

DIRECTOR'S PRACTICE AUDIT REPORT
CHILD PROTECTION INTAKE and ASSESSMENT- BURNABY SOUTH
(HEF)

Field Work Completed: March 19 – March 30, 2001

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**DIRECTOR'S PRACTICE AUDIT REPORT
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1. PURPOSE

The purpose of the audit is to improve and support child protection 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.

The audit is being conducted proactively by the Director's office. Proactive audits of district offices providing child protection services, family services, guardianship services, and resources for children in care are systemically conducted according to a four-year cycle.

2. METHODOLOGY

The audit of the Child Protection Intake and Assessment – Burnaby South Office, which will be referred to in this report as Burnaby South Intake, was asked to include a minimum of 20% to 25% of the number of Child Protection Intakes open and/or closed between September 1, 2000 and February 28, 2001. 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 the file records and social worker notes.

One auditor conducted field work from March 19 to March 30, 2001. 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 auditor 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 auditor met with team to provide an overview of the results, including identified themes and patterns. The auditor also met with the Team Leader and the Regional Child Protection Manager for a more detailed review of the findings. The Team Leader and the Regional Child Protection Manager were provided with the compliance report of each file that had been audited.

3. COMMUNITY OVERVIEW

a) Geographics

The Burnaby South Intake team (HEF) is part of the Simon Fraser Region. The Simon Fraser Region covers the municipalities of Burnaby, Coquitlam, Port Moody, New Westminster, and Maple Ridge. These communities are directly east or south east of the city of Vancouver. The municipality of Burnaby is 88.45 square kilometers in size. The northern border of Burnaby is the east arm of the Burrard Inlet. The southern border of Burnaby is the north arm of the Fraser River.

b) Demographics

Burnaby is mainly a residential community, although there is some industry within the municipality. The economy of Burnaby is mixed. Retail trade accounts for 12% of employment. Manufacturing provides 10% of the employment. Business services provide 9% of the employment. Within its boundaries are several corporate headquarters and one of the largest concentrations of shopping services in the province, the Metrotown Mall. Two large post-secondary education facilities are located in Burnaby: British Columbia Institute of Technology and Simon Fraser University. Housing is a mix of single family and multi-family housing. Single detached housing units constitute nearly 40% of total housing. Apartment buildings less than 5 stories in height constitute approximately 25% of the housing. 18% of the Burnaby population lives in apartment buildings 5 or more stories in height. The remaining 17% of the population live in a mix of semi-detached and duplex housing units. An estimated 55% of the housing is owner occupied.

The 1996 census reported Burnaby's population as 179,209 with 37,125 of that population being age 18 or younger. Burnaby has a diverse ethnic population. The 1996 census reports a total Aboriginal population in Burnaby of 2500. The largest segment of the population identifies themselves as English, Scottish, Irish or Canadian. Approximately 40,000 residents are of Chinese origin. Approximately 9500 residents are of East Indian origin. Visible minorities include the large Chinese population, the East Indian population, a substantial Filipino population, the Aboriginal population, and small populations from the Caribbean, Africa, the near East, and Latin America.

c) Service Delivery

The management structure includes the Regional Executive Director; the Regional Child Protection Managers, who manage the delivery of child protection services; the Community Service Managers, who are responsible for ongoing child and family services; the Community Service Manager, who is responsible for services to persons with mental handicaps; the Quality Assurance Manager; and the Regional Personnel Manager.

The Burnaby South Intake team shares child protection intake and assessment responsibilities for the municipality of Burnaby with the Child Protection and Assessment – Burnaby North Office. Until recently the two intake teams for Burnaby divided the municipality in half. Burnaby

South Intake was responsible for all intakes in the southern half of the municipality and Burnaby North was responsible for all intakes in the northern half of the municipality. The office, which houses both teams, is located in the southeastern corner of Burnaby a few blocks from New Westminister. There is substantial travel time involved in going to the northern portion of the municipality. This resulted in one team having more travel time to investigate intakes than the other team. The Burnaby North team apparently developed a substantial backlog of work, in part related to the travel time issue. Regional Management addressed this problem recently by changing the assignment of intake within the respective offices. Now, both teams have responsibility for all of Burnaby. Intake is no longer assigned by area, but on a rotating basis. Administrative support staff, on receiving an intake call, alternate assignment of the call to the intake screener on each team. For example, call one is assigned to Burnaby South. Call two is assigned to Burnaby North. Call three is assigned to Burnaby South, and so on. Travel time is still a matter of concern, but neither team now has the burden of the major share of travel within the municipality.

The two teams share the second floor of a small office building. There is a common entrance to their offices. The two teams share a reception area, switchboard, waiting room, washrooms, and coffee/lunch area. The ground floor of the building is occupied by the Child and Family Services Centre-Burnaby South East, which provides ongoing non protective and protective family services for a geographic segment of Burnaby.

Burnaby South Intake has assigned one social worker to receive and screen all intake calls. When that assigned social worker is absent from the office or not available, one of the other social workers assumes the screening function on a scheduled, rotating basis. The screener receives the intake call, reviews previous MCF history, completes the assessment for the intake (Risk 1 and 2), and consults with the Team Leader regarding the initial assessment. Intakes that require immediate or 24 hour response are assigned to social workers on the team on a scheduled rotation. If the intake requires a response within 5 days, the intake is brought to the brief meeting held each morning by the team for case assignment. The screener retains all non-protective support services requests, such as day care referrals, and completes services on those cases before closing the file. All protection intake is assigned to one of the other social workers on the team. The screener maintains her own handwritten log of all intakes and the action taken by her up to the assignment to another social worker.

A very significant number of the intakes audited involved one or more parents who are an immigrant. The population served includes a range from affluent to low-income families. The median household income for two or more person households in Burnaby was reported as \$49,779. A significant number of the files audited reflected low incomes requiring services from the Ministry of Social Development and Economic Security. Poverty, alcohol and drug addiction, prostitution, domestic violence, mental health concerns, and child neglect were cited as some of the problems social workers encountered in the client population. The office housing the two intake teams is located in an area of low-income families, moderate-income families, and light industrial businesses. The office is on a busy, commercial street running from Vancouver to New Westminister. People engaged in the sex trade often use the street in front of the office. When staff observe someone engaged in solicitation that they believe may be underage, they

telephone the Burnaby RCMP. Staff expressed some discomfort with the proximity of sex trade activity to the office.

d) Resources

I. Residential

Residential resources for the region include foster homes, group homes, and specialized residential resources. There are two resource teams that serve the region: Child Residential Resources-Simon Fraser East, and Child Residential Resources-Simon Fraser West. Child Residential Resources-Simon Fraser West serves the Burnaby South Intake team. The region has residential resources located throughout the Lower Mainland. Travel time can be a problem as some resources are located at considerable distance from the Burnaby South Intake office. As there are multiple regions in the Vancouver and Lower Mainland area, it is sometimes necessary to make an inter-regional placement.

II. Non-Residential

There is a considerable variety of contracted and non-contracted resources providing support services to families and children in the Burnaby area. Many organizations provide services to Vancouver, and other municipalities, as well as Burnaby. Included in those organizations providing services primarily in Burnaby are the following: Burnaby Family Life Institute; St. Leonard's Youth and Family Services; Burnaby Alcohol and Drug Services; Burnaby Youth Services; Burnaby Integrated Youth Services Team; Fraserside Community Services; Purpose Outreach Youth Services; Parent-Teen Mediation Services; and Special Services to Children and Families.

There are a number of organizations that provide multicultural services. Among these are the Purpose Multicultural Community Support Worker, the Burnaby Multicultural Society, MOSAIC, and the Multicultural Family Support Services.

e) Legal Services

Contracted counsel provides legal services. The firm with the contract has had the contract for a lengthy period of time and is well known in the Lower Mainland. Despite this, for sometime there have been frequent changes of the assigned contract counsel. This has had an impact on the quality of service resulting in some dissatisfaction on the part of staff at the Burnaby South Intake team. There has been a recent change in counsel and the Team Leader is hopeful of improvement in the consistency and quality of service. Regional Management is aware of these issues and are dealing with them.

4. STAFFING

a) Professional Staff Complement/Staff Turnover

The team consists of one Team Leader and six social worker positions. One social worker acts as the primary screener for intake. Intakes requiring protection investigations are assigned to one of the other five social workers on the team.

There has been significant turnover for this team. For approximately two years prior to early 2001, the team had an Acting Team Leader. The new Team Leader began in the office in mid January 2001. Early this year an experienced social worker left and was replaced by a recent social work graduate who has not yet been permanently assigned to the team. One social worker assigned to the team is a newly hired social worker with no previous experience in Canada, however she has 15 months of child protection experience in Australia. She has not taken any of the Ministry training and has no current delegation.

One social worker has been off on sick leave for much of the past several months. She returned to work during this audit. The two most senior social workers on the team began year long maternity leaves during the audit. On the final day the auditor was in the office, the Team Leader announced that another of the social workers was leaving to take a position in another region. The departure of these social workers will result in the team having only two fully delegated social workers on the team.

As of the last day of the field work for this audit, the office was reduced to three fully delegated workers, one worker with limited full delegation, and one worker without any delegation. As mentioned previously, one of the fully delegated workers is transferring to another region in the near future

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Leader	2 months	BSW	3 years	Full	Permanent
Social Worker(1)	3 years	BA	10 years	Full	Mat. Leave
Social Worker(2)	45 months	BA, BSW	5 years	Full	Mat. Leave
Social Worker(3)	2 years	BSW equivalent	2 years	Full	
Social Worker(4)	18 months	BA, BSW	2 years	Full	Permanent
Social Worker(5)	18 months	BA, BSW	2 years	Full	Permanent*
Social Worker(6)	1 month	BSW	6 months	Full	Float

* This social worker has just accepted a position in another region.

b) Administrative Services Staff Complement/Staff Turnover

The administrative services staff provides support to both the Burnaby South Intake team and the Burnaby North Intake team. The staff complement is stable. The administrative services staff include the Acting Office Manager, a one-half time Office Assistant who functions as the primary receptionist, and two full time Office Assistants, with each full time OA working primarily for one team. Each team has a separate secure file room.

c) Current Workload

The Caseload Report (MICAS-01) for Burnaby South Intake printed on the first day of the audit, March 19, 2001 reported 138 files of which 23 were still in the Notepad stage, 6 were open CS files, and 109 were open FS files. 44 of these cases reflected intakes received during March 2001, with 31 of those being classified as protection reports. The 13 other intakes opened since March 1, 2001 were requests for Family Support Services. Three of the “Notepads” were on files already open as FS files, thus reducing the actual number of cases at the office to 135. Based on the Caseload Report the assigned caseloads were 4, 23, 24, 26, 27, and 31.

The Supervisor reports the ability to manage the workloads has been compromised by staff leaving, staff illness, and new staff with limited or no delegation..

5. TRAINING

The Team Leader has completed the following training:

Core Training; Comprehensive Risk Assessment; Comprehensive Plan of Care; Clinical Supervision; Multidisciplinary Supervisor; Violence Prevention; Managing Health Related Absences; Integrated Case Management; Sexual Harassment in the Workplace; Cultural Sensitivity.

The Social Workers have completed the following training:

- Social Worker (1): Core training; Comprehensive Risk Assessment; Investigative Interviewing; Alcohol & Drug Workshops; Violence Prevention.
- Social Worker (2): Core Training; Comprehensive Risk Assessment; Advanced Risk Assessment; Violence Prevention; Aboriginal Awareness.
- Social Worker (3): Core Training; Comprehensive Risk Assessment; Alcohol & Drug Workshops; Aboriginal Awareness; Cultural Sensitivity; Violence Prevention.
- Social Worker (4): Core Training; Trauma Workshop; Comprehensive Risk Assessment; Foster Home Protocol.
- Social Worker (5): Core Training; Comprehensive Risk Assessment; Violence Prevention; Alcohol and Drug Workshops; Dual Diagnosis; NAS.
- Social Worker (6): Pre-employment Training; Advanced Comprehensive Risk Assessment.

- Social Worker (7): No ministry training or pre-employment training. This social worker has approximately 15 months of experience in child protection in another country.

The Team Leader and all social workers except the most recently hired social worker have received training on risk assessment. Two social workers, one of whom is now on maternity leave, have advanced risk assessment training. One social worker has investigative interviewing training. None of the staff were identified as having had suicide intervention training.

6. SUPERVISION/CONSULTATION

The Team Leader joined the team in mid-January 2001. Since then she has established formal supervision sessions with her staff. The Team Leader meets weekly for supervision with her newer workers and every two weeks with her more experienced workers. She is readily available for ad hoc supervision sessions with her staff. She provides a form of group supervision during case discussion at weekly meetings and at meetings during the week held for case assignment. One experienced social worker interviewed by the auditor said that she finds access to the Team Leader is easy and convenient. She makes substantial use of ad hoc supervision as her function on the team has been as the “screener”. She finds that the Team Leader is almost always available, if necessary by cellular telephone. On those occasions when the Team Leader is not available, the Team Leader from the Burnaby North team provides back-up supervision. The second social worker interviewed was one of the newer social workers. She finds that access to supervision, both formal and ad hoc, is convenient. She finds the supervision helpful in assisting her to determine case planning and to set work priorities.

The Regional Child Protection Manager supervises the Team Leader. The region has two Child Protection Managers, however, one has recently taken a secondment to another position. At this time, one Child Protection Manager covers the entire region. The Regional Child Protection Manager has met bi-weekly on a one to one basis with the Team Leader for case consultation and support. The Regional Child Protection Manager meets monthly with the full team to provide group case consultation.

7. INTAKE AND TRACKING SYSTEMS

Prior to the arrival of the present Team Leader, the A/Team Leader used a handwritten tracking system to record each intake and to follow its progress at stages requiring supervisor signoff. The present Team Leader has implemented a tracking system using the computer program Excel, entering data for each intake as it comes across her desk. She reviews the history for each case on the ministry electronic information system. She keeps a file for each worker, which she reviews as each case, is signed off.

The social worker who functions as the screener maintains her own handwritten tracking system. This records date of intake, name of family, notepad number, the nature of the intake, case description, type of case (assessment), who took the intake, to whom the intake was assigned, the code of the office to which the intake was transferred when that happens. This intake tracking book is used by all staff when they function as the screener.

8. PROTOCOLS

The following protocols were provided:

- College of Physicians and Surgeons and Child Protection (Nov. 1998)
- Interprovincial/Interterritorial Protocol for Children in Care and 3 appendices (Jan 2001)
- Revised Provincial/Territorial Protocol on Children and Families Moving between Provinces and Territories (March 2001)
- Investigations of Abuse or Neglect in Child Care Facilities (August 1996)
- MOA between MCF and the Ministry of the Attorney General (May 1999)
- Memorandum of Understanding for Access to Information – ICBC (October 1998)
- MOA for Information Sharing between the Medical Services Commission and the MCF (February 2000)
- MOU between the Office of the Chief Coroner and the MCF (February 1999)
- Protocol between the MSS Regions A,B,C, D and Metis Family Services
- Protocols for Foster Homes
- Protocol Framework and Working Guidelines between Child Protection and Addiction Services (December 1999)
- Referral and Admissions Protocols – MCF and BC Children’s Hospital (March 1999)
- Society of Christian Schools in BC – Protocols for Reporting and Management of Child Abuse (January 1990-
- Cooperative Procedures for the Investigation of Alleged Child Abuse involving child care centres and the MCF (December 2000)
- Social Work Protocols for Suspected Child Abuse/Neglect – Royal Columbia and Burnaby General Hospitals
- Letter from the Burnaby RCMO regarding information sharing parameters

The following protocols are under discussion:

- Burnaby School District, RCMP and MCFD trilateral agreement
- Simon Fraser Health Region and MCFD

9. ABORIGINAL SERVICES

The Burnaby South team uses the Vancouver Aboriginal Child and Family Services (VACFAS), First Nations Urban Community Society, Metis Family Services and Arrows to Freedom as appropriate. The designated agencies are Vancouver Aboriginal Child and Family Services Society and Metis Family Services.

All are very helpful when no specific band is involved with the service and/or planning for a family. The St. Leonard’s Youth and Family Services agency in Burnaby provides a variety of services to Aboriginal families. One of the most effective programs provided by St. Leonards is the S.M.I.L.E. Program, Support to Young Mothers Integrating Love and Education.

There are no First Nations Reserves within the physical boundaries of Burnaby. As noted under the heading of demographics, the Aboriginal population of Burnaby is approx 2,500. This is about 1.5% of the Burnaby population. Three of the open family services were identified as Aboriginal.

10. AUDIT SAMPLE

The audit sample was to include a minimum of 20 to 25% of the Child Protection Intakes open and/or closed between September 2000 and February 2001. The number of Child Protection Intakes open or closed during that time was reported to be 132. The sample size was set at 58. A total of 60 Child Protection files open or closed during the stated time period were audited. 42 open files were audited, representing 38% of the open files. 18 closed files were audited

The Caseload Report (MICAS –01) printed for the auditor on the first day of the audit, March 19, 2001 indicated that 109 Family Service files were open at the Burnaby South Intake office on that date, with an additional 29 intakes at the Notepad (NP) stage. The Intake Status Report (SICMR-1) listed 105 intakes, including files still at the NP stage, with pending or ongoing child protection investigations. This reflected several files with multiple open intakes.

11. COMPLIANCE TO CHILD PROTECTION PRACTICE

Sixty (60) Child Protective service files were audited. Overall compliance to the child protection standards was 68.76%. Information for determining compliance to the standards was based on documentation.

The compliance ratings for several standards do not necessarily reflect the work being done, but do reflect procedural steps not fully documented by the social workers. This was brought to the attention of the Team Leader and the social workers. The Team Leader is working with the social workers to ensure consistency in documentation practice and to improve the promptness of the social workers in converting Notepad information to open FS cases.

The auditor identified no children as being at immediate risk. Several cases were identified as needing re-assessment, investigation or further steps in the investigation. These cases were brought to the attention of the Team Leader. Two cases with multiple intakes during the past year were brought to the attention of the Team Leader for possible completion of Comprehensive Risk Assessments (CRA). Another case with multiple intakes over a period of eight years was also discussed with the Team Leader who indicated that she planned to work with the social worker to complete a CRA.

Child Protection intake reports were audited for compliance to the child protection standards, the risk assessment model and case management policy to include:

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

Ongoing Child Protective Services are transferred to the Child and Family Services Centre – Burnaby South East upon completion of Risk Decision # 5.. The Burnaby South Intake team does not carry cases that require ongoing protective services. One recently transferred case was included in the audit.

The following provides a breakdown of the compliance ratings:

1. Protocols

Protocol development in the area is still in progress.

The standard was rated compliant in 8 out of 60 cases (13% compliance). The standard was rated acceptable alternative action (CA) in 50 out of 60 cases (83%). 2 out of 60 cases (3%) were rated as non-compliant (NC).

2. Children from Aboriginal Communities

The standard was rated compliant in 50 out of 60 cases (83% compliance). 10 cases (17%) were rated NC as the worker either failed to enter any information in the aboriginal field, or the worker did not identify the family in the registration information as aboriginal when information in the body of the case file indicated that the family was aboriginal. The auditor discussed this with the Team Leader who indicated that she would discuss with her staff placing greater emphasis on identifying families who may be aboriginal.

3. Cultural, Racial and Religious Differences

The standard was rated compliant in 55 out of 60 cases (92% compliance). 1 case (2%) was rated CA. 4 cases (7%) were rated NC.

4. Reportable Circumstances

This standard was rated not applicable (NA) in all 60 cases (100%) audited.

5. Case Records

The standard was rated compliant in 58 out of 60 cases (97% compliance). All case records and confidential materials are maintained in the secure file room when the office is closed or when a social worker is not at work. 2 cases were rated NC as printed copies of the electronic file registration and other materials were missing or incomplete.

6. Supervisory Responsibility

This standard was rated compliant in 34 out of 60 cases (57% compliance). The rating may not be an accurate reflection of practice as it is based on the documented involvement of the Team Leader at key decision points. The auditor discussed with staff and the Team Leader the Team Leader's system for tracking and the social workers' practice. The social workers and the Team Leader indicated that it standard practice for all key decision points to be discussed with and approved by the Team Leader.

7. Assessment of Reports

This standard was rated compliant in 59 out of 60 cases (98% compliance). 1 case was rated NC.

8. Prior Contact Check and Registration

This standard was rated compliant in 51 out of 60 cases (85% compliance). 9 cases were rated as NC as the auditor could find no documentation that a PCC had been completed. This was discussed with the team who indicated that a PCC was done on all intakes. Staff acknowledged that the PCC was not always printed and placed on the file.

9. Determining the Speed of Assessment

This standard was rated compliant in 59 out of 60 cases (98% compliance). 1 case was rated as NC.

10. Risk Decision 1: Deciding Whether to Investigate

This standard was rated compliant in 58 out of 60 cases (97% compliance). 2 cases were rated as NC.

11. Informing the Police

This standard was rated compliant in 3 out of 8 cases (38% compliance.) For 52 of the cases audited, the standard was rated as NA. 5 out of 8 cases (63%) were rated non-compliant. 2 of the 5 non-compliant cases concerned possible sexual intrusion by another child. 1 non-compliant case concerned possible sexual abuse of a child by a relative. 1 non-compliant case concerned excessive physical discipline by a parent who came from a less developed country. 1 non-compliant case concerned possible physical assault by an older sibling. Generally, the office had very good communication with the police and were very good at checking with the police regarding possible history of violence of the family under investigation. Local police were the source of a significant number of the intakes audited.

12. Risk Decision 2: Decide Investigation Response Time

This standard was rated compliant in 53 out of 56 cases (95% compliance). 3 cases were rated as NC (5%). The standard was rated as NA in 4 cases.

13. Initial Plan of Investigation

This standard was rated compliant in 8 out of 56 cases (14% compliance). 48 cases were rated as NC (86%). The standard was rated as NA in 4 cases. The substantial percentage of non-compliance was brought to the attention of the Team Leader and the social workers. The non-compliance reflects failure to document the initial plan of investigation.

14. Steps Required to Complete the Investigation

This standard was rated compliant in 30 of 54 cases (56% compliance). 24 cases were rated as NC (44%). The standard was rated as NA in 6 cases. The significant rate of non-compliance for this standard reflects (a) not properly documenting all interviews; (b) not completing one of more of the steps, for example, not directly observing the child's living situation when the child had been interviewed at school and the parent interviewed at the office; (c) the investigation has not been completed and is still open although the investigation time limit has passed. Factor (c) contributes to non-compliance in several of the following investigation standards. The standard was rated NA for 4 cases that did not proceed beyond Risk 1. In addition, two cases were rated NA as the cases involved "high risk" mothers who had been accepted as protection intakes, but who did not have a child in

the family. These cases were open, with completion of the investigation pending the birth of the child.

15. Seeing and Interviewing the Child

This standard was rated compliant in 40 of 53 cases (75% compliance). The standard was rated NCF in 1 case (2%). The standard was rated NC in 12 cases (23%). The standard was rated NA for 7 cases. The NC rating for several cases resulted from not having seen or interviewed all children in the household during an investigation. Generally, the audit found that children were seen and interviewed in a timely manner during investigations. School age children were frequently seen and interviewed at school.

16. Arranging Medical Examination for the Child

This standard was rated compliant in 4 of the 6 cases (67% compliance) for which information in the report indicated such an examination was appropriate. The standard was found to be NA for 54 cases. The audit found that social workers regularly contacted the family physician for collateral information during the course of an investigation.

17. Seeing and Interviewing the Parent

This standard was rated compliant in 43 of 54 cases (80% compliance). The standard was rated NCF for 1 case (2%). The standard was rated NC for 10 cases (19%). The standard was rated NA for 6 cases. Several cases were rated as non-compliant as only one parent had been seen and interviewed in a two-parent family.

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

This standard was rated compliant in 33 of 54 cases (61% compliance). The standard was rated NC in 21 cases (39%). The standard was rated NA in 6 cases. A number of cases for which the standard was rated NC reflected lack of documentation on the file. For several other cases rated NC, the investigation had not proceeded to this step.

19. Risk Decision 4: Decide if Child Needs Protection

This standard was rated compliant in 28 of 54 cases (52% compliance). The standard was rated NC in 26 cases (48%). The standard was rated NA in 6 cases. As in the standard above, the high non-compliance percentage reflects lack of documentation or the investigation not having proceeded in a timely manner to this step.

20. Investigative Action - Cannot Locate Child or Family

This standard was not applicable for all cases audited.

21. Recording and Reporting the Investigation Results

This standard was rated compliant in 22 of 38 cases (58% compliance). The standard was rated NC in 16 cases (42%). For 22 cases the standard was rated NA. For a significant number of cases rated NC, there was no documentation regarding the reporting of the investigation results. The high number of cases for which this standard was rated NA reflects a significant number of cases for which the investigation has not been concluded. This standard is actioned "on concluding the investigation".

22. Time Limit for Investigations

This standard was rated compliant in 24 of 54 cases (44% compliance). The standard was rated NCF for 5 cases (9%). The standard was rated NC for 25 cases (46%). For 6 cases the standard was rated not applicable. The high rate of non-compliance reflects delays in completing investigations, a number of which were related to staffing problems. Despite the delays in completing the investigations, the audit did not find situations in which children were left at apparent risk.

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

This standard was rated compliant in 1 of 10 cases (10% compliance) for which it was considered applicable. The standard was rated NC for 9 cases. The standard was rated NA for 50 cases. This team completes very few Comprehensive Risk Assessments. In the past, the team transferred protection cases, which required ongoing services to another team without completing the CRA. The Team Leader is aware of this and indicated to the auditor that one of her priorities is to complete CRAs where applicable.

24. Risk Assessment of a Third Report

There were four cases identified in which there had been three reports in the previous 12 months concerning a young or vulnerable child. The standard was rated compliant in 0 of the 4 cases (0% compliance), as no CRA was completed. The standard was rated as NC for the four cases identified. 56 cases were rated NA.

25. Risk Decision 6: Developing a Risk Reduction Plan

The standard was rated 0 compliance for 6 cases identified as appropriate for a Risk Reduction Plan. 54 cases were rated as NA for this standard.

26. Supervision Orders

The standard was rated not applicable for all 60 cases.

27. Removing a Child

The standard was rated not applicable for all 60 cases.

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

The standard was rated 0 compliance for the 2 cases identified as appropriate for Reassessing Risk. The standard was rated not applicable for 58 cases.

29. Reclassify - Protective to Non Protective Family Service

The standard was rated not applicable for all 60 cases.

30. Where a Child or Family is Missing

The standard was rated not applicable for all 60 cases.

31. Transferring a Protective Family Service Case

The standard was rated compliant for the 1 case (100% compliance) for which the standard was deemed applicable. The standard was not applicable for 59 cases.

32. Closing a Protective Family Service Case

The standard was rated not applicable for all 60 cases.

14. RECOMMENDATIONS

1. That regional management ensure that any files containing non-compliance ratings, are reviewed for completion of any outstanding work.
2. That Regional management ensures that all staff complete advanced risk assessment and investigative interviewing training within 6 months of joining the team.
3. That regional management develop and implement a plan to enhance child protection practice in the following areas:
 - Supervisory responsibility
 - Informing police
 - Initial plan of investigation
 - Steps required to complete the investigation
 - See and Interview the child(ren)
 - Risk decision #3
 - Risk decision #4
 - Recording and reporting investigation results
 - Time limit for investigations
 - Risk decision #5
 - Risk assessment of a third report
4. That regional management develop a plan to support the Team to enhance their practice.
5. That the Audit Unit of Child Protection Division re-assess the need to re-audit this office in 6-12 months.

Ronald Polstein, MSW

Audit Unit

April 6, 2001

APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS

New Child Protection Standards Completed Case Reviews For All Reviewers

BRITISH Ministry for
COLUMBIA Children and

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

SUMMARY OF 59 CASE AUDIT(S) FOR OFFICE HEF

<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	8	14%	49	83%	2	3%		
10-10-020	2	Children From	49	83%			10	17%		
10-10-030	3	Cultural, Racial &	54	92%	1	2%	4	7%		
10-10-040	4	Reportable							59	
10-10-050	5	Case Records	57	97%			2	3%		
10-10-060	6	Supervisory	33	56%			26	44%		
10-20-010	7	Assessment Of Reports	58	98%			1	2%		
10-20-020	8	Prior Contact Check And	50	85%			9	15%		
10-20-030	9	Determining The Speed	58	98%			1	2%		
10-20-040	10	Risk Decision 1:	57	97%			2	3%		
10-20-050	11	Informing The Police	3	38%			5	63%	51	
10-30-010	12	Risk Decision 2:	52	95%			3	5%	4	
10-30-020	13	Initial Plan Of	8	15%			47	85%	4	
10-30-030	14	Steps Required To	30	57%			23	43%	6	
10-30-040	15	Seeing And Interviewing	39	75%		1	2%	12	23%	7
10-30-050	16	Arranging A Medical	4	67%			2	33%	53	
10-30-060	17	Seeing And Interviewing	42	79%		1	2%	10	19%	6
10-30-070	18	Risk Decision 3:	32	60%			21	40%	6	
10-30-080	19	Risk Decision 4:	27	51%			26	49%	6	
10-30-090	20	Investigation Where							59	
10-30-100	21	Record & Report	21	57%			16	43%	22	
10-30-110	22	Time Limit For	23	43%		5	9%	25	47%	6
10-40-010	23	Risk Decision 5:	1	10%			9	90%	49	
10-40-020	24	Risk Assessment Of A					4	100%	55	
10-50-010	25	Risk Decision 6:					6	100%	53	
10-50-020	26	Supervision Orders							59	
10-50-030	27	Removing A Child							59	
10-60-010	28	Risk Decisions 7, 8, 9:					2	100%	57	
10-60-020	29	Reclassify Case From							59	
10-60-030	30	Where A Child Or Family							59	
10-60-040	31	Transferring A	1	100%					58	
10-60-050	32	Closing A Protective							59	

Standards in Compliance: 707 Applicable Standards: 1032 Overall level of compliance: 68.51%

Compliance Definitions:

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

Note: Percentages are for non-NA values only
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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.