

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

**Gibsons Family Services Team (RYD)**

**Field Work Completed: January 26, 2006  
Report Completed: February 7, 2006**

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## SECTION I: INTRODUCTION

### 1. PURPOSE

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

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

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

### 2. METHODOLOGY

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

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

## SECTION II: COMMUNITY CONTEXT

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

### 3. SERVICE AREA OVERVIEW

#### a) Geographic:

The Gibsons Family Services Team (RYD) is in the Vancouver/Coastal Region and serves primarily non-aboriginal people living in the Sunshine Coast Regional District, as well as Sechelt Indian Band members living off-reserve on the eastern/northern end of the Sunshine Coast. The geographic area covered by this Team is the eastern/northern end of the Sunshine Coast Regional District, which is bounded by Mount Elphinstone on the north, Howe Sound on the east, and the Strait of Georgia on the south and west. This area includes the communities of Gibsons, Langdale, Port Mellon, Roberts Creek, Keats Island and Gambier Island.

The Gibsons office is located on Gibsons Way, where the RYD Family Services Team shares office space with other MCFD personnel in the region, including: the Child & Youth Mental Health Team, Youth Probation, as well as Community Living B.C.

#### b) Demographics:

The Team Leader reports that there approximately 31,000 residents on the Sunshine Coast, and approximately 14,000 reside on the eastern/northern end of the Coast that falls within the catchment area for the Gibsons office. Population has increased gradually in recent decades and growth is expected to continue. Most residents are employed or working in the retail trade, tourism/service sectors, manufacturing, forestry/pulp & paper industries, B.C. Ferries or commercial fishing.

#### c) Service Delivery:

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

Service delivery within the Vancouver Coastal Region was reorganized in 2003 to reflect the Regional Operational Plan and initiatives of providing integrated services to children and families. These changes have included the establishment of 4 Family Development Response Teams, with two teams for the respective areas of Vancouver North and Vancouver South and two integrated teams for the respective areas of Richmond and the North Shore. There is also a current implementation plan for an Aboriginal Family Service Network in preparation for the transfer of service for Urban Aboriginal people to VACFSS. Currently, Aboriginal Intake, Family Service Teams, Resources Team, and a Youth Guardianship Team, provide protective services to all urban aboriginal people in Vancouver.

The RYD Team Leader (TL) reports to a Community Services Manager (CSM) who oversees the delivery of child protection services for this office and a number of other offices considered part of the Coast. The Team Leader reports to the CSM regarding administrative issues, financial decisions, personnel matters, and matters relating to Placement Review Committee (PRC) approval. The PRC reviews all admissions to care whether through a removal or a voluntary admission to care. The PRC also reviews placement of children, requests to extend

court orders or voluntary care agreements (VCA) and/or special needs agreements (SNA) and decisions to apply for continuing custody orders. The Social Worker (SW) and the Team Leader (TL) present the case to the committee and at the end of the meeting, the CSM who is the chairperson signs a form confirming the committee's decision and the form is then placed on the service file.

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

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

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

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

The family counselor may also arrange for associated services such as parenting and infant development classes, family counseling services, supervised visitation, Parent & Tot Drop In, as well as the SAIP program for children who witness abuse/violence.

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

services on the Sunshine Coast are more limited than in other parts of the Vancouver Coastal Region. This is especially the case with Alcohol & Drug Services for Youth, and for resources that can preserve and promote the aboriginal identity of children in care, who are not affiliated with the Sechelt Indian Band. The Roots Project was involved briefly with the Gibsons Office last year, and this resource proved helpful in connecting aboriginal children to their aboriginal cultures and with permanency planning in general. However, the Roots Project or a comparable service/resource is not currently available to the staff of the Gibsons Family Services Office.

## **i) Residential Services**

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

Child care resources for the area are coordinated by a Resource Worker on the RYD Team. This worker coordinates foster resources/contracts for both the Gibsons and Sechelt offices. Once the Resource Worker locates an appropriate and available placement, the child's Social Worker assumes responsibility for placement and for providing the caregivers with the essential information about the child.

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

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

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

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

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

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

When this audit commenced on January 3, 2006 records show that the RYD workers had 1 child in an out-of-care placement through a Kith & Kin Agreement, 3 youth living independently on Youth Agreements, and 25 children were residing in in-care placements.

## **iii) Service Transformation Plan**

Within the environmental context of an escalating child-in-care population and research which questions the long-term intervention of a child welfare system in a child's life, five practice shifts were identified and rolled into an overall provincial initiative entitled Service Transformation. The purpose of Service Transformation is to ensure vulnerable children are protected and

served through a regional network of community-based, integrated, comprehensive and accessible services that promote:

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

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

1. Service Redesign:

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

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

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

3. Reshaping case planning and decision-making:

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

4. Transforming planning for children in care:

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

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

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

### Service Transformation Outcomes

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

- shifting child welfare practice away from reliance on 'in care' services to protect vulnerable children;
- utilizing family and community-based options while continuing to protect vulnerable children's safety and well-being;
- increasing use of family-based foster care and less of contracted residential resources;

- emphasizing stability and the development of lifelong relationships for children and youth;
- exercising greater foresight in guardianship planning for children and youth.

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

#### 4. STAFF TRAINING

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

Ministry Training Programs	Team Leader	SW 1	SW 2	SW 3	SW 4	SW 5
CPW Training Program (core)						
ASIST Training						
Family Development Response						
Clinical Supervision Level 1						
Clinical Supervision Level 2						
Risk Assessment						
Advanced Risk Assessment						
Cultural Awareness						
Integrated Case Management						
Investigative Interviewing						
FAS/E and NAS/E						
Looking After Children						
Substance Misuse						
Youth Alcohol & Drugs						
Arete Violence Prevention						
Youth Services/Agreements						
Interviewing re sexual abuse						
District Supervisor Module 1						
District Supervisor Module 2						
Leading the Way						
Resources SW Training						
Guardianship Core Training						
Adoption Core Training						

#### 5. SUPERVISION/CONSULTATION

Case consultation with the RYD Team Leader (TL) occurs

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

The Team Leader states that he forwards faxes and e-mails to the Community Services Manager several times a month in order to obtain approvals for Placement Review Committee referrals (PRC's). Case consults with the CSM are conducted on an "as needed" basis. In addition, structured supervision with the CSM occurs approximately three to four times a year. At these meetings, administrative, safety, clinical, staffing and all operational and service issues are reviewed.

## **6. INTAKE AND TRACKING SYSTEMS**

The screening and investigation of incoming/new protection reports at RYD is completed by one of the delegated Child Protection Social Workers called the "Intake Worker". This role of Intake Worker is currently being occupied by float SW. After receiving calls/protection reports on families not already receiving services from RYD, the Intake Worker enters the information on MIS and then typically makes Risk Decisions 1 and 2, in consultation with the Team Leader.

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

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

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

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

## **7. STAFFING**

**a) Staff Complement/Staff Turnover:**

The current staffing compliment at RYD is 1 Team Leader (TL), 5 Child Protection Social Workers (SW's), and 2 Administrative Staff positions (ie, a SAS & an OA2). The Team has 5 designated caseload positions for the SW staff: 1 Intake Worker, 2 Family Service Workers, 1 Guardianship Worker, and 1 Resource Worker. Presently, all of these positions are filled.

. All of the SW's currently working on the Team hold full delegation. It should be noted that RYD has had significant changes in its staffing complement over the past two years, with four of the five SW positions being vacated on one or more occasions during that time period. Back fill for SW's on leave has often been unavailable, and resulted in other SW's on the Team having to cover off the caseload responsibilities of absentee SW's for extended periods of time.

With respect to education,

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

MCFD EXPEREINCE	YEARS
TL	
SW1	
SW2	
SW3	
SW4	
SW5	

**b) Current Workload**

When this audit started on January 3, 2006, the Caseload Management Report for RYD showed the Team currently had open: 41 Family Service (FS) files and 28 Child Service (CS) files. Caseloads on the team range from 14 to 21, with a mean of approximately 17 cases. In the past six months, the RYD Team has also closed 82 Family Service files and 8 Child Service files.

**8. ABORIGINAL SERVICES (if applicable)**

As noted earlier in this report, the RYD Team provides services to both aboriginal and non-aboriginal residents on the Sunshine Coast, including Sechelt Band members living off-reserve. (Note: the Sechelt Indian Reserve is in the catchment area of MCFD's Sechelt Family Services Office (RYC), and services for members of the Sechelt Band living on the reserve are covered under a Section 13 delegation agreement with the Ministry.)

**SECTION III: CASE PRACTICE REVIEWS**

## 9. AUDIT SAMPLE

As noted in the Terms of Reference letter sent to the Community Services Manager and Team Leader on November 16, 2005, the audit sample size included a minimum of 20-25% of open and closed Family Services files and a minimum of 20-25% of open and closed Child Service files. For closed files, only those closed in the last 6 months were audited. At the time of the audit there were 41 open Family Service files and 28 open Child Service files. The auditor randomly selected:

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

The above random sample was obtained using the current Caseload Management Reports (CMR's) for RYD from the MIS and the MARS computer systems. Cases were then randomly selected for auditing with a minimum of 6 files (FS & CS combined) from each worker's caseload. Please note that Critical Measure 4, "Family Development Response" was not coded as this child protection approach is not undertaken at RYD.

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

### DATA SUMMARY

Office Code: RYD

Total Number of Cases: 20

#### Rating Definitions:

**C** Full compliance to the standard

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

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

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

	CRITICAL MEASURES	C		PC		NC		NA
		#	%	#	%	#	%	#
1	Screening and Best Approach to Service Delivery <i>CFS Service Standard #1 &amp; #12</i>	19	95.0			1	5.0	
2	When a Child is at Immediate Risk of Harm <i>CFS Service Standard #11 &amp; #13</i>	2	100.0			0	0.0	18

3	Assessing a Child Protection Report and Determining the Most Appropriate Response <i>CFS Service Standard #12</i>	17	85.0			3	15.0	0
4	Family Development Response <i>CFS Service Standard #14</i>	0	0.0			0	0.0	20
5	Determining the Time Frame to Begin an Investigation <i>CFS Service Standard #16</i>	6	75.0			2	25.0	12
6	Conducting a Child Protection Investigation <i>CFS Service Standard #16</i>	6	75.0			2	25.0	12
7	Seeing and Interviewing the Child and Family <i>CFS Service Standard #16</i>	7	87.5			1	12.5	12
8	Concluding a Child Protection Investigation <i>CFS Service Standard #17</i>	8	100.0			0	0.0	12
9	Concluding an Investigation in a Timely Manner <i>CFS Service Standard #17</i>	4	50.0			4	50.0	12
10	Developing and Implementing a Plan to Keep a Child Safe <i>CFS Service Standard #18</i>	7	100.0			0	0.0	13
11	Reassessing a Plan to Keep a Child Safe and Ending Family Service Response <i>CFS Service Standard #18 &amp; #21</i>	9	47.4			10	52.6	1
12	Notification of Fatalities, Critical Injuries and Serious Incidents <i>CFS Service Standard #25</i>	0	0.0	0	0.0	0	0.0	20
13	Supervisory Approval <i>CFD Standard on Supervisory Consultation &amp; Approval</i>	20	100.0			0	0.0	
<b>Total Applicable Indicators: 128</b>		<b>105</b>	<b>82.0</b>	<b>0</b>	<b>0.0</b>	<b>23</b>	<b>18.0</b>	<b>132</b>

# = Number of applicable cases

%= Percent of total

## NARRATIVE SUMMARY- CHILD AND FAMILY SERVICES

20 Family Service files were audited. Overall compliance to the Child and Family Services Standards was **82.0 %**. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

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

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

This standard was rated compliant in 19 of the 20 applicable cases (95.0%). In the one case rated non-compliant, the SW obtained basic information from the caller and his opinion of the mother's parenting ability. However, specific examples (where, when & how) of possible neglect were not obtained, nor was the caller asked why he waited eight months to make the report.

### **2. WHEN A CHILD IS AT IMMEDIATE RISK OF HARM**

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

This standard was rated compliant in 2 out of the 2 applicable cases (100.0%). In both cases rated compliant here, the documentation on file showed that the SW took immediate and sufficient action to ensure the children's health and safety

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

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

This standard was rated compliant in 17 of the 20 applicable cases (85.0%). For all cases rated compliant here, the Section 16 assessment decision to respond by either investigating the report (8 cases), offering support services (5 cases), or taking no further action (4 cases) was fully supported by documentation on the file. With two of the three cases rated non-compliant on this critical measure, the assessment of the report, and coding of the intake as No Further Action Required, was not completed within the five day response time frame. As for the other case rated non-compliant, the report contained substantial Section 13 circumstances outlined by the caller, yet was coded as an Offer of Support Services.

### **4. FAMILY DEVELOPMENT RESPONSE**

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

The compliance to this standard was not rated.

## **5. DETERMINING THE TIME FRAME TO BEGIN AN INVESTIGATION.**

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

This standard was rated compliant in 6 of the 8 applicable cases (75.0%). With the 2 cases rated non-compliant, both on Intakes coded with a five day response time, it was the start date for the investigation that exceeded the coded time frame. In one of the cases, the protection report was screened and the investigation started eight days after Risk Decision 1 was made. In the other case, the investigation did not commence at RYD until seven days following the assessment of the report.

## **6. CONDUCTING A CHILD PROTECTION INVESTIGATION**

This critical measure outlines many of the activities involved in an investigation. These include: documentation that all relevant information relating to the report has been reviewed, documentation that information from people who have relevant knowledge of the family has been obtained, documentation that the child's living situation has been directly observed, etc. The inability of staff to meet even one of those expectations would result in a non-compliance rating.

This standard was rated compliant in 6 of the 8 applicable cases (75.0%). With both of the cases rated non-compliant here, there was some kind of deficiency in the information obtained from collaterals (ie, professionals and/or community members who are familiar and know about the family). Additionally, the SW's failed to document a home visit with these cases, and therefore it did not appear that the children's living situation was directly observed.

## **7. SEEING AND INTERVIEWING THE CHILD AND FAMILY**

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

This standard was compliant in 7 of the 8 applicable cases (87.5%). With the one case rated non-compliant here, there was a lack of evidence indicating that all members of the household had been seen and interviewed by the investigating SW. More specifically, the auditor found that \_\_\_\_\_ living in the home had been interviewed, but there was no evidence on file that the child \_\_\_\_\_ was ever seen, observed or interviewed by the SW.

## **8. CONCLUDING A CHILD PROTECTION INVESTIGATION**

This critical measure requires the auditor to review whether or not the decision about the child needing protection is consistent with the facts that were gathered during the investigation and

that all steps required to address the child's safety needs have been considered and implemented.

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

## **9. CONCLUDING A CHILD PROTECTION INVESTIGATION IN A TIMELY MANNER**

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

This standard was rated compliant in 4 out of the 8 applicable cases (50.0%). Of the 4 cases rated non-compliant here, two investigations remained open for 31 to 45 days, while the other two investigations remained open longer than 90 days.

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

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

This standard was rated compliant in all 7 of the applicable cases (100.0%). Of the eight cases audited that involved a child protection investigation, seven found the child(ren) in need of protection. With these seven cases, it was incumbent on the SW to develop and implement a plan to keep the child(ren) safe, given the severity and history of abuse/neglect identified in the investigation. The auditor found that with all seven cases, the SW took both necessary and sufficient actions to implement a plan for keeping the child(ren) safe.

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

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

This standard was rated compliant in 9 of the 19 applicable cases (47.4%). The ten cases that were rated non-compliant on this critical measure, received that rating for a variety of reasons. For example, with two cases there was no documented Comprehensive Risk Assessment (CRA) on the protection file, and with five others the CRA had not been updated following a recent protection finding or had not been updated at all during the past several years. In another three cases, the plan to keep the children safe had not been reassessed/ revised following either: 1.) significant changes in the family's living circumstances, 2.) new protection reports being received and investigated at RYD, or 3.) when the Risk Reduction Service Plan expired and all services/supports for the family had ended. Finally, two other cases were rated non-compliant, because the CRA had not been updated prior to the children being returned to their parent's care or prior to ending the family service response and closing the FS file.

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

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

This standard was rated "Not Applicable" in the all 20 of the files audited, as none of the children seen in connection with these cases appeared to have been involved in a reportable circumstance while the FS file was open at RYD.

### **13. MANAGEMENT AND SUPERVISORY CONSULTATION**

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

This standard was rated compliant in all 20 of the cases audited (100.0%). In each case reviewed for this critical measure, supervisory consultation at specific decision points was adequately documented by the assigned SW.

#### **PRACTICE STRENGTHS:**

Areas of high compliance for RYD included critical measures associated with screening, concluding protection investigations, and developing/implementing plans to keep children safe. Social Workers at RYD are clearly identifying Section 13 concerns and when it appears warranted, most investigations are being initiated either by acting immediately or within a five day time frame. High compliance was also generally evident with responses of the Team to After Hours memos, and when an immediate safety plan is required as part of an investigation.

The auditor also found high compliance with concluding child protection investigations. This was evident in the decisions being made by the SW's about a child's need for protection, and how these corresponded to the facts gathered during investigations. The development and implementation of safety/support plans is an area of high compliance as well. Making effective use of in-care or out-of-care placements, short-term services, brief intensive interventions and informal community supports appear to be practice strengths for the team members.

Lastly, high compliance was found with the critical measure associated with supervisory approval. An excellent system is in place to ensure that SW's are routinely consulting at key risk decision points and all necessary stages within the case management process. Consults with the Team Leader, and in a few cases with the Community Services Manager, were generally very well documented throughout the files.

While not part of any critical measure, the auditor found that Alternative Dispute Resolution (ADR), Placement Review Committee referral forms (PRC), and the Least Intrusive Measures Checklist (LIMC) are being utilized by this Team. For instance, of the seven FS files audited where one or more PRC's forms should have been on file, four (or 57.0%) had fully completed this documentation. Similarly, of the five FS files where one or more LIMC's should have been on file, three (or 60.0%) contained these completed forms. As for making use of Alternative Dispute Resolution, the auditor identified four FS files where these services may have been

appropriate, and found that with two of these cases (or 50.0%) the assigned SW had already made use of a Family Group Decision-Making Conference.

**AREAS FOR IMPROVED PRACTICE:**

Areas with lower compliance for RYD were found in critical measures associated with investigations, as well as reassessing risk and plans to keep children safe. More specifically, the auditor found the critical measure associated with completing investigations in a timely manner achieved a lower compliance level (at 50.0%). There were four cases audited where the investigation was not completed and closed-off within 30 days.

The auditor also found that with some of the investigations, file documentation indicates that not all of the steps in an investigation were completed properly (ie, Critical Measures 6 and 7). Specifically, it appears that SW's sometimes failed to document their interviews with both parents, all of the children, or all other family members residing in the home. Inconsistencies were also noted in the thoroughness of collateral checks and, in some cases, important collaterals were not documented at all.

Similarly, documentation on assessing and reassessing risk, as well as plans to keep children safe, is a bit inconsistent with the RYD Team. This was typically reflected in Comprehensive Risk Assessments and/or Risk Reduction Service Plans either not being completed or not being kept up to date. Alternatively, in one case a child was returned to the care of the parent without first updating the CRA, and in another case the CRA was not updated in order to provide an appropriate rationale/justification for ending a family service response and closing a protection file.

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

**DATA SUMMARY**

Office Code: RYD

Total # of cases audited: 10

**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 Standard #1 &amp; CFS Service Standard #20</i>	7	70.0	2	20.0	1	10.0	

2	Assuming Responsibility for a Child in Care <i>CIC Service Standard #4</i>	9	90.0			1	10.0	
3	Ensuring a Child's Safety While in Care <i>CIC Service Standard #5</i>	10	100.0			0	0.0	
4	Ensuring the Rights of a Child in Care <i>CIC Service Standard #6</i>	7	70.0			3	30.0	0
5	Involving a Child and Considering the Child's Views in Case Planning and Decision Making <i>CIC Service Standard #8</i>	8	80.0	0	0.0	2	20.0	
6	Maintaining Personal Contact with a Child in Care <i>CIC Service Standard #9</i>	7	70.0			3	30.0	
7	Meeting a Child's Need for Stability and Continuity of Lifelong Relationships <i>CIC Service Standard #10</i>	10	100.0	0	0.0	0	0.0	
8	Assessments and Planning for a Child in Care <i>CIC Service Standard #11</i>	6	60.0	4	40.0	0	0.0	
9	When a Child is Missing or Has Run Away <i>CIC Service Standard #14</i>	0	0.0			0	0.0	10
10	Notification of Fatalities, Critical Injuries and Serious Incidents <i>CFS Service Standard #25</i>	1	100.0	0	0.0	0	0.0	9
11	Planning for a Child Leaving Care <i>CIC Service Standards #15 &amp; #16</i>	2	100.0			0	0.0	8
12	Supervisory Approval <i>CFD Standard on Supervisory Consultation &amp; Approval</i>	10	100.0			0	0.0	
<b>Total Applicable Indicators: 93</b>		<b>77</b>	<b>82.8</b>	<b>6</b>	<b>6.5</b>	<b>10</b>	<b>10.8</b>	<b>27</b>

# = Number of applicable cases

%= Percent of total

## NARRATIVE SUMMARY - CHILD SERVICES

**10** Child Service files were audited. Overall compliance to the child service standards was **82.8%**. Information for determining compliance to the service standards was based on documentation. The following provides a narrative summary and explanation of the ratings for each critical measure:

## **1. PRESERVING THE IDENTITY OF AN ABORIGINAL CHILD IN CARE**

In this critical measure, the auditor looked for documentation that reflected whether a child in care was aboriginal or not. In the case of an aboriginal child, the documentation identifies: the Band and/or Community; the child's status and membership number, or application for status; the worker understands the child's history and current circumstances; and a cultural plan for the child.

This standard was rated compliant in 7 of the 10 cases audited (70.0%). With three of the CS files reviewed, a rating of compliance was given simply because the worker clearly identified the child as not being of aboriginal heritage. One of the cases was rated non-compliant because there was no documentation on the file indicating whether or not the child was of aboriginal origin. Two other cases were rated partially compliant because either the child's status with the aboriginal community had not been fully resolved, or the child's plan of care did not contain a cultural component indicating how the child's aboriginal identity is to be preserved and promoted.

## **2. ASSUMING RESPONSIBILITY FOR A CHILD IN CARE**

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

This standard was rated compliant in 9 of the 10 cases audited (90.0%). One case was rated non-compliant here because it was not clear from the file documentation why was recently returned to the care of the parent's under a Supervision Order, while remained under the care of Director in a foster care placement. Additionally, there was no evidence that this child has been medicalled since she came into Ministry care last year.

## **3. ENSURING A CHILD'S SAFETY WHILE IN CARE**

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

This standard was rated compliant in all 10 cases audited (100.0%).

## **4. ENSURING THE RIGHTS OF A CHILD IN CARE**

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

This standard was rated compliant in 7 out of the 10 cases audited (70.0%). In the three cases rated non-compliant on this critical measure, there was insufficient information on the file to discern whether or not the child's Section 70 Rights in Care had been reviewed and discussed with him/her, since coming into Ministry care.

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

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

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

This standard was rated compliant in 8 out of the 10 cases audited (80.0%). One of the cases was rated non-compliant because there was insufficient information on the file to determine if the child had ever been consulted and apprised of case planning and decision making by the SW. The other case was rated non-compliant because the plan of care did not indicate the child's views had been obtained or considered thus far in the case planning.

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

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

This standard was rated compliant in 7 out of the 10 cases audited (70.0%). Three cases were rated non-compliant here, because there was insufficient documentation on the file to determine if the SW had private, in-person contact with the child at least every 90 days, since he/she came into Ministry care.

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

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

Service Standard #10, throughout the time a child is in care, the SW should make it a priority to promote the stability and continuity of lifelong relationships for the child, by:

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

This standard was rated compliant in all 10 cases audited (100%).

## **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.

This standard was rated compliant in 6 out of 10 cases audited (60.0%). Four cases received a rating of partially compliant, because either the initial plan of care was not completed within the first 30 days of the child coming into care, or the Comprehensive Plan of Care (CPOC) had not yet been completed or kept up-to-date after the child had been in care for more than six months.

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

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

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

This standard was rated "Not Applicable" with all 10 of the cases audited, as there was no documentation on the files indicating that any of children were reported missing or had run away, while their file was open with the RYD Team.

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

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

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

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

This standard was rated "Not Applicable" in 9 of the 10 cases audited. Only one CS file had documentation on the file indicating that the child had been involved in a reportable circumstance. The auditor found that the SW had submitted an Initial Reportable Circumstance to the Director's office, as per CFS Practice Standard #25. As a result, this critical measure received an overall compliance of 100.0%.

## **11. PLANNING FOR A CHILD LEAVING CARE**

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

This standard was rated "Not Applicable" in 8 of the 10 cases audited, as the file documentation indicated the child was under 16 years old, and it did not appear likely the child would be discharged from care in the near future. With two of the files, however, the youths involved had been discharged from care in recent months when they reached the age of majority. The file documentation on the CPOC's completed in recent years for these Continuing Custody wards showed that they had both been supported and prepared for transitioning to independent living, including knowing how to request access to their files. As a result, this critical measure also received an overall compliance rating of 100.0%.

## **12. SUPERVISORY APPROVAL**

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

This standard was rated compliant in all 10 of the cases audited (100%).

### **PRACTICE STRENGTHS:**

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

Areas of strength for the Team are in assuming responsibility for a child coming into care, ensuring a child's safety while in care, meeting a child's need for stability and continuity in life-long relationships, notification of reportable circumstances, planning for a child leaving care, and supervisory approval.

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

Areas of somewhat lower compliance included preserving the identity of an aboriginal child in care, ensuring the rights of a child in care, maintaining personal contact with a child in care, and assessments and planning for a child in care. More specifically, better file documentation is needed regarding Section 70 Rights in Care, and how this information is being reviewed in an age-appropriate manner with all children coming into care. The same could be said concerning regular in-person/private contact with children, and getting both the initial and the comprehensive plans for children in care onto the file in a timelier manner.

While not part of any critical measure, the auditor found that the use of Alternative Dispute Resolution (ADR) services was only applicable to four of the cases audited, and in just one of these four cases (25.0%) had Family Group Decision Making or Mediation been attempted. In contrast, the use of Placement Review Committee referrals (PRC's) and the completion of Least Intrusive Measures Checklists (LIMC's) are utilized more consistently by this Team. More specifically, of the 10 CS files audited, six had some reason to have submitted one or more PRC's in recent years. The documentation on these files indicated that two (or 33.3%) of these cases had completed all applicable PRC's, while three other cases (or 50.0%) had some or most of the applicable PRC's on the file. Similarly, five of the ten cases audited should have had at least one completed LIMC on file, and of these five cases, four (or 80.0%) were found to contain all applicable LIMC's for that case.

## **12. RECOMMENDATIONS**

1. The Team Leader (TL) and the Community Service Manager (CSM) will review the case rating sheets to insure that any cases that received non-compliance ratings in the audit have been reviewed with the individual Social Workers. Each non-compliance rating will be addressed in order to insure that case management meets current practice standards. To be completed by May 1, 2006.
2. The CSM and TL will develop an "Intake/Investigation Checklist" to be filled out by the assigned SW at the end of every child protection investigation. To be completed by May 1, 2006.

3. At the direction of the CSM and TL, the members of the RYD Team will begin utilizing Immediate Developmental Needs Service Plans, as a means of formulating initial plans for children coming into Ministry care. To be completed by May 1, 2006.
4. The CSM will request a Placement Review Committee referral form be completed by the SW's at RYD and then signed-off by the CSM, before children are returned to the care/custody of their parents. To be completed by May 1, 2006.
5. The Deputy Director of Child Welfare for the Region will request the Child Protection Consultant to the RYD Team provide some in-service training to the SW's on reassessing risk and revising/updating plans to keep children safe. To be completed by May 1, 2006.
6. The CSM, the TL and the Manager for Service Quality will have a debriefing session with the members of the RYD Team concerning the results and major findings of this audit. To be completed by May 1, 2006.

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Date:

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

Date:

**Director's Case Practice Audit – Gibsons Family Services Team - RYD**

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

Mark Sieben  
Assistant Deputy Minister  
May 31, 2006