

DIRECTOR'S PRACTICE AUDIT REPORT
VICTORIA CHILD PROTECTION TEAM
(VDB)

Field Work Completed: April 2 – April 24, 2001

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DIRECTOR'S PRACTICE AUDIT REPORT VICTORIA CHILD PROTECTION TEAM (VDB)

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.

The audit is being conducted pro-actively by the Director's office. 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 Victoria Child Protection Team (VDB) was asked to include a minimum of 20% of the number of Child Protection Intakes, Family Services and Child Service files open and/or closed between October 2000 and March 2001 (6 months).

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.

Field work was conducted from April 2 to April 24, 2001, by one auditor; interrupted by one week. The new computerized Case Practice Audit Tool (CPAT) 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 Supervisor and 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 auditor met with the team to provide an overview of the results, including identified themes and patterns, and with the Team Supervisor for a more detailed review of the findings.

The Team Supervisor was provided with the compliance report for each file that had been audited, including the files set aside for further review and follow up. Copy of the same material was provided to the Regional Child Protection Manager.

The auditor also met with the Regional Child Protection Manager at the end of the audit to provide an overview of the compliance findings and to identify areas of low compliance.

3. COMMUNITY OVERVIEW

(a). Geographics

The Victoria Child Protection team (VDB) 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 VDB team provides child protection intake services to the municipalities of Victoria and Oak Bay.

(b). Demographics

According to BC Statistics, Capital Region District Regional Planning Services, and consultation with the Regional Research Analyst for the MCF, the population projection of the area covered by these two municipalities is estimated at 100,000 for the year 2001. The projection for the year 2010 is estimated to reach 105,685.

The communities served by the VDB team are mainly residential, with the local economy built around the retail and service industries. Many residents commute to work in Victoria City and surrounding communities. The residential “mix” includes single as well as some multi-dwelling units, and both public and private low-income housing.

The population served includes a range of affluent, middle income, and low-income families. Poverty, mental health, alcohol and drug addiction, domestic violence, and neglect were cited as some of the economic and social problem, social workers encounter in the client population. Staff estimates that aboriginal clients fluctuate between 3% and 10%.

The population of the area is slowly becoming to reflect the multicultural diversity of British Columbia. According to the 1996 census, ethnic minorities in Greater Victoria represented approximately 10% of the population compared to the provincial average of 40%. The Team Manager identified the following ethnic representation within the office caseload: Aboriginal, Vietnamese, Chinese, Korean, and Iranian. There is also a steady population of English as a Second Language students mainly from Japan and Korea.

(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 Regional Executive Director, Regional Child Protection Manager and the Community Service Managers are located in the same office as the VDB team. The Child Protection Consultant and the Court Worker are also located on the same floor.

The service delivery structure for the Victoria – Oak Bay area provides for a Child Protection team (VDB) to assess and investigate new child protection reports and requests for support services within the geographic area of responsibility. Cases opened to provide ongoing protective family services are transferred to either of the two Family Services teams (VCB and VCI) which are located in the same building. Occasionally some files are transferred to the Victoria Youth Services team (VCD).

The Victoria Child Protection Team provides for one Social Worker to carry out full-time screening duties by receiving all the calls to the team. When a case requires an investigation by a member of the team this case is assigned to an investigating Social Worker. In addition, because of the strategic location of the VDB district office, they receive many calls that do not belong to the team, which are re-directed to other offices in the region. For the same reason, there is always a demand for information either in person or by phone at this office. In addition, the District Office is takes students and social workers' trainees.

Cases opened by the VDB team to provide ongoing services are transferred to the VCB or VCI Protective Family Services team upon completion of Risk Decision #5, the Comprehensive Assessment of Risk.

Youth services, including youth probation and guardianship, are provided by the VCD team located in a separate building. This team has become involved with street youth, which are not strictly protection matters. Occasionally the VDB has become involved in assessing child protection and assisting in removals on behalf of the VCD team as the social workers on the team have limited delegation under the CF&CSA. According to staff and the Team Leader, this arrangement may become problematic, since the case responsibility remains with the VCD team, but the VDB technically becomes responsible for the file and legal decisions, although these case management decisions do not belong to VDB. Expanding delegation to the VCD workers could be a consideration for regional management.

There is a regional Resource Team in Victoria with resource workers assigned to liaise with the district offices, including the VDB team.

Community Living Services for children and adults is located in a separate building.

Drug and Alcohol services are provided by a district office located in a separate building.

The After Hours (A/H) services is managed by the Victoria After Hours office with 2 Social Workers and 2 more to be hired to be hired this year. There is Team Supervisor (from Western Communities D.O.) which is administratively responsible for the team. The team has a modified work schedule and the workers are not available 24 hours as the Vancouver A/H. The workers of the team consult directly with the Vancouver A/H supervisor.

In addition to the above, there is a “call out” geographic list and “stand by” for regular A/H duties. Since the region is geographically extensive, from Port Renfrew, Victoria and the Gulf Islands, the Vancouver A/H may contact workers from the list to be call out in emergency situations during the evening or weekends.

Other team responsibilities include community liaison with the University of Victoria and Camosun College, and liaison with local schools. The team workers also liaise with the Victoria Response team (Child Care Workers); they also have a close working relationship with the Youth Team (VID).

d) Resources

i. Residential

The Residential Resources team (VEB) team provides services to the Victoria Child Protection Team (VDB). Referrals for placement needs are made to the resource worker by telephone or electronic mail (the resource liaison worker used to attend the weekly VCB meeting to discuss planned placement needs). 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 work provides the foster parent with the child’s relevant written history (snapshot or referral form). The information sharing can occur at the time of placement or earlier if feasible and include a discussion of the placement plan.

On interview, social workers assessed their children in care to be in residential resources generally not suited to their needs, mainly because of the emergency prompted by a removal. The resources are provided in a timely manner. Children are, for the most part, placed within the community. While all efforts are made to place siblings together, it is often necessary to split sibling group. Child care resources utilized by the VDB team include emergency and restricted foster homes to long-term family care and family group homes, as well as Level 2 and 3 homes. At times, VCB will access Victoria area group homes.

ii. Non-residential

There are many a variety of contracted and community resources providing support services to families and children in the Victoria – Oak Bay area. There are many resources in Victoria, almost close to the number of resources available in Vancouver. Due to the long list of community resources it has been necessary to publish specialized books, listing community resources, such as the Victoria Survivor’s manual or other publications.

The main agencies used by the VDB team are:

- Child and Family Counselling Association (CAFCA): counselling to children, adolescents, couples, parents, and families.
- NISIKA Community Services: child and family counselling, residential resources for youth, home support services, crisis intervention, parental skills, access supervision, and services for people with mental handicaps.

- Pacific Centre: alcohol and drug, children's sexual abuse, and youth counselling as well as Project Parent (parental skills) and child care workers.
- Capital Health Region and MCFD - 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).
- Queen Alexandra Centre for Children's Health: (residential and out-patient services) assist and support children and families facing physical, emotional, behavioural and intellectual challenges, occupational therapy, speech and language therapy, psychiatry, psychology, and physiotherapy.
- Assessment Centre at the University of Victoria provides assessments of children's cognitive skills.
- Mary Manning Centre: sexual abuse treatment and counselling

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

e) Legal Services

There had been some dissatisfaction with the services provided by contracted legal counsel, so the legal contractor has subcontracted with another legal firm approximately 3 months ago, to provide for 2 legal counsels to MCFD. Staff commented their satisfaction with the new lawyers. One of the lawyers deals with removals and the other one deals with ongoing family services matters.

Staff has positive comments about the way the lawyers represent the Director's position. Staff are satisfied with the new lawyers because they follow directions well, prepare for court, support staff on the stand, and spend time with Social Workers either at the company office or at the district office.

The effectiveness of the Rule 2 court conferences is limited because defence lawyers usually adopt an adversarial position, impinging on the ability of the judges to resolve matters without a hearing. The result is usually a further delay of the hearing.

4. STAFFING

- **Social Work Staff Complement/Staff Turnover**

The VDB team includes the Team Supervisor and 8 social worker positions. The court worker position which was attached to VCB, was moved to another team last year (2000). The team is also expecting to lose a FTE position in the summer as a result of regional adjustments to limit the supervisor's span of control to seven Social Workers. Some geographic adjustments and case responsibilities will follow any adjustments. Currently there is a worker about to go on maternity leave, who has been moved to the Resources team; this position is the FTE position that will likely to be transferred from VDB.

This team has historically had staff stability; however, in the last 2 years there have been many staff changes. Senior staff on the team have gone on to promotions and/or other employment opportunities

This change has resulted in staff shortages which in turn has caused difficulty in maintaining good documentation and had made it difficult to establish effective systems for the team. During staff shortages, the Team Supervisor has prioritized the office functions to primarily ensuring the safety of the children rather than meeting documentation standards. The Team Supervisor has consulted this situation with the Regional Child Protection Manager.

The team has been short of three regular Social Workers for the last year who have been away either on sick or maternity leave; one of these workers returned to work at the time of the audit. One of these positions are currently covered by Social Workers from the regional float. For several months during the last year there was no coverage and the team intermittently was down to 3 or 4 workers, at various times due to the limited availability of Social Workers in the regional float.

At the time of the audit, the team included 6 permanent Social Workers and 2 auxiliary Social Workers from the regional Float team. One of the auxiliaries is filling a vacancy and the other is filling a maternity leave.

The social work team consists of:

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Supervisor	4 years	B.A.	22 years with MCF– Children’s Officer Vanc. – Inspections & Standards Unit – CF&CSA Regional Facilitator – Trainer – Supervisor 6.5 years	Full	Permanent
Social Worker 1	4 years	B.A.& B.S.W.	5 years	Full	Permanent
Social Worker 2	3 months	B.A. & B.S.W.	2.5 years	Full	Permanent
Social Worker 3	4 months	B.S.W	4 months	Full	Float
Social Worker 4	4 years	B.S.W.	8 years	Full	Permanent
Social Worker 5	4 years	B.S.W.	25 years	Full	Permanent
Social Worker 6	3 weeks	B.S.W.	2 years	Full	Float
Social Worker 7	2 years	B.A. &- on M.A. C.Y.C.	2 years	Full	Permanent
Social Worker 8	4 years	B.S.W.	8 years	Full	Permanent

- **Administrative Services Staff Complement**

The VDB Child Protection Team, VCB and VCI Protective Services Team, and the VGH Child & Youth Mental Health services, all share the one office building with one administrative services team. The Administrative Services team includes the Office Manager, 2 Team Assistants (one for last 4 months assigned half time to VDB), and 4 OA2 positions. There is one secure file room for all the teams on the south side of the building floor. The regional office has its own file room located on the north side.

- **Current Workload**

Caseload Management Reports (CMR) obtained at the beginning of the audit recorded 165 open family service (FS) files and 8 open child service (CS) files. Most of the FS files had open child protection intakes; 78 of these intakes have remained opened over 90 days, including intakes dated back to July 1997. These intakes were identified for the Team Leader's attention, who confirmed that the staffing situation mentioned earlier, impacted the team's ability to close them in time, although the work had been completed.

The CMR also indicates that 79% of the intakes received at VDB over the last year were protection matters. Of the 165 open FS files identified at the beginning of the audit, 121 were classified as protection, 21 were non-protection, and 23 were unknown.

The Social Workers carry caseloads ranging from 15 to 39. The Team Supervisor does not carry any cases.

In the 6 months prior to the audit, the VDB team closed 198 FS files and 13 CS files, and transferred 52 open FS files to VCB and one FS file to VCI Family Services teams. These files have CS files connected to them. In addition, both the Team Supervisor and the Screener confirmed the transfer of 30 Notepads to other offices in the region in the same time frame; this work is not reflected on the statistics.

5. TRAINING

The Team Supervisor has completed Introduction to Clinical Supervision, Comprehensive Risk Assessment (CRA), Advanced Risk Assessment, and a session of Discipline in the Workplace. Over the years she has completed all mandatory ministry training. All staff have attended Core training, CRA, Advanced Risk Assessment, Cultural Sensitivity, Investigative Interviewing and Outlook 98. Youth Suicide Prevention has not been offered in the region. Staff have not attended the Looking After Children training.

Two of the senior workers have taken the Clinical Supervisor training.

6. SUPERVISION/CONSULTATION

The Team Supervisor provides supervision and clinical consultation with respect to the delivery of child protection and non-protective family services.

Supervision on the team is both regularly scheduled and consultation takes place daily on a regular basis. The Team Supervisor meets with each social worker in a rotating schedule to accommodate one worker per week for scheduled supervision for a complete caseload review. Three senior workers rotate the Acting Team Supervisor position when the supervisor is away. Consultation by the Team Supervisor with her supervisor, the Regional Child Protection Manager takes place in person on a regular basis, as both are located practically in the same office. Formal supervision for the Team Supervisor takes place approximately once a month; at times consultation is also part of the supervision session.

The Regional Child Protection Consultant is also available for consultation.

7. INTAKE AND TRACKING SYSTEMS

(a). Intake/Investigation

One social worker on the VDB Victoria Child Protection Team screens all protection reports for the geographic area of Victoria City and Oak Bay, including new child protection reports on open files. Due to the strategic location of the office, the VDB team receives numerous outside calls, including reports to other offices in the region; all these reports are entered on the MIS system as a Notepad and then are transferred to the respective office for investigation. If the call is urgent, the screener contacts the screener or the intake worker of the other office to inform them of the urgency of the call.

The screening worker receives, assesses and registers the report directly into the MIS system or initially on the Intake Worksheet (pink) depending of the volume of calls, including a Prior Contact Check (PCC). If the report concerns a family on the VCB or VCI team, the Team Supervisors confer with respect to team responsibility for the investigation. In most cases, the Victoria Child Protection team conducts the investigation. In some cases, the caseworker from the Family teams may assist with the investigation. Occasionally the screener receives calls that are referred to the Guardianship team VID, such as requests for youth services from street youth.

Calls requesting non-protection services are dealt with by the screener, who usually complete the assignment with a community referral or may bring the intake to the next morning intake meeting when a more thorough assessment is required by another worker.

The VDB team also maintains a duty intake schedule; social workers on the team rotate responsibility on a monthly schedule for being in the office and available to handle emergencies that arise during the day or to back up the screening duties when the screener is away from the office.

If the VDB team is responsible for the investigation and it is not urgent, the case will be discussed at the next intake meeting the following morning; at that point the RD1 and RD2 are consulted with the supervisor. The Team Supervisor monitors the work through consultation with the worker and a regular review of the Intake Status reports. In urgent matters, the Team Supervisor will assign the immediate response to the intake worker.

(b). Tracking

(i). Family Services

The Team Supervisor utilizes all available Caseload Management Reports as tools to assist her in effectively tracking and monitoring intakes, family service and child service cases. Intake, FS and CS service cases are reviewed in both scheduled supervision, and/or in consultation with the social worker, as well as at the weekly team meetings. At the daily intake meeting, all new reports received the previous day and evening reports from After Hours are reviewed and assigned by the Team Supervisor, usually to the intake worker of the day when these reports were received.

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

The intake calls to the VDB team are entered into the Intake Book in chronological order by either the screener or the duty intake worker when either the Intake Sheet is completed or the Intake has been entered into the MIS system. If the intake worker receives an Intake Sheet, this worker will enter the information into MIS. Every intake is done with a copy: original intake for worker's follow up and file control copy for Team Supervisor's monitoring.

(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.

Ideally, the VDB team transfer the CS files to VCB or VCI following the court presentation, but most likely the transfer takes place close to the hearing date or thereafter. The delay is usually related to the time to complete a thorough documentation and updates of the files, including the Comprehensive Risk Assessment (RD5) or the receiving Family Service teams inability to respond in a timely manner to the family and child's needs when the file is received. Social Workers at VDB do not complete the Comprehensive Plan of Care (CPOC), although the transfer may take more than 30 days. If the worker from the VDB team is working closely with the family, there is an exception to the immediacy of the transfer and it can be postponed for up to 8 weeks.

File transfers require that the 3 Team Supervisors (VDB, VCB and VCI) meet every 2 weeks to discuss potential cases for transfer, to decide on the team and to assign a Social Worker. Both Social Workers meet with the family and the child before the transfer takes place.

According to the Team Supervisor, about 10% of the work done at VDB is transferred to other office. There is a Transfer In and Out Book under the responsibility of the Team Assistant.

8. PROTOCOLS

No formal provincial, regional or local protocols under development were provided to the auditor. The Team Supervisor and staff indicated that they follow the generic protocols established on the "BC Handbook for Action on Child Abuse and Neglect" (1998).

The Team Supervisor and staff reported that there is a good working relationship with the Victoria and Oak Bay Police detachments, as well as with schools and hospitals.

The Regional Child Protection Manager is in the process of preparing a binder for all the district offices containing copies of the provincial and regional protocols.

9. ABORIGINAL SERVICES

There are no Bands within the VDB geographic area: however, there are First Nations families living off reserve. There are several Aboriginal Bands in the surrounding area. VDB staff contact the Social Worker of the family's Band where removals and long term planning are required.

Services available to First Nations off reserve in Victoria are:

M' Akola Housing Society: housing developments

Victoria Native Friendship Centre: educational, employment, and social and health programs; community outreach. This agency is entitled to receive court notices for outside Bands and are able to contact directly the respective Band for directions.

Native Support Worker and Counselling

Slanis Fe Wilnew lte (women services): promote health safety (AIDS, FAS, FAE, and NAS), advocacy, and sexual assault victims

Nil'tuo aboriginal agency

Native Court Worker and Counselling services

South Island Metis Nation: family support

Social workers refer families to local support services.

10. AUDIT SAMPLE

The audit was asked to review a minimum of 20% of the number of child protection intakes, family service files (protective and non-protective services), and child services open and/or closed between October 2000 and March 2001 (6 months).

The Integrity Report and current Caseload Management Reports (CMR) were printed from the MCF computer system and used to arrive at an audit sample number. 368 intakes were received at VDB in the 6 months previous to the audit.

A total of **seventy seven (77)** files were audited, including fifty one (51) closed protective FS files, twenty (20) closed non-protective FS files, and six (6) CS files including two open cases, representing **20.9%** of the total number of closed/open family service and child service cases. One of the CS files audited was a request for youth services, not a child in care case.

11. COMPLIANCE TO CHILD PROTECTION PRACTICE

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.

Fifty-one (51) Child Protective service files were audited. One of these files had been opened inaccurately, but the reason for opening and closing was not established on the case records. This was brought up to the attention of the Team Supervisor, who immediately made the appropriate correction. Because of this, the case was not entered into the total compliance rating, bringing the number down to 50 cases.

In several cases audited, for example Supervisor Consultation for RD3 and RD4, the compliance rating reflects a lack of documentation rather than case practice

The overall average compliance for the 51 files audited was assessed at **75.47%**.

The auditor identified no children as at immediate risk.

The following provides a breakdown of compliance ratings:

1. Protocols

All 50 applicable cases(100%) 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 48 cases (96%). Two (2) cases were rated NC where the family was identified as First Nations but there was no information with respect to

Band/Nation, one of them was from the USA and the other family may have been from out of province.

3. Cultural, Racial and Religious Differences

Work was completed at full compliance in all 50 applicable cases (100%).

4. Reportable Circumstances

This standard was not applicable in all 50 (100%) applicable 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 47 of 50 applicable cases at 94%; 3 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 rated and compliant on 20 of 50 applicable cases at 40% compliance; 30 cases were rated NC (60%) where consultation was not documented. The ratings do not reflect actual practice. The auditor observed the VDB Team Supervisor's effective system for tracking intakes at a daily intake meeting, when consultation for RD1 and RD2 is done and has been properly entered; however, the following RD3 and RD4 are not consistently documented. The matter of documenting the consultation and approval on the intake screen was discussed with the team.

7. Assessment of Reports

The standard was completed at full compliance in 50 applicable cases (100%).

8. Prior Contact Check and Registration

A copy of the PCC was found on 35 of 50 applicable cases at 70%. The screening or intake worker runs off a PCC; however, they are not consistently attached to the "intake package". This matter was discussed with the team.

9. Determining the Speed of Assessment

The standard was completed at full compliance in all 50 applicable cases (100%).

10. Risk Decision 1: Deciding Whether to Investigate

The standard was completed in all 50 applicable cases (100%).

11. Informing the Police

The police were contacted as appropriate in 2 of 2 applicable cases at 100% compliance. The remaining 48 cases were NA.

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 31 of 50 applicable cases at 62% compliance; 19 cases were rated NC (38%) where a plan was not documented. A lack of a heading and space on the computer system to document a plan may affect the worker's ability to complete this standard. This matter was discussed with the team.

14. Steps Required to Complete the Investigation

Steps applicable to this standard were completed in 31 of 50 cases at 63% compliance. 18 cases were rated NC (37%) where not all steps were documented as completed. A one-page summary of the steps obtained in Surrey was handed out to the team members as reference.

15. Seeing and Interviewing the Child

The standard was met in 35 of 50 applicable cases at 71% compliance; 2 cases were rated NCF, beyond the control of the worker. 12 cases were rated NC (24%) where the child or siblings were not seen and/or interviewed during the investigation. A listing of these cases was provided to the Team Supervisor.

16. Arranging Medical Examination for the Child

Compliance criteria was met in one of one applicable case 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 38 of 50 cases at 78% compliance; 1 file was rated NCF where it was not possible to interview the parent; 10 cases were rated NC (20%) where both parents were not interviewed or the interview was conducted by phone.

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

The child's immediate safety was appropriately assessed in an accurate and timely manner in 48 of 50 cases at 96% compliance.

19. Risk Decision 4: Decide if Child Needs Protection

This standard was rated at full compliance in 45 of 50 applicable cases at 90%. 5 cases were rated NC (10%): in one of these 2 cases the decision was based on incomplete information; in the other case the decision was documented incorrectly.

20. Investigative Action - Cannot Locate Child or Family

This standard was applicable to one case, rated NC, where there is no documentation to confirm the worker's efforts to contact the child's family and to do a follow up with an alert on the CIS system.

21. Recording and Reporting the Investigation Results

Investigation results were completed and communicated to the reporter in 20 of 48 applicable cases at 42% compliance; 28 cases were rated NC (58%) where there was no confirmation that the parent, reporter, and the child if applicable had been notified with respect to the outcome of the investigation.

22. Time Limit for Investigations

The standard was met in 22 of 49 cases at 45 % compliance. 6 cases were rated NCF (12%), as there was documentation to confirm a situation beyond the control of the worker. 21 cases were rated NC (43%) where the investigation was documented as completed beyond the 30 days limit.

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

A Comprehensive Assessment of Risk was fully completed in one of 3 applicable cases at 33% compliance. 2 cases were rated NC (40 %) where the C.R.A. was not found on file following the determination of in need of protection.

24. Risk Assessment of a Third Report

The standard was applicable to one case (100% compliance).

25. Risk Decision 6: Developing a Risk Reduction Plan

All cases rated N/A.

26. Supervision Orders

This standard was applicable to one case (100% compliance).

27. Removing a Child

The standard was non-applicable in all cases.

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

This standard did not meet practice requirements in one applicable case, 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 non-applicable in all cases.

31. Transferring a Protective Family Service Case

The standard was non-applicable in all cases.

32. Closing a Protective Family Service Case

Work was completed in 44 of 50 applicable cases at 88% compliance. 6 cases were rated NC (12%) where it was determined that the investigation was incomplete or any other requirement has not been met before the file can be closed.

12. COMPLIANCE TO CHILD SERVICE PRACTICE

Six (6) 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.

Of the 6 audited files, 3 were closed CS files in the last 6 months, 2 were open CS files, and one was a youth services file opened under a CS file. The audit tool is not particularly designed to this type of file; therefore the compliance rating was applicable to 5 cases.

Another consideration is that almost all the files opened at VDB involving children in care are transferred to other Family Service teams, limiting further the sample. In addition, most of the closed CS files were youth service cases.

Considering the low number of files, a detailed compliance of standards has not been completed.

The over all compliance of this small sample was rated at **72.46%**. It is interesting to note that most of the transferred CS files were audited earlier at VCB and VCI with compliance rates of 76.52% and 74.70% respectively.

Work on the 5 cases was applied to 69 applicable standards with 50 meeting full compliance. 4 cases were rated CA, where protocols did not exist, but documentation confirmed good practice; 3 standards were rated NCF, beyond the control of the worker: admission medical, continuity and stability, and file recording/documentation.

In general, the practice audit on the 6 CS files indicated documentation gaps in case records, supervisory responsibility regarding legal plans and actions, one file missing the legal order, which probably was related to the difficulties with the previous legal contractor's limitation to provide completed court orders timely, admission medical, information about a child provided to the caregiver before placement; and file recording or documentation missing.

13. COMPLIANCE TO NON PROTECTIVE FAMILY SERVICE PRACTICE

The VDB team receives all new incoming calls for the Victoria City and Oak Bay area, including requests for family and youth support services. Intakes are assessed and referrals made to appropriate community resources.

Twenty (20) non-protective FS files were audited for compliance to:

- the accuracy of the assessment of the report/request for service
- speed of assessment
- appropriateness of the referral or outcome of the request for service.

The overall compliance for the 20 audited files was assessed at **83.71%**

The following provides a breakdown of practice compliance rating:

1. Protocols

There were protocols applicable to 14 cases (100% compliance). The other 6 cases were NA.

2. Children from Aboriginal Communities

This standard was correctly assessed in all files.

3. Cultural, Racial & Religious Differences

All files (20) rated C at 100% compliance.

4. Reportable Circumstances

One applicable case rated at full compliance (100%). The other files (19) rated NA.

5. Case Records

Full compliance

6. Supervisory Responsibility

All files (20) rated at C 100% compliance.

7. Initial Assessment of Referrals, Service Requests, Reports

Eighteen (18) cases were rated C (90% compliance). Two (2) cases were rated NC (10%) where the Risk Decision 1 (RD1) and identifying section 13 concerns were not rated properly when dealing with neglect and family violence or not investigating a sexual abuse report from a local doctor, which required further contact by the worker.

The two (2) cases were identified for review by the Team Supervisor and the Child Protection Manager.

8. Prior Contact Check & Registration

A PCC was found in 9 of 20 applicable files (45% compliance). One file was rated NCF, as the worker was unable to obtain DOB's to do a PCC. The other 10 files were rated NC (50%), as the PCC was not attached to the CP intake, although some workers had documented a visual PCC.

9. Determining the Speed of Assessment

All the 20 files (100%) had been assessed within required time frames.

10. Comprehensive Assessment

This standard was found applicable in one file (100% compliance). The other 19 cases were rated NA.

11. Legal Documentation

One applicable case rated NC where all legal documents were missing, including the report to court.

12. Service Plan with Goals & Time Frames

All cases rated N/A.

13. Service Plan Monitored

All cases rated N/A.

14. Service Plan Review/Evaluation

All cases rated N/A.

15. Reclassifying Case From Protective FS to Voluntary FS

All cases rated N/A.

16. Transferring a Family Service Case

All cases rated N/A.

17. Closing a Family Service Case

All twenty (20) files were rated at 100% compliance.

18. Recording

N/A in all cases.

14. RECOMMENDATIONS

(Developed by Regional Staff and Child Protection Division Staff)

1. That Regional Management implements a plan to close the CP Intakes on the backlog by the end of the year.
2. That the Regional Child Protection Manager compiles a binder with the current provincial and regional protocols, to be distributed to all district offices in the region by October 2001, including the VDB team.
3. That the Regional Child Protection Manager and the Team Leader develop and implement a plan to ensure documentation in the following areas:
 - Supervisory consultation/approval
 - Prior contact check
 - Initial plan of investigation
 - Reporting the investigation results
 - Inability to complete investigation in 30 days, and
 - Maintaining updated case records on CS files
4. That the Regional Child Protection Manager and the Team Leader develop and implement a plan with the team to increase compliance in:
 - Steps required to complete the investigation
 - Seeing and interviewing the child and other children in the home
 - Seeing and interviewing the parent (s)

Alfredo Sepulveda, MSW
Audit Unit
April 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 2001-Apr-02 and 2001-May-17

SUMMARY OF 50 CASE AUDITS FOR OFFICE VDB

<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		50	100%			
10-10-020	2	Children From	48	96%			2	4%
10-10-030	3	Cultural, Racial &	50	100%				
10-10-040	4	Reportable						50
10-10-050	5	Case Records	47	94%			3	6%
10-10-060	6	Supervisory	20	40%			30	60%
10-20-010	7	Assessment Of Reports	50	100%				
10-20-020	8	Prior Contact Check And	35	70%			15	30%
10-20-030	9	Determining The Speed	50	100%				
10-20-040	10	Risk Decision 1:	50	100%				
10-20-050	11	Informing The Police	2	100%				48
10-30-010	12	Risk Decision 2:	50	100%				
10-30-020	13	Initial Plan Of	31	62%			19	38%
10-30-030	14	Steps Required To	31	63%			18	37%
10-30-040	15	Seeing And Interviewing	35	71%		2	4%	12
10-30-050	16	Arranging A Medical	1	100%				49
10-30-060	17	Seeing And Interviewing	38	78%		1	2%	10
10-30-070	18	Risk Decision 3:	48	96%			2	4%
10-30-080	19	Risk Decision 4:	45	90%			5	10%
10-30-090	20	Investigation Where					1	100%
10-30-100	21	Record & Report	20	42%			28	58%
10-30-110	22	Time Limit For	22	45%		6	12%	21
10-40-010	23	Risk Decision 5:	1	33%			2	67%
10-40-020	24	Risk Assessment Of A	1	100%				49
10-50-010	25	Risk Decision 6:						50
10-50-020	26	Supervision Orders	1	100%				49
10-50-030	27	Removing A Child						50
10-60-010	28	Risk Decisions 7, 8, 9:					1	100%
10-60-020	29	Reclassify Case From						50
10-60-030	30	Where A Child Or Family						50
10-60-040	31	Transferring A						50
10-60-050	32	Closing A Protective	44	88%			6	12%

Standards in Compliance: 720 Applicable Standards: 954 Overall level of compliance: 75.47%

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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Child Service Standards Completed Case Reviews For All Reviewers

BRITISH Ministry for
COLUMBIA Children and

For the period between 2001-Jan-01 and 2001-May-01

SUMMARY OF 5 CASE AUDITS FOR OFFICE VDB

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

Standards in Compliance: 50 Applicable Standards: 69 Overall level of compliance: 72.46%

Compliance Definitions:

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

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

BRITISH Ministry for
COLUMBIA Children and

For the period between 2001-Jan-01 and 2001-May-01

SUMMARY OF 20 CASE AUDITS FOR OFFICE VDB

<u>Code</u>	<u>Num</u>	<u>Short Description</u>	<u>C</u>	<u>CA</u>	<u>CB</u>	<u>NCF</u>	<u>NC</u>	<u>NA</u>
30-10-010	1	Protocols		14 100%				6
30-10-020	2	Children From	20 100%					
30-10-030	3	Cultural, Racial &	20 100%					
30-10-040	4	Reportable	1 100%					19
30-10-050	5	Case Records	20 100%					
30-10-060	6	Supervisory	20 100%					
30-25-010	7	Initial Assessment Of	18 90%				2 10%	
30-25-020	8	Prior Contact Check &	9 45%			1 5%	10 50%	
30-25-030	9	Determining The Speed	20 100%					
30-35-010	10	Comprehensive	1 100%					19
30-35-020	11	Legal Documentation					2 100%	18
30-35-030	12	Service Plan With Goals						20
30-35-040	13	Service Plan Monitored						20
30-35-050	14	Service Plan						20
30-60-020	15	Reclassifying A Case						20
30-60-040	16	Transferring A Family						20
30-60-050	17	Closing A Family	20 100%					20
30-65-010	18	Recording						20

Standards in Compliance: 149 Applicable Standards: 178 Overall level of compliance: 83.71%

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.

PRACTICE AUDIT STANDARDS FOR CHILD SERVICE

Revised April 1, 1999

1. 45-10-010 PROTOCOLS

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

2. 45-10-020 CHILDREN FROM ABORIGINAL COMMUNITIES

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

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

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

4. 45-10-040 REPORTABLE CIRCUMSTANCES

Critical incidents reported to the Director as defined by policy.

5. 45-10-050 CASE RECORDS

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

6. 45-10-060 SUPERVISORY RESPONSIBILITY

Supervisor is consulted according to policy.

7. 45-20-010 APPROPRIATE LEGAL PLAN

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

8. 45-20-020 LEGAL DOCUMENTATION

Agreements; court documents; orders on file.

9. 45-20-030 PUBLIC TRUSTEE NOTIFIED

As defined in policy.

10 45-30-010 ADMISSION MEDICAL

Completed and on file.

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

Information gathered and records clearly identifiable on file.

12. 45-30-030 ONGOING MEDICAL NEEDS ATTENDED

Child's medical/dental needs followed up.

13. 45-40-010 OVERALL GOAL DETERMINED

As defined in policy

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

Plan of care meeting occurs where possible and appropriate.

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

PRACTICE AUDIT STANDARDS FOR NON-PROTECTIVE FAMILY SERVICE

1. 30-10-010 PROTOCOLS

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

2. 30-10-020 CHILDREN FROM ABORIGINAL COMMUNITIES

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

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

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

4. 30-10-040 REPORTABLE CIRCUMSTANCES

Critical incidents reported to the Director according to policy.

5. 30-10-050 CASE RECORDS

Records kept confidential; maintained in secure file room.

6. 30-10-060 SUPERVISORY RESPONSIBILITY

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

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

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

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

PCC completed; intake registered on system.

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

24 hours.

10. 30-35-010 COMPREHENSIVE ASSESSMENT

As per case management policy

11. 30-35-020 LEGAL DOCUMENTATION

Agreements completed, signed, on file

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

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

13. 30-35-040 SERVICE PLAN MONITORED

Plan monitored as defined in case management policy.

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

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

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

Risk was reassessed; supervisor consulted.

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

Case transfer process followed.

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

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

18. 30-65-010 RECORDING

Frequency, quality, content.