

DIRECTOR'S PRACTICE AUDIT REPORT
VICTORIA PROTECTIVE FAMILY SERVICES
TEAM #2 (VCI)

Field Work Completed: March 12 - March 21, 2001

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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 children in care are systemically conducted according to a four-year cycle.

2. METHODOLOGY

The audit of the Victoria Protective Family Services Team #2 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. Demographic and statistical information was also obtained from the Capital Region Operating Plan 1998/99.

Field work was conducted from March 12 to March 21, 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 Leader 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 Leader and Community Services Manager for a detailed review of the findings. The Team Leader was provided with the compliance report for each file that had been audited.

3. COMMUNITY OVERVIEW

(a). Geographics

The Victoria Protective Family Services Team #2 (VCI) is part of the Capital Region. The region covers southern Vancouver Island to include Greater Victoria and the surrounding municipalities/communities, and the Southern Gulf Islands. The VCI Family Services Team #2 provides ongoing child and family services within the city of Victoria including the municipality of Oak Bay, and the municipality of Saanich. The Victoria city/Oak Bay catchment area includes the following communities: Downtown; North Park; Hillside/ Quadra; Burnside; Victoria West; James Bay; Fairfield; Rockland; Gonzales; Fernwood; Jubilee; Oaklands. The municipality of Saanich covers a large geographic area that extends from the north end of the city boundaries to the Central Saanich municipal boundary.

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

(b). Demographics

The area served by the VCI Protective Family Services team includes the Downtown-Inner City segment of Victoria, the adjacent residential areas, and the urban/semi-rural municipality of Saanich. The area is culturally, economically, and socially diverse. Residential housing is a mixture of single-dwelling homes, condominiums, and apartments. The Saanich municipality includes both city residential and rural/agriculture areas. According to demographic information in the 1998/99 Regional Operating Plan, two-thirds of the population of Victoria were apartment-dwellers: 74% of Saanich residents owned their homes, while just over a third of Victoria residences were owner-occupied. The Victoria area has a larger population of single parents than Saanich.

There are no First Nations Reserves within the geographic boundaries served by VCI, but there are a significant number of First Nations families living off-Reserve in both Victoria and Saanich.

The majority of clients served by the VCI team are situated in the urban setting. Poverty, alcohol and drug addiction, mental health issues, severe domestic violence, 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; Saanich Child Protection; Esquimalt Child Protection; Western Communities Child

Protection; Victoria After Hours. The offices providing family services (Protective & Non-Protective) are: two Victoria Protective Family Services teams; Esquimalt Protective Family Services; Sooke Protective Family Services; Western Communities Protective Family Services; Saanich Protective Family Services; Peninsula Family Protective Services. 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 VCI Protective Family Services team was formed just over a year ago when the VCB team divided into two teams. The VCB team retained the name and is known as Victoria Protective Family Services Team #1. The VCI team, also known as the Specialized Protective Family Services team, works with families requiring specialized services to ensure permanency for their children. Very often, the families served by the VCI team are not connected to a community. While all efforts are made to engage the parents in programs and services that will enable them to parent, there is a greater likelihood that permanent planning for the children outside of the parental home will be necessary. The VCB team focuses on families that have some community connections, and where the degree of risk, degree of parental involvement, indicate the children can remain in the home with support services; or if they are in care, they are more likely to return home to parents/caregivers.

The VCI Protective Family Services team accepts new cases from both the Victoria and Saanich Child Protection teams. The Victoria Child Protection team (VDB) investigates and assesses all new child protection reports and requests for support services for the Victoria area: the Saanich Child Protection team (VDE) is responsible for the work in their geographic area. Child protection reports on cases open on the VCI Protective Family Services team are usually investigated by the Child Protection team accompanied by the VCI social worker. In some cases the VCI worker investigates the report, but only after consultation between the two responsible Team Leaders.

Cases opened for ongoing services by the Child Protection teams are transferred to the VCI team upon completion of Risk Decision #5, the Comprehensive Assessment of Risk, and following a transfer meeting that includes the transferring social worker, the receiving social worker, and the client (parents). Along with ongoing protective services to families and children, the VCI team provides guardianship services to children/ youth in temporary care. Once children come into continuing custody care, guardianship responsibility for children 12 years and younger is transferred to the Guardianship team and to the Youth Services team for children over the age of 12 years.

The VCI and VCB Protective Family Service teams, the Victoria Child Protection team, and the Mental Health team are all located in one office with a common reception and administrative support services area. The Regional office is on the same floor with a separate entrance and reception. The Saanich Child Protection office is located in the Saanich area, along with the Saanich Protective Family Services and Saanich Youth teams.

a) Resources

I. Residential

The Victoria Resource Team is responsible for placement of children in care. The team's responsibilities include recruitment, development and maintenance of family care homes and specialized resources. Children from the VCI team are placed throughout the Capital Region. Placements are accessed through the intake resource worker. Social workers from VCI either call or FAX the intake resource worker with requests for placement. The intake worker will take the request to the weekly Resource team meeting to determine what placement options are available. However, if the need is for an immediate placement, the intake worker will provide a placement that day. Placement decisions are made with the input of VCI staff. If possible the resource team will provide VCI staff with more than one placement options. There is no longer a resource liaison worker for VCI team.

Childcare resources utilized by VCI social workers include family care homes, group homes and safe baby homes. The majority of children are placed in family care homes. All babies with prenatal drug exposure are placed in safe baby homes. These are specialized resources with training in caring for NAS infants. Infants can remain in these homes up to 2 years. The caregivers have mandatory respite for four days per month. Siblings are placed together unless it is in the children's best interests to live in separate resources. VCI staff indicate that they are generally satisfied with the resources found for children in care.

Foster parents can access support through the resource unit. VCI staff indicated that the following services are available to foster parents; respite; homemakers' services and child care worker services. A psychologist is also available to provide consultation and education for foster parents.

II. Non-Residential

There are a variety of contracted resources providing services to families and children in the Victoria area. The VCI team has two full time family support workers attached to their team. There is some flexibility between VCB and VCI regarding sharing the services of the family support workers. Families that are able to connect in a constructive way are referred to the Community Centers for service.

VCI staff use the Mary Manning Center to provide counseling services for sexually abused children and adults and support groups for parents and children regarding separation and divorce. The Family Violence Project and Casadia Anger management provide services for families experiencing domestic violence. Queen Alexander Hospital provides a number of services including Jack Ledger House, which provides residential assessments and the Infant Development Program. VCI staff use the following services for medical and psychological assessments: HARC (Health Assessment and Resource for Children); Burnaby Family Court Center; and private contractors.

Project Parent provides short term parenting support for families of pre-school aged children in the greater Victoria area. According to the VCI Team Leader, the Protective Family Services

Team Leaders who utilize the program have spent considerable time with the resource defining the service needs of the families being referred. VCI staff access this program for select cases.

Other services used by VCI social workers include teaching homemakers and childcare workers. The majority of families involved with VCI have children in care. The Supervised Access program is used frequently by the VCI team.

Given the nature of their cases, VCI staff work closely with the MCF Family Finders program. This Utilization Management Project is a regional position designed to look for family placements for children in care. The project worker meets with the family and completes a genogram. File reviews are completed to explore placement options with extended family members. Assessments of family members to determine their suitability as a resource for children in care can be arranged both locally and out of province.

VCI staff report that they have satisfactory working relationships with community partners including schools, police, and public health. VCI staff report a good working relationship with the Mental Health Team who are located in adjacent offices: however, they noted there is usually a lengthy waiting list for non-emergent counseling services.

(e). Legal Services

The Director is represented in court by contracted legal counsel. Staff’s dissatisfaction with the work that was being provided, led to a change in legal counsel at the beginning of this year. Staff commented very 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

a) Professional Staff Complement/Staff Turnover

The VCI team was formed in November 1999, when VCB team was split into two teams. Prior to that, there were 10 social workers on VCB. VCI also has gained one position that was formerly attached to Saanich Protective Family Services.

The current VCI team consists of one Team Leader and 4 social worker positions. Another social worker position will be transferred to the VCI team in the near future: there will then be 5 FTE (Full Time Equivalent) positions on the VCI team and 6 on the VCB team.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status

Team Leader	2 years	MSW	5 ½ years	Full	Permanent
Social Worker	2 years	BA CYC	2 years	Full	Permanent
Social Worker	6 months	BSW	6 months	Partial	Permanent
Social Worker	5 months	BSW	6 months	Partial	Permanent
Social Worker *	5 months	BSW	5 years	Full	Permanent
S. P. O. A.	1 month	R.N.BSC	1 year	N/A	Acting

* on medical leave

At the time of the audit 3 of the 4 social work positions were filled. There are currently two social workers on VCI who are partially delegated. They will be taking their full delegation test in the near future. One of the social workers on VCI is currently on leave; and the Team Leader and the Social Work Assistant are managing her caseload with assistance from other team members.

Since the VCI team was formed, there has been the following staff turnover:

- VCI team formed in October 1999 with three social workers and 1 Team Leader
- 2 VCI social workers left in August 2000 on education leaves; there was no coverage for their caseloads (the leaves were planned well in advance)
- 1 social worker had scheduled 2 weeks holidays which was approved well in advance for September 2000, leaving 1 week in September where there were no social workers on VCI
- mid-September a social worker who had been a student on the team and had just completed training was hired to backfill one of the vacant caseloads
- In October 2000, a social worker transferred from another office. She was still completing work from her former office. She went on medical leave in February 2001. Currently, there is no coverage for her caseload
- a social worker that had just completed training came to the team in November 2000.

b) Administrative Services Staff Complement/Staff Turnover

The VCI and VCB Protective Family Services Teams, the VDB Child Protection Team, 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 temporary assignment 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 had just been paneled, but not yet filled, 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.

Due to the size of the team and volume of work, consideration is being given to creating two administrative services teams with two Office Managers.

The one secure file room for the three teams, VDB, VCB, and VCI, is very crowded. File organization was of concern to the auditors and was brought to the attention of the Team Leader and the Community Services Manager. The concerns included: misfiled documentation (e.g. a CPOC belonging to the child service file was found on the family service file); documents were 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, the intake document that led to the child's admission to care). The auditors referred to the considerable volume of loose filing to ensure that key information was not missed when auditing a file.

c) Current Workload

All social workers on the VCI team carry both family service cases and children in temporary care. As a new team, VCI initially received transferred-in cases from both the VCB Victoria Protective Family Services Team #1, and the Saanich Protective Family Services team. The majority of new cases are now coming from the Child Protection Investigation teams.

The current office-generated Caseload Management Report recorded 34 open family service files and 49 open child service files, for a total of 83 cases. Family service caseloads on the team ranged from 22 to 24. The caseloads demand intensive work, with a great deal of court involvement.

The staff shortage/turnover of the past year appears to have created considerable difficulty in providing the quality of service ascribed to by the team. A student assigned to the team has taken the Looking After Children (LAC) training and has assisted with completing Comprehensive Plans of Care. Despite the staffing difficulties, morale on the team is very good. There is a strong "team spirit", and a high degree of cooperation amongst the team members. The team are a "young team" in terms of social worker experience; their work entails connecting with high needs, high risk clients. The team and their team leader are to be commended for sustaining a positive work environment.

5. TRAINING

The Team Leader has not completed ministry training for supervisors. She is currently taking the Emerging Leaders Training through Royal Roads University.

All social workers have completed core training. In addition, the Team Leader and social workers have completed the following training:

- Looking After Children
- Advanced Risk Assessment
- Investigative Interviewing

Staff attend local non-ministry training/ professional workshops. The Team Leader encourages staff to attend training and keeps them informed of training events. One of the social workers is

currently taking Steinhauer Training program on Assessing Parenting Capacity. The team recently spent a half-day on building organizational culture. The Team Leader plans to facilitate a half-day training session on Concurrent Planning for Children in the near future.

6. SUPERVISION/CONSULTATION

The Team Leader provides administrative and clinical supervision to staff regarding the delivery of child protection and guardianship services.

The Team Leader provides both scheduled supervision and informal case consultation, as needed. Scheduled supervision usually occurs on a weekly basis. During these sessions, the Team Leader will review all cases with the social worker. In addition to the regularly scheduled supervision, the Team Leader is also available for informal consultation as required. Social staff spoke very positively about the support, accessibility, and availability of the Team Leader.

The Team Leader is very aware of planning on all the cases. She encourages staff to enhance their knowledge and skills by challenging them and raising questions during supervision sessions. The Team Leader supports staff in professional growth.

The Team Leader completes performance appraisals on staff on a regular basis. She also works with staff to develop goals regarding their professional development.

The Community Services Manager is located on the same work site and is accessible to the Team Leader for consultation. The VCI and VCB Team Leaders work together closely. They often meet with the Community Services Manager jointly. The Protective Family Services Team Leaders meet as a group on a monthly basis with the Community Services Manager. There are also meetings with the Child Protection Manager every six weeks for all Team Leaders involved with provision of child protection services. The Regional Child Protection Consultant is currently on education leave. When she is available, she provides a great deal of support to front-line social workers. Support includes facilitating risk assessments with large groups or potential contentious risk assessments and providing a liaison with the HARC program.

7. INTAKE AND TRACKING SYSTEMS

(a). Intake/Investigation: New Reports

New child protection reports on cases open on the VCI team may come directly to the VCI social worker, or to one of the Child Protection Intake teams, depending on the geographic location of the family. If the Child Protection team receives a report on an open case, the Child Protection worker consults with the family's VCI social worker/Team Leader before proceeding with the investigation, unless it is an emergency and neither the VCI worker or Team Leader are immediately available. In the majority of cases, the VCI worker accompanies the Child Protection investigating worker. The Child Protection worker remains responsible for registering the intake and completing the investigation. In some instances, the VCI team may

conduct the investigation, after consultation between the team leaders. In those cases, the VCI Team Leader is closely involved in the investigation, and tracks it to completion.

After Hours memos are reviewed each morning and acted upon, as required.

The VCI team members assist one another in handling immediate issues that may arise if the responsible case worker is away from the office. Each worker carries a cell phone and can usually be contacted and informed of emergent calls.

(b). New Cases Transferred In

The majority of new family service cases received by the VCI team are opened by the VDB and VDE Child Protection teams. Cases are transferred from the Child Protection teams upon completion of Risk Decision #5, according an agreed-upon practice between the team leaders.

- For cases transferred from the VDB Victoria Child Protection team: the VDB 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 whether the case should be assigned to the VCI or VCB team. Criteria for deciding team responsibility includes the nature of the case; the family's connection to community; the prognosis for maintaining the family unit versus a probability the children will be unable to return home. The VCI Team Leader then thoroughly reviews the file, prior to accepting and assigning it to a worker on her team.
- For cases transferred from the VDE Saanich Child Protection Team: the VDE Team Leader informs the VCI Team Leader of cases for transfer. The VCI Team Leader then goes to that office and reviews the files prior to accepting and assigning the case. The Saanich Protective Family Services Team Leader may also be included in the discussion for determining team responsibility.

If a child has been removed, the Child Protection team conducts the initial court appearance, and is expected to transfer the case well in advance of the protection hearing. In some cases, files have not been transferred in a timely manner and the VCI team has not been consulted regarding the plan, or the application for a protection order. The team leaders are addressing the issue to ensure that the VCI team is consulted on case planning at early/key decision points.

The VCI Team Leader assigns cases based on workload, and when possible, worker interest/challenge. Once the decision regarding case assignment is confirmed, the VCI and VDB or VDE social workers meet with the client (parent) for a transfer meeting. The Comprehensive Assessment of Risk is reviewed during the meeting. The VCI social worker then begins the process of developing a Risk Reduction Plan with the family. If the risk assessment cited too many unknown factors, the VCI worker completes a new assessment within several months of receiving the case.

(c). Tracking

(i). Family Services

The Team Leader is very knowledgeable about all of the cases on the VCI team. She has assisted the social workers in their work with many of the families and frequently fills in with “duty coverage” if all workers are out of the office.

Family service cases are reviewed with each worker in weekly individual supervision. The Team Leader utilizes the available Caseload Management Reports to assist in tracking and monitoring. During regular scheduled supervision with the worker, assessment and planning for each case are discussed in detail. Both Team Leader and social worker retain notes of the discussion.

Social workers track their upcoming court dates, expiration of orders, due dates for completing Risk Reduction Plans and CPOCs (Comprehensive Plan of Care). Ongoing planning is then discussed in supervision. The social workers also maintain a team “Court Book” where court dates, expiration dates of orders are entered. The Court Worker sends social workers a memo outlining the outcome of all court hearings, appearances, adjournments, etc.

(ii). Child Services

Child service cases are reviewed in supervision and consultation in the same manner as family service cases. 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. Care plans are being completed according to the Looking After Children format.

7. PROTOCOLS

Aboriginal Protocols in effect in the Region are:

- Delegation Confirmation Agreement between the MCF and the Knucwentweew 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

9. ABORIGINAL SERVICES

There are no Bands within the VCI geographic area. However, there is a significant population of First Nations families and children living off-Reserve in both Victoria and Saanich. Approximately 25% of the family service cases on the VCI team involve First Nations and/or Metis families.

The VCI social workers work in close cooperation, and on an individual case basis with the responsible Band, the Urban Aboriginal agencies, the Friendship Centre, and the Metis Association in planning for First Nations or Metis families and children. A social worker from the VCB Family Services team liaises with the Urban Aboriginal agencies. The Acting Aboriginal Services Manager is assisting in formalized protocol development.

10. 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.

Current Caseload Management Reports (CMR) were used to arrive at an audit sample number. The Family Services report recorded 34 open family service files. 33 files were designated protective services; 1 file was designated non-protective.

Seventeen (17) protective family service files were audited (the one non-protective service file was not audited as it would not have provided an adequate and reliable sample), representing 50% of the total number of open family service cases. The sample included 3 closed cases.

There were 49 open child service cases recorded on the Caseload Management Reports. Of these 49 cases, 7 children were living at home with a Supervision Order in place. Forty-two (42) children/youth were living in a ministry resource: 20 children were in temporary care; 1 child was in continuing care; 16 children were in Interim Care; and 5 were children under Removal status.

Fifteen (15) child services files were audited, representing 33% of the number of open files. The audit sample included: 11 children in temporary care; 1 child in continuing care; 1 child in Interim care; and 2 closed files. Planning was reviewed for 12 children in Interim Care, 3 children under removal status, and 4 children under Supervision Order, when the corresponding family service file was audited.

11. COMPLIANCE TO CHILD PROTECTION PRACTICE

Seventeen (17) Child Protective service files were audited. Overall compliance to the child protection standards was 86.74%. Information for determining compliance to the standards was based on documentation.

Child Protection intake reports were and on-going Child Protective Services files were audited for compliance to the Child Protection Standards, the Risk Assessment Model, and case management policy/ procedures to include:

- quality of the investigation
- compliance to utilization of the risk assessment model
- quality of the assessments/decision made
- appropriate use of removal and court intervention, where applicable.
- 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
- terms, goals, and monitoring of Supervision Orders
- reassessment of risk at critical points during the case management process
- process around file transfer and closure, as applicable.

The VCI team has received files from the Victoria Child Protection, Saanich Child Protection, Victoria VCB Protective Family Services, and Saanich Protective Family Services teams. The ratings for the standards through to completion of investigation, with the exception of Case Records, reflect the work of offices other than VCI. The auditors identified office responsibility for the intake being audited on the file compliance report. The intake audited was, in most cases, the latest one on file. Concerns about the management of previous reports were commented on in the file compliance report.

The audit did not identify any children at immediate risk. The cases reviewed with the Team Leader and Community Services Manager at the completion of the audit concerned planning done by other offices prior to transfer to VCI. In 1 case that was recently transferred to VCI,

siblings returned to the home were considered to be at risk. The Team Leader shared this concern and had reviewed the case with the Child Protection Manager and the Community Services Manager.

Risk Reduction plans were found on the majority of files audited: those that were completed by the VCI team were of a high standard. Plans were not completed in 4 cases and they were among the files reviewed with the Team Leader at the conclusion of the audit.

The following provides a breakdown of compliance ratings:

1. Protocols

Protocol development in the region is incomplete. The standard was rated CA in 17 cases (100%), reflecting good practice and appropriate participation with community professionals and agencies in the absence of formalized protocols.

2. Children from Aboriginal Communities

The standard was rated compliant in 16 of 17 cases (94%): 1 case was rated CA where the family was Aboriginal and although there was no formal protocol in place with the Band, the work reflected good practice.

3. Cultural, Racial and Religious Differences

The standard was rated compliant in all 17 cases (100%).

4. Reportable Circumstances

This standard was rated compliant in the 1 case where it was applicable (100%): the standard was not applicable in 16 cases.

5. Case Records

Case records and confidential materials are maintained in a secure file room. This standard also addresses record management. The standard was rated compliant in 13 of 17 cases (76%): 4 cases were rated NC where electronic file records were incomplete.

6. Supervisory Responsibility

The standard was rated compliant in 15 of 17 cases (88%): 2 cases were rated NC where consultation was not documented.

7. Assessment of Reports

The standard was rated compliant in all 17 cases (100%).

8. Prior Contact Check and Registration

The standard was rated compliant in 15 of 17 cases (88%): 2 cases were rated NC where a copy of the PCC was not found on file.

9. Determining the Speed of Assessment

The standard was rated compliant in all 17 cases (100%).

10. Risk Decision 1: Deciding Whether to Investigate

The standard was rated compliant in all 17 cases (100%).

11. Informing the Police

The standard was rated compliant 8 of 8 cases (100%) where applicable.

12. Risk Decision 2: Decide Investigation Response Time

The standard was rated compliant in 16 of 16 cases (100%).

13. Initial Plan of Investigation

The standard was rated compliant in 11 of 16 cases (69%): 5 files were rated NC where a plan was not documented.

14. Steps Required to Complete the Investigation

The standard was rated compliant in 15 of 16 cases (94%): 1 case was rated NC where the steps were incomplete.

15. Seeing and Interviewing the Child

The standard was rated compliant in 14 of 16 cases (88%): 2 cases were rated NC where the interview or quality of the interview with the child could not be confirmed.

16. Arranging Medical Examination for the Child

The standard was rated compliant in 2 of 2 cases (100%), where the information in the report indicated a medical exam was appropriate.

17. Seeing and Interviewing the Parent

The standard was rated compliant in 15 of 16 cases (94%): 1 file was rated NCF where it was not possible to interview the parent.

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

The standard was rated compliant in 16 of 16 cases (100%).

19. Risk Decision 4: Decide if Child Needs Protection

The standard was rated compliant in 16 of 16 cases (100%).

20. Investigative Action - Cannot Locate Child or Family

This standard was rated non-applicable in all 17 cases.

21. Recording and Reporting the Investigation Results

The standard was rated compliant in 15 of 15 cases (100%).

22. Time Limit for Investigations

The standard was rated compliant in 14 of 16 cases (88 %): 2 cases were rated NC.

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

The standard was rated compliant in 13 of 17 cases (76%). 4 cases were rated NC: in 1 of the 4 cases the assessment had not been signed by the staff person who had completed the assessment; in 1 case the assessment was based on incomplete information (the assessment was not completed by VCI); in 2 cases an assessment was not on file.

24. Risk Assessment of a Third Report

The standard was rated compliant in 1 of 1 applicable case (100%). The standard was not applicable in 16 cases.

25. Risk Decision 6: Developing a Risk Reduction Plan

The standard was rated compliant in 10 of 14 cases (71%). 4 cases were rated NC where a plan was not completed: 3 cases were rated NA where a plan could yet be initiated with the client.

26. Supervision Orders

The standard was rated compliant in 6 of 8 cases (75%). 2 cases were rated NC where key terms of the order had been omitted.

27. Removing a Child

The standard was rated compliant in 4 of 4 cases (100%) where it was applicable.

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

The standard was rated compliant in 3 of 4 cases (75%). 1 case was rated NC where a reassessment of risk was required, but not found on file. Reassessments were not due in 13 cases rated non-applicable.

29. Reclassify - Protective to Voluntary Family Service

The standard was rated non-applicable in all 17 cases (100%).

30. Where a Child or Family is Missing

The standard was rated non-applicable in all 17 cases (100%).

31. Transferring a Protective Family Service Case

The standard was rated compliant in 4 of 4 applicable cases (100%).

32. Closing a Protective Family Service Case

The standard was rated compliant in 3 of 3 closed files (100%).

12. COMPLIANCE TO CHILD SERVICE PRACTICE

Fifteen (15) child service files were audited. Overall compliance to the child service standards was 74.70 %. 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, supervision order 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 of file transfer and closure, where applicable.

The VCI team has all completed Looking After Children (LAC) training. New care plans and care plans coming up for review are being completed according to the LAC Format. Those completed by the VCI team to date are of a high standard. Care plans were completed on 12 of 15 cases audited. In 7 cases, care plans were rated at full compliance and 5 cases were rated at partial compliance. Care plans were not found in 3 cases. Care plans that were rated partially compliant were completed using the Condensed Format. A transferring office completed the majority of plans with partial compliance ratings.

Current legal planning was appropriate in all cases. However, there was concern about historic planning (prior to transfer to this team). The Team Leader shared the concerns, and in most instances, had already discussed these cases with the Community Services and Child Protection Managers.

The following provides a breakdown of the compliance ratings:

1. Protocols

Formal protocol development in the region is still underway. The standard was rated CA in 15 of 15 cases (100%) reflecting good practice.

2. Children from Aboriginal Communities

The standard was rated compliant in 13 of 15 cases (87%): 2 cases were rated CA, to reflect good practice where the child was Aboriginal and no formal protocols were in place with the Band.

3. Cultural, Racial, Religious Differences

The standard was compliant in 15 of 15 cases (100%).

4. Reportable Circumstances

This standard was not applicable in all 15 cases.

5. Case Records

The standard was rated compliant in 4 of 15 cases (27%). This standard was rated non-compliant in 11 cases. In 9 of 11 cases, the intake that resulted in the child's admission to care was not on file; in 2 cases snapshot information was out of date.

6. Supervisory Responsibility

The standard was rated compliant 15 of 15 cases (100%).

7. Appropriate Legal Plan

The standard was rated compliant 15 of 15 cases (100%).

8. Legal Documentation

The standard was rated compliant in 14 of 15 cases (93%). In 1 case rated as non-compliant, a copy of the last court order was not on file.

9. Public Trustee Notified

The standard was rated compliant in 0 of 1 applicable cases (0%). In 1 case rated as non-compliant, a continuing custody order had been granted and there was no documentation that the public trustee had been notified. The standard was not applicable in 14 cases.

10. Admission Medical

The standard was rated compliant in 12 of 15 cases (80%); 3 cases were rated non-compliant, where there was no admission medical on file.

11. Medical History Obtained and Recorded

The standard was rated compliant in 8 of 12 applicable cases (67%); 4 cases were rated non-compliant, where medical history was not documented on the file. This standard was not applicable in 3 cases.

12. Ongoing Medical Needs Attended

The standard was rated compliant in 15 of 15 cases (100%).

13. Overall Goal Determined

The standard was rated compliant in 15 of 15 cases (100%).

14. Developing a Comprehensive Plan of Care

This standard addresses meeting with key persons to develop a care plan. 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 is not 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 15 cases (73%). There was non-compliance in 4 cases. In 3 of 4 cases rated non-compliant, the CPOC was not completed. In 1 case, there was no documentation that the child's Aboriginal community was involved in developing the CPOC.

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 15 case (7%). There was a rating of NCF for partial compliance in 11 cases, where CPOCs were not completed in 30 days: 3 cases were rated non-compliant, as the CPOC had not been completed.

16. Assessment, Planning & Views

This standard addresses documentation on the care plan. The care plan includes 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 NFC for partial compliance.

The standard was rated compliant in 7 of 15 case (47%): 5 cases were NCF for partial compliance: 3 cases were rated non-compliant, where there was no CPOC.

17. Care Plan Reviewed

The standard was rated compliant in 9 of 11 applicable cases (82%): 2 cases were rated non-compliant where a review of the care plan was due and had not been completed. The standard was rated not applicable in 4 cases where a review was not due.

18. Meet With Child

The standard was rated compliant in 11 of 15 cases (73%): 4 cases were rated non-compliant; where a recent meeting with the child in care could not be confirmed.

19. Rights of Children in Care

The standard was rated compliant in 12 of 13 applicable cases (92%): 1 case was rated a non-compliant where there was no confirmation that the child/youth had been informed of his/her rights.

20. Preparation for Independence

The standard was rated compliant in 1 of 1 applicable cases (100%).

21. Placement

The standard was rated compliant in 15 of 15 cases (100%).

22. Resource Suitability

The standard was rated compliant in 15 of 15 cases (100%).

23. Information to Caregiver

The standard was rated compliant in 4 of 15 cases (27%): 11 cases were rated a non-compliant where there was no confirmation that written information had been provided to the caregiver.

23. Continuity and Stability

The standard was rated compliant in 13 of 15 cases (87%): 1 case was rated NCF: 1 case was rated non-compliant where the child had been in three placements within the last year.

24. Reassessing Risk

The standard was rated compliant in 4 of 4 applicable cases (100%).

25. Missing, Lost or Runaway Child in Care

This standard was rated not applicable in all cases.

26. File Transfer

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

27. File Closure

The standard was rated compliant in 2 of 2 applicable cases (100%).

28. File Recording and Documentation

The standard was rated compliant in 13 of 15 cases (87%): 2 cases were rated non-compliant where the information on the files was not current.

13. 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.
5. That Regional Management review with the appropriate investigation team the child protection and guardianship files that were audited where non compliance ratings were found, specifically related to planning for CIC's.

Myrna Lowes, RSW
Audit Unit, Child Protection Division
March 27, 2001

Karen Blackman, BSW
Audit Unit, Child Protection Division
March 27, 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 2000-Jan-01 and 2001-Apr-04

SUMMARY OF 17 CASE AUDIT(S) FOR OFFICE VCI

<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		17 100%				
10-10-020	2	Children From	16 94%	1 6%				
10-10-030	3	Cultural, Racial &	17 100%					
10-10-040	4	Reportable	1 100%					16
10-10-050	5	Case Records	13 76%				4 24%	
10-10-060	6	Supervisory	15 88%				2 12%	
10-20-010	7	Assessment Of Reports	17 100%					
10-20-020	8	Prior Contact Check And	15 88%				2 12%	
10-20-030	9	Determining The Speed	17 100%					
10-20-040	10	Risk Decision 1:	17 100%					
10-20-050	11	Informing The Police	8 100%					9
10-30-010	12	Risk Decision 2:	16 100%					1
10-30-020	13	Initial Plan Of	11 69%				5 31%	1
10-30-030	14	Steps Required To	15 94%				1 6%	1
10-30-040	15	Seeing And Interviewing	14 88%				2 13%	1
10-30-050	16	Arranging A Medical	2 100%					15
10-30-060	17	Seeing And Interviewing	15 94%			1 6%		1
10-30-070	18	Risk Decision 3:	16 100%					1
10-30-080	19	Risk Decision 4:	16 100%					1
10-30-090	20	Investigation Where						17
10-30-100	21	Record & Report	15 100%					2
10-30-110	22	Time Limit For	14 88%				2 13%	1
10-40-010	23	Risk Decision 5:	13 76%				4 24%	
10-40-020	24	Risk Assessment Of A	1 100%					16
10-50-010	25	Risk Decision 6:	10 71%				4 29%	3
10-50-020	26	Supervision Orders	6 75%				2 25%	9
10-50-030	27	Removing A Child	4 100%					13
10-60-010	28	Risk Decisions 7, 8, 9:	3 75%				1 25%	13
10-60-020	29	Reclassify Case From						17
10-60-030	30	Where A Child Or Family						17
10-60-040	31	Transferring A	4 100%					13
10-60-050	32	Closing A Protective	3 100%					14

Standards in Compliance: 314 Applicable Standards: 362 Overall level of compliance: 86.74%

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

Child Service Standards Completed Case Reviews For All Reviewers

BRITISH Ministry for
COLUMBIA Children and

For the period between 2000-Jan-01 and 2001-Apr-04

SUMMARY OF 15 CASE AUDIT(S) FOR OFFICE VCI

<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			15	100%						
45-10-020	2	Children From	13	87%	2	13%						
45-10-030	3	Cultural, Racial,	15	100%								
45-10-040	4	Reportable										15
45-10-050	5	Case Records	4	27%						11	73%	
45-10-060	6	Supervisory	15	100%								
45-20-010	7	Appropriate Legal Plan	15	100%								
45-20-020	8	Legal Documentation	14	93%						1	7%	
45-20-030	9	Public Trustee Notified								1	100%	14
45-30-010	10	Admission Medical	12	80%						3	20%	
45-30-020	11	Medical History	8	67%						4	33%	3
45-30-030	12	Ongoing Medical Needs	15	100%								
45-40-010	13	Overall Goal Determined	15	100%								
45-40-015	14	Developing a	11	73%						4	27%	
45-40-021	15	Plan Of Care - Timely	1	7%				11	73%	3	20%	
45-40-025	16	Assesment , Planning	7	47%				5	33%	3	20%	
45-40-030	17	Care Plan Reviewed	9	82%						2	18%	4
45-40-040	18	Meet With Child	11	73%						4	27%	
45-40-050	19	Rights Of Children In	12	92%						1	8%	2
45-40-060	20	Preparation For	1	100%								14
45-50-005	21	Placement	15	100%								
45-50-010	22	Resource Suitability	15	100%								
45-50-020	23	Information To Caregiver	4	27%						11	73%	
45-50-030	24	Continuity and Stability	13	87%				1	7%	1	7%	
45-60-010	25	Reassessing Risk	4	100%								11
45-60-030	26	Missing, lost or runaway										15
45-60-040	27	File Transfer	7	100%								8
45-60-050	28	File Closure	2	100%								13
45-60-060	29	File Recording &	13	87%						2	13%	

Standards in Compliance: 251 Applicable Standards: 336 Overall level of compliance: 74.70%

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

ST#	STANDARD	C	CA	CB	NCF	NC	NA
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.