

**AUDIT FINAL REPORT**

**DIRECTOR'S CASE PRACTICE AUDIT REPORT**

**FRASER REGION**

**FLEETWOOD/CLOVERDALE COMMUNITY SERVICES TEAM (GDR)**

**Field Work Completed: January 23, 2006**  
**Report Completed: 2006-02-20**

# TABLE OF CONTENTS

## SECTION I: INTRODUCTION

1. PURPOSE
2. METHODOLOGY

## SECTION II: PRACTICE IN THE COMMUNITY CONTEXT

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

## SECTION III: CASE PRACTICE REVIEW

10. AUDIT SAMPLE
- 11 A. CRITICAL MEASURES AUDIT - CHILD & FAMILY SERVICE STANDARDS
  - Data Summary
  - Narrative Summary
- 11 B. CRITICAL MEASURES AUDIT - CHILD IN CARE SERVICE STANDARDS
  - Data Summary
  - Narrative Summary
12. RECOMMENDATIONS

## SECTION I: INTRODUCTION

### **1. PURPOSE**

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

The specific purposes of case practice audits are:

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

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

### **2. METHODOLOGY**

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

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

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

## SECTION II: COMMUNITY CONTEXT

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

### 3. SERVICE AREA OVERVIEW

#### a) **GEOGRAPHIC:**

The GDR office is located at 15355 102A Avenue, #4, Surrey BC.

Surrey is located at the crossroads of the Pacific Rim, Greater Vancouver and the United States. Easy and convenient access to Vancouver international Airport, 2 international border crossings into the USA, an excellent transportation network including 6 major highways, rail and a deep sea port allow for transportation of goods and services worldwide.

Surrey is the third largest city in BC and its population continues to grow.

The Surrey geographical area includes the Whalley, Guilford, Newton, South Surrey, Fleetwood and Cloverdale town centres. GDR services Fleetwood and Cloverdale.

The service delivery boundaries for GDR are 48<sup>th</sup> Avenue to 196<sup>th</sup>; 152<sup>nd</sup> to 82<sup>nd</sup>; 128<sup>th</sup> to 96<sup>th</sup> to 88<sup>th</sup> (even numbered homes) and along Hwy 1 over to 196<sup>th</sup>. The Team leader reports that a significant number of their cases come from the 128<sup>th</sup> – 96<sup>th</sup> Avenue area where there are several apartment complexes.

Trans Link provides bus and sky train transportation. School District #36, RCMP, Surrey Fire Service (regular and volunteer) and the Fraser Health Authority service Surrey. BCIT, Kwantlen University College, Simon Fraser University are located in the community. The Surrey Court House and Pre-trial facility are located in the Municipal Hall complex on Hwy #10 and 144<sup>th</sup> Street. Both Social Workers interviewed describe collaborative working relationships with the police and schools.

#### b) **Demographic:**

BC Statistics estimated that Surrey's Population would be 388,000 (by 2005) however, as of 2003, it was 390,145 and in 2001, it was 347, 825. This is an important point to make as Surrey has exceeded the estimate with 2 years to go. This is indicative of the significant population growth. In comparison to the province's population growth (0.8%), Surrey's growth shows as 3.0%.

BC Statistics and the Social workers report that Surrey's ethnic groups consist of Chinese, Asian, Filipino, Japanese, Indo Canadian, Iranian, Burmese, Vietnamese, Sudanese (refugees), African, Jamaican, Latin American, European, Caucasian and Aboriginal peoples. The Team Leader noted that the South Asian community is quite visible in the Fleetwood area.

One GDR Social Worker speaks Spanish and provides direct service to Spanish speaking families. Also, this worker assists other teams and a case trade off can be negotiated in the event a family requires a Spanish speaking Social Worker.

The Social Workers report that there is a lack of culturally appropriate support services in the Surrey area. One Social worker explained that workers overcome this by being creative and involving the cultural communities (e.g. church, neighbours, etc.). Together they develop an informal service plan in order to meet the cultural/language needs of the families. There are no difficulties reported in securing an interpreter to assist the Social Workers with investigations.

Income levels range from <20,000 to \$80,000+. As of 2003, 2.5% of Surrey's population was receiving Income Assistance. Generally the socio-economic level is middle class, however, the Team Leader reports servicing a significant number of low income families.

BC Statistics show that the crime rate in Surrey has increased proportionately with the increase in population. The police deal mainly with violent crimes, property crimes (adult and juvenile), non-cannabis drug related activity and cannabis related activity (e.g. grow operations).

Two major issues are transportation congestion and health care. There is a significant wait if emergency services are required as there is one hospital in the Surrey area, that being Surrey Memorial Hospital.

The Team Leader and Social Workers report the following as the common issues and concerns handled by GDR:

- Drug/Alcohol abuse
- Mental Health
- Combination of Drug/Alcohol abuse and Mental Health
- Custody and Access issues
- Grow Operations
- Substance abusing pregnant mothers, addicted babies at birth
- Family breakdowns and custodial parent is isolated with no support system
- Children/Youth behavioural problems and mental health issues

The Team Leader and Social Workers interviewed report the following trends:

- Increase in the use of crystal methamphetamine (used to be more cocaine and heroin); this leads to the working relationship being more adversarial as clients are more angry and unpredictable; increased risk of violence; difficult to develop a service plan due to the drug's impact; need for Social Workers to go out in pairs and for safety reasons, do more office visits
- Poly substance use (mixture of various drugs such as meth, crack cocaine, alcohol, heroin, etc.)

- With the increase of using out of care options, there is an increase in placement difficulties as the caregivers are not as objective as MCFD caregivers; more difficult to assess safety and the level of protection provided, issues of sabotaging the service plan and questioning MCFD's position; open or passive resistance to the service plan as time elapses; more demands made and control issues arise more often
- The Surrey Intake office screens out all information and support service requests, so cases transferred to GDR are solely child protection investigations. Given the demographic dynamics of Surrey, cases are very challenging, have multiple risk factors and require a significant amount of work, in other words, there are no "soft" cases to buffer their caseloads
- High Profile cases (e.g. complaints, media involvement, etc.) are not uncommon. One Social Worker indicated that GDR has 4 very high profile cases currently. They create a significant amount of work and stress for the Team. The Team is very supportive of each other and this helps reduce anxiety.
- Increase in custody and access issues especially when parents can no longer afford legal fees; there is the expectation that MCFD will take sides, provide support letters and give testimony in court
- More challenging to advocate for families with Income Assistance due to budget cuts
- Current Police protocol now warns adults of pending grow-op raids approx. 2 weeks in advance so it is difficult for MCFD to assess the actual risk to children. The operation is usually dismantled prior to the home visit by the Social Worker.
- Decrease in the ability to provide support services - Homemaker and supervised visitation services; amount of food vouchers, etc. that can be provided (budget)
- Number of school counsellors have decreased (e.g. 1 counsellor per 1,000 children reported by one Social Worker) and schools are not able to cope with the volume of behavioural difficulties with students
- Support Services waitlists (i.e. Family counseling has a wait list of 6-8 weeks)

**c) Service Delivery:**

The Regional Office is located in Surrey. The management structure for the Fraser Region includes the Regional Executive Director, the Director of Operations, the Director of Corporate Services, the Director of Child Welfare, the Manager of Service Quality, the Manager of Practice Development and ten Community Services Managers (includes Aboriginal services, After Hours and Resources).

GDR is co-located with the Guilford Community Service Team (GDH) and the office is located at Suite #4, 15355 102A Avenue, Surrey, BC.

SQD provides After Hours services.

FIK (Guardianship and Resources); FIL (Protection and Family Service); FIQ (Intake, Investigation and Métis Services) and FIM (Protection, Family and Métis Services) provide the Aboriginal service for Surrey.

Legal Counsel is provided by the Kinsman Law Group and is quite accessible to MCFD staff. GDR is committed to using alternatives to care however a minimum of 10% of the Social Workers' caseloads are court involved. The weekly list day for GDR is Thursday mornings.

Integrated Case Management (ICM) is used often by GDR. The Team Assistant helps organize meetings, attends the meetings and takes the minutes. One Social Worker indicated the Care Team members are encouraged to share the organizing and facilitating roles. The following is a common case scenario when ICM is used:

When GDR learns of a drug involved pregnant mother, a family service file is opened and prenatal services and monitoring are offered and provided when possible. The hospital and After Hours alerts are done so GDR is promptly notified of the birth. If the woman does not want MCFD services and/or moves and the file closes, the alerts will ensure that the appropriate district office is notified upon the birth and another intake created.

Current hospital protocol requires an ICM discharge meeting be held prior to the baby's release. The parents, extended family, involved hospital staff, a consultant if applicable (child protection, medical), MCFD and community partners collaborate on the risk analysis and risk reduction plan.

#### **i) Residential Services**

Residential services are provided by the Surrey Resource teams - Foster Home Support and Resources (GKB); Recruitment, Placement and Contracts (GKC) and Foster Home Support and Resources (GKF).

When a Social Worker needs a placement for a child, the specific needs, health and behavioural issues and a brief case synopsis are provided.

One Social Worker reports that most placements for children in care are outside of their communities due to a shortage of local resources. This creates difficulties with transportation for appointments, visits and other activities as the foster homes usually have more than one child and/or their biological children to consider.

Another issue is the need for SAFE BABIES homes (level 2-3) and they are not always available or local. One Social Worker pointed out that this then creates hardship for a FASD/NASD infant when there is significant travel involved for visits

Also, specialized services may require significant travel (i.e. BC Children's Hospital, etc.) and can take a significant amount of the Social Workers' time.

Another challenge is some children are in care due to their behaviours and should not be placed with other children (i.e. sexually intrusive). This need can be difficult to meet.

Due to these issues, it is important for the Social Worker and Resources to work collaboratively, as well as be creative in case planning.

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

Based on the information from the completed interviews and the file review, these options are always considered by GDR when developing safety and service plans for the children and families. Kin and Others, placement with family or friends, supervision orders, agreements (e.g. youth, special needs, support services, voluntary care), mediation, family group conferencing and integrated case management meetings are all examples of options and/or strategies used by GDR to avoid placement of children into MCFD resources.

When a child must be placed, the CIC audit results confirm the dedication of GDR to maintain continuity and stability

Mediation (Sec 22) is also used by GDR and one Social Worker reports it is a useful tool when working with families. It provides the opportunities for the involved parties to come to some agreement on most issues and reduces court time if consent to an order can be reached.

### **iii) Service Re-Design/Plan**

In April 2004, The Surrey Child Protection and Family Service teams were disbanded and 4 Community service teams were developed. They are GDH (Guilford); GDB (Surrey North), GDE (Newton) and GDR. These teams do investigations and provide family services.

The staff complement of Social Workers came from the GFC team (previous Guilford child protection investigation) and lateral transfers from various teams. This was described by one Social Worker as being somewhat traumatic, as there were only 2 GFC workers that actually stayed. This change created a learning curve for some, especially in the area of family service. According to the Team Leader, GDR would benefit from further training in this area.

There are 3 child protection investigators and 4 family service workers. Family services are provided to families with children 12yrs and under. If there is a teen and younger children in the home, GDR will do the investigation.

One worker does both investigations and ongoing family service work. This worker usually keeps the investigation files requiring ongoing family service unless it is in the best interest of the child (ren) and family to have a new Social Worker. Currently this worker's caseload is 30 (12 CP; 15 FS and 3 CS files).

The Team Leader reports that due to the large number of investigations, in January 2006, this Social Worker will be covering child protection investigations. She will initially rotate to cover

Intake duties for each investigation worker so that the workers will have the opportunity to catch up on necessary paperwork. The Social Workers interviewed confirmed that each investigation caseload has open files needing report closure or transfer (Comprehensive Risk Assessment and recording). The Team Leader and Social Workers report that GDR has the highest number of monthly intake reports in Surrey over the last year. Each has approximately 30 + cases. For example, the Team Leader provided the following statistics:

From April 2004 - 2005- GDR – 394 investigations  
GDE - 364 investigations  
GDB – 348 investigations  
GDH – 277 investigations

With 3 investigation Social Workers, this breaks down to each having approximately 131 cases per year. If weekends, statutory holidays, 3 weeks vacation and flex days are removed, this leaves 210 actual work days (travel, court, illness, etc. not included). The days divided by the number of cases, works out to 1.6 days that can be dedicated to each case.

Coverage, when Social Workers are away (on vacation, flex time, ill or in court), is an ongoing challenge for GDR. While completing the file review; this Analyst observed strong support and that they continue to encourage each other using humour as much as possible.

The Family Development Response program (FDR) is used by GDR. Options is the contracted agency that provides this service. The Team Leader reports that there are generally 2 FDR cases active at one time.

The process is as follows:

- Social Worker and the Team Leader assess whether the case is appropriate for FDR. The Social Worker meets with the family during a home visit; moderate Section 13 concerns exist (in accordance with the FDR criteria) and the parents agree to participate in the program
- The Social Worker completes the referral
- A meeting is held with the family, the Social Worker and the FDR worker (Options)
- The intake remains open for the duration of the service (up to 3 mos)
- The FDR worker completes the North Carolina Risk Assessment and develops recommendations/goals and sends a copy to the Social Worker
- The FDR worker submits an initial report to the Social Worker
- The FDR updates the Social Worker by telephone
- The FDR worker reports to the Social worker any new concerns or increase of risk
- If the risk increases, the case will require an investigation be opened by the Social Worker and the appropriate steps are taken
- At the end of the service, the FDR worker will submit a final report. The final report contains an updated NC risk assessment and a more thorough written report (than the initial report)

- The Social Worker in consult with the Team Leader will decide if further services are required

The Team Leader reports the FDR program is discussed during monthly meetings with the Surrey Team Leaders, the Associate Community Services Manager and Options staff.

Another duty performed by the Team Leader is that of liaison for Tin Harbour. The regular contract is 100 hrs per mos. If there is a need for overage hours for a team, unused hours (from another team) will be negotiated between the Team Leader needing the extra hours and the liaison. This ensures all contracted hours are used each month and, at any given time, some teams require more than others.

## 4. STAFFING

### a) Staff Complement/Staff Turnover:

GDR has 8 FTEs (Team Leader, 3 child protection investigators, 4 family service workers). The office staff complement consists of a Team Assistant, a shared Office Manager and a shared AO2 who performs reception and filing duties.

It is reported that the child protection investigators have remained stable since April 2004 however one family service worker left and another is on medical leave. There was no backfill for 3 mos so one caseload was dispersed amongst the entire GDR team. Both Social Workers interviewed indicated that the CP Social Workers are in 'crisis mode' due to the high volume of investigation intakes. This impacts their compliance to Critical measure #5 (CFS).

Position	Length of Time on Team	Educ.	MCF Experience	Delegate	Status
TL				FULL	
SW #1				FULL	
SW #2				FULL	
SW #3				FULL	
SW #4				FULL	
SW #5				FULL	
SW #6				FULL	
SW #7				FULL	

**b) Current Workload**

**GDR - 38 FS**

**GDR – 25 FS; 01 CS**

**GDR – 35 FS; 01 CS**

**GDR– 13 FS; 16 CS**

**GDR – 15 FS; 08 CS**

**GDR – 10 FS; 16 CS**

**GDR – 22 FS; 05 CS**

**Total: 158 FS; 47 CS**

**Total open files: 205 Files**

**Total Sample size-41 Open files (20% of open case file listing)**

**Total Closed files – 6 Files**

**Total: 47 Files – Sample size**

**5. STAFF TRAINING**

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

**6. SUPERVISION and CONSULTATION**

Formal supervision that involves a caseload review occurs once per month for the child protection investigation Social Workers and twice per month for the family service Social Workers.

Also, each investigation Social Worker completes a checklist that is attached to each file to confirm that all the investigation steps have been completed. If a step has not been done, the rationale is documented.

investigation Social Workers consultations and they occur frequently with the family service workers, however this is flexible. informally with the

The Team Leader is responsible to the Associate Community Services Manager who reports to the Community Services Manager. The Team Leader does not have a set supervision schedule with the Associate Community Services Manager. They usually communicate during Team Leader meetings.

The Social Workers report that the Community Service Manager has attended one team meeting. The Associate Community Services Manager becomes involved when there is a high profile case.

Weekly team meetings occur Wednesday mornings and the agenda includes items such as a wellness check in, case discussion/consultation, file assignments or transfers and support services updates. The Team Leader reports that each week, approximately 2 case practice standards are reviewed by the team.

The Social Workers report that the team members support each other through informal case discussions on difficult and/or high profile cases. This also serves as a form of debriefing. They take their daily breaks together whenever possible.

## **7. INTAKE AND TRACKING SYSTEMS**

An intake rotation schedule is used. Intake reports generally come from the Surrey Intake office, GDM. All intake calls and family support services are assessed by this office directly.

GDM is responsible for doing the prior record check (PCC) and Risk Decisions #1 and #2. GDM then contacts the GDR intake worker to inform him/her that a new investigation intake is coming. The new report is electronically transferred to caseload GDR000. Upon receipt at GDR, the intake worker assigns it to the appropriate Social Worker.

GDM will send a “blue” copy of the notepad after it is signed off by the GDM Team Leader. This “blue” copy goes onto the FS file. GDR has the ability to re-code the intake report based on their assessment and/or new information.

If the intake is immediate, the Social Worker covering intake will do the investigation. This requires the Social Worker to take a cell phone if leaving the office, as intake coverage is still required. If it is 5 days, the intake report will go to the next Social Worker up on the rotation. If there is already an open file, the report goes directly to the responsible Social Worker.

An intake binder is used to document the FS number; family name; response time; date; assigned Social Worker and the Section 13 concern(s). The intake worker converts the notepad into an FS file or re-opens the appropriate closed file. One copy goes to the assigned worker and the “pink” copy goes to the Team Leader.

If GDR receives a direct intake call, the Social Worker creates a notepad and completes Risk Decision #1 and #2. One copy goes to the assigned worker, the “pink copy” goes to the Team Leader and the “blue” copy goes to the administration staff after the Team Leader has signed it off. The blue copy is then placed on the FS file.

The Team Leader keeps a monthly intake log where case outcomes are documented (i.e. closed, transferred) and when all the intakes are completed and signed off, it goes to the Team Assistant for filing. The Team Assistant also documents the After Hours memos that are not related to an open file. The intake Social Worker creates a notepad, opens a file and then it is assigned as already described.

## **8. ONGOING FAMILY SERVICE/TRANSFERS:**

The FS Social workers have a duty rotation schedule. If a Social Worker has to go out on a call, a cell phone is taken. The duty worker covers emergency calls if the Social Worker responsible for the case is not in. Sometimes calls are received that require an investigation; however, the calls are usually about issues like transportation, visits, etc. If an investigation is required, an investigation worker may be asked to accompany the FS worker (depending on need and availability). New investigations on FS files require an intake report be created and completed.

The Team Leader notes that with the CP and FS services combined on one team, the transfer process is seamless. The 2 Social Workers meet and plan on how the family will be introduced to the family service worker. The transfer meeting may occur in the home or at the office. Also, there is service delivery consistency as the Team Leader supervises both.

A file is considered ready for transfer when all the MIS information has been entered, the RD #5 completed and a transfer summary done (includes legal, family and visit information;

recommendations, items to be followed up). This expectation applies to all transfers; however, there is more flexibility when the transfer is within the GDR team.

If a file is court involved, the file will be transferred after the interim or first order is granted however this is flexible as it depends on the case dynamics.

Outside transfers require Team Leader to Team Leader communication and agreement of the transfer process. If the case is complex, an ICM meeting may be done in order to transfer a file.

Each Social Worker has their own individual tracking systems. Some may use their day timers to track items like court service deadlines; create TO DO lists, highlight information in the black book notes (i.e. when CIC seen, type of contact); print off the caseload report, make notes, prioritize the cases or make lists of documents needed for a file (I.D., etc.).

The Team Leader reports that there is one contact person for Aboriginal files requiring transfer whether it is an intake or a FS file.

When files are received by GDR, a transfer list is used to document the family name, from which team, transfer to which team, date of transfer and who it is assigned to. If the file is transferring outside of GDR, the date of the transfer request is documented.

Initial Reportable Circumstances are generally completed with the Team leader.

## **9. ABORIGINAL SERVICES**

GDR does not provide Aboriginal services. All services are provided by specialized Aboriginal teams based on geographical location.

### **SECTION III: CASE PRACTICE REVIEWS**

## 10. AUDIT SAMPLE

As noted in the Terms of Reference letter sent to the Associate Community Services Manager and Team Leader on April 26, 2005, the audit sample size included a minimum of 20% of open and closed Family Services files and a minimum of 20% of open and closed Child Service files. At the time of the audit there were 205 open Family Service and Child Service files. The number of files reviewed per Social Worker was based on taking 20% of the individual caseload total. For closed files, only those closed in the last 6 months were audited.

## 11 A. CRITICAL MEASURES AUDIT TOOL - CHILD & FAMILY SERVICE STANDARDS

### DATA SUMMARY

Office Code: GDR

Total Number of Cases: 36

#### Rating Definitions:

**C** Full compliance to the standard

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

**NC** Non-compliance to the standard's criteria requirements

**NA** Not applicable to the standard being measured.

# = Number of applicable cases

% = Percent of total

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
<b>1</b>	Screening and Best Approach to Service Delivery <i>CFS Service Standard #1 &amp; #12</i>	<b>33</b>	<b>91.7</b>	--		<b>3</b>	<b>8.3</b>	--
<b>2</b>	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11 &amp; #13</i>	<b>14</b>	<b>100</b>	--		<b>0</b>	--	<b>22</b>
<b>3</b>	Assessing a Child Protection Report and Determining the Most Appropriate Response <i>CFS Service Standard #12</i>	<b>30</b>	<b>96.8</b>	--		<b>1</b>	<b>3.2</b>	<b>5</b>
<b>4</b>	Family Development Response <i>CFS Service Standard #14</i>	<b>0</b>	--	--		<b>0</b>	--	<b>36</b>
<b>5</b>	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	<b>20</b>	<b>66.7</b>	--		<b>10</b>	--	<b>6</b>

<b>6</b>	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	<b>19</b>	<b>67.9</b>	--		<b>9</b>	<b>32.1</b>	<b>8</b>
<b>7</b>	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	<b>18</b>	<b>64.3</b>	--		<b>10</b>	<b>35.7</b>	<b>8</b>
<b>8</b>	Concluding a Child Protection Investigation <i>CFS Service Standard #17</i>	<b>20</b>	<b>83.3</b>	--		<b>4</b>	<b>16.7</b>	<b>12</b>
<b>9</b>	Concluding an Investigation in a Timely Manner <i>CFS Service Standard #17</i>	<b>15</b>	<b>55.6</b>	--		<b>12</b>	<b>44.4</b>	<b>9</b>
<b>10</b>	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #18</i>	<b>17</b>	<b>94.4</b>	--		<b>1</b>	<b>5.6</b>	<b>18</b>
<b>11</b>	Reassessing a Plan to Keep a Child Safe and Ending Family Service Response <i>CFS Service Standard #18 &amp; #21</i>	<b>4</b>	<b>100</b>	--		<b>0</b>	--	<b>32</b>
<b>12</b>	Notification of Fatalities, Critical Injuries and Serious Incidents <i>CFS Service Standard #25</i>	<b>0</b>	--	--		--	--	<b>36</b>
<b>13</b>	Supervisory Approval <i>CFD Standard on Supervisory Consultation &amp; Approval</i>	<b>31</b>	<b>86.1</b>	--		<b>5</b>	<b>13.9</b>	--
<b>Total Applicable Indicators: 276</b>		<b>221</b>	<b>80.1</b>	--		<b>55</b>	<b>19.9</b>	<b>192</b>

## NARRATIVE SUMMARY- CHILD AND FAMILY SERVICES

Family Service files were audited. Overall compliance to the Child and Family Services Standards was **80.1 %**. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

### 1. SCREENING AND BEST APPROACH TO SERVICE DELIVERY

The auditor looked for documentation, which demonstrated the following: sufficient information was gathered and the family history was reviewed, requests for service were adequately assessed, 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.

**Applicable files – 36**

**Compliance – 91.7%**

**Regional – 77.2%**

Reasons for non-compliance include insufficient information gathered regarding child's location; history of both parents not documented; PCC not completed for the biological father (3 files).

## **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.

**Applicable Files – 14**

**Compliance – 100%**

**Regional – 73.1%**

## **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

**Applicable files – 31**

**Compliance – 96.8%**

**Regional – 82.8%**

Reason for non-compliance was the report was initially coded as a family support response; however, report was later re-coded by GDR to investigation (1 file).

## **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 as the official audit criteria are being revised.

## **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.

**Applicable files – 30**

**Compliance – 66.7%**

**Regional – 64.6%**

Reasons for non-compliance include investigation did not begin within the chosen time frame and the documentation did not indicate exactly when the investigation started (10 files).

## **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.

**Applicable files – 28**

**Compliance – 67.9%**

**Regional – 53.2%**

Reasons for non-compliance include date of birth not documented; no confirmation or identification of another child in the household; insufficient collateral information, home visit not completed and review of parent's history with MCFD regarding addiction and family of origin issues not documented (9 files).

## **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.

**Applicable files – 28**

**Compliance – 64.3%**

**Regional – 58.2%**

Reasons for non-compliance include parents were not interviewed and interpretation not appropriately provided (10 files).

Note: Only one case is relevant to unavailability of an interpretator in a timely manner.

## **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.

**Applicable Files – 24**

**Compliance – 83.3%**

**Regional – 68.8%**

Reasons for non-compliance include the investigation was not done however the documentation showed that the child was not in need of protection on the CPI screen and a decision made was not supported by the information gathered in the investigation (4 files).

## **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. The completion date is determined by the date of supervisory sign-off.

**Applicable files – 27**

**Compliance – 55.6%**

**Regional – 44.9%**

Reason for non-compliance is that the investigation was not completed and signed off by the Team Leader within 30 calendar days (12 files).

## **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.

**Applicable files – 18**

**Compliance – 94.4%**

**Regional – 70.9%**

Reason for non-compliance is the on going family service file only documented an immediate safety plan (1 file).

### **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.

**Applicable files – 4**

**Compliance – 100%**

**Regional – 69.6%**

### **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.

**Applicable files - 0**

### **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.

**Applicable files – 36**

**Compliance – 86.1%**

**Regional – 82.2%**

Reason for non-compliance is the supervisory approval was not confirmed in the file documentation found (5 files).

### **PRACTICE STRENGTHS:**

- Critical measures #1 – #3 (Risk Decisions 1 and 2) includes assessing immediate harm – ratings are above 90% compliance
- Critical measure #8 indicates that GDR's assessments of Risk Decision #4 are accurately supported by the information gathered in the investigations
- Critical measure #10 and #11 show that subsequent risk assessments, risk reduction plans and reassessments are thorough and detailed (Risk Decisions 5 and 6, 7, 9).
- Supervisory approval is well documented and accurate

- The Team members provide each other with peer support and case consultation
- The Team exhibits a willingness to improve their case practice and were very open to feedback from this analyst
- There were some cases noted for the complexity and thorough case practice. These cases involved issues such as 3 countries and the differing and complicated immigration laws, different levels of governments with varied legal responsibilities and interests, human trafficking, crystal methamphetamine, ‘busy’ custody conflicts, complaints and the difficulties involved with chronic neglect issues.

### **AREAS FOR IMPROVED PRACTICE:**

One case was highlighted as this analyst was unable to assess the child’s safety based on the file documentation found. There were serious and chronic addiction issues and active drug use. Mother’s mental health issues were escalating as seen in her reported behaviour and the file documentation found was dated September, 2005.

In response, the Team Leader confirmed that the Social Worker was actively addressing the issues on a new intake (005). The safety plan was in place and the intake is open.

\*\*Noteworthy is the prompt response by the Team Leader and Social Worker (less than 24hrs).

- Critical Measure # 5 shows low compliance in determining the time frame and beginning the investigation within that time frame. Reasons for the low compliance include the SQD team (After Hours) using the 24 hour response time frame which is not to be used; GDR unable to begin investigations in a timely manner due to other cases taking a higher priority and the consistently high volume of intake reports received given the number of available investigative Social Workers.
- Critical Measure #6 and 7 were moderately low and more attention to the relevant case practice standards is needed to improve GDR’s compliance.
- Critical Measure #9 was significantly low and the Team expected this result due to the volume of cases, nature of the cases and the staffing complement. This Analyst noted that in a lot of cases, the actual investigation was completed; however, based on the audit tool, the report had to be signed off by the Team Leader before it could be considered closed.

## **11 B. CRITICAL MEASURES AUDIT TOOL - CHILD IN CARE SERVICE**

## STANDARDS

### Rating Definitions:

Office Code: GDR Total # of cases audited: 11

**C** Full compliance to the standard

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

**NCF** Non-compliance to the standard for reasons beyond the control of the social worker or supervisor

**NC** Non-compliance to the standard's criteria requirements

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Preserving the Identity of an Aboriginal Child in Care <i>CIC Service Standard #1 &amp; CFS Service Standard #20</i>	11	100	--		0	--	0
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	9	81.8	--		2	18.2	0
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	8	72.7	--		3	27.3	0
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	5	50	--		5	50	1
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	8	72.7	2	18.2	1	9.1	0
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	8	72.7	--		3	27.3	0
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	10	90.9	1	9.1	0	--	0
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	6	54.5	0	--	5	45.5	0
9	When a Child is Missing or Has Run Away <i>CIC Service Standard #14</i>	0	--	0	--	0	--	11
10	Notification of Fatalities, Critical Injuries and Serious Incidents <i>CFS Service Standard #25</i>	0	--	0	--	0	--	11

<b>11</b>	Planning for a Child Leaving Care <i>CIC Service Standards #15 &amp; #16</i>	<b>2</b>	<b>100</b>	<b>0</b>	<b>--</b>	<b>0</b>	<b>--</b>	<b>9</b>
<b>12</b>	Supervisory Approval <i>CFD Standard on Supervisory Consultation &amp; Approval</i>	<b>10</b>	<b>90.9</b>	<b>0</b>	<b>--</b>	<b>1</b>	<b>9.1</b>	<b>0</b>
<b>Total Applicable Indicators: 100</b>		<b>77</b>	<b>77</b>	<b>3</b>	<b>3.0</b>	<b>20</b>	<b>20</b>	<b>32</b>

# = Number of applicable cases

% = Percent of total

## NARRATIVE SUMMARY - CHILD SERVICES

Child Service files were audited. Overall compliance to the child service standards was **77.0%**. 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 for the child.

**Applicable Files – 11**

**Compliance – 100%**

### 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.

**Applicable files – 11**

**Compliance – 81.8%**

**Regional – 85.2%**

Reasons for non-compliance include current court order not in file documentation found and rationale and current legal status not in the file documentation found (2 files).

### 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.

**Applicable files – 11**

**Compliance – 72.7%**

**Regional – 85.2%**

Reasons for non-compliance include outcome of a Quality of Care Review not in file documentation found; current physical abuse disclosure not addressed and completed home study not in the file documentation found (3 files).

#### **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.

**Applicable files – 10                      Compliance – 50%                      Regional – 50%**

Reason for non-compliance is that confirmation not in the file documentation found (5 files).

#### **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.

**Applicable Files – 11      Compliance – 72.7%      Partial Compliance – 18.2%      Regional – 70.2%**

Reason for non-compliance is that the file documentation found did not indicate current involvement (1 file)

#### **6. MAINTAINING PERSONAL CONTACT WITH A CHILD IN CARE**

The auditor looked for documentation that demonstrates the child has had private, in-person contact with their Social Worker as per CIC standard #9. 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 every 90 days.

**Applicable files – 11                      Compliance – 72.7%                      Regional – 66.7%**

Reasons for non-compliance include child seen with caregiver present, lack of file documentation and no rationale for child not being seen in the file documentation found (3 files).

## **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.

**Applicable files – 11    Compliance – 90.9%    Partial Compliance – 9.1%    Regional – 80.9%**

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

**Applicable files – 11                      Compliance – 54.5%                      Regional – 48.9%**

Reason for non-compliance is the file documentation found did not contain a current, thorough plan of care (5 files).

## **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.

**Applicable files – 0**

## **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.

**Applicable files – 0**

## **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.

**Applicable files – 2**

**Compliance – 100%**

**Regional – 79.6%**

## **12. SUPERVISORY APPROVAL**

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

**Applicable files – 11**

**Compliance – 90.9%**

**Regional – 72.5%**

Reason for non-compliance is that the current supervisory approval is dated in 2002 (1 file).

**PRACTICE STRENGTHS:**

- Critical measures #1 (Preserving Aboriginal Identity), #2 (Assuming Responsibility for a CIC), #7 (Meeting a Child’s Stability and Continuity of Lifelong Relationships), #11 (Planning for a Child Leaving Care) and #12 (Supervisory Approval) had high compliance (81.8% - 100%)
- The court process is seen as cumbersome and the Team is very concerned about the negative impact it is having permanency planning and on children and families in general. Despite this, the audit results show their commitment to ensuring stability, permanency planning and continuity of relationships for children in care.

**AREAS FOR IMPROVED PRACTICE:**

- Critical Measures #4 (Ensuring the Right of a CIC) and #8 (Assessments and Planning for a CIC) have significantly low compliance. The reasons reported by the Team are the lack of documentation and the use of old case practice standards.

**Note: During the exit meeting, the Team Leader and Team addressed these two issues and discussed creative means of moving towards improved compliance.**

- Critical Measures #3 (Ensuring the Safety While in Care), #5 (Involving a Child and Considering the Child’s View in Case Planning and Decision Making) and #6 (Maintaining Personal Contact with a CIC) have moderate compliance. Reasons for non-compliance reported are lack of detailed documentation, being more attentive to the specific criteria of case practice standards and the demands of higher priority cases.

---

**Julie Cringle**  
**Regional Practice Analyst**

---

**Date**

---

**Henry Grayman**  
**Manager of Service Quality**

---

**Date**

## 12. RECOMMENDATIONS

**Date: 2006FEB17**

**Developed by:**

Diane Weaver, Associate Services Community Manager

Henry Grayman, Manager of Service Quality

Susan Waldron, Manager of Practice Development

Catherine Pritchard, Team Leader (GDR)

Julie Cringle, Regional Practice Analyst

**Within the next three (3) months:**

- 1) The Director of Child Welfare will discuss and develop a strategy with the Fraser Community Service Managers in which contract legal counsel needs to emphasize in court the best interests of children as outlined in legislation, in order to try to reduce the number of adjournments. A prolonged court process with frequent adjournments impedes the case planning, thereby having a negative and destabilizing impact on children. \*
- 2) The Associate Community Services Manager will develop a plan to assist the GDR team with the staffing barriers and documentation issues that impact those CFS critical measures involving the time to start and complete a child protection investigation (e.g. Critical Measures #5, 6, 7, 8, 9, 13).\*
- 3) The Practice Development Manager will ensure the training for new social workers includes a segment about file documentation requirements and highlights key decision points throughout the life of a file.
- 4) The After Hours Manager (AH) will ensure that the 24hr response code will no longer be used by AH Social Workers.
- 5) The Community Services Manager will review with the Team Leaders that emotional abuse can only be coded if the information received, contains behavioural signs or evidence that meet the legislative definition of emotional abuse (e.g. likelihood not adequate). File documentation for emotional abuse will contain evidence that meets the legislative criteria.
- 6) The Associate Community Services Manager will develop a plan with the Team Leader about how to improve compliance to Critical Measure #4 (s. 70 rights). The plan will incorporate how these rights have been explained appropriate to the developmental ability of the child, and, if the child is too young, the identity of the responsible person designated to advocate for the child's rights has been documented.
- 7) The Associate Community Services Manager will develop a strategy on how to improve the compliance to CIC Critical Measure #8 (plans of care). \*

**\*Note** – A written plan/strategy for improved compliance will be used to sign off completion of these three (3) recommendations.



---

**Bruce McNeill**  
**Director of Child Welfare**  
**Fraser Region**

March 5, 2006  
**Date**

**Additional (Executive) Recommendations (if any):**

---

**Les Boon**  
**Regional Executive Director**  
**Fraser Region**

---

**Date**

**Additional (Executive) Recommendations (if any):**

---

**Mark Sieben**  
**Assistant Deputy Minister**  
**Ministry For Children and Families**

---

**Date**

**Director's Case Practice Audit – Fleetwood/Cloverdale Community Services Team  
- GDR**

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

Mark Sieben  
Assistant Deputy Minister  
June 1, 2006