

**DIRECTOR'S PRACTICE AUDIT REPORT**  
**WESTERN COMMUNITIES PROTECTIVE FAMILY SERVICES TEAM**  
**(VCF)**

**Field Work Completed: January 29 – February 9, 2001**

**DIRECTOR'S PRACTICE AUDIT REPORT  
NAME OF OFFICE TEAM (CODE)**

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

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**DIRECTOR'S PRACTICE AUDIT REPORT  
WESTERN COMMUNITIES PROTECTIVE FAMILY SERVICES TEAM (VCF)**

**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 purposes 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.

Pro-active audits of district offices providing child protection services, family services, guardianship services, and resources for child in care are systemically conducted according to a four year cycle.

**2. METHODOLOGY**

The audit of the Western Communities Protective Family Services (FS) Team 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 for determining compliance to standards was obtained from file records and from interviews with staff.

Field work was conducted from January 29 to February 8, 2001, by two auditors. The computerized Case Audit Tool (CAT) 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 Western Communities Protective Services team (VCF) is part of the Capital Region. The Capital Region covers southern Vancouver Island to include Greater Victoria and the surrounding communities, and the Southern Gulf Islands. The VCF team provides ongoing child and family services to the communities of Langford, Colwood, and Metchosin.

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

The communities served by the VCF team are mainly residential, with the local economy built around the retail and service industries. Many residents commute to work in Victoria and surrounding communities. The residential “mix” includes single as well as some multi-dwelling units, and both public and private low-income housing. There are no First Nations Reserves within the geographic boundaries, but there are First Nations housing developments for families living off-Reserve. There is also a military housing development in the area.

The population served includes a range of affluent, middle income, and low income families. Poverty, alcohol and drug addiction, domestic violence, neglect, were cited as some of the economic and social problems social workers encounter in the client population.

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

The management structure includes the Regional Executive Director, the Child Protection Manager who administers the delivery of child protection services, and Community Service Managers who oversee ongoing and integrated child and family service delivery.

The service delivery structure for the Western Communities offices provides for a Child Protection team (VDD) to investigate and assess new child protection reports and requests for support services within the geographic area of responsibility. One social worker on the Child Protection team screens calls for both the VDD and VCF teams. Protection reports on cases open on the VCF team are directed to the VDD screener for assessment and registration. In consultation between the two supervisors, a decision is made with respect to responsibility for investigation.

Cases opened by the VDD team to provide ongoing services are transferred to the VCF Protective Family Services team upon completion of Risk Decision #5, the Comprehensive Assessment of Risk. The teams are co-located, along with the Mental Health team and two Youth Probation Officers.

The VCF team provides ongoing protective and non-protective support services to families and children, and guardianship services to children/ youth in voluntary and temporary care, and to older children in continuing custody care. Responsibility for children under the age of 12 years in continuing custody care is transferred to the Victoria Guardianship team.

#### **d) Resources**

##### **i. Residential**

The Sooke Resources team services the Western Communities with 1-½ FTE resource social workers. Referrals for placement needs are made to the resource worker by telephone or electronic mail; the resource worker also attends the weekly VCF meeting to discuss planned placement needs. Referrals can also be made to the downtown Victoria Resources office. Upon location of a foster home, the resource worker will inform the social worker, who contacts the foster parent to arrange a meeting. Either the resource worker or the social worker may provide the foster parent with the child's relevant written history (snapshot). This information sharing may occur at or previous to placement and include a discussion of the placement plan.

On interview, social workers assessed their children in care to be in residential resources generally suited to their needs and those resources to have been provided in a timely manner. Children are for the most part placed within the community. While all efforts are made to place siblings together, at times it may be necessary to split a large sibling group. Child care resources utilized by the VCF team include emergency to longterm family care and family group homes, as well as Level 2 and 3 homes. At times, VCF will access Victoria area group homes.

##### **ii. Non-Residential**

There are a variety of contracted resources providing support services to families and children in the Western Communities area. Alcohol and drug, children's sexual abuse, and youth counselling as well as Project Parent and child care workers are provided through Pacific Centre. Two Family Support workers are contracted to VCF through Nisika Family Services, to provide services to families, including crisis intervention, parenting skill development, visit supervision and work with high-risk youth. Capital Families is contracted to provide parenting skills and anger management programs as well as single-parent supports. Victoria General Hospital's HARC (Health Assessment and Resources for Children) program provides comprehensive medical assessments on a wait-list basis (the wait list is reported to be long). The Assessment Centre at the University of Victoria provides an assessment of children's cognitive skills.

Non-contracted, community agencies providing services to children and families include the YMCA, the Military Family Resource Centre (federally funded), a transition house and the Juan de Fuca community centre. The Connections program, monitoring curfews of youth on probation, is accessible on a limited basis. Community health's Healthy Beginnings was reported to be an excellent resource, providing developmental assessments for children in care and monitoring of CICs under five years of age. Children at a high risk of suicide are referred to Project Alive, a quick-response outreach service.

Staff report excellent working relationships with police, schools and community health. MCF mental health will accept referrals for children with a diagnosed psychological issue. Upon interview, social workers indicated that some resistance may be experienced in the referral process, for court-involved cases where there are mental health issues.

#### **e) Legal Services**

There has been some dissatisfaction with the services provided by contracted legal counsel. The matter is being addressed by the Team Leader and the Community Services Manager

### **4. STAFFING**

#### **• Staff Complement/Staff Turnover**

The VCF team includes the Team Leader and 6 social worker positions. Five social workers carry both family service cases and children in temporary care; one social worker is responsible for older children in continuing custody care.

There has been significant turnover for the team leader position on this team. The present Team Leader assumed the position in August 2000. In the year previous, approximately seven different staff had acted in the position for varying periods of time. This turnover, in a role key to ensuring good practice, made it very difficult to maintain continuity, develop a consistent approach to practice, and establish effective systems for the team.

One social worker left the team in the past year: the position has been filled and a new worker will be joining the team in mid-February. At the time of the audit, the team included 4 permanent social workers and one worker from the Float Team. One permanent social worker was on medical leave: there was no “back-fill” for the position.

#### **• Administrative Services Staff Complement**

The VDD Child Protection Team, VCF Protective Services Team, Mental Health team, and two Youth Probation workers all share the one office building with one administrative services team. The Administrative Services team includes the Office Manager, one Team Assistant shared by VDD and VCF, and 5 OA2 positions. There is one secure file room for all teams.

#### **• Supervisor/Social Worker Education and Experience**

The Team Leader has been in the position for six months. He has a BSW and a degree in Child & Youth Care, and has 11 years experience with MCF. Prior to assuming the VCF Team Leader position, he had had Acting DS experience over the last 5 years. Three social workers on the team have a BSW; one a Child & Youth Care degree; one a BA in Sociology and a BA in Social Work. Social worker experience ranges through 1½ years, 3 years, 6 years, 10 years, and 14 years.

#### **• Delegation**

The Team Leader and all social workers have full delegation.

- **Current Workload**

There has been some caseload reorganization since the Team Leader assumed his position. Prior to November/00, two social workers had caseloads designated for youth in continuing care, and four social workers managed family services and services to children in temporary care. As of November/00, one social worker was assigned youth in continuing care, and the family and child services work was distributed over 5 caseloads. However, caseload responsibility for the social worker on medical leave had recently been assigned to one of the family services social workers, so that at the time of the audit, four workers were again doing the family service work.

The current office-generated Caseload Management Report recorded 65 open family service files and 86 open child service files, for a total of 151 cases. Family service caseloads on the team ranged from 24 to 38.

## **5. PROTOCOLS**

The following protocols are in effect:

- Safe Babies Protocol
- Urban Aboriginal Risk Reduction Protocol

Work is underway to draft a Tri-lateral protocol between the RCMP in the Western Communities, Education, and MCF. In the meantime, there is an old protocol in place. There is a very good working relationship between the police, education personnel, and MCF staff.

There is a SCAN team process in place.

There is a good working relationship with the Transition Houses.

There is no other protocol development underway at the present time.

## **6. ABORIGINAL SERVICES**

There are no Bands within the VCF geographic area: however, there are First Nations families living off Reserve. Eleven (11) of the 65 open family services cases and 11 of the 86 children in care were designated First Nations. VCF staff contact the family's Band where removals and long term planning are required. Social workers refer families to local support services.

## **7. 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 printed from the MCF computer system and used to arrive at an audit sample number. The Family Services report recorded 65 open family service files. 52 files were designated protective services and 13 were designated non-protective or designation unknown. It was apparent that a majority of this latter group of 13 were protective services cases. As the number of non-protective service files was very small, and would have provided a corresponding small sample, none were audited.

Twenty (20) files were audited (16 open protective services and 4 closed protective services cases), representing 30% of the total number of open family service cases.

There were 86 open child service cases on the team at the beginning of the audit. Of these 86 cases, 3 children were living at home with a Supervision Order in place, 1 child was receiving respite services, and 82 children/youth were living in a ministry resource. There were 37 children in temporary care; 22 children in continuing care; 15 children in Interim Care; 4 children under Removal status; and 4 children/youth in care by agreement.

Twenty-four (24) files were audited, representing 28% of the number of open files. The audit sample included 12 children in temporary care; 6 children in continuing care; 1 child in Interim care; 1 child in care by agreement; and 4 closed files. Planning for 13 of the children in Interim care was reviewed when the corresponding Family Service file was audited.

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

Files are transferred to the VCF team from the VDD Child Protection team, upon completion of the Risk Decision #4, and Risk Decision #5 (Comprehensive Risk Assessment) is completed jointly between the two teams. A small percentage of cases are transferred in from other offices as families move to the area. Of the 20 files reviewed, 15 of the intake reports/investigations audited were completed by the VDD team. The audit therefore reflects the work of both the VDD and VCF teams for many of the standards. The auditors have attempted to identify office responsibility for the intake being audited on the file compliance report.

The compliance ratings for planning do not necessarily reflect the work being done on the VCF team. The Team Leader is working to establish consistency in practice, as well as effective monitoring systems. No children were identified as at immediate risk by the auditors. A small number of cases were identified for clarification of the safety 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.

Twenty (20) Child Protective service files were audited. The following provides a breakdown of compliance ratings:

**1. Protocols**

Protocol development in the area is getting underway. All 20 cases were rated CA, reflecting good practice and appropriate participation with community professionals and agencies.

**2. Children from Aboriginal Communities**

The standard was met at full compliance in 18 cases. 1 case was rated CA where the family was Aboriginal but there was no formal protocol in place with the Band; 1 case was rated NC where the family was identified as First Nations but there was no information with respect to Band/Nation.

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

Work was completed at full compliance in all cases.

**4. Reportable Circumstances**

This standard was not applicable in all cases.

**5. Case Records**

Case records and confidential materials are maintained in a secure file room. This standard also addresses record management. The standard met full compliance in 15 cases at 75%: 5 cases were rated NC where electronic file records were missing or incomplete.

**6. Supervisory Responsibility**

Confirmation of supervisor consultation at key decision points throughout an investigation and in case planning was completed on 11 files at 55% compliance: 9 files were rated NC where consultation was not documented. A number of the NC ratings were attributed to work done on the VDD team during the investigation. The ratings do not reflect actual practice. The auditor observed the VDD Team Leader's effective system for tracking and documenting

consultation. The matter of documenting the consultation on the intake screen is being addressed on the VDD team.

**7. Assessment of Reports**

The standard was completed at full compliance in 19 cases at 95%: 1 file was rated NC.

**8. Prior Contact Check and Registration**

A copy of the PCC was found on 15 of 20 files. PCCs are run off by the screening or intake worker, however, they are not consistently attached to the “intake package”.

**9. Determining the Speed of Assessment**

The standard was completed at full compliance in 19 cases at 95%: 1 file was rated NC.

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

The standard was completed in 19 cases at 95% compliance. 1 file was rated NC.

**11. Informing the Police**

The police were contacted as appropriate in 7 of 7 cases at 100% compliance.

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

The standard was met at 100% compliance.

**13. Initial Plan of Investigation**

An initial investigation plan was noted or evident in 15 of 19 cases at 79% compliance: 4 files were rated NC where a plan was not documented.

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

Steps applicable to this standard were completed in 16 cases at 84% compliance. 3 cases were rated NC: in 2 of these 3 cases a home visit was not confirmed ; in 2 cases key collateral contacts were not recorded.

**15. Seeing and Interviewing the Child**

The standard was met in 15 of 19 cases at 79% compliance: 4 cases were rated NC where the child or siblings were not seen and/or interviewed during the investigation.

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

Compliance criteria was met in 4 of 4 cases at 100%, where the information in the report indicated a medical exam was appropriate.

**17. Seeing and Interviewing the Parent**

The parents were seen and interviewed in person in 16 cases at 84% compliance: 1 file was rated NCF where it was not possible to interview the parent; 2 cases were rated NC where both parents/caregivers were not interviewed. (In both cases, one parent had been interviewed.)

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

The child's immediate safety was appropriately assessed in an accurate and timely manner in 19 of 19 cases at 100% compliance.

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

This standard was rated at full compliance in 16 cases at 84%. 3 files were rated NC: in 1 of these 3 cases the decision was based on incomplete information; in 2 cases the decision was documented incorrectly.

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

This standard was non-applicable in all cases.

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

Investigation results were completed in 16 cases at 84% compliance: 3 cases were rated NC where there was no confirmation that the reporter had been notified with respect to the outcome of the investigation.

**22. Time Limit for Investigations**

The standard was met in 19 of 19 cases at 100 % compliance.

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

A Comprehensive Assessment of Risk was fully completed in 14 cases at 74% compliance. 5 cases were rated NC: in 4 cases an assessment was not found on file; in 1 case the assessment had been completed but the assigned risk factors were inconsistent with file information.

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

The standard was non-applicable in all cases.

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

The practice standard was met in 8 cases at 40% compliance. 12 cases were rated NC. Although the Risk Reduction Plan was not clearly outlined on file, in most cases it was apparent from other documentation/information on file that there was a plan in place; that where appropriate, court work was proceeding in a timely manner. In some cases, an application for a continuing care order was before the court. However, it was not possible for the auditors to consistently rate the quality of the planning in relation to the identified degree of risk.

**26. Supervision Orders**

4 of 6 cases were rated complaint at 67%. 2 cases were rated NC where a Supervision Order had been a questionable safety plan. In both cases, the children were now in care.

**27. Removing a Child**

The standard was non-applicable in all cases.

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

This standard met practice requirements in 3 of 9 cases at 33% compliance. 6 cases were rated NC where a reassessment of risk was appropriate, but was not found on file.

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

The standard was non-applicable in all cases.

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

The standard was completed in 1 case and NA in 19 cases for 100% compliance.

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

Transfer summaries were in place on 3 of 3 relevant files at 100% compliance.

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

Work was completed at 100% compliance on 4 closed files audited.

**9. COMPLIANCE TO CHILD SERVICE PRACTICE**

Twenty-four (24) Child Service 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.

**1. Protocols**

No formal protocols are currently in place. The work, as documented, demonstrated good practice. All standards were rated CA.

**2. Children from Aboriginal Communities**

22 (92%) cases were rated at full compliance. In the 4 cases rated CA, the child was Aboriginal and although there was no formal protocol in place, the work reflected good practice.

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

24 (100%) cases were rated compliant.

**4. Reportable Circumstances**

Of 2 applicable cases, 1 was rated compliant. In the 1 case rated non-compliant, the file provided no documented follow-up on a reportable circumstance.

**5. Case Records**

The standard was met in 7 (29%) cases. 17 (71%) files were rated NC, requiring intake documents and updated or completed legal information. The issue appears to be ensuring the intake documents are printed and put in the files and that the CS screens when updated are printed and put in the files. Regional management is aware of the issue and there is a plan in place to address this.

**6. Supervisory Responsibility**

20 (83%) cases were rated fully compliant; information to confirm supervisory involvement in decision-making was incomplete in 4 (17%) cases.

**7. Appropriate Legal Plan**

The legal plan was appropriate in all cases.

**8. Legal Documentation**

Legal documentation was found on file in 20 (83%) cases. In those 4 (17%) cases rated non-compliant, 3 lacked the most recent court orders and 1 had no orders on file.

**9. Public Trustee Notified**

Confirmation that the Public Trustee was notified was found in 2 (29%) of 7 applicable cases.

**10. Admission Medical**

This standard was rated compliant in 17 (71%) cases and non-compliant in 7 (29%).

**11. Medical History Obtained and Recorded**

Medical history information was found on 7 (39%) files. 11(61%) files were rated NC, where no or limited medical information was found.

**12. Ongoing Medical Needs Attended**

Confirmation that ongoing medical needs were being met was found on 21 (95%) files. In 1 case was rated NCF the needed service referral was on hold pending the case transfer. 1 case was NA.

**13. Overall Goal Determined**

This standard was completed in all cases.

**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 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 at full compliance in 11 (46%) cases; 3 (13%) cases were rated NCF; 10 (42%) were rated NC.

**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 was assigned if a care plan was developed beyond the 30-day time frame. The standard was rated NCF in 14 (58%) cases and NC in 10 (42%) cases, where no, or only a partial CPOC appeared on file.

**16. Assessment, Planning & Views**

This standard rates documentation on the care plan, as well as the current status, assessment of need and 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. This standard was rated C in 5 (21%) cases; NCF in 9 (38%) cases; and NC in 10 (42%) cases.

**17. Care Plan Reviewed**

Confirmation that planning was being reviewed was confirmed in 3 (20%) cases. 12 (80%) cases were rated NC. In 9 cases rated NA, a plan review was not yet due.

**18. Meet With Child**

Confirmation that the practice met the standard was found in 19 (79%) cases; 5 (21%) cases were rated NC, where it could not be confirmed that the social worker had met with the child in the last 3 months.

**19. Rights of Children in Care**

Confirmation that the standard was met was found in 13 (76%) files. 4 (24%) files were rated NC.

**20. Preparation for Independence**

4 (80%) of applicable files were rated C; 1 file was rated NCF, where a specific plan was not documented

**21. Placement**

This standard was rated C in all cases for 100% compliance.

**22. Resource Suitability**

Workers confirmed that in 23 (96%) cases, the child was in a suitable resource; 1 case was rated NCF.

**23. Information to Caregiver**

Confirmation that the practice met the standard was found in 5 (21%) cases; 1 case was rated NCF; 18 cases were rated NC where there was no confirmation that key written information had been provided to the caregiver.

**24. Continuity and Stability**

20 (83%) cases were rated C. Two (8%) cases were rated NCF: in 1 case, the child was difficult to maintain due to behaviours and in 1 case the child was placed between family and friends. 1 case was rated CB where risks within a care home were identified and the child was moved. 1 case was rated NC where the file lacked documentation of placement history.

**25. Reassessing Risk**

5 (71%) files were rated C; 2 (29%) were rated NC.

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

2 of 2 (100%) files where the standard was applicable were rated C.

**27. File Transfer**

4 of 4 (100%) cases where the standard was applicable were rated C.

**28. File Closure**

3 of 4 (75%) cases where the standard was applicable were rated C. 1 case was rated NC: neither closing summary nor documented closing meeting with the family was on file.

**29. File Recording and Documentation**

File recording/documentation was current on 14 (58%) files. 10 (42%) files were rated NC where no recent CPOC or recording was on file.

**11. INTAKE AND TRACKING SYSTEMS**

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

One social worker on the VDD Child Protection Intake team screens all protection reports for both the VDD Intake and the VCF Protective Services teams, including new reports on open files. The screening worker assesses and registers the report. If the report concerns a family on the VCF team, the VDD and VCF Team Leaders confer with respect to team responsibility for the investigation. In most cases, the investigation is conducted by the Child Protection Intake team. In some cases, the VCF case worker may assist with the investigation: in a few cases, the intake report may be managed by the VCF team.

The VCF team also maintains a duty roster: social workers on the team rotate responsibility for being in the office and available to handle emergencies that arise if the responsible case worker is away from the office.

If the VCF team is responsible for the investigation, the Team Leader monitors the work through consultation with the worker and a regular review of the Intake Status reports.

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

The majority of new family service cases come to the VCF team from the VDD Child Protection team. Cases are transferred from the Child Protection team upon completion of Risk Decision #4. 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 two team leaders. The VDD Team Leader informs the VCF Team Leader about the file(s) for transfer, providing some initial information about the case. Cases for transfer are usually discussed and assigned at the VCF weekly team meeting, according to worker interest and workload factors. Once the case is assigned, the two team leaders and the two social workers meet to discuss the case and planning in detail. As both teams share the same office, it is usually possible for the VDD worker to introduce the VCF worker to the client. Case responsibility is assumed upon receipt of the physical file.

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

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

The Team Leader has worked to establish some effective tracking systems since assuming his position. In at least two cases, legal jurisdiction had been lost when orders expired prior to application for an extension. The Team Leader has set up a detailed and effective system for tracking court dates to ensure that planning is on course, that applications to the court and notices of hearing are served on time. The Team Leader maintains a court calendar that is kept up to date by the Team Assistant. The TA also updates the social workers legal screens on the computer. The TA produces a Case Management Report for each worker on the morning of the weekly team meeting. Up-coming court dates and the plan are reviewed/discussed at the meeting, covering the next six to eight week period.

The Team Leader utilizes all available Caseload Management Reports as tools to assist him in effectively tracking and monitoring family service cases. Family service cases are reviewed in both scheduled supervision, and/or in consultation with the social worker, as well as at the weekly team meetings.

During monthly scheduled supervision with the worker, assessment and planning for each case are discussed in detail. The Team Leader keeps written notes of the meeting that are then filed and referred to at the next meeting for progress towards goals, expected outcomes.

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

Child service cases are reviewed in supervision and consultation in the same manner as family service cases. The Team Supervisor prints and utilizes the relevant Caseload Management Reports, including the Key Events report, to monitor planning for children in care. Social Workers also utilize their electronic "To Do" lists, as a reminder that a care plan review is due.



Care plans and plan reviews are usually formulated in a meeting with the child, the caregiver, and the parent (if the child is in voluntary or temporary care).

At the time of the audit, completion of the care plan and/or care plan review was outstanding in a number of cases.

## **12 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 meets monthly with each social worker for scheduled supervision for a complete caseload review. In addition, there is consultation on a case by case as-needed basis, or as requested by the social worker, depending on the accessibility and availability of the Team Leader.

The Community Services Manager oversees the work of the Team Leader 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. The Regional Child Protection Consultant is also available for consultation.

## **13. TRAINING**

The Team Leader has completed Introduction to Clinical Supervision, Advanced Risk Assessment training, Investigative Interviewing and Core training; he is currently trying to schedule himself for the Emerging Leaders (mentorship) program. All staff have attended Core training and, recently, Advanced Risk Assessment training. Other training events which some staff have attended include: computer training; Diversity in the Workplace; Investigative Interviewing; and youth suicide training. In the past year, three staff have applied for training but have been unable to attend, largely due to workload demands. Staff have not attended the Looking After Children training.

## **14. RECOMMENDATIONS**

1. That Regional Management ensures that any cases containing non-compliance ratings are reviewed for completion of any outstanding work.
2. That Regional Management provide an update on the plan they have implemented to increase compliance with risk decisions #6 and risk decisions #7,8, and 9

3. That Regional Management provide an update on the plan they have implemented to increase compliance with comprehensive plans of care, specifically;
  - The development of the comprehensive plan of care
  - The completion of timely and current comprehensive plans of care
  - The required content of comprehensive plans of care (eg. assessment, planning and views)
  - Reviewing care plans to confirm planning
4. That Regional Management develop and implement a plan with the team to increase compliance in notifying the public trustee as required and in obtaining medical information of children in care.
5. That Regional Management develop and implement a regional plan to ensure information to caregivers is documented on child service files.
6. That Regional Management reviews with the team leader and staff the requirement to document contact with children in care.

Myrna Lowes, RSW  
Jennifer Bailey, BSW  
Audit Unit  
February 16, 2001

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

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

BRITISH Ministry for  
COLUMBIA Children and

*For the period between 2001-Jan-01 and 2001-Apr-17*

### SUMMARY OF 20 CASE AUDIT(S) FOR OFFICE VCF

<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		20 100%				
10-10-020	2	Children From	18 90%	1 5%			1 5%	
10-10-030	3	Cultural, Racial &	20 100%					
10-10-040	4	Reportable						20
10-10-050	5	Case Records	15 75%				5 25%	
10-10-060	6	Supervisory	11 55%				9 45%	
10-20-010	7	Assessment Of Reports	19 95%				1 5%	
10-20-020	8	Prior Contact Check And	15 75%				5 25%	
10-20-030	9	Determining The Speed	19 95%				1 5%	
10-20-040	10	Risk Decision 1:	19 95%				1 5%	
10-20-050	11	Informing The Police	7 100%					13
10-30-010	12	Risk Decision 2:	19 100%					1
10-30-020	13	Initial Plan Of	15 79%				4 21%	1
10-30-030	14	Steps Required To	16 84%				3 16%	1
10-30-040	15	Seeing And Interviewing	15 79%				4 21%	1
10-30-050	16	Arranging A Medical	4 100%					16
10-30-060	17	Seeing And Interviewing	16 84%			1 5%	2 11%	1
10-30-070	18	Risk Decision 3:	19 100%					1
10-30-080	19	Risk Decision 4:	16 84%				3 16%	1
10-30-090	20	Investigation Where						20
10-30-100	21	Record & Report	16 84%				3 16%	1
10-30-110	22	Time Limit For	19 100%					1
10-40-010	23	Risk Decision 5:	14 74%				5 26%	1
10-40-020	24	Risk Assessment Of A						20
10-50-010	25	Risk Decision 6:	8 40%				12 60%	
10-50-020	26	Supervision Orders	4 67%				2 33%	14
10-50-030	27	Removing A Child						20
10-60-010	28	Risk Decisions 7, 8, 9:	3 33%				6 67%	11
10-60-020	29	Reclassify Case From						20
10-60-030	30	Where A Child Or Family	1 100%					19
10-60-040	31	Transferring A	3 100%					17
10-60-050	32	Closing A Protective	4 100%					16

**Standards in Compliance: 335      Applicable Standards: 424      Overall level of compliance: 79.01%**

**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: 17-Apr-2001 9:18

## Child Service Standards Completed Case Reviews For All Reviewers

BRITISH Ministry for  
COLUMBIA Children and

For the period between 2001-Jan-01 and 2001-Apr-17

### SUMMARY OF 24 CASE AUDIT(S) FOR OFFICE VCF

<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			24	100%							
45-10-020	2	Children From	22	92%	2	8%							
45-10-030	3	Cultural, Racial,	24	100%									
45-10-040	4	Reportable	1	50%							1	50%	22
45-10-050	5	Case Records	7	29%							17	71%	
45-10-060	6	Supervisory	20	83%							4	17%	
45-20-010	7	Appropriate Legal Plan	24	100%									
45-20-020	8	Legal Documentation	20	83%							4	17%	
45-20-030	9	Public Trustee Notified	2	29%							5	71%	17
45-30-010	10	Admission Medical	17	71%							7	29%	
45-30-020	11	Medical History	7	39%							11	61%	6
45-30-030	12	Ongoing Medical Needs	21	95%					1	5%			2
45-40-010	13	Overall Goal Determined	24	100%									
45-40-015	14	Developing a	11	46%					3	13%	10	42%	
45-40-021	15	Plan Of Care - Timely							14	58%	10	42%	
45-40-025	16	Assesment , Planning	5	21%					9	38%	10	42%	
45-40-030	17	Care Plan Reviewed	3	20%							12	80%	9
45-40-040	18	Meet With Child	19	79%							5	21%	
45-40-050	19	Rights Of Children In	13	76%							4	24%	7
45-40-060	20	Preparation For	4	80%					1	20%			19
45-50-005	21	Placement	24	100%									
45-50-010	22	Resource Suitability	23	96%					1	4%			
45-50-020	23	Information To Caregiver	5	21%					1	4%	18	75%	
45-50-030	24	Continuity and Stability	20	83%			1	4%	2	8%	1	4%	
45-60-010	25	Reassessing Risk	5	71%							2	29%	17
45-60-030	26	Missing, lost or runaway	2	100%									22
45-60-040	27	File Transfer	4	100%									20
45-60-050	28	File Closure	3	75%							1	25%	20
45-60-060	29	File Recording &	14	58%							10	42%	

**Standards in Compliance: 344      Applicable Standards: 535      Overall level of compliance: 64.30%**

**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

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

## PRACTICE AUDIT STANDARDS for Child Protection Practice

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						

### Practice Standards Compliance Measurement

**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 - 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 its 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.