRACKING SYSTEMS
7. STAFFING
8. ABORIGINAL SERVICES

SECTION III: CASE PRACTICE REVIEW

9. AUDIT SAMPLE
10. CRITICAL MEASURES AUDIT - CHILD & FAMILY SERVICE STANDARDS
 - Data Summary
 - Narrative Summary
11. CRITICAL MEASURES AUDIT - CHILD IN CARE SERVICE STANDARDS
 - Data Summary
 - Narrative Summary
12. RECOMMENDATIONS
13. APPENDIX TABLES FROM THE 2004 AUDIT OF RYB

SECTION I: INTRODUCTION

1. PURPOSE

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

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

Case practice audits are conducted by the Office of Regional Director of Child Welfare. Each District Office in the region is included in a proactive audit schedule, which has offices being audited approximately every four years. All regions are expected to conduct regional case practice audits in accordance with the Quality Assurance Standards for case practice audits.

2. METHODOLOGY

This is a special, re-audit of the RYB Office following the conduct of an earlier, proactive audit in June of 2004. The Regional Director of Child Welfare requested that a re-audit of this office occur approximately one year after the implementation of all the recommendations arising from the earlier audit. The 2004 audit report was finalized, and all of the major recommendations were implemented by November of 2004. As a result, one of the primary purposes of this re-audit in 2006 is to compare the findings with the previous audit to determine if improvements in case practice and service standards have occurred. The focus in this re-audit was on documented case work that was done at RYB since November of 2004.

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

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

SECTION II: COMMUNITY CONTEXT

This section describes significant community characteristics and factors that contribute to the practice context of the office. There have been very few changes in either the community or in Ministry services, since the previous audit in June of 2004.

3. SERVICE AREA OVERVIEW

a) Geographic:

The Powell River Family Services Team (RYB) is in the Vancouver/Coastal Region and serves both the aboriginal and non-aboriginal residents of the Upper Sunshine Coast. The community of Powell River is located on the mainland side of Georgia Strait, approximately 145 kilometers north of Vancouver. Powell River is made up of 4 community areas: Westview, the Townsite, Cranberry Lake and Wildwood. In addition to servicing Powell River, the RYB office services the entire geographic region from Saltery Bay (25 kms south) to Lund (30 kms north), as well as islands of Texada and Savary.

b) Demographics:

The population of Powell River and the surrounding geographic area described above is approximately 21,000 people as of 2006. The economy is based primarily on the harvesting of natural resources, with 38% of the population dependent on forestry, fishing and mining for their employment.

RYB serves both aboriginal and non-aboriginal people of the Upper Sunshine Coast. Although the aboriginal population comprises 6% of Powell River, 25% of the clients served by RYB are of aboriginal heritage (MCFD Mars). According to the Team Leader (TL) at RYB, the main child protection issues encountered by the Social Workers include long-term mental health problems, drug and alcohol abuse, neglect, and parent-teen conflict.

The District Office for the RYB Team is located centrally in the Westview area of Powell River, and shares office space with the Ministry of Employment and Income Assistance.

c) Service Delivery:

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

Service delivery within the Vancouver Coastal Region was reorganized in 2003 to reflect the Regional Operational Plan and initiatives of providing integrated services to children and

families. These changes have included the establishment of four Family Development Response Teams, with two teams for the respective areas of Vancouver North and Vancouver South and two integrated teams for the respective areas of Richmond and the North Shore. There is also a current implementation plan for an Aboriginal Family Service Network in preparation for the transfer of service for Urban Aboriginal people to VACFSS. Currently, Aboriginal Intake, Family Service Teams, Resources Team, and a Youth Guardianship Team, provide protective services to all urban aboriginal people in Vancouver.

The RYB Team Leader (TL) reports to a Community Services Manager (CSM) who oversees the delivery of child protection services for this office and a number of other offices considered part of the Coast. The Team Leader reports to the CSM regarding administrative issues, financial decisions, personnel matters, and matters relating to Placement Review Committee (PRC) approval. The PRC reviews all admissions to care whether through a removal or a voluntary admission to care. The PRC also reviews placement of children, requests to extend court orders or voluntary care agreements (VCA) and/or special needs agreements (SNA) and decisions to apply for continuing custody orders. The Social Worker (SW) and the Team Leader (TL) present the case to the committee and at the end of the meeting, the CSM who is the chairperson signs a form confirming the committee's decision and the form is then placed on the service file.

The Community Services Manager is located off-site in the North Vancouver District Office, and is administratively responsible for all services delivered by RYB. There is also a Child Protection Consultant available to assist RYB Social Workers with the management of complex cases and with Comprehensive Risk Assessments. The Child Protection Consultant serves as additional clinical support, but does not carry out a supervisory function/role.

Under the new Service Transformation Plan which was implemented in 2004, Social Workers at RYB can access Family Preservation and Reunification (FPR) services that are community based services designed to reduce the risk of child maltreatment, prevent out-of-home placement, reconnect children in out-of-home placement with their families, and promote permanency for children.

Services include one-to-one, home based services provided by a family preservation counselor:

- Assessment and integrated service planning
- Assistance with emergency needs
- Skill building for parents and children
- Individual and family counseling
- Crisis response during service involvement

At the present time, families are accessing these services through the Powell River Child, Youth and Family Services Society. Once a referral is received by the agency, a family preservation counselor is assigned to work with the family and to work in partnership with the Social Worker in developing an integrated service plan. Service plans containing goals achievable within 3 to 6 months will normally be monitored by the assigned Family Service SW at RYB.

The Team Leader at RYB reports that services on the Upper Sunshine Coast are more limited than in other parts of the Vancouver Coastal Region. This is especially the case with Alcohol & Drug Services for adults and youth, and for resources that can preserve and promote the aboriginal identity of children in care, who are not affiliated with the Sliammon First Nation.

i) Residential Services

All decisions concerning children coming into MCFD's care in the Vancouver/Coastal Region, as planned admissions, are discussed at the Placement Review Committee before the child is brought into care. In cases requiring emergency placement, the Social Workers discuss the case with their Team Leader, who in turn obtains verbal approval from the Community Services Manager.

Child care resources for the area are coordinated by a Resource Worker on the RYB Team. This worker coordinates foster resources/contracts for the upper Sunshine Coast, and reports directly to the TL at RYB. Once the Resource Worker locates an appropriate and available placement, the child's Social Worker assumes responsibility for placement and for providing the caregivers with the essential information about the child.

Child care resources utilized by the RYB team include a variety of family care homes (ie, Levels 1, 2 & 3). Restricted homes and other homes are also located by the RYB Social Workers. As a result of urgent needs, the Social Workers may initiate a preliminary home study for an individual child or sibling group. The home study may include up to 3 reference checks and criminal records/police checks. With the approval of the Deputy Director, a child can be placed in a restricted home for 60 days while the Resource Worker completes the home study. When a resource is requested for the RYB Office, every effort is made to place the child within the catchment area. However, situations arise occasionally when it is necessary to utilize placements outside the catchment area.

ii) Out-of-Care Options

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

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

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

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

When this audit commenced on February 6, 2006 records show that the RYB workers had 4 children in "out-of-care" placements, 1 youth living independently on a Youth Agreement, and 15 children were residing in "in-care" placements.

iii) Service Transformation Plan

Within the environmental context of an escalating child-in-care population and research which questions the long-term intervention of a child welfare system in a child's life, five practice shifts were identified and rolled into an overall provincial initiative entitled Service Transformation. The purpose of Service Transformation is to ensure vulnerable children are protected and served through a regional network of community-based, integrated, comprehensive and accessible services that promote:

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

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

1. Service Redesign:

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

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

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

3. Reshaping case planning and decision-making:

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

4. Transforming planning for children in care:

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

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

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

Service Transformation Outcomes

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

- shifting child welfare practice away from reliance on ‘in care’ services to protect vulnerable children;
- utilizing family and community-based options while continuing to protect vulnerable children’s safety and well-being;
- increasing use of family-based foster care and less of contracted residential resources;
- emphasizing stability and the development of lifelong relationships for children and youth;
- exercising greater foresight in guardianship planning for children and youth.

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

4. STAFF TRAINING

In the course of completing this audit, each of the permanent members of the RYB Team identified those Ministry training programs, designed for Child Protection Social Workers (SW’s), which they have completed to date. This information is outlined in the table below for each of the permanent/regular workers on RYB.

Ministry Training Programs	Team Leader	SW 1	SW 2	SW 3	SW 4	SW 5	SW 6	SW 7
CPW Training Program (core)								
ASIST Training								
Family Development Response								
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 & Drugs								
Arete Violence Prevention								
Youth Services/Agreements								
Interviewing re sexual abuse								
District Supervisor Module 1								
District Supervisor Module 2								
Leading the Way								
Resources SW Training								
Guardianship Core Training								

Adoption Core Training								
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5. SUPERVISION/CONSULTATION

Case consultation with the RYB Team Leader (TL)

structured supervision sessions

During these meetings, the Team Leader and the SW review and discuss each case on his or her caseload.

forwards faxes and e-mails to the Community Services Manager several times a month in order to obtain approvals for Placement Review Committee referrals (PRC's). Case consults with the CSM by telephone are conducted on an "as needed" basis. In addition, in-person meetings with the CSM occur approximately once or twice each month. At these meetings, administrative, safety, clinical, staffing and all operational and service issues are reviewed.

6. INTAKE AND TRACKING SYSTEMS

The screening and investigation of incoming/new protection reports at RYB is handled by two of the delegated Child Protection Social Workers, who are designated as "Intake Workers". The role of Intake Worker is currently being occupied by one permanent SW and a SW on a temporary re-assignment at RYB. After receiving calls/protection reports on families not already receiving services from RYB, the Intake Worker enters the information on MIS and then typically makes Risk Decisions 1 and 2, in consultation with the Team Leader.

After Hours memos are routed to the assigned SW, the Team Leader and the Intake Worker every morning. Any memo requiring an immediate response is entered onto the MIS system right away and either pursued by the assigned Family Service/Guardianship SW or by one of the Intake Workers. A tracking system is in place for all Intake calls/After-Hours memos and they are given priority depending on the determined response time. The Intake Worker inputs all of the intakes/investigations for new FS files onto the MIS system. Consultations and supervisory sign-offs are required at all risk decision points.

a number of tracking systems in place to monitor workload, budgetary expenditures, and compliance to service standards. Files transferred in and out of this Family Service Team are tracked separately by name of file and date of transfer (ie, in an In/Out Logbook).

the Case Management Reports on MIS. tracking systems that record the status of each FS and CS file open at RYB, and any significant tasks/milestones that need to be achieved in the case management process.

Monthly statistics are kept on the number and type of files open at RYB (ie, FS vs. CS, & non-protection vs. protection). The monthly statistics also tally the number of files transferred and closed, as well as any new admissions to care and discharges of children from care in the past month. Statistics are also kept concerning the number of files that have been

referred to either Mediation or a Family Group Decision-Making Conference.

records the number of admissions to care through Removals, Interim Orders, Temporary Custody Orders and VCA's/SNA's during the month. Finally, monthly statistics also record all: Supervision Orders, Section 54.1 Orders, Youth Agreements, Kith & Kin Agreements, and Out-of-Care Placements (e.g., Section 35.2d and 41.1b Orders).

7. STAFFING

a) Staff Complement/Staff Turnover:

The current staffing compliment at RYB is 1 Team Leader (TL), 7 Child Protection Social Workers (SW's), and 2 Administrative Staff positions (ie, a SAS & a Clerk 3). The Team has 7 designated caseload positions for the SW staff: 2 Intake Workers, 3 Family Service Workers, 1 Guardianship Worker, and 1 Resource Worker. Presently, all of these positions are filled.

Six of the seven SW positions are currently filled xx . One of the positions is being backfilled at this time by a temporary staffing appointment, because the permanent SW went on leave. All of the SW's currently working on the Team hold full delegation.

It should be noted that RYB had some minor staffing problems in 2005. One of the permanent SW's went on leave in , and caseload responsibilities had to be assumed immediately by the rest of the team.

Similarly, when the Intake SW took leave , it took four weeks to backfill position with a SW on a temporary re-assignment to RYB. These absences resulted in other SW's on the Team either having to assume caseload responsibilities overnight or to cover off the caseload responsibilities of an absentee SW for an extended period of time.

With respect to education, all 7 of the permanent/regular SW staff and the TL hold either

In terms of child protection employment with MCFD, the permanent/regular members on the team have a wide range of experience, as shown in the table below:

MCFD EXPEREINCE	YEARS
TL	
SW1	
SW2	
SW3	
SW4	
SW5	
SW6	
SW7	

b) Current Workload

When this audit started on February 6, 2006, the Caseload Management Report for RYB showed the Team currently held 98 open Family Service (FS) files and 29 open Child Service (CS) files. Caseloads on the team range from 10 to 26, with a mean of 21.2 cases. In the past six months, the RYB Team has also closed 94 Family Service files and 9 Child Service files.

8. ABORIGINAL SERVICES (if applicable)

As noted earlier in this report, the RYB Team provides services to both aboriginal and non-aboriginal residents of the upper Sunshine Coast. The aboriginal people of the Sliammon First Nation have Reserve Land within the catchment area of the Powell River District Office. A local protocol agreement concerning service provision to Sliammon residents was developed in 1996 between the Powell River District Office and the Sliammon First Nation. Under this protocol agreement, the staff at RYB must involve the Band Social Worker (SW) in the initial assessment of a protection report concerning any family that is a part of the Sliammon First Nation. The protocol also states that the SW at RYB and the Band SW must decide how the Band's SW will be involved with an investigation of a Sliammon family.

Community/support services being provided by the Sliammon First Nation for those members residing on Reserve Land include: a Band Social Worker, Aboriginal Child and Family Counselling, Addictions Counselling, Family Counselling, Youth Counselling, Men's Family Counselling, Clinical Counselling, Community Day-Care Services, Community Health Nursing, Community Care and Support Services, and an Aboriginal Head Start Program.

SECTION III: CASE PRACTICE REVIEWS

9. AUDIT SAMPLE

As noted in the Terms of Reference letter sent to the Community Services Manager and Team Leader on November 16, 2005, the audit sample size included a minimum of 20-25% of open and closed Family Services files and a minimum of 20-25% of open and closed Child Service files. For closed files, only those closed in the last 6 months were audited.

At the time of the audit, there were 98 Family Service files and 29 Child Service files open at RYB. The RYB Team had also closed 94 Family Service files and 9 Child Service files during the six months preceding the start of this audit. However, in order for an FS file (open or closed) to be considered eligible for the sample, it had to have one or more completed Intake Records on file for the time period, November 2004 through to February 2006. Therefore only 59 of the open FS files and 84 of the closed FS files were considered eligible for inclusion in the sample. In addition, youth who have an open CS file but are not in care, because they are on a Youth Agreement, were not considered eligible for selection. As a result, there were 28 open CS files and 9 closed CS files considered eligible for inclusion in the sample. The auditor then randomly selected:

- 12 Family Service (FS) files currently open at RYB.
- 15 Family Service (FS) files closed at RYB during the past 6 months.
- 6 Child Services (CS) files currently open at RYB.
- 2 Child Services (CS) files closed at RYB during the past 6 months.

This random sample of files was obtained using the current Caseload Management Reports (CMR's) for RYB from the MIS and the MARS computer systems. Cases were randomly selected from each worker's caseload, with a minimum of 5 files (FS & CS combined) per caseload.

Please note that Critical Measure 4, "Family Development Response" was not coded as this child protection approach is not undertaken at RYB.

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

DATA SUMMARY

Office Code: RYB

Total Number of Cases: 27

Rating Definitions:

C Full compliance to the standard

PC Partial compliance: The intent of the standard is met but significant practice issues have not been addressed

NC Non-compliance to the standard's criteria requirements

NA Not applicable to the standard being measured.

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery <i>CFS Service Standard #1 & #12</i>	21	77.8			6	22.2	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11 & #13</i>	2	66.7			1	33.3	24
3	Assessing a Child Protection Report and Determining the Most Appropriate Response <i>CFS Service Standard #12</i>	20	74.1			7	25.9	0
4	Family Development Response <i>CFS Service Standard #14</i>	0	0.0			0	0.0	27
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	10	90.9			1	9.1	16
6	Conducting a Child Protection Investigation	4	36.4			7	63.6	16

	<i>CFS Service Standard #16</i>							
7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	9	81.8			2	18.2	16
8	Concluding a Child Protection Investigation <i>CFS Service Standard #17</i>	10	90.9			1	9.1	16
9	Concluding an Investigation in a Timely Manner <i>CFS Service Standard #17</i>	5	45.5			6	54.5	16
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #18</i>	5	62.5			3	37.5	19
11	Reassessing a Plan to Keep a Child Safe and Ending Family Service Response <i>CFS Service Standard #18 & #21</i>	19	76.0			6	24.0	2
12	Notification of Fatalities, Critical Injuries and Serious Incidents <i>CFS Service Standard #25</i>	0	0.0	0	0.0	0	0.0	27
13	Supervisory Approval <i>CFD Standard on Supervisory Consultation & Approval</i>	23	85.2			4	14.8	
Total Applicable Indicators: 172		128	74.4	0	0.0	44	25.6	179

= Number of applicable cases

%= Percent of total

NARRATIVE SUMMARY- CHILD AND FAMILY SERVICES

27 Family Service files were audited. Overall compliance to the Child and Family Services Standards in 2006 was **74.4 %**. This is a marked improvement over the 52.4% obtained in the 2004 audit of the RYB Family Services Team. Information for determining compliance to the service standards was based on file documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

1. SCREENING AND BEST APPROACH TO SERVICE DELIVERY

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

This standard was rated compliant in 21 of the 27 cases audited (77.8%). In the six cases rated non-compliant on this critical measure, the SW did not obtain important information from the caller, or alternatively did not identify important contact information about family members and

previous protection concerns with the children. One of the cases rated non-compliant here was screened by a SW at After Hours (SQB), and it was this worker who failed to document important contact information from the caller.

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was 43.5%.

2. WHEN A CHILD IS AT IMMEDIATE RISK OF HARM

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

This standard was rated compliant in 2 out of the 3 applicable cases (66.7%). In the one case rated non-compliant here, the documentation on file showed that the SW took immediate steps that day to try to locate the child. However, when the SW was unable to locate the child by the end of the day, this worker did not try to enlist the involvement of others - by notifying the police, contacting After Hours (SQB) and placing an alert on the MIS system.

By way of comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was also 66.7%.

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

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

Of the 27 cases audited, 11 were assessed as warranting an investigation, 10 as a referral to a community agency, 3 as an offer of support services, and 3 as no further action required. This standard was rated compliant in 20 of the 27 cases audited (74.1%).

For all cases rated compliant here, the Section 16 assessment decision to respond by either investigating the report (9 cases), referring the family to a community agency (7 cases), offering support services (2 cases), or taking no further action (2 cases) was fully supported by the documentation on the file.

Of the seven cases rated non-compliant on this critical measure, the assessment of the report and coding of the Intake was either: a) not coded as warranting an investigative response, despite Section 13 circumstances in the caller's report and/or in the assessment; b) not completed within five days of receiving the report; c) did not include the involvement of Sliammon Band SW, per the protocol agreement concerning Sliammon families; or d) did not involve providing support services or a referral to community services, even though it was coded as being the most appropriate response.

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was 68.2%.

4. FAMILY DEVELOPMENT RESPONSE

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

The compliance to this standard was not rated in the 2006 re-audit, or the earlier audit in 2004.

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.

This standard was rated compliant in 10 of the 11 applicable cases (90.9%). With the one case rated non-compliant, the start date for the investigation exceeded the coded time frame. More specifically, the protection report was screened as requiring a response time of five days, but documentation indicates the assigned SW at RYB did not initiate an investigation until eight days after the assessment of the report.

By contrast, the compliance rate with this critical measure in the 2004 audit of the RYB Team was 66.7%.

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's living situation has been directly observed, etc. The inability of staff to meet even one of those expectations would result in a non-compliance rating.

This standard was rated compliant in just 4 of the 11 applicable cases (36.4%). With a majority of the seven cases rated non-compliant here, there was some kind of deficiency in the information obtained from collaterals (ie, professionals and/or community members who are familiar and know about the family). Additionally, the SW's failed to document a home visit with two of the cases, and therefore it did not appear that the children's living situation was directly observed. Lastly, in at least one of the cases, the SW did not seek the involvement of Sliammon Band SW with the investigation, per the protocol with the Sliammon First Nation.

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was also 36.4%.

7. SEEING AND INTERVIEWING THE CHILD AND FAMILY

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

This standard was compliant in 9 of the 11 applicable cases (81.8%). With the two cases rated non-compliant here, there was a lack of file documentation indicating that all of the children in the family had been seen and interviewed by the investigating SW.

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was 54.5%.

8. CONCLUDING A CHILD PROTECTION INVESTIGATION

This critical measure requires the auditor to review whether or not the decision about the child needing protection is consistent with the facts that were gathered during the investigation and that all steps required to address the child's safety needs have been considered and implemented.

This standard was rated compliant in 10 of the 11 applicable cases (90.9%). One case was rated non-compliant because the SW concluded the child was not in need of protection, despite finding tangible evidence of recent neglect and inadequate supervision.

By contrast, the compliance rate with this critical measure in the 2004 audit of the RYB Team was 50.0%.

9. CONCLUDING A CHILD PROTECTION INVESTIGATION IN A TIMELY MANNER

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

This standard was rated compliant in 5 out of the 11 applicable cases (45.5%). Of the 6 cases rated non-compliant here, one investigation remained open from 31 to 45 days, one remained open from 46 to 60 days, two remained open from 61 to 90 days, and two remained open for more than 90 days.

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was 41.6%.

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

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

Of the eleven cases audited that involved a child protection investigation, eight found the child(ren) in need of protection. With these eight cases, it was incumbent on the SW to develop and implement a plan to keep the child(ren) safe, given the severity and history of abuse/neglect identified in the investigation.

This standard was rated compliant in 5 of the 8 applicable cases (62.5%). The auditor found that with five of these cases, the SWs involved took both necessary and sufficient steps to implement a viable plan for keeping the child(ren) safe. However, in three other cases, documentation indicates the SW either did not implement a plan, or did not appear to even have

developed a plan to keep the children safe. In two of these cases, a Comprehensive Risk Assessment (CRA) was not documented following the investigation, and in one case the CRA was completed, but the parent refused to co-operate with any protective family support services for the entire six month period after the completion of the investigation.

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was 20.0%.

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

The auditor looked for documented evidence that the plan to keep the child safe has been reviewed and updated as appropriate with key players. In ending a Protective Family Service Response, the auditor looked for documentation that an assessment had been completed that indicated the parents were able to keep the child safe without protection services.

This standard was rated compliant in 19 of the 25 applicable cases (76.0%). The six cases that were rated non-compliant on this critical measure, received that rating for a variety of reasons. For example, with two cases the Comprehensive Risk Assessment (CRA) on the file had not been updated following a recent protection investigation or had not been kept up-to-date at all during the past year or more. In two other cases, the plan to keep the children safe had not been reassessed/ revised following either: a) encountering resistance from parents about receiving protective family support services, or b) when the existing Risk Reduction Service Plan expired and all services/supports for the family had ended. Finally, two other cases received a non-compliance rating, because the updated CRA did not support the ending of a family service response to the family, or alternatively, there was no documented rationale for closing the FS file.

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was 20.0%.

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.

This standard was rated "Not Applicable" in the all 27 of the files audited, as none of the children seen in connection with these cases appeared to have been involved in a reportable circumstance while the FS file was open at RYB.

13. MANAGEMENT AND SUPERVISORY CONSULTATION

During this audit, the auditor was looking for documentation that reflected consultation with a supervisor (TL) or a manager (CSM) at ALL critical points: assessing reports, decision on a response time, conducting and concluding an investigation, notifying police, determining a child's need for protection, developing an ongoing safety plan, the court process, removal of a child, placement of a child, reunification, and transferring responsibility for or ending family service. The quality of the supervision and/or the appropriateness of any documented clinical direction from the TL were not assessed by the auditor.

This standard was rated compliant in 23 of the 27 cases audited (85.2%). In each case rated as compliant on this critical measure, supervisory consultation at specific case management and decision points was adequately documented by the assigned SW. However, four other cases were rated non-compliant because there was either no documentation of the initial assessment of the protection report on the file, or the initial Intake Report had not been signed-off by the Team Leader, thereby attesting to her approval of Risk Decisions 1 and 2.

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was similar at 91.3%.

PRACTICE STRENGTHS:

Overall compliance rates for FS files at RYB increased from 52.4% in the audit of 2004 to 74.4% with the 2006 re-audit, an increase of 22%. The most significant gains in compliance ratings for specific Critical Measures (CMs) were observed for developing and implementing plans to keep children safe (CM10), reassessing plans to keep children safe (CM11), concluding a child protection investigation (CM8), seeing and interviewing the child and family (CM7), determining the time frame to begin an investigation (CM5), and screening and best approaches to service delivery (CM1).

Areas of high compliance for RYB in the 2006 re-audit were most evident with critical measures associated with the conduct of child protection investigations. More specifically, a high rate of compliance was observed with decisions being made about the time frame to begin an investigation (CM5), and with the frequency of seeing and interviewing all of the children and family members (CM7). A high level of compliance was also evident in SW's decision-making about children being in need for protection, and how these decisions corresponded to the facts gathered during investigations (CM8). Lastly, high compliance was also found with the critical measure associated with supervisory approval (CM13). A system appears to be in place, whereby the SW's are routinely consulting at key risk decision points and stages within the case management process. Consults with the Team Leader, and in a few cases with the Community Services Manager, were generally well documented throughout the FS files.

While not part of any critical measure, the re-audit in 2006 found some indications among the 27 FS files audited that Alternative Dispute Resolution (ADR), Placement Review Committee referrals (PRC), and the Least Intrusive Measures Checklist (LIMC) are being utilized by this Team. For instance, of the two FS files audited where one or more PRC's forms should have been on file, one file (or 50.0%) had fully completed this documentation. Similarly, there was only a single FS file where a LIMC should have placed been on the file since November 2004, and that file did contain a completed LIMC (100.0%). As for making use of Alternative Dispute Resolution, the auditor identified six FS files where these services may have been appropriate, and found that with two of the cases (or 33.3%) the assigned SW had already made use of either a Family Group Decision-Making Conference or Mediation Services.

AREAS FOR IMPROVED PRACTICE:

Areas with lower compliance for the RYB Team in the 2006 re-audit were found in critical measures associated with certain aspects of investigations, as well as reassessing risk and formulating plans to keep children safe. While some of these critical measures have improved from the 2004 audit, the compliance rates remain relatively low.

Specifically, the auditor found the critical measure associated with completing investigations in a timely manner achieved a lower compliance level (at 45.5%). There were six cases audited where the investigation was not completed and closed-off within 30 days (CM9).

The auditor also found that with some of the investigations, file documentation indicates that not all of the steps in an investigation were completed properly (CM6). Specifically, it appears that SW's sometimes failed to document their interviews with both parents, all of the children, or all of the other family members. Inconsistencies were also noted in the thoroughness of collateral checks and, in some cases, important collaterals were not documented at all.

Similarly, documentation on assessing and reassessing risk, as well as plans to keep children safe, while having improved from 2004, remain inconsistent with the RYB Team. This was typically reflected in Comprehensive Risk Assessments and/or Risk Reduction Service Plans either not being documented on the file or not being kept up-to-date. Alternatively, with other cases a plan to keep the child safe was never implemented following a recent investigation. Finally, with two other cases that were closed at RYB, the CRA was either not updated at all or it did not provide a rationale/justification for ending the family service response and closing the protection file.

The initial implementation (CM10) and the reassessment (CM11) of plans to keep a child safe are crucial matters in child protection services. The 2006 re-audit of RYB suggests that improvements are still needed in practices related to making effective/timely use of both in-care and out-of-care placements, supervision orders, alternative dispute resolution, brief intensive interventions, short-term support service contracts, and informal community supports.

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

DATA SUMMARY

Office Code: RYB

Total # of cases audited: 8

Rating Definitions:

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

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care <i>CIC Service Standard #1 & CFS Service Standard #20</i>	6	75.0	2	25.0	0	0.0	

2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	7	87.5			1	12.5	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	7	87.5			1	12.5	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	2	25.0			6	75.0	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	7	87.5	0	0.0	1	12.5	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	4	50.0			4	50.0	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	8	100.0	0	0.0	0	0.0	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	4	50.0	0	0.0	4	50.0	
9	When a Child is Missing or Has Run Away <i>CIC Service Standard #14</i>	0	0.0			0	0.0	8
10	Notification of Fatalities, Critical Injuries and Serious Incidents <i>CFS Service Standard #25</i>	2	66.7	0	0.0	1	33.3	5
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 & #16</i>	8	100.0			0	0.0	0
12	Supervisory Approval <i>CFD Standard on Supervisory Consultation & Approval</i>	4	50.0			4	50.0	
Total Applicable Indicators: 83		59	71.1	2	2.4	22	26.5	13

= Number of applicable cases

%= Percent of total

NARRATIVE SUMMARY - CHILD SERVICES

8 Child Service files were audited. Overall compliance to the child service standards was **71.1%**, with an additional 2.4% of critical measures receiving a rating of partial compliance. This outcome is comparable to the 74.5% obtained in the 2004 audit of the RYB Family Services Team. 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; the worker understands the child's history and current circumstances; and a cultural plan is on the child's file, indicating how the child's aboriginal identity is to be preserved and promoted.

This standard was rated fully compliant in 6 of the 8 cases audited (75.0%). With four of the CS files reviewed, a rating of full compliance was given simply because the worker clearly identified the child as not being of aboriginal heritage. One of the cases was given a partial compliance rating because there was no documentation on the file indicating what efforts have been made to clearly establish the band affiliation/membership of an aboriginal child. Another case was rated only partially compliant because the child's plan of care, including the cultural component of the plan, had not been updated since August of 2004.

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was similar at 77.8%.

2. ASSUMING RESPONSIBILITY FOR A CHILD IN CARE

The auditor looked for confirmation of the child's legal status such as court orders, care agreements, citizenship and immigration documents and an assessment of the child's history, current circumstances and needs. This measure also requires documentation that indicates the nature and extent of involvement of family members.

This standard was rated compliant in 7 of the 8 cases audited (87.5%). One case was rated non-compliant here, because court documents/legal authorities and a birth certificate for the child were not found on the CS file.

In contrast, the compliance rate with this critical measure in the 2004 audit of the RYB Team was 55.6%.

3. ENSURING A CHILD'S SAFETY WHILE IN CARE

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

This standard was rated compliant in 7 out of the 8 cases audited (87.5%). One case was rated non-compliant because while the file contained some documentation on how the child's placement/living arrangements have addressed her needs, such documentation is absent or substantially inadequate since August of 2004.

By way of comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was similar at 88.9%.

4. ENSURING THE RIGHTS OF A CHILD IN CARE

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

This standard was rated compliant in 2 out of the 8 cases audited (25.0%). In five of the six cases rated non-compliant on this critical measure, file documentation indicates the children had not been regularly informed of and/or educated about their Section 70 rights and entitlements while in care. In another case, there was insufficient information on the file to discern if the child's Section 70 Rights in Care had ever been reviewed and discussed with him, since coming into Ministry care.

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was 44.4%.

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

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

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

This standard was rated compliant in 7 out of the 8 cases audited (87.5%). One case was rated non-compliant because there was insufficient information on the file after August 2004 to determine if the youth was consulted and apprised of case planning and decision making, prior to the file being closed in October 2005, when the youth consented to a Section 54.1 Order.

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was 100.0%.

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 Service Standard #9. Frequency of contact with a child is based on his or her level of vulnerability, developmental needs and visibility in the community, and is consistent with the goals of the plan of care. The auditor looked for documentation that the Social Worker has private in-person contact with the child.

This standard was rated compliant in 4 out of the 8 cases audited (50.0%). Three cases were rated non-compliant because the file documentation indicated the SWs involved did not have private, in-person contact with the children at least every 90 days, during the past year or so. Another case was rated non-compliant, as there was insufficient documentation on the file to determine if the SW had private, in-person contact with the child since coming into care.

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was 77.8%.

7. MEETING A CHILD'S NEED FOR STABILITY AND CONTINUITY OF LIFELONG RELATIONSHIPS

The auditor looked for documentation to demonstrate that efforts had been made to promote continuity for the child by supporting contact with significant people in the child's life and maintaining connections to the child's cultural heritage and identity. As well, the auditor looked for evidence of strategies that were implemented to promote stability and continuity of lifelong relationships and planning for the development of new lifelong relationships. According to CIC Service Standard #10, throughout the time a child is in care, the SW should make it a priority to promote the stability and continuity of lifelong relationships for the child, by:

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

This standard was rated compliant in all 8 cases audited (100%).

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was 88.9%.

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 Service Standard #11. As well the auditor looked for information that indicates the plan is reviewed when appropriate.

This standard was rated compliant in 4 out of the 8 cases audited (50.0%). Three cases received a rating of non-compliance because the Comprehensive Plans of Care (CPOC) had not been reviewed regularly and kept up-to-date. Another file was rated non-complaint as there was no indication that an initial plan of care was documented within the first 30 days of the child coming into care (eg, an Immediate Developmental Assessment Plan already in use at RYB).

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was 44.4%.

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

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

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

This standard was rated "Not Applicable" with all 8 cases audited, as there was no documentation on the files indicating that any of children were reported missing or had run away, while their file was open with the RYB Team.

The compliance rate with this critical measure in the 2004 audit of the RYB Team was also 0.0%, as all of the files were similarly rated as "Not Applicable".

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

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

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

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

This standard was rated compliant in 2 of the 3 applicable cases (66.7%). Only three of the CS files audited had documentation on the file indicating that the child/youth had been involved in some kind of a reportable circumstance. The auditor found that in two of these three cases, the SW had submitted an Initial Reportable Circumstance (IRC) to the Director's office, as per CFS Practice Standard #25. However, in one case, there was no IRC on file following an incident where a youth was taken to the hospital with suicidal ideations.

By way of comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was also 66.7%.

11. PLANNING FOR A CHILD LEAVING CARE

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

This standard was rated compliant in all 8 of the cases audited (100.0%).

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was also 100.0%.

12. SUPERVISORY APPROVAL

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

This standard was rated compliant in 4 out of the 8 cases audited (50.0%). With all four of the cases rated non-compliant here, there was an absence of documented consults with the supervisor concerning important case management decision-making. In two of these cases, significant file documentation that should include TL sign-offs (eg, updated Risk Assessments or Plans of Care) was also absent from the file.

By comparison, the compliance rate with this critical measure in the 2004 audit of the RYB Team was 77.8%.

PRACTICE STRENGTHS:

The overall compliance rate for CS files at RYB with the 2006 audit was 71.1%, which is comparable to the 74.5% obtained in the audit of 2004. A significant gain in compliance was observed in 2006 with the critical measure associated with assuming responsibility for a child in care (CM2).

The 2006 audit found the RYB Team achieved a high level compliance on a number of the critical measures assessed by this audit. Overall, the CS files appeared to be well organized and maintained, and as such reflect positively on the quality of work being done by the SW's and the supervision being provided by the TL.

Areas of strength for the Team in 2006 are in assuming responsibility for a child coming into care (CM2), ensuring a child's safety while in care (CM3), involving the child and considering the child's view in case planning (CM5), meeting a child's need for stability and continuity in life-long relationships (CM7), and planning for a child leaving care (CM11).

AREAS FOR IMPROVED PRACTICE:

Compliance rates were quite low in 2004 and remained low with the 2006 audit, with critical measures associated with ensuring the rights of children in care (CM4) and assessments/ planning for children in care (CM8).

Areas of somewhat lower compliance with the 2006 audit also included maintaining personal contact with a child in care (CM6), and supervisory approval (CM12). More specifically, better file documentation is needed regarding the frequency of private, in-person contact with children in care. The same could also be said for documentation of supervisory consults/approval on significant case management decisions.

While not part of any critical measure, the auditor found that the use of Alternative Dispute Resolution (ADR) services was only applicable to six of the CS files audited, and in just one of these files (16.7%), had either Family Group Decision Making or Mediation been attempted. Similarly, the use of Placement Review Committee referrals (PRC's) and the completion of Least Intrusive Measures Checklists (LIMC's) are not being used consistently by this Team. More specifically, of the 8 CS files audited, all had some reason to have submitted one or more PRC's in the past year or so. The documentation on these files indicated that just two (or 25.0%) of these cases had completed all applicable PRC's on the file. Similarly, four of the eight cases audited should have had at least one completed LIMC on the CS file, and of these four cases, two (or 50.0%) were found to contain all applicable LIMC's for that case.

12. RECOMMENDATIONS

1. The Team Leader (TL), the Community Service Manager (CSM) and the Regional Manager of Service Quality will have a debriefing session with the members of the RYB Team concerning the results and major findings of this re-audit. To be completed by April 1, 2006.
2. The CSM and the TL will review the case rating sheets to ensure that any cases that received non-compliance ratings in the audit have been reviewed with the individual Social Workers. Each non-compliance rating will be addressed in order to insure that case management meets current practice standards. To be completed by July 1, 2006.

3. The CSM will coordinate with the Regional Deputy Director of Child Welfare to have a Child Welfare Consultant provide training to the RYB Team on responding to child protection reports, including screening, coding, documenting, and essential steps in an investigation. Special attention will focus expectations and practice standards for child protection investigations. To be completed by September 30, 2006.
4. The TL and CSM will arrange for the Intake Checklist currently in use to be revised to more accurately address issues identified by this audit. To be completed by July 31, 2006.
5. The CSM will coordinate with the Regional Deputy Director of Child Welfare to have a Child Welfare Consultant provide training to the RYB Team on advanced risk assessment, including the re-assessment of risk. To be completed by September 30, 2006.
6. The TL and CSM will develop a system to track the completion of necessary file documentation. To be completed by September 1, 2006.
7. The CSM will coordinate with the Regional Deputy Director of Child Welfare to have a Child Welfare Consultant review guardianship standards with the RYB Team, giving special attention to assessments and planning for children in care and the use of the CPOC. To be completed by September 30, 2006.
8. The TL and CSM will create an effective tracking system to monitor adherence to Child in Care Service Standards. To be completed by September 1, 2006.

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Date:

Linda O'Brien
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Date:

Holden Chu
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Date:

Beverly Dicks
Regional Executive Director (A)
Vancouver Coastal Region

Date:

Mark Sieben
Assistant Deputy Minister (A)
Regional Operations and Child Welfare

Date:

FROM THE
2004 CASE PRACTICE AUDIT
OF THE
RYB FAMILY SERVICES TEAM

Rating Definitions for Appendix Tables:

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.

	CFS Critical Measures from the 2004 Case Practice Audit of RYB	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery <i>CFS Service Standard #1 & #12</i>	10	43.5			13	56.5	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11 & #13</i>	6	66.7			3	33.3	14
3	Assessing a Child Protection Report and Determining the Most Appropriate Response <i>CFS Service Standard #12</i>	15	68.2			7	31.8	1
4	Family Development Response <i>CFS Service Standard #14</i>	0	0.0			0	0.0	23
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	8	66.7			4	33.3	11
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	4	36.4			7	63.6	12
7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	6	54.5			5	45.5	12
8	Concluding a Child Protection Investigation <i>CFS Service Standard #17</i>	5	50.0			5	50.0	13
9	Concluding an Investigation in a Timely Manner <i>CFS Service Standard #17</i>	5	41.6			7	58.4	11
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #18</i>	3	20.0			12	80.0	8
11	Reassessing a Plan to Keep a Child Safe and Ending Family Service Response <i>CFS Service Standard #18 & #21</i>	3	20.0			12	80.0	8
12	Notification of Fatalities, Critical Injuries and Serious Incidents <i>CFS Service Standard #25</i>	0	0.0	0	0.0	1	100.0	22
13	Supervisory Approval <i>CFD Standard on Supervisory Consultation & Approval</i>	21	91.3			2	8.7	
Total Applicable Indicators: 164		86	52.4	0	0.0	78	47.6	135

= Number of applicable cases

%= Percent of total

	CIC Critical Measures from the 2004 Case Practice Audit of RYB	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care <i>CIC Service Standard #1 & CFS Service Standard #20</i>	7	77.8	1	11.1	1	11.1	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	5	55.6			4	44.4	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	8	88.9			1	11.1	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	4	44.4			5	55.6	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	9	100.0	0	0.0	0	0.0	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	7	77.8			2	21.2	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	8	88.9	1	11.1	0	0.0	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	4	44.4	2	22.2	3	33.4	
9	When a Child is Missing or Has Run Away <i>CIC Service Standard #14</i>	0	0.0			1	100.0	8
10	Notification of Fatalities, Critical Injuries and Serious Incidents <i>CFS Service Standard #25</i>	2	66.7	0	0.0	1	33.3	6
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 & #16</i>	9	100.0			0	0.0	0
12	Supervisory Approval <i>CFD Standard on Supervisory Consultation & Approval</i>	7	77.8			2	21.2	
Total Applicable Indicators: 94		70	74.5	4	4.2	20	21.3	14

= Number of applicable cases

%= Percent of total

Director's Case Practice Audit – Powell River Family Services - RYB

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

Mark Sieben
Assistant Deputy Minister
Policy and Legislation Team

Director
Child, Family and Community Services Act
July 7, 2006