

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

Nanaimo Aboriginal Protective Family Services (KCR)

**Field Work Completed: April 2006
Report Completed: June 2006**

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1. PURPOSE

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

The specific purposes of case practice audits are:

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

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

2. METHODOLOGY

The audit was conducted to meet provincial standards in accordance with Case Practice Audit Methodology and Procedures Document (March 2003). The specific audit tools used in conducting this audit are indicated below (check applicable).

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

The auditor met initially with the team to review the audit purpose and process. During the audit, the Team Leader was interviewed with respect to office systems, and service delivery. Some KCR social workers were interviewed regarding the office service delivery and barriers to effective service delivery. An exit meeting with the team including Team Leader and team was conducted at the conclusion of the audit to review the findings. At the conclusion of the audit, individual case audit reports were sent to the Team Leader and Community Service Manager.

SECTION II: COMMUNITY CONTEXT

3. SERVICE AREA

a) Geographics:

KCM services the Nanaimo area including Ladysmith, Nanoose, Gabriola Island, Protection Island Yellow Point, and Cedar. There are three Aboriginal reserves in this service area including the Nanoose Reserve; Nanaimo reserves (3 sites) and Chemainus Bay (Shellbeach, and Kulleet Bay).

KCM staff identified accessing Protection Island and Gabriola Island by ferry can be a geographical barrier at times as ferry travel is time consuming. Protection Island has a small passenger ferry service without public transportation on the island. The ferry service is not reliable and workers have used water taxis on occasion to complete assessments and investigations. Gabriola Island does have a vehicle ferry. There is also a RCMP officer on the island available to assist if needed.

b) Demographics:

Nanaimo has a population of 141,080 (BC STATS, 2005). The major ethnic groups in this community include Aboriginal (4.3% of total population), Chinese, South Asian, Filipino and Japanese (BC STATS, 2005). As of September 2005, 5.9% of the population in Nanaimo was receiving Income Assistance as compared to 3.7% of British Columbia. 20% of families receiving Income Assistance are single parent families (BC STATS, 2005).

Social demographics

	Nanaimo	BC
Education & Income		
• % of Income Assistance Caseload that are single parent families (2005)	20%	17.3%
• % of Unemployment beneficiaries ages 19-64 (2005)	2.9%	2.5%
• % of population ages 25-54 without High school completion (2001)	18%	17.2%
• % of 18 year old who did not graduate (average 2003-2005)	32.4%	24.4%
Serious Crime incidences per 1000 population (average 2002-2004)		
Violent	1.8	2.9
Property	11.1	12.6
Total Serious Crime	12.9	15.5
Non Cannabis drug offences	125.5	175.2
Illicit drug deaths (2004)	9.7	6.2
Spousal Assault	2.6	2.2
Serious Juvenile (12-17) Crime rate incidences per 1000 Population (average 2002-2004)		
Violent	2.2	2.6
Property	5.0	2.9

Total Serious Non Cannabis drug offences	7.2 125.5	5.6 175.2
Health		
• Infant Mortality Rate (per 1000 live births) (2000-2004)	4.7	4.1
• Potential years of life lost due to suicide/homicide (2000-2004)	5.1	4.4
• Teen Pregnancies (per 1000 women 15-17) (2000-2004)	21.3	17.8
Per Capita Alcohol Sales (April 2003-March 2004) <i>*note this does not reflect what % is due to tourism</i>		
• Dollars Spent	487	472
• Liters consumed	57	57
Children		
Child Abuse Rate incidences per 1000 population (2003)	4.4	7.7
Children in Care Rate incidences per 1000 population (December 2005)	11.8	9.8

c) Service Delivery:

The KCR team is co-located with the Intake and Investigation Team, the Non Aboriginal Protective Family Services Team, Child and Youth Mental Health and the Community Services Manager responsible for Nanaimo. The teams for Resources and Guardianship are located in a different office building.

KCR is responsible for ongoing protective family services for aboriginal families. KCR consists of one team leader, *** permanent social workers and one administrative team assistant.

i) Residential Services

There is one resource team for this community that is located at the Wallace Street office. This team is responsible for all levels of foster care homes from restricted to levels 1 through 3. The resource team assigns an intake worker each day based on a rotating schedule. The resource intake worker is responsible for taking a referral for placement from the KCR team and finding a home best matched to the child's needs. When a resource is required for a child the KCR worker will provide the resource team with verbal information of the needs of the child and current circumstances of the family. The resource social worker completes a referral form and searches for a placement for the child based on the KCR workers information. If placement changes are needed the resource social worker and KCR social worker will meet to discuss the need for placement change and try to resolve issues with the placement and foster parents. The resource social worker tries to place each child in a home best suited to their needs, which can be difficult at times due to a reported shortage of foster homes. The resource social workers always try to place siblings together, however it is difficult at times to place large sibling groups together due to the availability of foster homes who have the space and capacity to care for many children.

ii) Service Transformation Plan

Not applicable at this time

4. STAFF TRAINING

Ministry Training Programs	TL	SW 1	SW 2	SW 3	SW4	SW5	SW6
CPW Training Program (core)							
Resources SW Training							
Guardianship Core Training							
Adoption Core Training							
Clinical Supervision Level 1.							
Clinical Supervision Level 2							
Risk Assessment							
Advanced Risk Assessment							
Cultural Awareness							
Integrated Case Management							
Investigative Interviewing							
FAS/E and NAS/E							
Looking After Children							
Substance Misuse							
Youth Alcohol & Drug							
Youth suicide prevention							
Youth agreements							
District Supervisor training module 1							
D/S training mod. 2							
Leading the Way							

5. SUPERVISION/CONSULTATION

KCR staff indicate that new reports regarding their families and open investigations are tracked by the team leader during team meetings, regularly scheduled caseload reviews and through the use of the caseload management report system.

KCR staff indicate that they meet with their team leader approximately once per month to complete a full case load review. During these reviews they discuss key decision points, tasks to complete and risk factors are reviewed. A list of tasks is developed and case planning discussed. The KCR team will also bring forward cases for discussion during weekly team meetings. Family service files are tracked through case load management reports and caseload lists. Monthly case load reviews are scheduled with the team leader with each worker at a mutually agreed upon time. The KCR worker prepares a summary of the current circumstances, court process and case planning to review with the team leader during supervision.

KCR staff indicate that when a child enters care, they notify their team assistant and the team assistant opens the child service file on the MIS system. The social workers are then

responsible for completing the required documentation. Child service files are also tracked through caseload management reports and during regular caseload reviews with the team leader. During case load reviews, Plans of care and time frames for reviews are discussed. The KCR team is responsible for arranging a plan of care meeting with the foster parents, community supports and child. KCR staff indicate that they are responsible for arranging, planning and leading plan of care meetings and reviews. Prior to a child returning home or CCO application being applied for the KCR worker discusses the risk assessment and risk reduction services plan with the team leader, and a re-assessment of risk is discussed to determine if risks have been reduced to support the child's return. Discussion occurs related to services the parent has been involved in and current circumstances of the family.

KCR staff indicate that supervision occurs during monthly caseload reviews with the team leader. These reviews are generally scheduled once per month and all the files assigned to the worker are discussed during the meeting. Consultation also occurs during weekly team meetings. Team members can bring forward a case for discussion with the team and team leader. KCR staff consult when new information is received, when they need to discuss the circumstances of a case or when key decisions need to be made. KCR staff indicate their team leader is generally available on a daily basis for consultation and direction and they can approach their team leader for case discussion at any time. If the team leader is going to be away or is absent from the office and consultation is needed, KCR staff will consult with another team leader in the building.

6. INTAKE AND TRACKING SYSTEMS

a) Investigations:

All intake calls are screened by the intake team. They are responsible for taking the caller information, completing the PCC and determining which team the intake needs to be transferred to. If a call is received on an open family service file to the KCR team the intake worker will contact the KCR SW responsible for the file, inform them of the caller information and complete an e-mail outlining the context of the report to the intake team leader and KCR team Leader. If a file is not open to the KCR team or the non-aboriginal family service team, the intake is transferred to the investigation team for completion.

When an intake is received for an open family services file, KCR staff indicate that they will complete the assessment and investigation on the report regarding the family after consulting with their team leader. The investigation team is responsible for completing all investigations, however due to reported work load issues, the files which are open to protective family service teams are generally given to the team with responsibility for the file for completion. KCR team members indicate that at times they will complete investigations jointly with the investigation team or request their assistance with difficult cases.

b) Family development Response:

Not applicable at this time

c) Ongoing Family Service and Child Service

All new reports involving families who do not have an open family service file are investigated by the investigation team. If the investigation team determines that the child is in need of protection

and a protective family service file is opened the file is prepared for transfer to one of the family service teams. If the family is aboriginal, the file is transferred to the aboriginal team, if the family is non-aboriginal the file is transferred to KCM, the non-aboriginal team. Prior to file transfer the investigation team is responsible for completing the intake, a transferring recording and a risk assessment. The investigation team will request the file transfer to the appropriate team by completing an e-mail to their team leader outlining who the family is and what the protection concerns are and current circumstances for the family. The team leader will then forward the request to the KCR team leader asking for assignment. The KCR team leader brings these requests to the KCR team during weekly team meetings. The file is then assigned to a KCR worker. KCR staff indicate that the team leader will present the information to them and the team will decide who will take the new intake, this decision is based on case load size, previous history with the family or the KCR worker's availability.

Once the file is assigned to a KCR worker, the investigating social worker and the KCR worker arrange a meeting with the family. The KCR worker and the investigating worker then meet with the family, introduce the new worker and review the risk assessment with the family. Once this meeting has occurred, the file is the responsibility of the KCR team. The KCR team is then responsible for completing the initial RRSP and ongoing protective family service responsibilities.

7. STAFFING

a) Staff Complement/Staff Turnover:

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team leader				Full	
SW					
SW				Full	
SW				Full	
SW				Full	
SW				Full	
SW				Full	

The team leader reports that due to staffing issues this team has experienced over the past 36 months (illness, stress leave, parental leave, and staffing cuts) this team has been short by one worker for approximately 12 months during that time.

b) Current Workload

File Type		Monthly Average <i>(Nor 2005 to Apl 2006*)</i>
Child Protection intakes	8	3.5
Requests for Family Support Services	1	.3
Requests for Youth Services	0	0
Total Intakes per month	9	3.8

Non Aboriginal Child in Care	6	6
Aboriginal In Care Files	101	102
Total Child In Care	107	107
Family Services	74	74.8
Supervision Orders	38	42.8

The three most commonly identified section 13 concerns reported over past 6 months were

- Parent unable/unwilling
- Physical harm by parent
- Neglect by parent

Caseload Characteristics for 2006

Children and Youth Served Over Previous Six Months

Month	Aboriginal CIC's	Non-aboriginal CIC's	Total CIC's	Supervision Orders	Out of Care Initiatives
April	101	6	107	38	7
March	102	7	109	49	10
February	101	3	104	37	13
January	107	4	111	41	11
December	110	4	114	45	7
November	105	6	111	47	6

Ages of children and youth

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

(April 2006, MARS)

Children in Care by Legal Authority

Legal Authority	# of CIC's
Continuing Custody	44
F.R.A. Ward	1
Interim Order	36
Out of Province	1
Removal of Child	3
Temporary Custody	21
Voluntary Care Agreement	1

(April 2006, MARS)

After Care Plan

After Care Plan	# of CIC's
Adoption	32
Independent Living	3
Not Coded	14
Place with Relative	4
Place within Aboriginal Community	3
Return to Parent	48
Substitute Care	2

(April 2006, MARS)

8. ABORIGINAL SERVICES (if applicable)

At this time there is no finalized, signed protocol with Kwum ut lelum, the First Nations Agency. There is a written protocol but it has not been signed off. Kwum ut lelum has level 13 delegation and is currently working towards level 15 so they can provide full child welfare services. The KCL team leader previously reported that he was working on completing a written protocol with the First Nations Agency (November 2004). Currently Kwum ut lelum coordinates with MCFD staff for services on reserve and assists workers when they need to go on reserve to complete assessments and investigations. Having to rely on First Nation's agency staff has posed challenges at times with scheduling and contacting families, as at times they are busy and unavailable. If Kwum ut lelum staff are unavailable, workers attend the band office upon arrival and inform the band they are there to complete an assessment. Workers report they are often met with resistance on these occasions.

SECTION III: CASE PRACTICE REVIEWS

9. AUDIT SAMPLE

As noted in the terms of reference letter that was sent to the Community Services Manager and Team Leader March 17, 2006, a sample size of between 20% and 25% of open cases were selected for this audit. KCR is responsible for ongoing protective family services and children in care for Aboriginal families. At the time of the audit there were 76 open family service files and 101 child services files. Open Family Services and Child Services files were selected from current case management reports available on MARS via a random sampling process using Excel spreadsheet.

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

Rating Definitions:

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

	Critical Measures	C		PC		NC		NA
		#	%	#	%	#	%	
1	Screening and Best Approach to Service Delivery <i>CFS Service Standards #1 and #12</i>	22	91.3%			2	8.7%	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11</i>	5	55.6%			4	44.4%	14

3	Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard #12</i>	21	91.3%			2	8.7%	0
4	Family Development Response <i>CFS Service Standard #14</i>	0	0			0	0	23
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	13	61.9%			8	38.1%	2
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	8	38.1%			13	61.9%	2
7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	7	33.3%			14	66.7%	2
8	Concluding a Child Protection Investigation <i>CFS Service Standard #16</i>	7	33.3%			14	66.7%	2
9	Concluding a Child Protection Investigation in a Timely Manner <i>CFS Service Standard #16</i>	3	14.3%			18	85.7%	2
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #17</i>	8	36.4%			14	63.6%	1
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response <i>CFS Service Standards #17 and #20</i>	0	0%			15	100%	8
12	Notification of Fatalities and Critical Injuries (Reportable Circumstances) <i>CFS Service Standard #24</i>	0	0	0	0	2	100%	21
13	Supervisory Approval	18	78.3%			5	21.7%	
	Total Applicable Indicators: 222 NA Ratings Not Included in Count	111	50%	0	0%	111	50%	77

= Number of applicable cases

% = Percent of total cases reviewed

23 ongoing protective service files were audited. Overall compliance to the family service standards was **50%**. 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:

NOTE: some of the work reflected in these critical measures was completed by another team and not by KCR.

1. SCREENING AND BEST APPROACH TO SERVICE DELIVERY

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

Compliant: 21 files

Non-Compliant: 2 files

- 1 file required a more comprehensive review of history
- 2 files indicated they were aboriginal families and it was not clear if the aboriginal agency or band had been contacted

2. WHEN A CHILD IS AT IMMEDIATE RISK OF HARM

In reports where a child is at immediate risk of harm the auditor looked for documentation that adequate steps were taken to see the child and ensure the child's immediate health and safety, including a safety plan. If unable to ensure that a child was seen immediately, the auditor would

look for documentation describing alternative steps taken and who was asked to see the child instead to ensure their immediate safety.

Compliant: 5 files

Not Applicable: 14 files

Non-Compliant: 4 files

- *In 1 file it appeared that there were immediate safety concerns within the report, but an immediate safety assessment was not completed*
- *In 1 file an immediate safety assessment was completed but the determination of whether the child was safe or not was not supported by the information documented*
- *In 2 files the response time was not supported by the information documented, both files required immediate assessment.*

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

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

Compliant: 21 files

Not Applicable: 0 files

Non-Compliant: 2 files

- *In 1 file the response decision was documented as being completed outside of the five day time frame*
- *In 1 file a protection response may have been required but the decision was that the intake did not require a protective response*

4. FAMILY DEVELOPMENT RESPONSE

When a family development response option has been selected the auditor looked for documentation detailing the rationale for providing an FDR, a completed assessment, a plan for supporting the family and keeping the child safe. See Critical Measure #4 for further information. Not applicable for this audit

5. DETERMINING THE TIME FRAME TO BEGIN AN INVESTIGATION.

Where a determination has been made to investigate, the auditor looked for documentation determining that the time frame for beginning the investigation was appropriate to the report and confirmation that the investigation was begun within that time frame.

Compliant: 13 files

Not Applicable: 2 files

Non-Compliant: 8 files

- *In 4 files the social worker was unable to initiate the investigation within the determined time frame*
- *In 4 files the response time determination was not supported by the information documented*

6. CONDUCTING A CHILD PROTECTION INVESTIGATION

This critical measure outlines many of the activities involved in an investigation. These include: documentation that all relevant information relating to the report has been reviewed, documentation that information from people who have relevant knowledge of the family has been obtained, documentation that the child living situation has been directly observed, etc.

Compliant: 8 files

Not Applicable: 2 files

Non-Compliant: 13 files

- *In 3 files it was unclear from documentation if the children who were subject of the report were interviewed and observed in person*

- *In 11 files further collateral information was required to provide sufficient information*
- *In 5 files it was unclear from documentation if a home visit had been completed. It is noted on 2 files that attempts were made but the parents would not allow the social worker into the home*
- *In 2 files further review of history was required*
- *In 2 files it appeared from documentation that a medical exam may have been required but was not completed*
- *In 2 files it was unclear if the parents had been interviewed*
- *In 1 file it was documented that there were other significant adults in the home who were not interviewed*
- *In 4 files it was unclear if the aboriginal agency or band had been contacted*
- *In 1 file it appeared from documentation that the parents were interviewed over the phone and not in person*
- *In 1 file allegations of abuse did not appear to be reported to the RCMP*

7. SEEING AND INTERVIEWING THE CHILD AND FAMILY

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

Compliant: 7 files

Not Applicable: 2 files

Non-Compliant: 14 files

- *In 9 files it was unclear from documentation if the children had been interviewed or the interviews were not sufficient.*
- *In 4 files it was unclear from documentation if both parents had been interviewed or the interviews were not sufficient*
- *In 2 files the parents were interviewed together when there was an allegation of domestic violence*
- *In 3 files interviews with parents appeared to be conducted over the phone rather than in person*

8. CONCLUDING A CHILD PROTECTION INVESTIGATION

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

Compliant: 7 files

Not Applicable: 2 files

Non-Compliant: 14 files

- *In 14 files, it appeared from documentation that steps of the investigation were not completed or not completed sufficiently. A determination of whether the child required protective services could not be supported with the documentation on file.*

9. CONCLUDING A CHILD PROTECTION INVESTIGATION IN A TIMELY MANNER

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

Compliant: 3 files

Not Applicable: 2 files

Non-Compliant: 18 files

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

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

Compliant: 8 files
Not Applicable: 1 file
Non-Compliant: 14 files

- *In 5 files there was a finding that a child required protective services and the assessment/plan were either not completed or not current*
- *In 9 files a risk assessment was completed but the auditor was unable to find a completed risk reduction services plan*
- *In 1 file there was insufficient information documented within the risk assessment*

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

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

Compliant: 0 files
Not Applicable: 8 files
Non-Compliant: 15 files

- *In 1 file a reassessment was not completed prior to a child returning home*
- *In 7 files regular and ongoing reviews were not completed over the life of the file*
- *In 9 files there was insufficient information documented within the assessment and plan*

12. NOTIFICATION OF FATALITIES AND CRITICAL INJURIES (REPORTABLE CIRCUMSTANCES)

The auditor looked for documentation to confirm in the case of a fatality or critical injury, the designated Director was notified and that the appropriate people were notified and offered support in a timely way

Compliant: 0 files
Not Applicable: 21 files
Non-Compliant: 2 files

- *In 1 file it appeared there were allegations of abuse by another child in the foster home and a reportable circumstance report was not found on the file*
- *In 1 file a critical incident occurred and a reportable circumstances report was not found on file*

13. MANAGEMENT AND SUPERVISORY CONSULTATION

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

Compliant: 18 files
Non-Compliant: 5 files

- *In 4 files it was unclear from documentation if there was ongoing and regular consultation with the supervisor regarding critical decision points*
- *In 1 file the auditor was unable to find supervisory signature for a critical decision*

PRACTICE STRENGTHS:

- Screening and Best Approach to Service Delivery **91.3%**
CFS Service Standards #1 and #12
- Assessing a Child Protection Report and Determining the most Appropriate Response **91.3%**
CFS Service Standard #12

AREAS FOR IMPROVED PRACTICE:

- When a Child is at Immediate Risk of Harm 55.6%
CFS Service Standard #11
- Determining the Time Frame to Begin an Investigation 61.9%
CFS Service Standard #16
- Conducting a Child Protection Investigation 38.1%
CFS Service Standard #16
- Seeing and Interviewing the Child and Family 33.3%
CFS Service Standard #16
- Concluding a Child Protection Investigation 33.3%
CFS Service Standard #16
- Concluding a Child Protection Investigation in a Timely Manner 14.3%
CFS Service Standard #16
- Developing and Implementing a Plan to Keep a Child Safe 36.4%
CFS Service Standard #17
- Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response 0%
CFS Service Standards #17 and #20

NARRATIVE SUMMARY - CHILD SERVICES

27 child service files were audited. Overall compliance to the child service standards was **58.1%**. 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:

11. CRITICAL MEASURES AUDIT TOOL FOR CHILD IN CARE STANDARDS

Rating Definitions:

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

	Critical Measures	C		PC		NC		NA
		#	%	#	%	#	%	
1	Preserving the Identity of an Aboriginal Child in Care <i>CIC Service Standards #1 and #19</i>	4	14.8%	22	81.5%	1	3.7%	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	27	100%			0	0	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	26	96.3%			1	3.7%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	8	29.6%			19	70.4%	0

5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	21	77.8%	5	18.5%	1	3.7%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	12	44.4%			15	55.6%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	18	66.7%	9	33.3%	0	0	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	1	3.7%	17	63%	9	33.3%	
9	When a Child is Missing or has Run Away <i>CIC Service Standard #14</i>	0	0			0	0	27
10	Notification of Fatalities, Critical injuries and Serious Incidents <i>C&FS Standard #24</i>	0	0	0	0	1	100%	26
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	3	75%			1	25%	23
12	Supervisory Approval	24	88.9%			3	11.1%	
	Total Applicable Indicators: 248 NA Ratings Not Included in Count	144	58.1%	53	21.4%	51	20.6%	76

1. PRESERVING THE IDENTITY OF AN ABORIGINAL CHILD IN CARE

In this critical measure, the auditor looked for documentation that reflected whether a child in care was aboriginal or not. In the case of an aboriginal child, the documentation identifies the band and/or community, the child's status and membership number, or application for status, and a cultural plan for the child.

Compliant: 4 files

Partially Compliant: 22 files

- In 22 cases the auditor was unable to find a cultural plan on file that meets the cultural plan policy. It was observed that there was a great deal of work being done with the aboriginal communities and families but was not documented in a way that meets the cultural plan expectations.

Non-Compliant: 1 file

- In 1 case follow up is required to determine the status of an aboriginal child

2. ASSUMING RESPONSIBILITY FOR A CHILD IN CARE

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

Compliant: 27 files

Non-Compliant: 0 files

3. ENSURING A CHILD'S SAFETY WHILE IN CARE

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

Compliant: 26 files

Non-Compliant: 1 file

- *In 1 file the auditor was unable to determine from the file where the child is currently living*

4. ENSURING THE RIGHTS OF A CHILD IN CARE

The auditor assessed the file for evidence that the child's care conforms to their rights as defined by section 70 CFCSA, the social worker has informed the child of the rights of children in care, and that any reports that a child's rights may have been violated, have been addressed.

Compliant: 8 files

Not Applicable: 0 files

Non-Compliant: 19 files

- *In 19 cases the auditor was unable to determine if the social worker had reviewed with the child their section 70 Rights of a Child In Care in the past 12 months from documentation*
- *In 9 cases the child's age may have been a barrier to reviewing section 70 rights, but the auditor was unable to determine if the social worker had reviewed the rights with someone who could act in the best interests of the child*

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

In planning and making decisions for a child, the auditor looked for documentation that evidenced the child and others with significant relationships to the child were involved as fully as possible in the process and that any possible barriers to involvement were identified and addressed.

Compliant: 21 files

Partially Compliant: 5 files

- *In 5 cases there was documented evidence of the child having some involvement in case planning and decision making but it was unclear to what extent the child had been fully consulted and involved*

Non-Compliant: 1 file

- *In 1 case the auditor was unable to determine from file documentation the extent to which the child had been consulted or involved in planning and decision making*

6. MAINTAINING PERSONAL CONTACT WITH A CHILD IN CARE

The auditor looked for documentation that demonstrates the child has had private in person contact with their social worker as per CIC standard #9 during the past three years.

Compliant: 12 files

Non-Compliant: 15 files

- *In 15 cases the auditor was unable to determine from documentation if the social worker had in person and private contact with the child as outlined in standards*

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

The auditor looked for documentation to demonstrate that efforts had been made to promote stability and continuity for the child by supporting contact with significant people in the child's life and maintaining connections to the child's cultural heritage and identity. As well, the auditor looked for evidence of strategies that were implemented to promote stability and continuity of lifelong relationships and planning for the development of new lifelong relationships

Compliant 18 files

- *In 18 cases there was documented evidence that the social worker was implementing strategies to ensure stability and continuity for the child while in care*

Partially Compliant 9 files

- *In 9 cases it was unclear from documentation what strategies or plan was in place to ensure the child had consistent contact with family members or with siblings who were residing in a different residence*

Non-Compliant: 0 files

8. ASSESSMENTS AND PLANNING FOR A CHILD IN CARE

The auditor looked for documentation that an initial plan of care was prepared within the first 30 days of a child entering care, a more comprehensive plan of care for a child in care for over six months and that the plans contained the information outlined in CIC standard 11. As well the auditor looked for information that indicates the plan is reviewed when appropriate.

Compliant: 1 files

Partially Compliant: 17 files

- *In 1 file the review was overdue by less than 1 year*
- *In 9 cases it did not appear from documentation that reviews were conducted every 6 months*
- *In 9 cases the initial 30 day assessment and planning did not appear to be completed or was not completed within the 30 day time frame*
- *In 2 cases the assessment was thorough and complete but the plan did not identify clearly outcomes, strategies, services, responsibilities and review time frames*

Non-Compliant: 9 files

- *In 5 cases the review of a child's plan of care was overdue, 4 of which were overdue by more than 1 year*
- *In 1 file the planning documented on file contained limited information*
- *In 5 files the initial 30 day assessment and planning had not been completed*
- *In 1 file it did not appear from documentation that the child's plan had been reviewed regularly every six months as per standards*

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

In circumstances where children are missing or have run away, the auditor looked for documentation indicating that the appropriate individuals had been notified, a plan was developed and implemented, and in cases of habitual running away the plan of care was reviewed and strategies developed to address the behaviour.

Compliant: 0 files

Not Applicable: 27 files

Non-Compliant: 0 files

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

In circumstances where a death or critical injury has occurred for a child in care, the auditor looked for documentation indicating a Reportable Circumstances form had been completed, the director and Public Guardian and Trustee were notified, and reasonable efforts to notify and support the child's family and community services providers.

Compliant: 0 files

Not Applicable: 26 files

Non-Compliant: 1 file

- *In 1 file the child had been exposed to a traumatic incident that could cause emotional harm and it was not clear if a reportable circumstances had been completed*

11. PLANNING FOR A CHILD LEAVING CARE

When children were leaving care the auditor looked for documentation indicating that transition preparation took place involving the child, family, and other relevant and significant individuals. When youth in care had reached the age of majority, the auditor looked for information to

indicate an assessment of the youth's capacity for living independently had been assessed; the youth had been supported to develop self care and independence skills, and provided with assistance to obtain necessities as outlined in CIC standard #16.

Compliant: 3 files
Not Applicable: 23 files
Non-Compliant: 1 file

- *In 1 file it was unclear from documentation if a thorough assessment of a youth's independent living capacity and skills had been completed, and a comprehensive plan for learning independence skills had been implemented*

12. SUPERVISORY APPROVAL

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

Compliant: 27 files
Non-Compliant: 3 files

AREAS OF PRACTICE STRENGTH

- Assuming Responsibility for a Child in Care **100%**
CIC Service Standard #4
- Ensuring a Child's Safety While in Care **96.3%**
CIC Service Standard #5
- Supervisory Approval **88.9%**

AREAS FOR IMPROVED PRACTICE:

- Preserving the Identity of an Aboriginal Child in Care **14.8%**
CIC Service Standards #1 and #19
Full Compliance
Partial compliance **81.5%**
- Ensuring the Rights of a Child in Care **29.6%**
CIC Service Standard #6
- Maintaining Personal Contact with a Child in Care **44.4%**
CIC Service Standard #9
- Meeting a Child's Need for Stability and Continuity of Lifelong Relationships **66.7%**
CIC Service Standard #10
- Assessments and Planning for a Child in Care **3.7%**
CIC Service Standard #11
Full compliance **3.7%**
Partial compliance **63.0%**

Michelle Peterson
Regional Auditor
Vancouver Island Region

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

12. RECOMMENDATIONS

These recommendations were developed in consultation with, Community Services Manager, Team Leader, the staff of KMB, Deputy Director Vancouver Island Region.

- 1) The Community Services Manager will share and debrief the audit report with the Aboriginal Services team and the Investigation team.
- 2) All Nanaimo CFD teams will adopt and use the "Intake/Investigation Case Management Checklist" (see appendix A) for tracking and monitoring Comprehensive Risk Assessments, Risk Reduction Service Plans and Comprehensive Plans of Care.
- 3) By December 2006 the Director of Child Welfare, Vancouver Island Region will hold a practice forum for child protection team leaders in Nanaimo on the subject of child protection practice in family violence cases.
- 4) The Community Services Manager will report back on progress made since March 2006 in addressing the number of investigations open over 30 days on this team.
- 5) The team leader will ensure that the Cultural Plan policy is followed with Aboriginal children in care and will provide strategies for how this recommendation will be met.
- 6) The team leader will implement a checklist to be attached to each Child Service (CS) file that will include tracking the communication of children's s.70 rights as required by CIC Service Standard 6 and personal contact with children in care as required by CIC Service Standard 9.
- 7) The Director of Child Welfare, Vancouver Island Region will audit the Nanaimo Intake and Investigation Team in December 2006.
- 8) The Director of Operations, Vancouver Island Region will provide written confirmation to the Director of Child Welfare, Vancouver Island that recommendations 1, 2, 4, 5, 6 have been completed by August 31, 2006.

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

Jeremy Berland
Provincial Director
Ministry for Children and Family Development

Date:

APPENDIX A

INTAKE/INVESTIGATION CASE MANAGEMENT CHECKLIST

FS

CALL DATE: _____ Intake Control #: _____

CLIENT NAME: _____

PCC COMPLETED: (any previous involvement/history, including out of province involvement): YES

FAMILY ABORIGINAL: YES NO BAND/AGENCY: _____

CHILD IN IMMEDIATE DANGER: YES NO
IF YES, SAFETY PLAN INITIATED: YES

RISK DECISION #1: NO FURTHER ACTION: VOLUNTARY SUPPORT SERVICES:
INVESTIGATE: FAMILY DEVELOPMENT RESPONSE: YOUTH SERVICES RESPONSE:

RISK DECISION #2 RESPONSE: IMMEDIATE ASAP WITHIN 5 DAYS

INITIAL INVESTIGATION PLAN DOCUMENTED: YES
TEAM LEADER CONSULT RE: INITIAL ASSESSMENT (RD#1 and #2) and PLAN: YES
POLICE (RCMP and CITY) CONTACTED (as collateral and/or joint investigation): YES
ALL CHILD(REN) INTERVIEWED? YES COMMENTS: _____

MEDICALS COMPLETED? YES N/A
FAMILY RESIDENCE OBSERVED? YES
PARENTS INTERVIEWED : YES COMMENTS: _____

OTHER COLLATERAL CHECKS COMPLETED: YES

RISK DECISION #3 - IMMEDIATE SAFETY ASSESSMENT COMPLETED & CHILD SAFE ? YES NO
IF NO, IMMEDIATE SAFETY PLAN IN EFFECT: YES
TEAM LEADER CONSULTATION: YES

RISK DECISION #4 - CHILD(REN) IN NEED OF PROTECTION: YES NO

INVESTIGATION COMPLETE (TL CONSULT and DOCUMENTATION): YES DATE: _____

EXEMPTION TO STANDARDS REQUIRED: YES COMMENTS: _____
EXEMPTION RECEIVED: YES

- CASE DECISION: (check appropriate category)
A) IF CHILD(REN) NOT IN NEED OF PROTECTION:
 CLOSE INTAKE & FS AS NO FURTHER ACTION
 CLOSE INTAKE & FS WITH REFERRAL TO COMMUNITY/OTHER MINISTRY
 LEAVE FS FILE OPEN & PROVIDING NON-PROTECTION SERVICES

- B) IF CHILD(REN) IN NEED OF PROTECTION:
 LEAVE FS OPEN & PROVIDE PROTECTIVE SERVICES
 FILE TRASFER TO _____

(OFFICE)

RISK DECISION #5 and #6 - HAS THE COMPREHENSIVE RISK ASSESSMENT AND RISK REDUCTION PLAN COMPLETE? YES NO IN PROGRESS

ALTERNATIVE DISPUTE RESOLUTION OPTIONS HAVE BEEN EXPLORED:

MEDIATION:
FAMILY GROUP CONFERENCE: YES N/A
YES N/A

SOCIAL WORKER

TEAM LEADER

Director's Case Practice Audit – KCR Nanaimo Aboriginal Protective Family Services

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

Signed by Cory Heavener, A/ADM on behalf of

Mark Sieben
Assistant Deputy Minister
Policy and Legislation Team

Director
Child, Family and Community Services Act

August 1, 2006