

**DIRECTOR'S PRACTICE AUDIT REPORT**  
**VICTORIA PROTECTIVE FAMILY SERVICES**  
**TEAM #1 (VCB)**

**Field Work Completed: February 19 - March 1, 2001**

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**APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS**

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**1. PURPOSE**

The purpose of the audit is to improve and support child protection, child service, and non-protective family service practice. Through a review of a sample of cases, the audit is expected to provide a baseline measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening.

The specific objectives of the audit are:

- to confirm good practice and further the development of practice
- to assess and evaluate practice in relation to existing legislation, standards, and policy
- 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 providing an adequate level of service
- to assist in identifying training needs
- to provide information for use in updating and/or amending practice standards or policy.

The audit is being conducted proactively by the Director's office. Pro-active audits of district offices providing child protection services, family services, guardianship services, youth services, and resources for child in care are systemically conducted according to a four year cycle. The VCB team was audited in late April 1999. Since that time, the team has divided into two Protective Family Service teams.

**2. METHODOLOGY**

The audit of the Victoria Protective Family Services Team #1 was asked to include a minimum of 20% to 25% of the number of currently open Family Services files (Protective and Non-Protective Services), and a minimum of 20% to 25% of the number of open Child Service files. Files were audited for compliance to the Child Protection Standards, the Risk Assessment guidelines, and case management policy. Information was obtained from file records and from interviews with staff. The Team Leader and social workers were very responsive and accessible throughout the audit. Demographic and statistical information was also obtained from the Capital Region Operating Plan 1998/99.

Field work was conducted from February 19 to March 1, 2001, by two auditors. The computerized Case Audit Tool was used to collect the data and generate office summary compliance reports, and a compliance report for each file audited. The auditors met initially with the team to review the audit purpose and process. During the audit, the Team Supervisor and two social workers were interviewed with respect to office systems, service delivery structure, and community resources. At the conclusion of the audit, the auditors met with the team to provide an overview of the results, including identified themes and patterns, and with the

Team Supervisor and Community Services Manager for a more detailed review of the findings. The Team Supervisor was provided with the compliance report for each file that had been audited.

### **3. COMMUNITY OVERVIEW**

#### **(a). Geographics**

The Victoria Protective Services Team #1 (VCB) is part of the Capital Region. The Capital Region covers southern Vancouver Island to include Greater Victoria and the surrounding municipalities/communities, and the Southern Gulf Islands. The VCB team, along with the VCI Protective Services Team #2, provides ongoing child and family services to the municipalities of Victoria and Oak Bay, to include the following communities: Downtown; North Park; Hillside/ Quadra; Burnside; Victoria West; James Bay; Fairfield; Rockland; Gonzales; Fernwood; Jubilee; Oaklands. The Victoria Child Protection Intake/Investigation team (VDB) serves the same area.

(Information was obtained from the Team Leader and the Capital Region Operating Plan 1998/99.)

#### **(b). Demographics**

The area served by the VCB Protective Service team is culturally, economically, and socially diverse. Residential housing is a mixture of single-dwelling homes, condominiums, and apartments. According to demographic information in the 1998/99 Regional Operating Plan, two-thirds of the population were apartment-dwellers: the area served by VCB had the largest population of single parents in the region. There are no First Nations Reserves within the geographic boundaries served by VCB, but there are a significant number of First Nations families living off-Reserve.

Poverty, neglect, alcohol and drug addiction, mental health issues, parent/teen conflict, were cited as some of the economic and social problems social workers encounter in the client population.

(Information was obtained from the Team leader and the Capital Region Operating Plan 1998/99.)

#### **(c). Service Delivery**

The Capital Region management structure includes the Regional Executive Director, the Child Protection Manager who manages the delivery of child protection services, and Community Service Managers who oversee ongoing and integrated child and family service delivery. The offices responsible for Child Protection Intake & Investigation in the region are: Victoria Child Protection; Esquimalt Child Protection; Western Communities Child Protection; Saanich Child Protection; Victoria After Hours. The offices providing family services (Protective & Non-Protective) are: two Victoria Protective Service teams; Esquimalt Protective Family Service; Sooke Protective Family Service; Western Communities Family Service; Saanich Protective

Family Service; Peninsula Family Protective Service. Other MCF offices include: Guardianship; Youth Services; Child & Youth Mental Health Services; Youth Probation Services. There is one centralized Resources office, responsible for managing residential resources for children and youth.

The Victoria Child Protection team (VDB) investigates and assess all new child protection reports and requests for support services within the defined geographic area of responsibility. Child protection reports on cases open on the protective family service teams are usually investigated by the Child Protection team, upon consultation between the two responsible teams.

The VCB Protective Family Services team divided into two teams just over a year ago: the second team is designated VCI. The VCB team focuses on families where the degree of risk and degree of parental involvement indicate the children are more likely to return home to parents/caregivers: the VCI team works primarily with families and children where there is a greater likelihood of moving to permanent planning for the children, often to Continuing Custody when all other options have been explored.

Cases opened by the VDB Child Protection team for ongoing services are transferred to the VCB and VCI Protective Family Services teams upon completion of Risk Decision #5, the Comprehensive Assessment of Risk. The VCB team provides ongoing protective and non-protective support services to families and children, and guardianship services to children/ youth in voluntary and temporary care. Responsibility for children in continuing custody care is transferred to the Guardianship team or the Youth Services team, depending on the age of the child.

The Child Protection team, the two Protective Family Service teams, and the Mental Health team are all located in one office with a common reception and administrative support services area. The Regional office is located separately, but on the same floor.

#### **(d). Resources**

##### **(i). Residential**

There is a Victoria resource team that is responsible for placements for children. The team is responsible for the recruitment, development and maintenance of family care homes and specialized resources. Placements are accessed through the intake resource worker. There is a resource liaison worker who attends team meetings at VCB. The resource team determines the placement based on information provided to them. An initial planning meeting usually occurs between the resource worker, caregiver and child's worker shortly after placement.

Child care resources utilized by VCB include family care homes and group homes for older teens. The majority of children are placed in leveled family care homes. Older teens are often initially placed in the Kiwanis Emergency youth shelter. Jack Ledger House is also used for short-term placement and residential assessment for children. VCB staff indicate that they are satisfied with the placements found for them by the resource unit and that placement generally meet the needs of the children in care.

Foster parents can access support services through the resource unit. Services include a psychologist who can provide consultation and education for the foster parents. In addition, there are also direct support services available. Resource workers can also provide extra respite as a support for foster parents with children with behavioral problems.

**(ii). Non-Residential**

There are a variety of contracted resources providing support services to families and children served in Victoria. VCB works very closely with a number of neighborhood centers and attempts to provide community based services whenever possible. Services from the centers are provided to both child protection clients and other community members. The goal is for families to receive long term support from the community centers. These centers provide services such as parenting classes, youth workers and social work services. Nurturing Families is one program delivered from a community center.

Another key program is Project Parent that provides intensive short term parenting support for families of pre-school aged children; this program services a number of offices in the greater Victoria area. Other services that are frequently used include family support workers contracted through Nisika Family Services. There are five family support workers attached to the two family service teams. There are also family counselors and child-focused counseling. Respite is another service provided to families. The resource unit has a worker who is responsible for finding respite placements. Assessments for children are obtained through HARC (Health Assessment and Resources for Children.)

First Nation's families and children are provided services through the First Nations risk reduction team. The group focuses on harm reduction for First Nations' children and emphasizes the need to have First Nation's people working with First Nations' children. The community agencies involved in this work are M'akola Housing, the Victoria Friendship Center, the Metis Society and the Huliton.

VCB staff report good partnerships with community partners. Working relationships with the schools and with most area neighborhood houses are effective. The staff indicates that they work very closely with mental health. Mental health is co-located with VCB. There are also school-based services that are accessible for children and families.

**(e). Legal Services**

The Director is represented in court by contracted legal counsel. Dissatisfaction, on the part of staff, with the work that was being provided has led to some recent changes: contracted legal counsel has been subcontracted. Staff commented positively on the change and the improvement in the quality of the service. It was particularly noted that the new counsel are well prepared for court. They spend time preparing with the social workers and other witnesses for testimony. They are supportive of witnesses and family members who may be called upon to testify; they are very available and accessible.

**4. STAFFING**

- **Staff Complement/Staff Turnover**

The VCB team divided into two teams, forming the VCB and VCI teams, in November 1999. Prior to that, there were 11 social worker positions on the team and 10 positions were filled.

The current VCB team includes the Team Leader and 7 social worker positions. One of the social worker positions will be permanently transferred to the VCI team in the near future: there will then be 6 FTE (Full Time Equivalent) positions on the VCB team and 5 on the VCI team.

Of the 7 positions on the VCB team at the time of the audit:

- four were filled by permanent staff
- one permanent position was vacated during the past year: the position was filled by a social worker from the float team
- one social worker was on indefinite leave from this team: the position was “back-filled” by a social worker from the float team
- one social worker was on secondment: the caseload was being covered by the Team Leader and a social worker assistant (SPO Assistant).

The division of the original team into two teams was not described as a difficult transition period for staff. It was a gradual process, without major caseload upheaval.

- **Administrative Support Services**

The VDB Child Protection Team, the VCB and VCI Protective Services Teams, and the Mental Health team all share one work-site with one administrative services team. It is a very busy office, with a large volume of telephone calls to manage. The Administrative Services team includes the Office Manager, 2 Team Assistants, a Financial Clerk, and 5 OA2 positions. There is some specialization in work assignment related to team; however, staff are “cross-trained” so that they can assume the various responsibilities associated with each team.

The Office Manager has been “on loan” to this office from another office in the region since April/00, on a part time basis, and full time since June/00. The permanent position was in the process of being paneled at the time of the audit. There has been considerable turnover in the OA2 positions. There are 3 vacancies at the present time: 2 are filled by auxiliary personnel; 1 position is vacant.

The one secure file room for the three teams, VDB, VCB, and VCI, is very crowded. File management was of concern to the auditors and was brought to the attention of the Team Leader and the Community Services Manager. The concerns included: information about a client was found on an unrelated client file; the entire intake section for one family service file was found on the related child service file and a section of the child service file was found on the family service file; information was not consistently filed in the correct file section; documentation required on both the family service and child service files was not consistently copied to the other file (for example court documents, agreements, the intake document that led to the child’s admission to care); files were misfiled. The auditors found it necessary to refer to the

considerable volume of loose filing to ensure that key information was not missed when auditing a file. The Team Leader and Community Services Manager planned to address the issue.

- **Supervisor/Social Worker Education and Experience**

The Team Leader has worked for MCF, and before that the Children's Aid Society, for 36 years: he has been a supervisor for 35 years, and has supervised in most areas of the region throughout his career. He assumed the position of VCB Team Leader when the team was formed in 1997. In addition to his duties with MCF, the Team Leader has taught at the University of Victoria. He continues to maintain ties with the School of Social Work, including consultation with respect to child welfare course content. He keeps abreast of North American and International research and innovative methods in the delivery of child protective services.

Five social workers on the team have a BSW (including the social worker on secondment) ; 2 social workers have an MSW. The Social Worker Assistant also has a BSW. Social worker experience with MCF ranges through 2 months; 9 months; 4 years; 6 years; 7 years; to 15 years. With the exception of those workers who have recently began work with MCF, all staff have been on the VCB team for over 2 years.

- **Delegation**

The Team Leader and four social workers have full delegation. Two social workers with partial delegation are eligible to complete the test for full delegation. The social worker assistant has "student level" delegation. The social worker on secondment has full delegation.

- **Current Workload**

All social workers carry both family service cases and children in temporary care. Two social workers are community-centered and their caseloads are geographically assigned. They maintain close ties with the Community Centre and other professionals within that geographic area. One social worker liaises to the First Nations agencies and has facilitated in community development Risk Reduction work for First Nations children and families. His caseload includes a majority of the First Nations family service cases on the team. Three social workers are "non-centered": that is, their work is not concentrated within, or with, a specifically defined community.

The current office-generated Caseload Management Report recorded 119 open family service files and 66 open child service files, for a total of 185 cases. Family service caseloads on the team ranged from 24 to 39.

The formation of the two teams has resulted in a realistic span of control for the Team Leader. He is very responsive and supportive to worker concerns, to monitoring caseload size, to attempting to arrive at/define a "workable" caseload size. Because the team is one social worker short, the Team Leader has had to assume responsibility for one caseload, along with help from the social worker assistant (SPOA).



## **5. TRAINING**

The Team Leader has completed ministry core supervisory training, and has participated in and instructed clinical supervision sessions. The Team Leader and social workers have completed all core and mandatory training, with the exception of the social worker assistant: she has not completed the pre-employment training. Staff have completed the Advanced Risk Assessment training and Investigative Interviewing. Some staff attended a half-day LAC training session. One of the social workers is taking the Steinhauer Training program in Assessing Parenting Capacity, over the next several months.

Staff do attend local non-ministry training/professional workshops. The Team Leader keeps staff informed of training events. Workers can apply to attend: workload and the availability of financial support are limiting factors.

## **6. PROTOCOLS**

Aboriginal Protocols in effect in the Region are:

- Delegation Confirmation Agreement between the MCF and the Knucwentwecw Society
- Interim Protocol Arrangement between the MCF and Esquimalt Nation
- Protocol for Protection Investigations involving children of the Songhees Indian Band
- Protocol between the MCF and Island Metis Family and Community Service
- Protocol between Ayas Men Men and MCF
- Protocol between Heiltsuk Tribal Council and MCF
- Protocol Agreement between Nil/tu, O Child and Family Services Society and MCF

Provincial protocols in effect in the Region are:

- Protocol for communication between the MCF and Families and Physicians
- Protocol for Youth who are missing in the community who have been deemed to be at extreme risk
- Youth Agreement Protocol
- Protocol between the MCF and the MESDES concerning the safety and well being of children
- Protocol for Investigation Allegations of Abuse and Neglect in Foster Homes
- Protocol and Guidelines between Child Protection and Addiction Services
- Child Protection Case Transfer Protocol

Regional protocols in effect are:

- Out of District/Region Placement Protocol between MCF, Lower Mainland School Districts and the Attorney General

The following protocols are under development:

(Team Leaders are actively involved in developing in their geographical areas)

- Trilateral Protocol Agreement between MCF/Education and Police Services

- Trilateral Protocol Agreement Responding to Child Abuse & Neglect between MCF, School District 64, the Salt Spring Island RCMP and the Outer Islands RCMP

## **7. ABORIGINAL SERVICES**

There are no Bands within the VCB geographic area: however, there is an urban population of First Nations families and their children living off Reserve. Approximately 25% of the open family service cases involved First Nations families. Twelve (12) of the children in care were First Nations: 7 of these 12 children were placed with First Nations caregivers.

Representatives/staff from the First Nations service agencies, along with the Metis Society, meet each week at the Friendship Centre to discuss Risk Reduction for families and children in need of support services. The MCF social worker on the VCB team who liaises to the First Nations Community attends these meetings. An agency social worker is referred to the family if a child is identified as “at risk”. Plans are under discussion for this service umbrella to also hire a resource worker to help recruit First Nations homes for children who need care outside their parental home.

MCF staff are supporting and facilitating the development of urban Aboriginal services, both at the management and district office level. Members of the urban Aboriginal community recently informally recognized the social worker on the VCB for his contribution in community development work related to their agencies.

## **8. AUDIT SAMPLE**

The audit was asked to review a minimum of 20% - 25% of the number of open family service files (protective and non-protective services), and 20% - 25% of the number of open child services files. A small sample of the cases closed within the last six months was to be included. One caseload on the team had recently been audited in a separate assignment: this caseload was not re-audited and the caseload numbers were not included in arriving at the sample size.

Current Caseload Management Reports (CMR) were printed from the MCF computer system and used to arrive at an audit sample number. The Family Services report recorded 119 open family service files for the six caseloads to be included in the audit. 95 files were designated protective services; 18 were designated non-protective; in 6 cases the designation was “unknown”.

Thirty-three (33) family service files were audited (26 protective services and 7 non-protective services cases), representing 27% of the total number of open family service cases. The sample included 3 closed cases.

There were 66 open child service cases on the six caseloads at the beginning of the audit. Of these 66 cases, 22 children were living at home with a Supervision Order in place. 44 children/youth were living, or had been living in a ministry resource. There were 15 children in

temporary care; 6 children in continuing care; 11 children in Interim Care; 2 children under Removal status and 10 children/youth in care by agreement.

Nineteen (19) files were audited, representing 29% of the number of open files. The audit sample included: 10 children in temporary care; 1 child in continuing care; 2 children in Interim care; 3 child in care by agreement; and 3 closed files.

## **9. COMPLIANCE TO CHILD PROTECTION PRACTICE**

Twenty-six (26) Child Protective service files were audited. Overall compliance to the child protection standards was 83.30%. Information for determining compliance to the standards was based on documentation.

Files are transferred to the VCB team from the VDB Child Protection team, upon completion of the Comprehensive Assessment of Risk. A small percentage of cases are transferred in from other offices as families move to the area. A majority of the investigations audited were completed by the VDB team. The auditors attempted to identify office responsibility for the intake being audited on the file compliance report.

No children were identified as at immediate risk by the auditors. There was a considerable improvement in compliance ratings from the April/99 audit for the completion of Risk Reduction Plans and Reassessment of Risk. The Risk Reduction Plans completed by the VCB team were very well documented and met a high standard, qualitatively.

A small number of cases were reviewed with the Team Leader at the completion of the audit for clarification of the Risk Reduction plan. Cases where risk assessments and Risk Reduction Plans were not documented were also identified for review and follow-up.

Child Protection intake reports were audited for compliance to the Child Protection standards, the Risk Assessment guidelines, and case management policy to include:

- the quality of the investigation
- compliance to utilization of the risk assessment model
- the quality of the assessments/decision made
- the appropriate use of removal and court intervention, where applicable.

Ongoing Child Protective Services were audited for compliance to the Child Protection Services Standards, case management policy and procedures, and the Risk Assessment Model, including:

- quality of the risk reduction plan
- clarity of goals along with time frames
- involvement of family and community partners
- nature of the monitoring and evaluation of the service provided
- goals and monitoring of Supervision Orders
- reassessment of risk at critical points during the case management process
- the process around file transfer and closure, as applicable.

The following provides a breakdown of compliance ratings:

**1. Protocols**

Formal protocol development in the region is still underway. Work with community professionals and agencies, as documented reflected good practice in all cases. All cases 26 (100%) were rated CA.

**2. Children from Aboriginal Communities**

There was compliance to this standard in 23 of 26 cases (88%): 3 cases were rated CA where the child was Aboriginal and although no formal protocol in place, the work reflected good practice.

**3. Cultural, Racial and Religious Differences**

Work was completed in full compliance in all 26 cases (100%).

**4. Reportable Circumstances**

The 1 case that was applicable was rated non-compliant for (0%) compliance rating. There was no confirmation of a report to the Director office regarding a child who was critically injured while receiving services from the Ministry for Children and Families.

**5. Case Records**

17 of 26 cases were compliant (65%). 9 cases were rated non-compliant. In 2 cases, Aboriginal information was not entered on the MIS system. In the other 7 non-compliant cases, intake reports were not documented on the MIS system.

**6. Supervisor Responsibility**

20 of 26 cases were rated compliant for a 77% compliance rate. 6 cases were rated non-compliant. In 4 cases, there was no confirmation of supervisory consultation at Risk Decisions #1 and 2. In 1 case, there was no supervisor's signature on an intake: in one case, there was no confirmation of supervisor consultation prior to removal of a child.

**7. Assessment of Reports**

24 of 26 cases were rated as compliant (92%). 2 cases were rated as non-compliant. In 1 case, there was no information regarding why a file was open. In the other case, there was no information regarding the response to a report.

**8. Prior Contact Check and Registration**

A copy of a PCC was found on 25 of 26 cases for 96% compliance. 1 case was rated NC as no recent PCC was found on file.

**9. Determining the Speed of Assessment**

24 of 26 cases were rated as compliant (92%). 2 cases were rated as non-compliant. There was no confirmation that the assessment was completed in a timely manner.

#### **10. Risk Decision 1: Deciding Whether to Investigate**

There was compliance to this standard in 22 of 26 cases (85%). 4 cases were rated as non-compliant. In 2 cases, the decision to code reports as request for support services instead of investigations was questioned. In 2 case, there was no information regarding the intake that resulted in the file being opened.

#### **11. Informing the Police**

The police were notified in 6 of 6 applicable cases for 100% compliance.

#### **12. Risk Decision 2: Decide Investigation Response Time**

There was compliance to this standard in 20 of 21 cases for 95% compliance. 1 case was given a rating of NC where the documentation did not confirm that the investigation was commenced in a timely manner.

#### **13. Initial Plan of Investigation**

There was compliance to this standard in 18 of 21 cases for 86% compliance. 3 cases were rated NC as no investigation plan was documented.

#### **14. Steps Required to Complete the Investigation**

There was compliance to this standard in 18 of 21 cases for 86% compliance. 3 cases were rated NC because collateral checks were not documented.

#### **15. Seeing and Interviewing the Child**

There was compliance to this standard in 19 of 21 cases for 90% compliance. 2 cases were rated NC. In 1 of the cases, there was no confirmation that the child was interviewed. In the other case, there was no indication that children were seen during the last investigation.

#### **16. Arranging Medical Examination for the Child**

Compliance criteria was met in 5 of 5 cases (100%), where the information in the report indicated a medical examine was appropriate.

#### **17. Seeing and Interviewing the Parent**

There was compliance to this standard in 20 of 21 cases for 95% compliance. 1 case was rated non-compliant where there was no interview documented with the parent.

#### **18. Risk Decision 3: Assess Child's Immediate Safety**

The child's immediate safety was appropriately assessed in 21 of 21 cases for 100% compliance.

#### **19. Risk Decision 4: Decide if Child Needs Protection**

There was compliance to standard in 20 of 21 cases for 95% compliance rate. 1 case was rated non-compliance as insufficient information was documented on the last investigation to make a finding regarding the child's need for protection.

**20. Investigative Action - Cannot Locate Child or Family**

This standard was applicable in 1 case and compliance criteria were met in that case for 100% compliance.

**21. Recording and Reporting the Investigation Results**

Compliance criteria were met in 21 of 21 cases for 100% compliance.

**22. Time Limit for Investigations**

Compliance criteria were met in 21 of 21 cases for 100% compliance.

**23. Risk Decision 5: Assess Risk of Future Abuse Neglect**

Compliance to this standard was met in 20 of 24 cases for a compliance rating of 83%. 4 cases were rated NC. 2 were rated NC, as there was no current risk assessment. The other 2 cases were rated NC, as the risk rating did not accurately reflect file information.

**24. Risk Assessment of a Third Report**

The standard was met in 3 of 3 cases where it was applicable for 100% compliance.

**25. Risk Decision 6: Developing a Risk Reduction Plan**

The standard was met in 15 of 26 cases for a 58% compliance rating. 11 cases were rated NC. In 10 of the 11 cases, there was no risk reduction service plan on the file. In 1 case, the plan was questioned as sufficient to protect the children.

**26. Supervision Orders**

Compliance criteria were met in 12 of 12 supervision orders for 100% compliance.

**27. Removing a Child**

This standard was rated compliant in 1 of 2 applicable cases (50% compliance). 1 case was rated NC because there was no documentation to determine how a breach of a supervision order had been dealt with.

**28. Risk Decisions 7, 8, 9.: Reassessing Risk**

This standard was applicable in 12 cases and was rated compliant in 8 of those cases for a 67% compliance rate. 4 cases were rated NC because the risk re-assessment was overdue.

**29. Reclassify - Protective to Voluntary Family Service**

This standard was applicable in 1 case and compliant in that case for 100% compliance.

**30. Where a Child or Family is Missing**

This standard was not applicable to all 26 cases.

**31. Transferring a Protective Family Service Case**

There was compliance in all 5 cases where this standard was applicable for 100% compliance.

**32. Closing a Protective Family Service Case**

This standard was applicable to 6 cases. 3 of 6 cases were rated complaint for 50% compliance. 3 cases were rated non-compliant. In 2 cases, there was insufficient information documented regarding the closing. In 1 case, the closing was questioned given the level of risk to the child.

## **10. COMPLIANCE TO CHILD SERVICE PRACTICE**

Nineteen (19) Child Service files were audited. The overall compliance rating for the Child Service standards was 76.52%. Information for determining compliance to the standards was based on documentation.

The files were audited for compliance to case management policy including:

- the appropriate legal plan: appropriate use of removal or agreement in planning for the child
- the quality and adequacy of the plan of care
- the frequency and adequacy of the care plan review
- the level of contact with the child
- resource suitability
- the degree of stability and continuity provided to the child while in care
- the Rights of Children in Care
- the process around file transfer and closure, where appropriate.

The VCB team, along with other Protective Service teams in the region, has not found it realistic to complete the Comprehensive Care Plan within 30 days of a child's admission to care. The region has devised an interim care plan format that workers attempt to complete within the 30 day time frame: they then proceed with the Comprehensive Plan as they get to know the child, family, and other key persons involved in the child's life. This interim care plan format has not been implemented.

Completion of comprehensive care plans according to the Looking After Children (LAC) guidelines/books has begun by some of the social workers on the VCB team. In other cases, Care Plans were completed by utilizing the care plan headings in a recording format style and were very well documented. Care plans had not been completed on 4 of 19 cases: 2 of these cases were now closed.

The following provides a breakdown of the ratings:

### **1. Protocols**

The standard was rated CA in all 19 cases (100%) reflecting good practice in the absence of formal protocols.

### **2. Children from Aboriginal Communities**

The standard was rated compliant in 17 of 19 cases (89% compliance): 2 cases were rated CA where the child was Aboriginal and although there was no formal protocol in place, the work reflected good practice.

### **3. Cultural, Racial, Religious Differences**

The standard was rated compliant in all 19 cases (100% compliance).

### **4. Reportable Circumstances**

The standard was rated not applicable in all cases.

### **5. Case Records**

The standard was rated compliant in 9 of 19 cases (47% compliance). 10 files were rated NC where there was no copy of the intake on file that led to the child's admission to care. In some of these cases the Case Snapshot information also required updating.

### **6. Supervisory Responsibility**

The standard was rated compliant in all 19 cases(100% compliance).

### **7. Appropriate Legal Plan**

The standard was rated compliant in all 19 cases (100% compliance).

### **8. Legal Documentation**

The standard was rated compliant in 15 of 19 cases (79% compliance). In 4 cases, a copy of the most recent Order was not found on file.

### **9. Public Trustee Notified**

The standard was rated compliant in the 1 case where the standard was applicable (100% compliance): in 18 cases the standard was NA.

### **10. Admission Medical**

The standard was rated compliant in 17 of 19 cases (89% compliance): 2 files were rated NC where there was no medical on file.

### **11. Medical History Obtained and Recorded**

The standard was rated compliant in 3 of 8 cases (38% compliance): 5 files were rated NC where no medical history information was documented; 11 files were rated NA where children were in care by agreement, or had been in care for only a short period of time.

### **12. Ongoing Medical Needs Attended**

The standard was rated compliant in 16 of 17 cases (94% compliance): 1 file was rated NC where there was insufficient information to determine if there were any ongoing medical needs. The standard was rated NA in 2 cases where a child was in care for a brief period.

### **13. Overall Goal Determined**

The standard was rated compliant in all cases (100% compliance).

### **14. Developing a Comprehensive Plan of Care**

This standard addresses development of the care plan in a meeting with key persons. If a plan of care meeting is possible and appropriate, and a plan of care meeting occurs with the people who



are entitled to participate, and others, as appropriate, have participated or contributed, the standard was rated C; if a plan of care meeting isn't possible or appropriate, but key persons had been given the opportunity to contribute, and the reasons (for not meeting) were stated, the standard was rated NCF. If there was no confirmation of a care plan meeting, no reasons why the meeting was not possible and appropriate, and no confirmation that the views of those entitled to participate was provided, the standard was rated NC.

The standard was rated compliant in 11 of 17 cases (65% compliance); NCF for partial compliance in 2 cases; NC in 4 cases where a care plan had not yet been completed. 2 cases were rated NA as the child had just been admitted to care.

#### **15. Plan of Care - Timely & Current**

This standard addresses completion of the care plan within 30 days of the child's admission to care. An NCF rating is assigned if a care plan was developed beyond the 30 day time frame.

The standard was rated compliant in 1 of 17 cases (6% compliance); NCF for partial compliance in 12 cases; NC in 4 cases where a care plan had not yet been documented. 2 cases were rated NA.

#### **16. Assessment, Planning & Views**

This standard rates documentation on the care plan, as well as the current status, assessment of need, the plan or service required. If all categories were complete, the standard was rated C; if 1 or more categories were incomplete, the standard was rated NCF for partial compliance.

The standard was rated compliant in 8 of 17 cases (47% compliance); NCF for partial compliance in 5 cases; NC in 4 cases; NA in 2 cases.

#### **17. Care Plan Reviewed**

The standard was rated compliant in 7 of 8 cases (88% compliance): 1 case was rated NC; 11 cases were rated NA where a plan review was not yet due.

#### **18. Meet With Child**

The standard was rated compliant in 16 of 19 cases (84% compliance): 2 cases were rated NCF where the social worker was trying to keep in contact with a difficult-to-reach youth. 1 case was rated NC: in this case the Mental Health worker was seeing the child every two weeks.

#### **19. Rights of Children in Care**

The standard was rated compliant in 17 of 19 cases (89% compliance): 2 cases were rated NC where there was no confirmation that Rights had been reviewed with the child/youth.

#### **20. Preparation for Independence**

The standard was rated compliant for the 1 file where it was applicable (100% compliance). In 18 cases the standard was not applicable.

#### **21. Placement**

The standard was rated compliant in all 19 cases (100% compliance).

## **22. Resource Suitability**

The standard was rated compliant in 19 of 19 cases (100% compliance).

## **23. Information to Caregiver**

The standard was rated compliant in 11 of 19 cases (58% compliance): 8 cases were rated NC where there was no confirmation that written information had been provided to the caregiver.

## **24. Continuity and Stability**

The standard was rated compliant in 17 of 19 cases (89% compliance): 2 cases were rated NCF. Placements were stable; siblings were placed together unless it was assessed to be in the child's best interests to live apart.

## **25. Reassessing Risk**

The standard was rated compliant in 3 of 3 cases (100% compliance). The standard was not applicable in 16 cases.

## **26. Missing, Lost or Runaway Child in Care**

The standard was rated not applicable in all cases.

## **27. File Transfer**

The standard was rated not applicable in all cases.

## **28. File Closure**

The standard was compliant in 3 of the 3 closed cases audited (100% compliance).

## **29. File Recording and Documentation**

The standard was compliant in 16 of 19 cases files (84% compliance): 1 file was rated NCF; 2 files were rated NC.

# **11. COMPLIANCE TO NON-PROTECTIVE FAMILY SERVICE PRACTICE**

Seven (7) Non-protective Family Service files were audited. Overall compliance rating to the non-protective family service standards was 82.35%. Information for determining compliance to the standards was based on documentation.

The files were audited for compliance to case management policy including:

- the accuracy and speed of the assessment of the report/request for service
- consultation with supervisor regarding the assessment of the intake
- the quality of assessment
- an outlined service plan with clearly stated goals, objectives, and time frames
- evaluation and review of the service plan, including an evaluation of the support services provided to the family
- the process around file transfer and closure, where applicable.

The following is a breakdown of the compliance ratings:

**1. Protocols**

The standard was rated CA in 7 of 7 cases, reflecting good practice.

**2. Children from Aboriginal Communities**

The standard was rated compliant in 7 of 7 cases (100% compliance).

**3. Cultural, Racial & Religious Differences**

The standard was rated compliant in 7 of 7 cases (100% compliance).

**4. Reportable Circumstances**

The standard was rated not applicable in all cases.

**5. Case Records**

The standard was rated compliant in 5 of 7 cases (71% compliance): 2 files were rated NC where Case Snapshot information was out of date.

**6. Supervisory Responsibility**

The standard was rated compliant in 7 of 7 cases (100% compliance).

**7. Initial Assessment of Referrals, Service Requests, Reports**

The standard was rated compliant in 6 of 7 cases (86% compliance). 1 file was rated NC where a file had been designated for investigation at Risk Decision #1 (by the VDB team) when a request for service would have been a more accurate designation.

**8. Prior Contact Check & Registration**

The standard was rated compliant in 7 of 7 cases (100% compliance).

**9. Determining the Speed of Assessment**

The standard was rated compliant in 7 of 7 cases (100% compliance).

**10. Comprehensive Assessment**

The standard was rated compliant in 7 of 7 cases (100% compliance).

**11. Legal Documentation**

The standard was rated compliant on 1 of 1 applicable case (100% compliance): 6 files were rated NA.

**12. Service Plan with Goals & Time Frames**

The standard was rated compliant in 4 of 7 cases (57% compliance): 3 files were rated NC where there was no planning information recorded.

**13. Service Plan Monitored**

The standard was rated compliant in 2 of 2 applicable cases (100% compliance); 5 files were rated NA.

#### **14. Service Plan Review/Evaluation**

The standard was rated compliant in 2 of 2 applicable cases (100% compliance); 5 cases were NA where a review was not due.

#### **15. Reclassifying Case from Protective FS to Voluntary FS**

The standard was rated compliant in 2 of 2 applicable cases (100% compliance); the standard was not applicable in 5 cases.

#### **16. Transferring a Family Service Case**

The standard was rated compliant in 1 of 1 applicable case (100% compliance); the standard was not applicable in 6 cases.

#### **17. Closing a Family Service Case**

The standard was rated compliant in 1 of 1 applicable case (100% compliance). The standard was not applicable in 6 cases.

#### **18. Recording**

The standard was rated compliant in 4 of 6 cases (67% compliance); 2 cases were rated NC; 1 case was rated NA.

### **12. INTAKE AND TRACKING SYSTEMS**

#### **(a). Intake/Investigation: New Reports**

The VDB Child Protection Intake team receives and screens all new child protection reports, including new reports on cases open on the VCB Protective Services team. If there is an open file, the Child Protection worker consults with the responsible VCB social worker before proceeding with the investigation, unless it is an emergency and neither the VCB worker or Team Leader are immediately available. In some cases, the VCB case worker may choose to accompany the VDB worker: the VDB worker remains responsible for registering the intake and completing the investigation. If a call does come through to the VCB team that constitutes a protection report, it is documented in “notepad” format and referred to the Child Protection team. The VCB team also maintains a duty roster: social workers on the team rotate being available to handle immediate issues that arise if the case worker is away from the office.

After Hours memos are referred to the responsible team each morning. The audit found that After Hours memos were appropriately acted upon, but were not consistently documented as intakes, where required. In a small number of cases, the incident that precipitated a child’s admission to care had not been documented in the form of an intake.

#### **(b). New Cases Transferred In**

The majority of new family service cases come to the VCB team from the VDB Child Protection team. Cases are transferred from the Child Protection team upon completion of Risk Decision #5. If a child has been removed, the Child Protection team manages the initial court appearance.

Cases are transferred according an agreed-upon practice between the team leaders. The VDB Child Protection Team Leader provides the VCB Team Leader with a list of the files ready for transfer, providing some initial information about the case. The VCB Team Leader then receives and reviews the physical file. In discussion with the VCI Team Leader, a decision is made as to which team should accept the case based on the nature of the case, the prognosis for maintaining the family unit versus a probability the children will be unable to return home. The VCB and VCI Team Leaders are attempting to incorporate and base some of these initial decisions on theory and research in “concurrent planning” for children.

The VCB Team Leader assigns cases based on geographic area, worker interest, and workload. Social workers have the opportunity to review the file before committing to acceptance of the case. Once the decision regarding case assigned is confirmed, the VDB and VCB social workers meet with the client for a transfer meeting. The Comprehensive Assessment of Risk is shared with the client in the meeting. The VCB social worker accepts case responsibility at the meeting and from there goes on to begin developing a Risk Reduction Plan with the client.

### **(c). Tracking**

#### **(i). Family Services**

The Team Leader is very knowledgeable about all of the cases on the VCB team. He tries to meet all of the families in person: he goes out on homevisits with new workers; attends court where he meets the parents; he has supervised visits between parents and their children.

Cases are tracked with each worker individually and in group supervision. The Team Leader meets with the team in two groups of three and three each week. The smaller group allows for focus on the service delivery approach - centered and non-centered.

The team has devised a very straight-forward tracking form that includes the case name and date the case was assigned; date of last Risk Assessment; date last Risk Reduction Plan was completed; the date the last CPOC was completed. The template is on computer and is not complicated to maintain.

The Team Leader also utilizes the available Caseload Management Reports as tools to assist in tracking and monitoring family service cases. During monthly scheduled supervision with the worker, assessment and planning for each case are discussed in detail.

#### **(ii). Child Services**

Child service cases are reviewed in supervision and consultation in the same manner as family service cases. The monthly supervisory meetings begin with a review of planning for the children in care to reinforce that the service being provided is child-focused.

The relevant Caseload Management Reports, including the Key Events report, are used to monitor planning for children in care. Social Workers assume responsibility for completing care plans and plan reviews. Once completed, the care plan is reviewed and signed by the Team Leader. He is encouraging staff to use the LAC books, although it is not a regional expectation for the Protective Family Service teams.

### **13. SUPERVISION/CONSULTATION**

The Team Leader provides supervision, and administrative and clinical consultation with respect to the delivery of child protection, non-protection family support, and guardianship services.

Supervision on the team is both regularly scheduled and consultation as needed. The Team Leader tries to ensure that he spends an hour a week, individually, with each social worker on the team. The time may be spent as informal discussion, or a prearranged time. In addition, he attempts to meet monthly with each social worker for scheduled supervision for a complete caseload review.

The Team Leader is very accessible to his staff. He encourages independent decision-making while ensuring that he is fully apprised of the case plan; that worker responsibility for the case plan is shared with the Team Leader. Supervision is clinical as well as case-directed and enhances professional development.

Yearly appraisals for the social workers are completed by the Team Leader. At that time, the Team Leader presents practice challenges that the social worker may opt to work on: for example, the social worker is asked to choose three practice items she/he would like to focus on over the next year. The Team Leader then enters into a goal-based contract with the worker that is intended to improve/enhance practice.

The Community Services Manager is located in the same work-site and is very accessible to the Team Leader for consultation. The Protective Services Team Leaders meet monthly as a group with the Community Services Manager, and every six weeks with the Child Protection Team Leaders and the Child Protection Manager for a joint meeting.

### **14. RECOMMENDATIONS**

1. That Regional Management ensures that any cases containing non-compliance ratings or brought to the attention of the Team Leader for review are reviewed for completion of any outstanding work.
2. That Regional Management develops a regional plan to ensure intake documentation is filed on child service files.

3. That Regional Management develop and implement a regional plan to ensure information to caregivers is documented on child service files.
4. That Regional Management provide an update on the plan they have implemented to increase compliance in ensuring medical history information of children in care is obtained and recorded.

Myrna Lowes, RSW  
Audit Unit, Child Protection Division  
March 9, 2001

Karen Blackman, BSW  
Audit Unit, Child Protection Division  
March 9, 2001

**APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS**



**New Child Protection Standards  
Completed Case Reviews  
For All Reviewers**

BRITISH Ministry for  
COLUMBIA Children and

*For the period between 2001-Feb-19 and 2001-May-08*

**SUMMARY OF 26 CASE AUDIT(S) FOR OFFICE VCB**

<u>Code</u>	<u>Num</u>	<u>Short Description</u>	<u>C</u>	<u>CA</u>	<u>CB</u>	<u>NCF</u>	<u>NC</u>	<u>NA</u>
10-10-010	1	Protocols		26 100%				
10-10-020	2	Children From	23 88%	3 12%				
10-10-030	3	Cultural, Racial &	26 100%					
10-10-040	4	Reportable					1 100%	25
10-10-050	5	Case Records	17 65%				9 35%	
10-10-060	6	Supervisory	20 77%				6 23%	
10-20-010	7	Assessment Of Reports	24 92%				2 8%	
10-20-020	8	Prior Contact Check And	25 96%				1 4%	
10-20-030	9	Determining The Speed	24 92%				2 8%	
10-20-040	10	Risk Decision 1:	22 85%				4 15%	
10-20-050	11	Informing The Police	6 100%					20
10-30-010	12	Risk Decision 2:	20 95%				1 5%	5
10-30-020	13	Initial Plan Of	18 86%				3 14%	5
10-30-030	14	Steps Required To	18 86%				3 14%	5
10-30-040	15	Seeing And Interviewing	19 90%				2 10%	5
10-30-050	16	Arranging A Medical	5 100%					21
10-30-060	17	Seeing And Interviewing	20 95%				1 5%	5
10-30-070	18	Risk Decision 3:	21 100%					5
10-30-080	19	Risk Decision 4:	20 95%				1 5%	5
10-30-090	20	Investigation Where	1 100%					25
10-30-100	21	Record & Report	21 100%					5
10-30-110	22	Time Limit For	21 100%					5
10-40-010	23	Risk Decision 5:	20 83%				4 17%	2
10-40-020	24	Risk Assessment Of A	3 100%					23
10-50-010	25	Risk Decision 6:	15 58%				11 42%	14
10-50-020	26	Supervision Orders	12 100%					14
10-50-030	27	Removing A Child	1 50%				1 50%	24
10-60-010	28	Risk Decisions 7, 8, 9:	8 67%				4 33%	14
10-60-020	29	Reclassify Case From	1 100%					25
10-60-030	30	Where A Child Or Family						26
10-60-040	31	Transferring A	5 100%					21
10-60-050	32	Closing A Protective	3 50%				3 50%	20

**Standards in Compliance: 439      Applicable Standards: 527      Overall level of compliance: 83.30%**

**Compliance Definitions:**

- C - Compliance as indicated in the scoring section for standard being measured
- CA - Non-Compliance to the Standard Requirements but Acceptable Alternative Action consistent with good practice
- CB - Non-Compliance to the Standard Requirements but action in best interest of child advance approval required
- NCF - Non-Compliance due to factors beyond control of Worker or Supervisor
- NC - Non-Compliance to the Standard Requirements
- NA - Not Applicable

*Note: Percentages are for non-NA values only*  
Printed: 08-May-2001 14:10

## Child Service Standards Completed Case Reviews For All Reviewers

BRITISH Ministry for  
COLUMBIA Children and

For the period between 2001-Feb-01 and 2001-May-08

### SUMMARY OF 19 CASE AUDIT(S) FOR OFFICE VCB

<u>Code</u>	<u>Num</u>	<u>Short Description</u>	<u>C</u>	<u>CA</u>	<u>CB</u>	<u>NCF</u>	<u>NC</u>	<u>NA</u>
45-10-010	1	Protocols		19 100%				
45-10-020	2	Children From	17 89%	2 11%				
45-10-030	3	Cultural, Racial,	19 100%					
45-10-040	4	Reportable						19
45-10-050	5	Case Records	9 47%				10 53%	
45-10-060	6	Supervisory	19 100%					
45-20-010	7	Appropriate Legal Plan	19 100%					
45-20-020	8	Legal Documentation	15 79%				4 21%	
45-20-030	9	Public Trustee Notified	1 100%					18
45-30-010	10	Admission Medical	17 89%				2 11%	
45-30-020	11	Medical History	3 38%				5 63%	11
45-30-030	12	Ongoing Medical Needs	16 94%				1 6%	2
45-40-010	13	Overall Goal Determined	19 100%					
45-40-015	14	Developing a	11 65%			2 12%	4 24%	2
45-40-021	15	Plan Of Care - Timely	1 6%			12 71%	4 24%	2
45-40-025	16	Assesment , Planning	8 47%			5 29%	4 24%	2
45-40-030	17	Care Plan Reviewed	7 88%				1 13%	11
45-40-040	18	Meet With Child	16 84%			2 11%	1 5%	
45-40-050	19	Rights Of Children In	17 89%				2 11%	
45-40-060	20	Preparation For	1 100%					18
45-50-005	21	Placement	19 100%					
45-50-010	22	Resource Suitability	19 100%					
45-50-020	23	Information To Caregiver	11 58%				8 42%	
45-50-030	24	Continuity and Stability	17 89%			2 11%		
45-60-010	25	Reassessing Risk	3 100%					16
45-60-030	26	Missing, lost or runaway						19
45-60-040	27	File Transfer						19
45-60-050	28	File Closure	3 100%					16
45-60-060	29	File Recording &	16 84%			1 5%	2 11%	

**Standards in Compliance: 303      Applicable Standards: 396      Overall level of compliance: 76.52%**

#### Compliance Definitions:

- C - Compliance as indicated in the scoring section for standard being measured
- CA - Non-Compliance to the Standard Requirements but Acceptable Alternative Action consistent with good practice
- CB - Non-Compliance to the Standard Requirements but action in best interest of child advance approval required
- NCF - Non-Compliance due to factors beyond control of Worker or Supervisor
- NC - Non-Compliance to the Standard Requirements
- NA - Not Applicable

Note: Percentages are for non-NA values only  
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# Non Protective Family Service Completed Case Reviews For All Reviewers

BRITISH Ministry for  
COLUMBIA Children and

*For the period between 2001-Feb-01 and 2001-May-08*

## SUMMARY OF 7 CASE AUDIT(S) FOR OFFICE VCB

<u>Code</u>	<u>Num</u>	<u>Short Description</u>	<u>C</u>	<u>CA</u>	<u>CB</u>	<u>NCF</u>	<u>NC</u>	<u>NA</u>
30-10-010	1	Protocols	7	100%	7	100%		
30-10-020	2	Children From	7	100%				
30-10-030	3	Cultural, Racial &	7	100%				
30-10-040	4	Reportable						7
30-10-050	5	Case Records	5	71%			2	29%
30-10-060	6	Supervisory	7	100%				
30-25-010	7	Initial Assessment Of	6	86%			1	14%
30-25-020	8	Prior Contact Check &	7	100%				
30-25-030	9	Determining The Speed	7	100%				
30-35-010	10	Comprehensive	7	100%				
30-35-020	11	Legal Documentation	1	100%				6
30-35-030	12	Service Plan With Goals	4	57%			3	43%
30-35-040	13	Service Plan Monitored	2	100%				5
30-35-050	14	Service Plan	2	100%				5
30-60-020	15	Reclassifying A Case	2	100%				5
30-60-040	16	Transferring A Family	1	100%				6
30-60-050	17	Closing A Family	1	100%				6
30-65-010	18	Recording	4	67%			2	33%

**Standards in Compliance: 70      Applicable Standards: 85      Overall level of compliance: 82.35%**

**Compliance Definitions:**

- C - Compliance as indicated in the scoring section for standard being measured
- CA - Non-Compliance to the Standard Requirements but Acceptable Alternative Action consistent with good practice
- CB - Non-Compliance to the Standard Requirements but action in best interest of child advance approval required
- NCF - Non-Compliance due to factors beyond control of Worker or Supervisor
- NC - Non-Compliance to the Standard Requirements
- NA - Not Applicable

## **APPENDIX II: DESCRIPTION OF AUDIT STANDARDS**

**PRACTICE AUDIT STANDARDS FOR CHILD PROTECTION**

<b>ST#</b>	<b>STANDARD</b>	<b>C</b>	<b>CA</b>	<b>CB</b>	<b>NCF</b>	<b>NC</b>	<b>NA</b>
1	Protocols						
2	Children from Aboriginal Communities						
3	Cultural, Racial and Religious Differences						
4	Reportable Circumstances						
5	Case Records						
6	Supervisory Responsibility						
7	Assessment of Reports						
8	Prior Contact Check and Registration						
9	Determining the Speed of Assessment						
10	Risk Decision 1: Deciding Whether to Investigate						
11	Informing the Police						
12	Risk Decision 2: Decide Investigation Response Time						
13	Initial Plan of Investigation						
14	Steps Required to Complete the Investigation						
15	Seeing and Interviewing the Child						
16	Arranging Medical Examination for the Child						
17	Seeing and Interviewing the Parent						
18	Risk Decision 3: Assess Child's Immediate Safety						
19	Risk Decision 4: Decide if Child Needs Protection						
20	Investigative Action - Cannot locate child or family						
21	Recording and Reporting the Investigation Results						
22	Time Limit for Investigations						
23	Risk Decision 5: Assess Risk of Future Abuse Neglect						
24	Risk Assessment of a Third Report						
25	Risk Decision 6: Developing a Risk Reduction Plan						
26	Supervision Orders						
27	Removing a Child						
28	Risk Decisions 7, 8, 9: Reassessing Risk						
29	Reclassify - Protective to Voluntary Family Service						
30	Where a Child or Family is Missing						
31	Transferring a Protective family Service Case						
32	Closing a Protective Family Service Case						

**Compliance Definitions:**

**C Compliance** as indicated in the scoring section for the standard being measured.

**CA Non-compliance** to the standard requirements but acceptable **alternative action** consistent with good practice is carefully chosen.

**CB Non-compliance** to the standard requirements but the action taken is in the **best interests of the child and approved in advance**.

**NCF Non-compliance** due to **factors beyond the control of the worker and/or supervisor**.

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

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

## PRACTICE AUDIT STANDARDS FOR CHILD SERVICE

Revised April 1, 1999

**1. 45-10-010 PROTOCOLS**

Standard relates to the existence of protocols with police, Aboriginal Bands, etc., and carrying out practice according to the protocol.

**2. 45-10-020 CHILDREN FROM ABORIGINAL COMMUNITIES**

Was it established if the child was from an Aboriginal community and was that community contacted and involved in the planning for the child?

**3. 45-10-030 CULTURAL, RACIAL, RELIGIOUS DIFFERENCES**

Standard relates to sensitivity, respect for differences, ensuring an interpreter is obtained if social worker cannot communicate with the child in it's language.

**4. 45-10-040 REPORTABLE CIRCUMSTANCES**

Critical incidents reported to the Director as defined by policy.

**5. 45-10-050 CASE RECORDS**

Are case records and confidential file information stored in a secure file room, etc.?

**6. 45-10-060 SUPERVISORY RESPONSIBILITY**

Supervisor is consulted according to policy.

**7. 45-20-010 APPROPRIATE LEGAL PLAN**

Appropriate use of care agreements; was removal appropriate; was extension appropriate, etc.?

**8. 45-20-020 LEGAL DOCUMENTATION**

Agreements; court documents; orders on file.

**9. 45-20-030 PUBLIC TRUSTEE NOTIFIED**

As defined in policy.

**10 45-30-010 ADMISSION MEDICAL**

Completed and on file.

**11. 45-30-020 MEDICAL HISTORY OBTAINED AND RECORDED**

Information gathered and records clearly identifiable on file.

**12. 45-30-030 ONGOING MEDICAL NEEDS ATTENDED**

Child's medical/dental needs followed up.

**13. 45-40-010 OVERALL GOAL DETERMINED**

As defined in policy

**14. 45-40-015 DEVELOPING A COMPREHENSIVE PLAN OF CARE**

Plan of care meeting occurs where possible and appropriate.

- 15. 45-40-021 PLAN OF CARE - TIMELY & CURRENT**  
Completed according to time frames.
- 16. 45-40-025 ASSESSMENT, PLANNING & VIEWS**  
Assessment and planning is appropriate to child's needs.
- 17. 45-40-030 CARE PLAN REVIEWED**  
Care plan reviews completed according to policy.
- 18. 45-40-040 MEET WITH CHILD**  
SW meets alone with child at least once every 3 months.
- 19. 45-40-050 RIGHTS OF CHILDREN IN CARE**  
Child is aware of Rights, given a copy. Work with child reflects child's rights.
- 20. 45-40-060 PREPARATION FOR INDEPENDENCE**  
Older youth is assisted to become independent; policy guidelines; discharge planning, etc.
- 21. 45-50-005 PLACEMENT**  
Placement consistent with Section 71 CFCS Act
- 22. 45-50-010 RESOURCE SUITABILITY**  
Is/have resources been suitable to child's needs?
- 23. 45-50-020 INFORMATION TO CAREGIVER**  
Was information regarding child and child's history provided to the caregivers?
- 24. 45-50-030 CONTINUITY AND STABILITY**  
Continuity, number of placements? Continuity, number of workers?
- 25. 45-60-010 REASSESSING RISK**  
Was risk reassessed before child was returned to parent (if there was a previous protection finding), or before expiration of a supervision order?
- 26. 45-60-030 MISSING, LOST OR RUNAWAY CHILD IN CARE**  
Policy guidelines followed in case on missing, AWOL child.
- 27. 45-60-040 FILE TRANSFER**  
File transfer process.
- 28. 45-60-050 FILE CLOSURE**  
Process around closure - meeting with the family, contacting collateral persons, etc.
- 29. 45-60-060 FILE RECORDING AND DOCUMENTATION**  
Frequency, content, opening summary, closing/transfer summary.

## **PRACTICE AUDIT STANDARDS FOR NON-PROTECTIVE FAMILY SERVICE**

### **1. 30-10-010 PROTOCOLS**

Expectation there are protocols in place with police agencies, etc. and that protocols are followed.

### **2. 30-10-020 CHILDREN FROM ABORIGINAL COMMUNITIES**

Establish if child is from Aboriginal community; community involved in assessment/ planning according to protocol.

### **3. 30-10-030 CULTURAL, RACIAL & RELIGIOUS DIFFERENCES**

Sensitivity , respect for differences; obtained assistance where necessary i.e. interviewing.

### **4. 30-10-040 REPORTABLE CIRCUMSTANCES**

Critical incidents reported to the Director according to policy.

### **5. 30-10-050 CASE RECORDS**

Records kept confidential; maintained in secure file room.

### **6. 30-10-060 SUPERVISORY RESPONSIBILITY**

Supervisor consulted on key decision points throughout case as required by policy; signatures on file as required.

### **7. 30-25-010 INITIAL ASSESSMENT OF REFERRALS, SERVICE REQUESTS, REPORTS**

Information correctly assessed; support services offered; or referral to community agency; or referred for protection investigation.

### **8. 30-25-020 PRIOR CONTACT CHECK & REGISTRATION**

PCC completed; intake registered on system.

### **9. 30-25-030 DETERMINING THE SPEED OF ASSESSMENT**

24 hours.

### **10. 30-35-010 COMPREHENSIVE ASSESSMENT**

As per case management policy

### **11. 30-35-020 LEGAL DOCUMENTATION**

Agreements completed, signed, on file

### **12. 30-35-030 SERVICE PLAN WITH GOALS & TIME FRAMES**

Service plan, goals outlined as defined in case management policy.



**13. 30-35-040 SERVICE PLAN MONITORED**

Plan monitored as defined in case management policy.

**14. 30-35-050 SERVICE PLAN REVIEW/EVALUATION**

Service plan, support services evaluated and reviewed as defined in case management policy.

**15. 30-60-020 RECLASSIFYING CASE FROM PROTECTIVE FS TO VOLUNTARY FS**

Risk was reassessed; supervisor consulted.

**16. 30-60-040 TRANSFERRING A FAMILY SERVICE CASE**

Case transfer process followed.

**17. 30-60-050 CLOSING A FAMILY SERVICE CASE**

File closure process completed; met with family; evaluated progress in achieving goals.

**18. 30-65-010 RECORDING**

Frequency, quality, content.