

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

**Nanaimo Protective Family Services (KCM)**

**Field Work Completed: April 2006  
Report Completed: July 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 KCM 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**

**2. SERVICE AREA**

**a) Geographics:**

KCM services the Nanaimo area including Lantzville, Gabriola Island, Protection Island, Yellow Point, Cedar and Ladysmith. 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**

	<b>Nanaimo</b>	<b>BC</b>
<b>Education &amp; Income</b>		
• % 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%
<b>Serious Crime incidences per 1000 population (average 2002-2004)</b>		
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
<b>Serious Juvenile (12-17) Crime rate incidences per 1000 Population (average 2002-2004)</b>		
Violent	2.2	2.6
Property	5.0	2.9
Total Serious	7.2	5.6
Non Cannabis drug offences	125.5	175.2
<b>Health</b>		
• 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 KCM team is co-located with the Intake and Investigation Teams, the Protective Family Services Team (Aboriginal), 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.

KCM is responsible for ongoing protective family services for non - aboriginal families. KCM consists of one team leader, 7 permanent social workers (one position is currently vacant) 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 KCM team and finding a home best matched to the child's needs. When a resource is required for a child the KCM 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 KCM workers information. If placement changes are needed the resource social worker and KCM 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 worker 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**

a) Ministry Training Program	Team Leader	SW 1	SW 2	SW 3	SW 4	SW 5	SW 6
Child Protection Worker (core)							
Resources Worker							

Guardianship (core)							
Adoption (core)							
Clinical Supervision Level 1							
Clinical Supervision Level 2							
Risk Assessment							
Advanced Risk Assessment							
Enhanced Neglect							
Cultural Awareness							
Integrated Case Management							
Investigative Interviewing							
FAS/E and NAS/E							
Looking After Children							
Substance Misuse							
Youth Alcohol & Drug							
Youth Suicide prevention							
Youth agreements							
District Supervisor module 1							
District Supervisor module 2							
Leading the Way							

## 5. SUPERVISION/CONSULTATION

Supervision occurs during weekly team meeting.  
supervision can occur by request by either the team leader or social worker.

## 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 KCM team the intake worker will contact the KCM social worker 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 KCM team or the 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, KCM 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. KCM team members indicate that at times they will complete investigations jointly with the investigation team or request their assistance with difficult cases. Investigations that are conducted by the family service workers are tracked through case management reports and caseload reports that are printed weekly.

### b) Family development Response:

In the process of being developed.

### 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 KCR, if the family is non-aboriginal the file is transferred to 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 KCM team leader asking for assignment. The KCM team leader brings these requests to the KCM team during weekly team meetings. The file is then assigned to a KCM worker. Once the file is assigned to a KCM worker, the investigating social worker and the KCM worker arrange a meeting with the family. The KCM 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 KCM team. The KCM team is then responsible for completing the initial RRSP and ongoing protective family service responsibilities. Ongoing family services are tracked through caseload management reports and caseload reports. The team reviews families identified as high risk at the weekly team meetings as well as requests for transfers.

## 7. STAFFING

### a) Staff Complement/Staff Turnover:

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

The team leader reports In the past three years KCM has experienced staffing reductions and service delivery changes as a result of service and budget restructuring. In 2003 there were three family services team with a total of twenty-four social work positions, which were then restructured into one aboriginal family service team and two non-aboriginal family services team. In 2004 the two non-aboriginal family services teams were incorporated into one team with a reduction of three positions. Overall in the family services area, the team leader reports there has been a reduction of seven social work positions from 2003 to 2005. Currently for KCM there are seven social work positions, one of which was vacant at the time of the audit. The team leader also reports frequent turnover and staffing changes as in the past three years there have been approximately fourteen different social workers attached to various configurations of KCM.

### b) Current Workload

File Type	April 2006	Monthly Average (Nov 2005 to April 2006)
Child Protection intakes	5	4.3
Requests for Family Support Services	0	.16
Total Intakes per month	5	.74

Non Aboriginal Child in Care	48	50.6
Aboriginal In Care Files	5	5.5
Total Child In Care	53	56
Family Services	103	103
Supervision Orders	<b>27</b>	28.6

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

- Parent unable/unwilling
- Neglect by parent
- Physical harm 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	5	48	53	27	6
March	5	52	57	28	7
February	5	50	55	26	7
January	6	47	53	30	2
December	6	53	59	30	0
November	6	54	60	31	2

#### Ages of children and youth

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

(April 2006, MARS)

#### Children in Care by Legal Authority

Legal Authority	# of CIC's
Voluntary Care Agreement	5
Special Needs Agreement	1
Interim - Custody of Dir.	14
Temporary - 41.1C	18
Temporary - 49.7B	1
Temporary - Sup.	1
Temporary Extension	3
Continuing - 41.1D	2
Continuing - 49.4/5	8

(April 2006, MARS)

#### After Care Plan

After Care Plan	# of CIC's
Adoption	6
Independent Living	1
Place with Relative	1
Return to Parent	45

(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. 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.

Aboriginal families requiring ongoing protective services are referred to the Aboriginal Family Services Team, KCM staff work with non aboriginal families.

## SECTION III: CASE PRACTICE REVIEWS

### 5. AUDIT SAMPLE

As noted in the terms of reference letter that was sent to the Community Services Manager and Team Leader March 8, 2006, a sample size of between 20% and 25% of open cases were selected for this audit. KCM is responsible for protective family services and child in care services. At the time of the audit there were 103 open family service files, and 53 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.

### 6. 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>	21	80.8 %			5	19.2 %	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11</i>	6	100%			0	0	20
3	Assessing a Child Protection Report and Determining the most Appropriate Response <i>CFS Service Standard #12</i>	24	96%			1	4%	1

4	Family Development Response CFS Service Standard #14	0	0			0	0	26
5	Determining the Time Frame to Begin an Investigation CFS Service Standard #16	16	69.6 %			7	30.4 %	3
6	Conducting a Child Protection Investigation CFS Service Standard #16	8	34.8 %			15	65.2 %	3
7	Seeing and Interviewing the Child and Family CFS Service Standard #16	12	52.2 %			11	47.8 %	3
8	Concluding a Child Protection Investigation CFS Service Standard #16	8	34.8 %			15	65.2 %	3
9	Concluding a Child Protection Investigation in a Timely Manner CFS Service Standard #16	14	60.9 %			9	39.1 %	3
10	Developing and Implementing a Plan to Keep a Child Safe CFS Service Standard #17	12	52.2 %			11	47.8 %	3
11	Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response CFS Service Standards #17 and #20	7	31.8 %			15	68.2 %	4
12	Notification of Fatalities and Critical Injuries (Reportable Circumstances) CFS Service Standard #24	0	0	0	0	1	100%	25
13	Supervisory Approval	30	76.9 %			6	23.1 %	
	<b>Total Applicable Indicators: 244 NA Ratings Not Included in Count</b>	<b>148</b>	<b>60.7 %</b>	<b>0</b>	<b>0</b>	<b>96</b>	<b>39.3 %</b>	<b>94</b>

# = Number of applicable cases

% = Percent of total cases reviewed

26 ongoing protective service files were audited. Overall compliance to the family service standards was **60.7%**. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

*NOTE: some of the work reflected in these critical measures was not completed by KCM*

## 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:** 5 files

- *In 5 files a more comprehensive review of history was needed to support an assessment decision*

## 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:** 6 files

**Not Applicable:** 20 files

**Non-Compliant:** 0 files

### 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:** 24 files

**Not Applicable:** 1 file

**Non-Compliant:** 1 file

- *In one file information indicated a protection response was required*

### 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:** 16 files

**Not Applicable:** 3 files

**Non-Compliant:** 7 files

- *In 6 files documentation indicated the social worker was not able to initiate a response within the documented time frame*
- *In 3 files the response time documented 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:** 3 files

**Non-Compliant:** 15 files

- *In 3 files it was unclear if the children had been seen and interviewed*
- *In 15 files it appeared that there was possible collateral information that was not collected*
- *In 7 files it appeared that a home visit was not completed*
- *In 5 files a more comprehensive review of the history, records and/or reports was needed*
- *In 2 files information indicated a medical exam may have been required*

### 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:** 12 files

**Not Applicable:** 3 files

**Non-Compliant:** 11 files

- *In 8 files it appeared that either the child/ren were not interviewed or the interviews were not sufficient*
- *In 6 files it appeared that the parents were not interviewed or the interviews were not sufficient*
- *In 1 file it appeared that a step parent was not interviewed*
- *In 1 file it appeared that a home visit was not conducted*
- *In 3 files, interviewed were documented as occurring 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:** 8 files

**Not Applicable:** 3 files

**Non-Compliant:** 15 files

- *In 15 files there was insufficient information documented to determine a child's need for protective services*
- *In 1 file information indicated that a child required protective services was made, but the finding was determined as not requiring protective services*

## **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:** 14 files

**Not Applicable:** 3 files

**Non-Compliant:** 9 files

- *In 1 file it was clearly documented that the social worker was experiencing difficulties in locating the family*
- *In 1 file it was clearly documented that the investigation was complex and required more time to complete*
- *In 1 file the social worker documented a plan for completing an investigation over 30 days with team leader approval*
- *In 1 file documentation indicated that workload was impacting the social worker's ability to complete the investigation*

## **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:** 12 files

**Not Applicable:** 3 files

**Non-Compliant:** 11 files

- *3 files indicated that the children required protective services but the auditor was unable to find a completed assessment and plan on file*
- *In 8 files a completed risk assessment was on file but the risk reduction services plan was either not completed or not current*
- *In 1 file there was a documented risk reduction services plan but the auditor was unable to find a completed and current risk assessment*
- *In 1 file there was insufficient information documented within the assessment and plan*

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

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

**Compliant:** 7 files

**Not Applicable:** 4 files

**Non-Compliant:** 15 files

- *In 11 files, documentation indicated a significant change had occurred but the auditor was unable to find a review assessment and plan*
- *In 5 files the auditor was unable to find a review assessment and plan completed prior to children*

returning home

- In 10 files a review of the assessment and plan was overdue

## 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:** 25 files

**Non-Compliant:** 1 file

- In 1 file information indicated a youth who was exposed to a high risk situation and/or a habitual run away and the auditor was unable to find a completed Reportable Circumstances

## 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:** 20 files

**Non-Compliant:** 6 files

- In 5 files it appeared there had been insufficient consultation with the team leader at critical decision points
- In 1 file the auditor was unable to find the team leader's signature for a critical decision point

### PRACTICE STRENGTHS:

- Screening and Best Approach to Service Delivery **80.8%**  
CFS Service Standards #1 and #12
- When a Child is at Immediate Risk of Harm **100%**  
CFS Service Standard #11
- Assessing a Child Protection Report and Determining the most Appropriate Response **96%**  
CFS Service Standard #12

### AREAS FOR IMPROVED PRACTICE:

- Determining the Time Frame to Begin an Investigation **69.6%**  
CFS Service Standard #16
- Conducting a Child Protection Investigation **34.8%**  
CFS Service Standard #16
- Seeing and Interviewing the Child and Family **52.2%**  
CFS Service Standard #16
- Concluding a Child Protection Investigation **34.8%**  
CFS Service Standard #16
- Concluding a Child Protection Investigation in a Timely Manner **60.9%**  
CFS Service Standard #16
- Developing and Implementing a Plan to Keep a Child Safe **52.2%**  
CFS Service Standard #17
- Reassessing a Plan to Keep a Child Safe and Ending a Family Service Response **31.8%**  
CFS Service Standards #17 and #20

## NARRATIVE SUMMARY - CHILD SERVICES

14 child service files were audited. Overall compliance to the child service standards was **61.5%**. 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:

## 7. 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>	14	100%	0	0	0	0	
2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	13	92.9%			1	7.1%	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	11	78.6%			3	21.4%	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	1	7.1%			13	92.9%	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	9	64.3%	3	21.4%	2	14.3%	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	7	50%			7	50%	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	4	28.6%	7	50%	3	21.4%	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	7	50%	2	14.3%	5	35.7%	
9	When a Child is Missing or has Run Away <i>CIC Service Standard #14</i>	1	50%			1	50%	12
10	Notification of Fatalities, Critical injuries and Serious Incidents <i>C&amp;FS Standard #24</i>	0	0	0	0	1	100%	13
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 and #16</i>	1	100%			0	0	13
12	Supervisory Approval	12	85.7%			2	14.3%	
	<b>Total Applicable Indicators: 130 NA Ratings Not Included in Count</b>	<b>80</b>	<b>61.5%</b>	<b>12</b>	<b>9.2%</b>	<b>38</b>	<b>29.2%</b>	<b>38</b>

### 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:** 14 files  
**Partially Compliant:** 0 files  
**Non-Compliant:** 0 files

## 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:** 13 files  
**Non-Compliant:** 1 file

## 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:** 11 files  
**Non-Compliant:** 3 files

- *In 3 files it was not clearly documented that the child was placed in a situation that met their identified needs or what plan was in place to assist in meeting the child's needs*
- *In 1 file it was evident that there were existing safety issues but it was not clearly documented what follow up or planning occurred.*

## 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:** 1 file  
**Not Applicable:** 0 files  
**Non-Compliant:** 13 files

- *In 8 files it was unclear if the child's section 70 rights had been reviewed in the past 12 months*
- *In 5 files it was clear that the age or capacity of the child was a barrier to informing the child of their section 70 rights, but it was unclear if the social worker had reviewed this information with someone who could act on the child's behalf and best interest.*

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

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

**Compliant:** 9 files  
**Partially Compliant:** 3 files  
**Non-Compliant:** 2 files

- *In 2 files it was unclear the extent the child had been involved or consulted regarding decisions and case planning*
- *In 3 files some consultation with the child was documented but it was unclear to what extent they had been consulted and involved in case 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:** 7 files

**Non-Compliant:** 7 files

- *In 7 files the auditor was not able to determine if the social worker had in person and private contact with the child at a minimum of every 3 months as per 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** 4 files

**Partially Compliant** 7 files

- *In 7 files it was unclear what steps or planning was in place to ensure the child has contact with their family including extended family and siblings*
- *In 1 file it was unclear from file documentation what steps were being taken to ensure the child's contact with his/her cultural community*

**Non-Compliant:** 3 files

- *In 3 files the auditor was unable to determine what planning was occurring to ensure stability and continuity of relationships for the child*

## **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:** 7 files

**Partially Compliant:** 2 files

- *In 2 files the child's plan of care was overdue by less than one year*

**Non-Compliant:** 5 files

- *In 5 files the planning for a child in care documented was not sufficient*
- *In 1 file the initial 30 day assessment and plan was not documented*

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

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

**Compliant:** 1 file

**Not Applicable:** 12 files

**Non-Compliant:** 1 file

- *In 1 file it appeared the youth presents as a habitual run away and it was unclear what steps had been taken to address this behaviour and the auditor was unable to find a reportable circumstances report on file*

## **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:** 13 files

**Non-Compliant:** 1 file

- *In 1 file it appeared that a child/youth had been a victim of violence and also presented with incidents of suicidal ideation/attempts and the auditor was unable to find a completed reportable circumstances report on file*

## **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:** 1 file  
**Not Applicable:** 13 files  
**Non-Compliant:** 0 files

## **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:** 12 files  
**Non-Compliant:** 2 files

- *In 2 files it appeared there had been insufficient consultation with the team leader at critical decision points*

### **AREAS OF PRACTICE STRENGTH**

- Preserving the Identity of an Aboriginal Child in Care **100%**  
*CIC Service Standards #1 and #19*
- Assuming Responsibility for a Child in Care **92.9%**  
*CIC Service Standard #4*
- Planning for a Child Leaving Care **100%**  
*CIC Service Standards #15 and #16*
- Supervisory Approval **85.7%**

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

- Ensuring the Rights of a Child in Care **7.1%**  
*CIC Service Standard #6*
- Involving a Child and Considering the Child's Views in Case Planning and Decision Making (CIC Service Standard #8) **28.6%**
- Maintaining Personal Contact with a Child in Care **50%**  
*CIC Service Standard #9*
- Meeting a Child's Need for Stability and Continuity of Lifelong Relationships **28.6%**  
*CIC Service Standard #10*
- Assessments and Planning for a Child in Care **50%**  
*CIC Service Standard #11*

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Michelle Peterson  
Regional Analyst/Auditor

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Thomas Weber  
Director of Child Welfare &



## 8. RECOMMENDATIONS

These recommendations were developed in consultation with Community Services Manager, Team Leader, the staff of KCM, Deputy Director Vancouver Island Region, Regional Auditor/Analyst.

- 1) The Community Services Manager will share and debrief the audit report with the Family 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) By September 31, 2006 the Director of Child Welfare, Vancouver Island Region will provide a workshop for this team on developing risk reduction service plans including measurable outcomes.
- 5) 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.
- 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, 5, 6 have been completed by August 31, 2006.

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

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Mark Sieben  
A/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: YES  N/A

FAMILY GROUP CONFERENCE: YES  N/A

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**SOCIAL WORKER**

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**TEAM LEADER**

**Director's Case Practice Audit – KCM Nanaimo 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