

CASE PRACTICE AUDIT REPORT

Prince George Child and Family Services (QGB)

MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT

North Region

Director of Child Welfare

Field Work Completed: June 19, 2006 – July 12, 2006

Report Completed: July 24, 2006

**CASE PRACTICE AUDIT REPORT
Prince George Child and Family Services (QGB)**

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SECTION I: INTRODUCTION

PURPOSE

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

The specific purposes of case practice audits are:

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

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

METHODOLOGY

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

- Critical Measures Audit Tool for Child and Family Service Standards

The current critical measures tool (April 2004) included 13 critical measures for the Child and Family Service Standards.

The audit of the Prince George Child and Family Service team (QGB) included a minimum of 20-25% family service files closed between December of 2005 and May of 2006 (6 months).

The auditor conducted fieldwork from June 19, 2006 to July 12, 2006. The auditor met initially with the intake team and the community service manager to review the audit purpose and process. During the audit, the team leader, 1 social worker and the office manager were interviewed with respect to office systems, service delivery structure, and community resources.

Upon the completion of the audit the auditor met with the team and provided an overview of the results, including general observations, patterns and themes that were

identified. The auditor reviewed the findings with the community service manager at a later date. The individual case reports were provided to the team leader and the community service manager. The individual case reports are thorough and detailed providing significant information about practice identifying the strengths and weaknesses.

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

SECTION II: SERVICE DELIVERY

COMMUNITY OVERVIEW

The northern region is comprised of rural and urban communities with varying population size.

Today, Prince George is known as BC's northern capital. It is a bustling city of over 80,000 people situated at the crossroads of Highway 97 (north-south) and Highway 16 (east-west), also the confluence of the Fraser and Nechako Rivers.

The City's economy is based on the forest industry with 14 sawmills, 2 single pulp mills and a twinned pulp mill, 1 of the largest in the world. Wood products manufacturing, a refinery, a brewery, chemical plants and diesel locomotive repair shops contribute to the industrial base. Several major retailers are expanding into the Prince George market, a trend expected to persist.

Historically, the service delivery model consisted of 5 protection teams within the Prince George area. Each team had capacity for 2 intake workers, 4 family service workers and a team leader. In September 2004 there was a major reorganization of the protection teams. The QGB team is responsible for all intake reports received in the city of Prince George. The QGB team is the centralized intake team. At the time of the reorganization the intake team consisted of a team leader and 6 intake workers. The rationale for 6 intake workers was based on the intent that the family development response team would be operational at the time of the reorganization. The team leader reports that this was not the case which added additional workload for the intake team.

With respect to the geographical responsibility of the QGB team the area included as far south as Hixon on highway 97, north at Bear Lake, west until Cluculz Lake and highway 16 east including and up to Sinclair Mills and other communities in the north-east.

Within the Prince George area, there are pockets of the community that are reported to have high levels of poverty. Prostitution is becoming more visible. Social problems relating to poverty, domestic violence, drug and alcohol abuse, serious mental health issues are common. The team leader reports that the office is receiving many more reports on teenagers using drugs such as crystal methamphetamine.

The north region's management structure includes the regional executive director, director of operations, director of child welfare, deputy director and the community service manager who administered the delivery of child protection services and oversees ongoing and integrated child and family service delivery.

STAFFING

The QGB team consists of a complement of a team leader and 8 full time social workers. The team leader reports that since the new model was introduced in September 2004 there have been approximately 20 different social workers on the team. The team leader reports a high turnover of social workers. The majority of the workers on the team are new workers. In February of 2006 a decision was made to divide the centralized intake team into 2 teams. At this time an acting team leader was assigned to the team to assist with team leading.

The team model consists of 8 intake workers who are responsible for managing the intake function. The team is accountable for responding to all new reports that are received on families that reside within the geographical boundaries. All workers are fully delegated. It was noted that 1 worker was recently delegated.

The administrative support team consists of a clerk 5 supervisor, 3 clerk 3s, and 2 OA2s. The Prince George administrative team is responsible for providing administrative functions to 5 teams. The teams consist of 3 protection teams, 1 resource team and the after-hours team. All the administrative staff is responsible for supporting all the teams. There is a team assistant assigned to the team of QGB. The assistant is responsible for a number of duties. A few of the responsibilities consist of inputting the tombstone information on court documents, opening and closing files, completing file transfers, acknowledgement of files received and legal filing. The clerk 5 is responsible for overseeing all the office related functions. During the audit, the file room was well maintained and organized. The family service files are well-organized into sections that were easy to identify and peruse. During the audit the administrative staff was very helpful in assisting the auditor in retrieving the closed files.

STAFF TRAINING

The auditor did not receive information from 1 social worker
 . Please see chart for additional information on staff
experience and education.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Leader				Full Delegation	
Child Protection Social Worker (1)				Full Delegation	
Social Worker (2)				Full Delegation	
Social Worker (3)				Full Delegation	
Social Worker (4)				Full Delegation	
Social Worker (5)				Full Delegation	
Social Worker (6)				Full Delegation	
Social Worker (7)				Full Delegation	

Ministry Training Program	Team Leader	SW 1	SW 2	SW 3	SW 4	SW 5	SW6	SW7
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								

performance appraisals are outstanding.

The team leader reports that all her staff have begun their EPDPs.

The Ministry of Children and Family Development implemented a new learning management system to assist employees in managing their learning and development needs. The north region implemented the program in November 2004. The north region sponsored and promoted learning events that were of interest to the employees and that aligned with the priorities of the region's service delivery plan.

The learning management system project provided the north region with the e-learning infrastructure and the set of on-line tools. The key drivers behind the initiative were:

- (a) the expectation that all north region employees will prepare an employee performance and development plan (EPDP) on an annual basis; and
- (b) the expectation of increased financial accountability in the regions for managing educational resources.

The learning management system provided several benefits for the north region in the following areas:

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

In addition to the learning management system employees completed a survey in 2003 as the first step in a regional employee training and performance development plan. The purpose of the survey was to create a strategic plan to address employee and organizational training needs and performance evaluations. The survey highlighted a need to have a strategic plan and identified tremendous strengths within the region. The region had developed an initial project charter that looked towards a long-term goal of incorporating a balance between regional staff training needs and performance evaluations considering the needs of employees and the organization.

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

SUPERVISION AND CONSULTATION

The team leader provides supervision and clinical consultation with respect to the delivery of child protection.

consultation is carried out on a daily basis.

there is no regular scheduled supervision with the community service manager.

if something urgent arises and consultation is required the community service manager will be contacted by email or phone.

INTAKE AND TRACKING SYSTEMS

Investigations:

The central intake team is responsible for the intake function for all new reports received. This does not include new concerns pertaining to open family service files. All workers are responsible for screening days. On a daily basis there are 2 screeners responsible for the screening function. The workers are designated as first or second screeners. The screener schedule is rotated. The monthly schedule is developed at team meetings. When reports are received the screener completes the prior contact check, documents the family's previous child welfare involvement and the screener prints 2 copies of the intake. One copy is identified as the social workers' copy and the team leaders' copy. The section 16 action code and the development of the plan is completed by the intake worker then given to the team leader for approval. Once the assessment and plan is approved by the team leader the case is assigned to an intake worker to complete the child welfare response. The assessment is made based on the history of the family and the BC risk assessment model. A decision to investigate is determined based on the section 13 concerns. If calls are received on an open family service file the information is sent by a notepad to the appropriate protection team. Intake reports are tracked electronically as the QGB social workers are consistent and proficient in their use of the MIS/CIS systems.

Given the fact that the intake team manages new intakes on families who do not have an open on going family service file the social worker described the case transfer process. The social worker reports when a finding of protection is identified and a decision is made to transfer a file for on going protective family service the social worker will speak with the team leader. The intake team leader engages in a discussion with the team leader receiving the case. Once the intake worker is finished completing all the required documents the intake social worker and the new worker meet to discuss the concerns. A future meeting is scheduled with the family and all relevant documents are reviewed.

SERVICES TO ABORIGINAL CHILDREN AND FAMILIES

There is only 1 reserve located in the Prince George area. The Aboriginal community is the Lheidi T'enneh Reserve (aka Shelley Reserve). The team leader reports that any family from the Shelley Reserve that comes to the attention of MCFD is served by 1 family service team in the Prince George area. One team has been assigned to the Band to promote continuity and partnership.

Although there is only 1 reserve located within Prince George there is a high number of Aboriginal people in Prince George. There are many reserves located around Prince George that are served by other communities. Prince George is the capital of the north so many Aboriginal people accesses the center for several services that are not available in their home communities.

There is a Provincial Protocol in place with Carrier Sekani Family Services. The team leader reports that the team is familiar with the protocol with Carrier Sekani and the team has a copy of the protocol.

Carrier Sekani provides various services to Aboriginal and Non Aboriginal individuals. Carrier Sekani Family Services had been granted partial delegation pursuant to level 13

of the Aboriginal agency delegation matrix. Under this partial delegation, Carrier Sekani Family Services has the authority to provide the following services:

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

The Prince George Native Friendship Center is a non-profit, non-sectarian organization dedicated to servicing the needs of Aboriginal people residing in the Prince George area. A number of services are offered by the Native Friendship Center. The following services are:

- Alcohol and drug counseling;
- The employment services unit which is a client-centered employment agency servicing the entire community of Prince George. This unit includes several counselors. The unit provides life skills for adults;
- Alternative schooling affiliated with the school district. This program targets youth;
- Smokehouse kitchen. The smokehouse kitchen project is a 6 month course designed to prepare youth to find employment as commercial cooks. The program includes budgeting, menu planning, hospitality, food purchasing, and meal preparation and customer service;
- Literacy program matches individuals with trained literacy tutors to assist with learning, understanding and acquiring the diverse skills specific to literacy;
- Victim services;
- Law clinic, which provides individuals with court advocacy;
- Reconnect shelter;
- Community kitchen for families and youth;
- Aboriginal infant development program;
- Emergency resources;
- Aboriginal head start and the power of friendship head start are pre-school programs where parents and/or caregivers are on site participating in the programs. The programs includes the following components:
 - Morning and afternoon programs;
 - Culture and language;
 - Education;
 - Health promotion;
 - Nutrition;
 - Social support programs;
 - Parental involvement;
 - Transportation.

The following chart provided a breakdown of services provided to Aboriginal and Non Aboriginal people in the last 6 months.

Aboriginal Status	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Average
Aboriginal	4	4	3	1	5	7	4.0
Non-Aboriginal	3	8	6	4	5	4	5.0
Total	7	12	9	5	10	11	9.0

Office QGB Open FS Files - December to May 2006							
Aboriginal Status	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Average
Aboriginal	76	83	97	94	87	92	88.2
Non-Aboriginal	176	203	221	207	207	241	209.2
Unknown	20	21	13	15	12	7	14.7
Total	272	307	331	316	306	340	312.0

Office QGB Protection Reports Recorded - December 2005 to May 2006							
Aboriginal Status	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Average
Aboriginal	26	26	21	33	26	37	28.2
Non-Aboriginal	58	64	47	59	57	80	60.8
Total	84	90	68	92	83	117	89.0

Office QGB Total Intakes Recorded - December 2005 to May 2006							
Aboriginal Status	Dec-05	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Average
Aboriginal	31	32	25	35	27	38	31.3
Non-Aboriginal	72	82	54	67	66	97	73.0
Total	103	114	79	102	93	135	104.3

RESOURCES

Residential Resources

Prince George has a resource team that has direct responsibility to recruit, approve and support foster and group homes. QGB accesses the resource team when required by contacting the assigned duty worker on the resource team. The resource team also coordinates and contracts with the regional placement resources for children in care.

There is a shortage of foster homes for adolescents and for children with serious behavior problems. Placement stability is an issue for children with behavioral problems. There is 1 group home in the Prince George area that is a regional resource and provides residential care and assessments of children. There are also 10 available regional beds amongst the group homes that are reserved for adolescents. Placements in regional resources are accessed through the Regional Resource Committee. There is a continuum of residential services in Prince George.

Non- Residential Resources

Intersect is a child and youth mental health organization that is fully funded by MCFD and offers counseling for children, youth and families. Intersect is able to provide assessment services fairly rapidly, however cases are prioritized according to the level of risk. Clients may wait several weeks for counseling services. In addition intersect provides other services. The following services are:

- Associated school program for youth with mental health issues;
- Home based services;
- Outreach for youth and families;
- Clinical consultation was provided to residential facilities and other child and youth mental health services;
- Training.

The Northern Child and Family Clinic provides medical assessment and treatment for abused and neglected children. Project Parent North offers a parenting program for parents with children under the age of 5 years.

The Prince George Family Services Society offers a step-parenting program and provides education regarding conflict resolution and anger management. Child and Youth Care Workers provide direct services to children and families.

The Child Development Center provides individual services as well as a daycare program for children under the age of 5 who were experiencing developmental delays. There is a waitlist for the daycare program. The Infant Development Program provides assessment services and provides support to parents in implementing recommendation for their babies.

The Prince George Sexual Assault Centre provides a children's program, individual counseling and group counseling to children who have been sexually abused.

The Prince George Rainbows program is offered to children and teens that may need grief support due to a death, divorce, separation or other painful transitions.

The North Central Family Resources provides the phase II program. This program is designed to prepare youth to transition on to independent living.

Nechako Youth Treatment Centre is a residential facility offering youth a safe, secure environment to begin dealing with their substance misuse problems.

Healthiest Babies Possible is a program offering nutrition and lifestyle counseling to pregnant women.

SERVICE TRANSFORMATION

The north region as well as Prince George has been working with service providers, consultants and stakeholders to review existing service delivery in keeping with MCFD service transformation targets. As a result, a number of initiatives have been implemented. There has been development of new programs and a continuum of services being provided to children, youth and their families. Some examples of this are:

- Family Resource Center opened in February 2005. This center is located at South Fort George School. The family resource center includes a co-location of education, health, MCFD programs and city-sponsored groups such as the local city community association. The majority of the programs focus on early and young childhood development. The resource also offers an alternative school program for youth. In addition there is a specialized team working with children and families affected by fetal alcohol spectrum disorder. The configuration of services provides a full range of prevention and early childhood interventions as well as specialized treatments to children and families using an integrated multi-service model. The aim is to have the informal and formal services connected to provide the ongoing informal support.
- There have been ongoing initiatives related to the family resource centre. There is a plan to develop another family resource center in another area of Prince George. The model will be a reflection of the family resource center that was opened in February of 2005. The center will be located in the Highland school building. The plans are in the preliminary stages of development. The announcement has been made to the community.
- Family Development Response; (The child protection consultant is rolling out the training to the region)
- With the development of the youth village, the Native Friendship Center opened their doors to the youth in November 2005. The youth village includes shelter beds, emergency beds and transitional housing. The development of the youth village project was a municipal and provincial partnership. The youth village was funded by MCFD.
- Additional resources have been provided to families dealing with child and youth mental health issues.
- Additional resources are being placed into the early childhood services.
- Child at Risk and Alternative Dispute Resolution programs.

SECTION III: AUDIT RESULTS

AUDIT SAMPLE

The audit of the Prince George Child and Family Service team (QGB) included a minimum of 15% of the number of child protection intakes closed between December of 2005 and May of 2006 (6 months).

The Caseload Management Report was printed from the MCFD computer system prior to the commencement of the audit and was used to arrive at a sample number. The Case Management Report recorded 400 closed family service files. Sixty closed Family Service cases were audited representing 15% of 400 closed cases in the last 6 months.

It must be noted that the majority of the high risk cases have been transferred to ongoing family service teams. These cases will not be reflected in the audit sample as the cases have been transferred. It is important to note that a great deal of work is completed by the intake team prior to transferring a protection file. This work will be captured during future audits of the local family service teams.

Closed Family Service cases represented a stratified sample.

RESULTS: CHILD AND FAMILY SERVICES: INTAKE FUNCTION

Practice Strengths:

The audit examined 60 family service files.

The auditor was able to locate the selected files with ease.

The auditor noted that QGB demonstrated an integrated approach when working with community partners. There appeared to be a high level of cooperation with community agencies. There is evidence on the file that social workers are making appropriate referrals for families taking into account the family's strengths and needs to strengthen their capacity to safely care for their children.

It should be noted that QGB has an excellent working relationship with Prince George After Hours as this was evident from the After Hours memos located on the files. In addition, where appropriate, After Hours attended situations to further assess the safety of children. This information was always provided to the QGB intake worker assigned to the case.

It should be noted that QGB appeared to have a strong sense of team work.

Supervisory consultation and sign off was well documented.

Upon review it was found that 43 of the 60 intakes resulted in a child welfare investigation. Out of the remaining 17 cases the child welfare responses consisted of offer support services, refer to community agency and no further action.

Areas For Improved Practice:

Out of the 60 cases reviewed 43 investigations were completed. A few practice observations were identified.

Where a determination has been made to investigate, the family service file must contain a documented appropriate determination as to the time frame to begin the investigation and confirmation that the investigation was begun within that time frame. The auditor reviewed 7 cases where the investigation did not begin within the 5 calendar days or casework activity was not documented.

The auditor observed a lower compliance regarding key collateral checks. As part of a thorough investigation social workers should be obtaining information from people who may have relevant knowledge of the family and/ or child. The auditor reviewed 9 cases that lacked key collateral checks.

When a decision is made to investigate each investigation includes interviewing the child and all other vulnerable children in the home, where developmentally appropriate and with supports if necessary. In 7 cases interviews were either not completed or not documented.

It is important to note that the auditor observed completed investigations that were very thorough and well documented.

The auditor flagged 1 case as there were several risks on the file that increased the need to see the children and their living environment prior to closing the file.

Sixty family service files were audited. Overall compliance to the child and family development service standards was 83%. The compliance ratings varied between the critical measures. Information for determining compliance to the service standards was based on file documentation.

Please note that Critical Measure 4, "Family Development Response" is not applicable as this child protection response is not undertaken at QGB.

The following provides a narrative summary and explanation of the ratings for each critical measure.

Compliance Ratings Per Measure For Closed Family Service Cases

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 an Aboriginal service provider or delegated agency had been contacted where applicable.

- Compliance was met in 54 of 60 cases for 90% compliance. Non compliance was found in 6 cases where an Aboriginal service provider or delegated agency had not been contacted or not documented when a request for service or a child protection report was received for an Aboriginal child.

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 worker was unable to ensure that a child was seen immediately, the auditor looked for documentation describing alternative steps that were taken to ensure the immediate safety of the child.

- Compliance was met in 1 of 1 case for 100% compliance.

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

The auditor looked for documentation that demonstrated that the worker had obtained and collected sufficient information to assess a report and determine the best child welfare response.

- Compliance was met in 57 of 60 cases for 95% compliance. Non compliance was found in 3 cases where the caller's information required an investigation as the child welfare response.

4. Family Development Response

- N/A

5. Determining a 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 initiated within the time frame specified.

- Compliance was met in 36 of 43 cases for 84% compliance. Non compliance was found in 7 cases where the investigation did not begin within the time frame specified.

6. Conducting a Child Protection Investigation

This critical measure outlines many of the activities involved in an investigation. This includes that all relevant information relating to the report has been reviewed, including information from people/professionals who have relevant knowledge of the family and that the child's living situation has been directly observed. All of the above steps need to be completed for compliance.

- Compliance was met in 34 of 43 cases for 79% compliance. Non compliance was found in 9 cases where the investigations were lacking information from people/professionals who may have had relevant knowledge regarding the family's situation.

7. Seeing and Interviewing the Child and Family

This critical measure requires that the social worker interviews the subject child, siblings, parents, and the Aboriginal community involved if applicable. Each investigation includes at a minimum: seeing the child and all other vulnerable children in the home, interviewing the child and all other children in the home, where developmentally appropriate and with supports if necessary, and seeing and interviewing the parents. All of the above steps need to be completed for compliance.

- Compliance was met in 36 of 43 cases for 86% compliance. Non compliance was found in 7 cases where all interviews were not completed or documented.

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.

- Compliance was met in 35 of 43 cases for 81% compliance. Non compliance was found in 8 cases. In 5 of the 8 cases non compliance was found where the information collected throughout the investigation supported a finding of protection. Based on the information documented section 13 concerns were substantiated. In 3 of the 8 cases non compliance was found where steps of an investigation were absent making it difficult to determine if a child needed protection.

9. Concluding an Investigation in a Timely Manner

This critical measure requires that there is documentation that demonstrates the investigation was concluded within 30 calendar days. The documentation includes the sign off by the team leader.

- Compliance was met in 19 of 43 cases for 44% compliance. Non compliance was found in 24 cases where the investigation was not completed within the 30 calendar days.

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

The auditor looked for documentation that reflected safety planning that 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. This would involve the completion of the British Columbia risk assessment.

- **N/A**

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

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

- **N/A**

12. Notification of Fatalities and Critical Injuries and Serious Incidents

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

- Compliance was met in 1 of 1 case for 100% compliance.

13. Supervisory Approval

The auditor looked for documentation that reflected consultation with supervisors or managers at all critical points: assessing reports, decision on a response, 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, transferring responsibility for or ending services and exceptions to policy.

- Compliance was met in 56 of 60 cases for 93% compliance. Non compliance was found in 4 cases where supervisory consultation was not documented in the intake reflecting consultation at the major decision points.

Recommendations:

1. That the Community Service Manager will meet with the team to share and debrief the final audit report and will review Standard 16, in particular, seeing and interviewing all children, completing key collateral checks and making risk decision #4.

2. That the Community Service Manger ensures that the one case identified for the team leader has been reviewed and that any steps required to meet compliance have been completed.

3. The Director of Operations will meet with the Community Service Manager to review compliance to critical measure #9 (Conducting an Investigation in a Timely Manner) to ensure there are no operational barriers to meeting the standard.

Within 60 days of receiving the final report, the Community Service Manager will advise the Director of Child Welfare that recommendations #1 & 2 have been completed and recommendation # 3 will be completed in 90 days.

<p>Tammy Stublely Regional Auditor/Analyst</p>	<p>Kellie Kilpatrick Director of Child Welfare</p>
<p>Date:</p>	<p>Date:</p>

<p>Mark Sieben Assistant Deputy Minister</p>	
<p>Date:</p>	

APPENDIX 1: CHILD AND FAMILY SERVICES DATA SUMMARY

CLOSED FAMILY SERVICE CASES

	CRITICAL MEASURES	C	PC	NC	NA
1	Screening and Best Approach to Service Delivery CFS Standard #1	88%		12%	
	Number of cases rated: 60 of 60	53		7	
2	When a Child is at Immediate Risk of Harm CFS Standard #11	100%			
	Number of cases rated: 1 of 1	1			59
3	Assessing a Child Protection Report and Determining the Most Appropriate Response CFS Standard #12	95%		5%	
	Number of cases rated: 60 of 60	57		3	
4	Family Development Response CFS Standard #14				
	Number of cases rated: 0 of 60				60
5	Determining a Time Frame to Begin an Investigation CFS Standard #15	84%		16%	
	Number of cases rated: 43 of 60	36		7	17
6	Conducting a Child Protection Investigation CFS Standard #15	79%		21%	
	Number of cases rated: 43 of 60	34		9	17
7	Seeing and Interviewing the Child and Family CFS Standard #15	83%		17%	
	Number of cases rated: 43 of 60	35		7	17
8	Concluding a Child Protection Investigation CFS Standard #16	81%		19%	
	Number of cases rated: 43 of 60	35		8	17
9	Concluding Investigation in a Timely Manner CFS Standard #16	44%		56%	
	Number of cases rated: 43 of 60	19		24	17
10	Developing and Implementing a Plan to Keep a Child Safe CFS Standard #17				
	Number of cases rated: 0 of 0				60
11	Reassessing Plan to Keep a Child Safe and Ending Family Service Response CFS Standard #17				
	Number of cases rated: 0 of 0				60
12	Notification of Fatalities, Critical Injuries and Serious Incidents CFS Standard #24	100%			
	Number of cases rated: 1 of 1	1			
13	Supervisory Approval C&FD Standard on Supervisory Approval	93%		7%	
	Number of cases rated: 60 of 60	56		4	

Director's Case Practice Audit – Prince George Intake Team – QGB

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

August 14, 2006

Mark Sieben
Assistant Deputy Minister
Policy and Legislation Team

Director
Child, Family and Community Services Act