

DIRECTOR'S PRACTICE AUDIT REPORT
Clearwater Child and Family Services (EHE)

Field Work Completed: April 30 – May 10, 2001

**DIRECTOR’S PRACTICE AUDIT REPORT
CLEARWATER CHILD AND FAMILY SERVICES (EHE)**

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DIRECTOR'S PRACTICE AUDIT REPORT CLEARWATER CHILD AND FAMILY SERVICES TEAM (EHE)

1. PURPOSE

The purpose of the audit is to improve and support child protection, child service/guardianship, youth, 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 proactively by the Director's office. Proactive audits of district offices providing child protection, guardianship, youth and non protective family services and resources for children in care are systemically conducted according to a four year cycle.

2. METHODOLOGY

The audit of the Clearwater MCF office was asked to include a minimum of 25 % of the number of Child Protection Intakes open and/or closed between October 2000 and March 2001 (6 months), a minimum of 25% of open Family Services cases (Protective and/or Non Protective Services), and a minimum of 25% of open Child Service cases. A small number of files closed within the last six months will also be reviewed. Files were audited for compliance to the Child Protection Standards, the Risk Assessment guidelines, and case management policy. Information was obtained from file records and from interviews with staff. Demographic and statistical information was also obtained from the Thompson Region Operating Plan 1998/99.

Two auditors conducted fieldwork from April 30 to May 10, 2001. The 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 auditors met initially with the team to review the audit purpose and process. During the audit, the Team Leader and two Social Workers were interviewed with respect to office systems, service delivery structure, and community resources.

At the conclusion of the audit, the auditors met with the team to provide an overview of the results, including identified themes and patterns, and with the Team Leader for a more detailed review of the findings. The Team Leader and Child Protection Manager were provided with the compliance report of each file that had been audited.

3. COMMUNITY OVERVIEW

a) Geographics

The Clearwater F&CS office is part of the Thompson/Cariboo Region. The Thompson/Cariboo Region covers the South Central Interior. The region is comprised of Kamloops and a number of smaller adjacent communities. The office is located in the North Thompson sub-district of the Thompson/Nicola Regional District. The EHE team provides child protection and guardianship services from McClure to Blue River. The following communities are included in the geographic area: McLure, Little Fort, Barriere, Clearwater, Birch Island, Avola, Vavenby. (Information obtained from interviews with staff and the Thompson/Cariboo Region Operating Plan 1998/99.)

b) Demographics

The area served by EHE is a rural community. Clearwater and Barriere are predominantly resource-based economies. There is also some tourism and farming. There is one First Nations Reserve within the geographic boundary, the North Thompson Indian Band located near Barriere. The Team Leader commented that the population of school aged children is declining.

Poverty, neglect, family violence and drug and alcohol addiction were cited as some of the economic and social problem social workers encounter in the client population. (Information was obtained from Team Leader and the Thompson Region Operating Plan 1998/99.)

c) Service Delivery

The Thompson/Cariboo Regional Office is located in Kamloops. The Thompson/Cariboo Region has been divided into 3 sub-regions; the Thompson/Nicola; the Cariboo/Chilcotin; and the South Cariboo/North Thompson. The regional management structure includes the Regional Executive Director, an Associate Regional Executive Director, two Regional Child Protection Managers (one of the child protection managers is also responsible for guardianship- each having a Child Protection Consultant reporting to them), three Community Services Managers, a Community Living Services Manager, a Macro-Regional Manager Aboriginal Services, a Prevention and Early Intervention Manager, a Contract and Resources Manager, a Quality Assurance Manager, a Regional Financial Manager, and a Regional Personnel Manager. The Clearwater F& CS (EHE) Team Leader reports to the South Cariboo/North Thompson Community Services Manager for administrative/operational matters, non-protective family services and consults with the Child Protection Manager for the Thompson with respect to the delivery of child protection services.

The EHE Team Leader also consults with the Regional Guardianship Manager regarding guardianship services to children in care. The Child Protection and Guardianship Consultants are based in Kamloops and are available for consultation.

EHE is located in Clearwater. There is a sub-office located in the Barriere area. The Clearwater F&CS Office (EHE) is an integrated child and family services office. The office is responsible for: investigating child protection reports; assessing requests for support services; providing on-going protective and non-protective family services; providing guardianship services for children in care; developing residential child care resources; adoptions; youth probation services; and community living services to children and adults. All responsibilities are divided between the social workers.

EHE is a regional training office and recently trained 4 students from the pre-employment training program.

d) Resources

I. Residential

EHE currently has 13 foster homes. Within the complement of foster homes, there are restricted, regular and leveled homes. However, there are no group homes and no emergency home. EHE social workers have access to Kamloops resources for high needs children. However, they very seldom need to have children leave the community.

One of the social workers has responsibility for residential resources including recruitment and studying the foster home. The resource work is a .5 FTE. The child's social worker will consult with the supervisor and the resource regarding the selection of a foster home. EHE social work staff are familiar with all the foster homes within their geographic area. The child's social worker provides information to the foster parents regarding the child in care.

EHE staff commented that children in care are fairly stable and feel that the foster homes generally meet the children's needs. If a foster home requires support, the resource worker will provide that support. There are also services that foster parents can access which include childcare workers, family support workers, a foster parent's coordinator and the mental health counselor. Relief for foster parents is also available. Local foster parents will provide relief for one another.

II. Non-Residential

In Clearwater, there are a variety of services available through Wells Gray Community Services. They include a Mental Health Counselor who does anger management and play therapy, a family support worker who will work with MCF clients as well as community referrals and childcare workers who provide services to children and families. In addition, childcare workers provide most of the supervised access for EHE. Nobody's Perfect parenting program is also available through Wells Gray Community Services.

A parent-teen mediator based out of 100 Mile House is contracted to provide services for EHE. Home support services are also available in both Clearwater and Barriere. There is also a safe house contract that secures a place to stay (in a hotel) for battered woman. There are also groups and individual sessions for domestic violence through the Stopping the Violence Program, and a Victim's Services program through the RCMP.

EHE staff commented that Parenting Capacity Assessments are available in Kamloops. For assessments in child abuse cases, EHE will have access to the SCAN (Suspected Child Abuse and Neglect) clinic in the Fall 2001 at the Royal Inland Hospital in Kamloops.

Drug and Alcohol counseling services are available in both Clearwater and Barriere. Residential drug and alcohol treatment programs are available in Thompson region. There is a detox center for adults in Kamloops and a residential treatment center for youth in Williams Lake.

There are 4 schools in the Clearwater area including an alternative program. There is a full-time school counselor who works in all the schools. In addition, there are also 2 part-time school counselors. In Barriere, there are 3 schools and a full time school counselor. Staff commented that their working relationship with local schools was good.

Medical services in Clearwater include a hospital and a medical clinic. However, surgery is not available through the local hospital. A full-time Public Health Nurse is available in the Clearwater area. In Barriere, the Public Health Nurse is available 1.5 days a week. An Infant Development worker from Kamloops provides service to Clearwater residents 1 day a week. EHE staff report a good working relationship with community partners.

e) Legal Services

The Director is represented in court by contracted legal counsel. Contract legal counsel for EHE was changed approximately two years ago. Legal counsel is located in Kamloops.

4. STAFFING

a) Professional Staff Complement/Staff Turnover

The team consists of a Team Leader, 3.5 social worker positions, and a .5 probation interviewer position. There are three full time and one half time social workers: all are permanent staff members. The Clearwater office is currently operating at full staff. The only vacancy is the .5 probation officer position. Because of difficulty filling that position, one of the social workers is currently filling the half-time probation position as a probation interviewer. The half-time social worker is currently working full time.

Position	Length of	Education	MCF	Delegation	Status
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	Time on Team		Experience		
Team Leader	19 years	BSW	19 years	Full	Permanent
Social Worker 1	11 years	BSW	11 years	Full	Permanent
Social Worker 2	10 years	BA	16 years	Full	Permanent
Social Worker 3	8 years	BSW	8 years	Full	Permanent
Social Worker 4	2.5 years	BSW	2.5 years	Full	Permanent – March 2001 (prior to that was an aux. on the team since Dec. 1998)

EHE has been a very stable office for the last few years. There has been some disruption over the last year. The Team Leader was on a medical leave for 6 weeks last summer. Shortly after that, one of the social workers went on a medical leave in early October 2000. This staff member resigned in December 2000. An auxiliary social worker was able to fill that vacancy and was confirmed in a permanent position in the office in March 2001.

b) Administrative Services Staff Complement/Staff Turnover

The Clearwater MCF office is co-located with the Ministry of Social and Economic Development. They share a file room and a common waiting room. There are 1.5 administrative positions for Clearwater office. There is a full-time Office Manager and a half-time Office Assistant. The front office is shared with MSDES. However, there is separate administrative staff for each ministry. The office manager was recently on medical leave for 2 and a half months. The office was provided with partial coverage for her position.

c) Current Workload

All social workers are responsible for children protection investigations and ongoing protective family services and guardianship services. In addition to child protection and guardianship services, social work staff are responsible for residential resources, adoption, youth probation and community living services. Recently, the Team Leader has specialized by function the social workers' caseloads. One worker is responsible for resource work and adoption. One worker is responsible for community living services. There is a half-time probation officer vacancy that has proved difficult to fill. One of the social work staff is filling this vacancy as a half-time probation interviewer. The plan is that guardianship services will also be specialized in the near future. Cases are also divided on a geographical basis. Despite caseloads being specialized, all workers continue to carry cover intake. Because the office is very small, it is necessary for everyone to be included on the intake schedule.

Social Worker 1 – Intake and Investigation, Family Services, Guardianship, .5 Probation Interviewer

Social Worker 2 – Intake and Investigation, Guardianship, Community Living Services
(Plan for continuing custody wards to be specialized on this caseload in June 2001)

Social Worker 3 – Intake and Investigation, Family Services, Guardianship

Social Worker 4 – Intake and Investigation, Resources, Adoption

(Social worker 1 and 3 are providing on-going protective/nonprotective and guardianship services for the Barriere area.)

The current office-generated Caseload Management Report reported 38 open family service files, 37 open child services files, 22 resource files, 8 family services files (Community Living Services), 7 adoption files, and one post majority services file for a total of 113 files. Caseloads on the team ranged from 6 to 13 family service cases.

5. TRAINING

The Team Leader has completed the following training:

- Clinical Supervision
- Core Training for District Supervisors
- Coaching and Performance Enhancement Training
- Harassment in the Workplace
- Suicide Prevention
- The Team Leader is currently enrolled in the Emerging Leaders Training

The Team Leader and Social Workers have completed the following training:

- Core Training
- Investigative Interviewing
- Risk Assessment Training
- Outlook'98
- 2 social worker have attended LAC training

6. SUPERVISION/CONSULTATION

The Team Leader provides supervision with respect to the delivery of child protection, non-protection family support and guardianship services. The Team Leader is also responsible for administrative supervision of the probation interviewer. Clinical supervision for this position is provided through Kamloops.

Staff commented that the Team Leader is very knowledgeable regarding all the cases in the office. She will frequently accompany staff on investigations; to assist in the work; to enhance staff development; and evaluate staff performance. Staff meetings occur approximately every 2 weeks. Cases are reviewed and discussed in staff meetings. However, consultation is done on an individual basis between the Team Leader and the social worker. She is available for staff consultation on an as needed basis. Staff commented that the Team Leader is very accessible for consultation.

The South Cariboo/North Thompson Community Services Manager who is based out of 100 Mile House supervises the Team Leader. The Community Services Manager meets with the Team Leader monthly for supervision and consultation. The Team Leader consults with the Child Protection Manager regarding child protection matters. She reports that the Child Protection Manager who is based in Kamloops is available by telephone for consultation. The EHE Team Leader also consults with the Regional Guardianship Manager regarding guardianship services to children in care

7. INTAKE AND TRACKING SYSTEMS

It is only recently that the office developed an intake schedule. Prior to that whichever social worker was available was responsible for taking calls. Currently, there is one social worker responsible for intake each day, that worker remains in the office unless they need to respond to a child protection report. If they have to leave the office, they will ensure that another social worker is available to cover intake for them. If no other social worker is available, they have the Team Leader cover intake. Intake days are chosen on a monthly basis. Each worker will take the same number of intake days per month. Staff commented that the current system is working well to provide coverage for the office. They also believe that it helps to ensure that work is distributed evenly. After a worker receives an investigation call, they generally will follow the report through to the completion of the investigation.

Upon receipt of an intake, the worker completes a prior record contact check and then consults with the Team Leader regarding Risk Decision 1 and 2. After consultation with the Team Leader, the report is entered on the computer. After the report is entered, a copy is given to the Team Leader who will sign the initial copy. The social worker that receives the report is responsible to complete the investigation.

The Team Leader monitors intakes through the Intake Status reports and through review at team meetings. Social workers commented that they frequently consult with their supervisory during the investigation. The Team Leader is consulted at key points in the investigation: after the children are interviewed, before a removal occurs, prior the conclusion of the investigation. If a file is going to remain open at the conclusion of the investigation, it is sometimes transferred to another social worker. Workers' caseloads are divided by geographic area and by function. Transfer will occur after the presentation hearing. It is expected that the transferring and receiving social worker will meet with the child and family prior to transfer.

On-going family services and child services cases are tracked through regular review of the Caseload Management Report. The Team Leader reviews the report with social work staff at meeting and on an individual basis. The report is also reviewed to determine the distribution of cases. The Team Leader also ensures that the Integrity Report is circulated to the social workers.

8. PROTOCOLS

The following protocols are in effect:

- Trilateral agreement between MCF, School District # 73 and RCMP- April 12, 1999

- Memorandum of Understanding with Local RCMP - Investigations and Assistance with Removals – August 1999
- Family Violence – March 1997
- Protocol with the Regional Health District

The following protocol is under development:

- North Thompson Victims' Assistance and Safe Home Society – Draft - February 2000

The following protocol is under development:

- North Thompson Indian Band

9. ABORIGINAL SERVICES

There is one First Nations reserve within the EHE geographic area. The North Thompson Indian Band is located near Barriere. The North Thompson Indian Band is part of the Shuswap Nation Tribal Council. The North Thompson Indian Band is affiliated with Secwepemc Child and Family Services. Secwepemc Child and Family Services is in the start-up stage of becoming a delegated Aboriginal Child and Family Services Agency.

There are a number of services available through the North Thompson Indian Band including a Band social worker, a drug and alcohol counsellor, a daycare center, a native support worker and a financial assistance worker. There is also First Nations support worker who works in the schools. The Band is in the process of developing more services. There is also a junior elementary school on the North Thompson reserve.

The EHE Team Leader estimates that approximately 25% of child in care in are Aboriginal. The Clearwater office currently has no Aboriginal foster homes. The resource worker has tried to do recruitment for Aboriginal foster homes on reserve. Although no formal protocol has been signed with the North Thompson Indian Band, EHE social workers actively involve the North Thompson Indian Band in their work with children and families on reserve. Band staff are often included in investigations that occur on reserve. EHE staff report that they have a good working relationship with the Band.

10. AUDIT SAMPLE

The audit of the Clearwater MCF office includes a minimum of 25 % of the number of Child Protection Intakes open and/or closed between October 2000 and March 2001 (6 months), a minimum of 25% of open Family Services cases (Protective and/or Non Protective Services), and a minimum of 25% of open Child Service cases. A small number of files closed within the last six months will also be reviewed.

The Intake & Child Services Integrity Report indicated that there have been 88 intake reports during the last 6 months (between October 2000 and March 2001). Of the 88 reports, 58 have been child protection reports (66%) and 30 have been non-protection reports.

Current Caseload Management Reports (CMR) were printed from MCF computer system and used to arrive at an audit sample number. The Caseload Management Report recorded 38 open

family services files open to four caseloads to be included in the audit. 32 files were designated protection: 6 files were designated non-protection. 13 of the 38 family service files were audited, representing **34%** of files. A further 25 family services files closed in the last 6 months were also audited to the sample.

At the time of the audit almost all intakes open were current except for two in one file which was open since 1999; assistance was provided to the case worker and these two intakes were appropriately closed before the completion of the audit.

There were 37 open child service cases on the four caseloads at the beginning of the audit. The Team Leader is temporarily managing 2 high profiles child service files after the social worker carrying the cases left the office. Of these cases, 4 children/youth were living at home with a supervision order in place. 33 children/youth were in ministry care. There were 5 in care through voluntary care agreement, 5 temporary custody wards, 22 continuing custody wards and one special needs agreement.

Ten (10) child services files were audited of 38 open child services files for **27%**. A small sample of four (4) closed child service files were added to the audit which in total included 3 continuing custody, 3 temporary wards, and 2 voluntary care agreements.

11. COMPLIANCE TO CHILD PROTECTION PRACTICE

Twenty-six (26) Child Protective service files were audited. Overall compliance to the child protection standards was **73.6%**. Information for determining compliance to the standards was based on documentation.

In 2 cases, the auditors identified children at immediate risk: those cases were immediately brought to the attention of the Team Leader, whom directed staff to re-assess risk at once. This review was completed by the end of the audit. A small number of cases were reviewed with the Team Leader at the completion of the audit for clarification regarding Risk Decisions 3 and 4. Cases where risk assessments and Risk Reduction Plans were not documented were also identified for review and follow-up.

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

- quality of the risk reduction plan
- clarity of goals along with timeframes
- involvement of family and community partners
- nature of the monitoring and evaluation of the service provided

- goals and monitoring of supervision orders
- reassessment of risk at critical points during the case management process
- the process around file transfer and closure, as applicable.

. The following provides a breakdown of the compliance ratings:

1. Protocols

Protocols were appropriately followed on 6 of 26 applicable cases (23%). In 19 cases there was not protocol applicable (73% CA) where good practice and community involvement was documented. One case was rated NC (4%) where no documentation was found to confirm that the inter-provincial protocol was followed.

2. Children from Aboriginal Communities

The standard was rated compliant in 25 of 26 cases (96%). One case was rated NC (4%) where the Band from Alberta was not identified.

3. Cultural, Racial and Religious Differences

The standard was rated compliant in all 26 cases for 100% compliance.

4. Reportable Circumstances

The standard was rated compliant in one applicable case for 100% compliance. The standard was not applicable in 25 cases.

5. Case Records

Case records and confidentiality of materials is maintained in a secure file room. This standard also addresses record management. The standard was rated compliant in 21 of 26 cases (81%); 5 cases were rated NC where the electronic format was outdated or files were closed without completing the electronic format required.

6. Supervisory Responsibility

The standard was rated compliant in 14 of 26 cases (54%). 12 cases were rated NC (46%) where consultation and approval was not fully documented for RD3 and RD4 and in one case where the Team Leader completed the immediate safety assessment (RD3) and there is no documentation of consultation with the child protection manager.

7. Assessment of Reports

The standard was rated compliant in 24 of 26 cases (92%). One case was rated NCF, beyond the control of the worker, and the other case was assessed beyond the 24 hours required by the standard.

8. Prior Contact Check and Registration

The standard was rated compliant in 22 of 26 cases (85%). 4 cases were rated NC (15%) where no PCC was found attached to the intake package.

9. Determining the Speed of Assessment

The standard was rated compliant in all 26 cases for 100% compliance.

10. Risk Decision 1: Deciding Whether to Investigate

The standard was rated compliant in 24 of 26 cases (92%); one case was rated NC where an investigation was completed and the report did not constitute a section 13 concern; the other case had clear section 13 concerns which were not investigated.

11. Informing the Police

The standard was rated compliant in 3 of 3 applicable cases (100%): 23 cases were non-applicable.

12. Risk Decision 2: Decide Investigation Response Time

The standard was rated compliant in 24 of 24 applicable cases (100%). 2 cases were NA.

13. Initial Plan of Investigation

The standard was rated compliant in 18 of 24 applicable cases (75%): 6 cases were rated NC (15%) where no initial investigation plan was documented. 2 cases were NA.

14. Steps Required to Complete the Investigation

The standard was rated compliant in 12 of 24 applicable cases (50%). One case was rated NCF, beyond the control of the worker. 11 cases were rated NC: 10 cases were rated NC where no or insufficient collateral checks were completed: one case was rated NC where a key witness was not interviewed. 2 cases were NA

15. Seeing and Interviewing the Child

The standard was rated compliant in 14 of 25 applicable cases (56%). 11 cases were rated NC where there was insufficient documentation to confirm that either the subject child or siblings were seen and interviewed.

16. Arranging Medical Examination for the Child

One case where the standard was applicable was rated NC where the child alleged that he had bruising as a result of being pushed by his father, but there is no documentation of a medical examination. The remaining 25 cases were NA.

17. Seeing and Interviewing the Parent

The standard was rated compliant in 16 of 25 applicable cases (64%). One case was rated NCF beyond the control of the worker. 8 cases were rated NC (32%): 7 cases were rated NC where there was no documentation of an in person interview with the parent or one or more parent was not interviewed: one case was rated NC where there was no documentation of an interview with the stepfather.

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

The standard was rated compliant in 17 of 24 applicable cases (71%). 7 cases were rated NC (29%): 4 cases were rated NC where there was insufficient information to assess the child's immediate safety or historical information was not rated. In one case without risk factors present, the child was rated unsafe. The other 2 cases were rated incorrectly and identified for the Team Leader's follow up. 2 cases were NA.

19. Risk Decision 4: Decide if Child Needs Protection

The standard was rated compliant in 15 of 24 applicable cases (63%). 9 cases were rated NC: 6 where significant steps in the investigation were not documented and there was insufficient information to determine whether the child was in need of protection: 2 cases where the finding was not consistent with file information. The other case was identified for the Team Leader to follow up.

20. Investigative Action - Cannot Locate Child or Family

The standard was non-applicable in all 26 cases.

21. Recording and Reporting the Investigation Results

The standard was rated compliant in 15 of 23 applicable cases (65%). 8 cases were rated NC (35%) where there is no documentation to confirm that the reporter and /or the parent had been informed of the results of the investigation.

22. Time Limit for Investigations

The standard was rated compliant in 23 of 24 applicable cases (96%). One case was rated NC where the investigation was completed beyond the 30 days requirement. 2 cases were NA.

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

The standard was rated compliant in 3 of 5 applicable cases (60%). 2 cases were rated NC (40%): where the child had been found in need of protection and there was no documentation of a comprehensive risk assessment. The remaining 21 cases were NA.

24. Risk Assessment of a Third Report

The standard was applicable to 2 cases, both rated NC where there were 3 child protection reports about a young child within a year and a risk assessment was not documented on file. The other 24 cases were NA.

25. Risk Decision 6: Developing a Risk Reduction Plan

The standard was rated compliant in 3 of 5 applicable cases (60%). 2 cases were rated NC where a risk reduction service plan was not documented on the file with risk factors present.

26. Supervision Orders

The standard was rated compliant in 1 of 4 applicable cases (25%). Three cases were rated NC where the supervision order did not comply with the conditions required by this standard. This matter was discussed with the Team Leader and the team.

27. Removing a Child

The standard was applicable to one case that was rated NC, where a report received on child under a Supervision Order clearly confirmed the breach of the Terms and Conditions of the order. The other 25 cases were NA.

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

The standard was rated compliant in 1 of 3 applicable cases (33%). 2 cases were rated NC: 1 case was rated NC where there was no re-assessment of risk documented at the end of a supervision order. In one case, there was no re-assessment of risk documented when a protective family service file was closed.

29. Reclassify - Protective to Non Protective Family Service

The standard was non-applicable in all 26 cases.

30. Where a Child or Family is Missing

The standard was non-applicable in all 26 cases.

31. Transferring a Protective Family Service Case

The standard was non-applicable in all 26 cases.

32. Closing a Protective Family Service Case

The standard was rated compliant in 12 of 21 applicable cases (57%). 9 cases were rated NC (43%): 2 cases where there was no re-assessment of risk documented when a protective family service file was closed: 7 cases where a thorough investigation has not been completed to accurately confirm if the child is need of protection.

12. COMPLIANCE TO CHILD SERVICE PRACTICE

Fourteen (14) child service files were audited. Overall compliance to the child service standards was **79.6%**. Information for determining compliance to the standards was based on documentation.

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

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

Comprehensive Plans of Care had not been completed on 4 of 14 cases.

The following provides a breakdown of the compliance ratings:

1. Protocols

Protocols were appropriately followed in 5 of 12 applicable cases (42%). 7 cases did not follow protocols, but confirmed good practice and community involvement of MCF partners. 2 cases were rated NA.

2. Children from Aboriginal Communities

The standard was rated compliant in all 14 cases for 100% compliance.

3. Cultural, Racial, Religious Differences

The standard was rated compliant in all 14 cases for 100% compliance.

4. Reportable Circumstances

The standard was rated non compliant in one applicable case where no documentation was found to confirm the notification to the Child Protection Division of an accident suffered by a child in care while in a respite home.

5. Case Records

The standard was rated compliant in 11 of 14 cases (79%). 3 cases were rated NC where the electronic format required was outdated.

6. Supervisory Responsibility

The standard was rated compliant in 13 of 14 cases (93%): one case was rated NC where there was no documentation to indicate that the supervisor was aware of current planning.

7. Appropriate Legal Plan

The standard was rated compliant in 13 of 14 cases (93%): one case was rated NC where the legal plan was assessed as not been appropriate.

8. Legal Documentation

The standard was rated compliant in all 14 cases for 100% compliance.

9. Public Trustee Notified

The standard was rated compliant in 3 of 5 applicable cases (60%). 2 cases were rated NC where there was no documentation of an application to the public trustee after a child was made a continuing custody ward.

10. Admission Medical

The standard was rated compliant in 13 of 14 cases (93%). One case was rated NC where the medical admission form was not found on file.

11. Medical History Obtained and Recorded

The standard was rated compliant in 7 of 11 applicable cases (64%). 4 cases were rated NC where there was no documentation of medical history of the file.

12. Ongoing Medical Needs Attended

The standard was rated compliant in 11 of 12 applicable cases (92%). One case was rated NC where there was no documentation to confirm the standard.

13. Overall Goal Determined

The standard was rated compliant in all 14 cases for 100% compliance.

14. Developing a Comprehensive Plan of Care

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

The standard was rated compliant in 7 of 10 applicable cases (70%). 3 cases were rated NC: 2 cases were rated NC where there is no comprehensive plan of care on file: 1 case where the parent was not involvement in the development of the comprehensive plan of care.

15. Plan of Care - Timely & Current

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

The standard was rated compliant in 3 of 7 applicable cases (43%). There was a rating of NCF for partial compliance in two cases, where CPOCs were not completed in 30 days: 2 cases were rated non-compliant, as the CPOC had not been completed.

16. Assessment, Planning & Views

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

The standard was rated compliant in 4 of 10 applicable cases (40%): 2 cases were NCF for partial compliance: 4 cases were rated non-compliant, where there was no CPOC or the CPOC was mostly incomplete, particularly when the worker used N/A in several categories.

17. Care Plan Reviewed

The standard was rated compliant in 4 of 5 applicable cases (80%): 1 case was rated NC where there was no documentation of a care plan review.

18. Meet With Child

The standard was rated compliant in 9 of 14 cases (64%). 5 cases were rated NC where there was no documentation that the child had been seen by a social worker apart from their caregiver in the last three months.

19. Rights of Children in Care

The standard was rated compliant in 7 of 11 applicable cases (64%). 4 cases were rated NC (36%) where there was no documentation that the child had been informed of their rights as a child in care.

20. Preparation for Independence

The standard was rated compliant in 2 of 3 applicable cases (67%): 1 case was rated NC where there was no documentation that a youth was being prepared for independence. The other 11 cases were NA.

21. Placement

The standard was rated compliant in all 14 cases for 100% compliance.

22. Resource Suitability

The standard was rated compliant in 13 of 14 cases (93%): 1 case was rated NCF where some recent concerns had been raised regarding the suitability of the caregiver and these concerns were being reviewed through a quality of care review.

23. Information to Caregiver

The standard was rated compliant in 6 of 12 applicable cases (50%). 6 cases were rated NC where there was no documentation on the file that the caregiver had been provided with written information regarding the child.

24. Continuity and Stability

The standard was rated compliant in all 14 cases for 100% compliance.

25. Reassessing Risk

The standard was rated non-compliant in 4 of 4 applicable cases. 4 cases were rated NC: 1 case was rated NC where a child was returned home and the risk assessment completed did not accurately reflect the risk to the child. 2 cases were rated NC where no assessment of risk or reduction risk plan had been documented prior to the expiry of temporary custody orders. One case was rated NC where there was no documentation of a re-assessment of risk prior to the expiry of a supervision order.

26. Missing, Lost or Runaway Child in Care

The standard was non-applicable in all 14 cases.

27. File Transfer

The standard was non-applicable in all 14 cases.

28. File Closure

The standard was rated compliant in 4 of 5 applicable cases (80%). One case was rated NC where the child had been returned home 3 month earlier and the file remained open. The other 9 cases were NA.

29. File Recording and Documentation

The standard was rated compliant in 12 of 14 cases (86%): 2 cases were rated NC where there was no recent documentation on file.

13. COMPLIANCE TO NON PROTECTIVE FAMILY SERVICE PRACTICE

Twelve (12) family service files designated as non-protective were audited. Overall compliance to the non-protective family service standards was 84.4 %. Information for determining compliance to the standards was based on documentation.

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

- the quality of the assessment
- an outline of the service plan with clearly stated goals, objectives and time frames
- evaluation and review of the service plan, including an evaluation of the support services provided to the family
- file transfer and closure, where applicable.

The following provides a breakdown of the compliance ratings:

1. Protocols

The standard was rated compliant in 1 of 8 applicable cases (13%). 6 cases were rated CA where protocols were not followed, but the action was consistent with good practice. One case was rated NC where the police were not notified. The 4 other cases were NA.

2. Children from Aboriginal Communities

The standard was rated compliant in 11 of 12 applicable cases (92%): 1 case was rated NC where the file information indicated that the child had Aboriginal heritage but the snapshot did not reflect that information.

3. Cultural, Racial & Religious Differences

The standard was rated compliant in all 12 cases for 100% compliance.

4. Reportable Circumstances

The standard was rated compliant in 0 of 1 applicable cases: 1 case was rated NC where there was no documentation that a reportable circumstance was reported to the Director's office. The 11 other cases were rated NA.

5. Case Records

The standard was rated compliant in 8 of 12 applicable cases (67%). 4 cases were rated NC: 1 case was rated NC where there was no documentation of an intake that led to the child's removal; 1 case was rated NC where a child protection report had not been documented as an intake. Electronic information was outdated on 2 cases.

6. Supervisory Responsibility

The standard was rated compliant in all 12 cases for 100% compliance

7. Initial Assessment of Referrals, Service Requests, Reports

The standard was rated compliant in 10 of 12 applicable cases (83%). 2 cases were rated NC where section 13 concerns were not assessed as child protection reports.

8. Prior Contact Check & Registration

The standard was rated compliant in 11 of 12 applicable cases (92%): one case was rated NC where there was no PCC attached to the intake package.

9. Determining the Speed of Assessment

The standard was rated compliant in 11 of 12 applicable cases (92%): one case was rated NC where the assessment was not done within 24 hours.

10. Comprehensive Assessment

The standard was rated compliant in all 3 applicable cases for 100% compliance. The other 9 cases were NA.

11. Legal Documentation

The standard was rated compliant in all 4 applicable cases for 100% compliance. The other 8 cases were NA.

12. Service Plan with Goals & Time Frames

The standard was rated compliant in all 3 applicable cases for 100% compliance. The other 9 cases were rated NA.

13. Service Plan Monitored

The standard was rated compliant in all 3 applicable cases for 100% compliance. The other 9 cases were rated NA.

14. Service Plan Review/Evaluation

The standard was rated compliant in all 2 applicable cases for 100% compliance. The other 10 cases were rated NA.

15. Reclassifying Case from Protective FS to Non-Protective FS

The standard was rated non-compliant in 1 applicable case where the service basis of the case on MIS should have been changed to non-protection services, although the file was originally rated protection.

16. Transferring a Family Service Case

The standard was non-applicable in all 12 cases.

17. Closing a Family Service Case

The standard was rated compliant in 8 of 9 applicable cases (89%). One case was rated NC where a sexual abuse investigation should have been conducted prior to file closure. This case was identified to the Team Leader and was completed before the end of the audit.

18. Recording

The standard was rated compliant in all 4 applicable cases for 100% compliance. The other 8 cases were rated NA.

14. RECOMMENDATIONS

1. That regional management ensures that any cases identified for review or attention, and any files containing non-compliance ratings, are reviewed for completion of any outstanding work.
2. That the regional child protection manager develop and implement a plan with the team leader and staff to enhance the following child protection practice areas:
 - Ensuring required consultation with the supervisor occurs and is documented
 - Steps required to complete the investigation
 - See and Interview the child(ren)
 - See and Interview the parent(s)
 - Risk Decision #3 – Assessing child’s immediate safety
 - Risk Decision #4 – Deciding if a child needs protection
 - Recording and reporting investigation results
3. That the regional child protection manager review with the team leader the requirements of practice standard #24 – risk assessment of a third report
4. That the team leader review with the team the requirements of the following guardianship practice areas:
 - Meeting with the child
 - Ensuring that children have their rights explained to them and that this is documenting
 - Providing information to caregivers on children in their care

Karen Blackman, BSW
Audit Unit, Child Protection Division
May 16, 2001

Alfredo Sepulveda, MSW
Provincial Auditor

APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS

New Child Protection Standards Completed Case Reviews For All Reviewers

BRITISH Ministry for
COLUMBIA Children and

For the period between 2000-Jan-01 and 2001-Jun-06

SUMMARY OF 26 CASE AUDIT(S) FOR OFFICE EHE

<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	6	23%	19	73%	1	4%
10-10-020	2	Children From	25	96%			1	4%
10-10-030	3	Cultural, Racial &	26	100%				
10-10-040	4	Reportable	1	100%				25
10-10-050	5	Case Records	21	81%			5	19%
10-10-060	6	Supervisory	14	54%			12	46%
10-20-010	7	Assessment Of Reports	24	92%		1	4%	1
10-20-020	8	Prior Contact Check And	22	85%			4	15%
10-20-030	9	Determining The Speed	26	100%				
10-20-040	10	Risk Decision 1:	24	92%			2	8%
10-20-050	11	Informing The Police	3	100%				23
10-30-010	12	Risk Decision 2:	24	100%				2
10-30-020	13	Initial Plan Of	18	75%			6	25%
10-30-030	14	Steps Required To	12	50%		1	4%	11
10-30-040	15	Seeing And Interviewing	14	56%			11	44%
10-30-050	16	Arranging A Medical					1	100%
10-30-060	17	Seeing And Interviewing	16	64%		1	4%	8
10-30-070	18	Risk Decision 3:	17	71%			7	29%
10-30-080	19	Risk Decision 4:	15	63%			9	38%
10-30-090	20	Investigation Where						26
10-30-100	21	Record & Report	15	65%			8	35%
10-30-110	22	Time Limit For	23	96%			1	4%
10-40-010	23	Risk Decision 5:	3	60%			2	40%
10-40-020	24	Risk Assessment Of A					2	100%
10-50-010	25	Risk Decision 6:	3	60%			2	40%
10-50-020	26	Supervision Orders	1	25%			3	75%
10-50-030	27	Removing A Child					1	100%
10-60-010	28	Risk Decisions 7, 8, 9:	1	33%			2	67%
10-60-020	29	Reclassify Case From						26
10-60-030	30	Where A Child Or Family						26
10-60-040	31	Transferring A						26
10-60-050	32	Closing A Protective	12	57%			9	43%

Standards in Compliance: 366 Applicable Standards: 497 Overall level of compliance: 73.64%

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 2000-Jan-01 and 2001-Jun-06

SUMMARY OF 14 CASE AUDIT(S) FOR OFFICE EHE

<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	5	42%	7	58%		2
45-10-020	2	Children From	14	100%				
45-10-030	3	Cultural, Racial,	14	100%				
45-10-040	4	Reportable					1	100%
45-10-050	5	Case Records	11	79%			3	21%
45-10-060	6	Supervisory	13	93%			1	7%
45-20-010	7	Appropriate Legal Plan	13	93%			1	7%
45-20-020	8	Legal Documentation	14	100%				
45-20-030	9	Public Trustee Notified	3	60%			2	40%
45-30-010	10	Admission Medical	13	93%			1	7%
45-30-020	11	Medical History	7	64%			4	36%
45-30-030	12	Ongoing Medical Needs	11	92%			1	8%
45-40-010	13	Overall Goal Determined	14	100%				
45-40-015	14	Developing a	7	70%			3	30%
45-40-021	15	Plan Of Care - Timely	3	43%		2	2	29%
45-40-025	16	Assesment , Planning	4	40%		2	4	40%
45-40-030	17	Care Plan Reviewed	4	80%			1	20%
45-40-040	18	Meet With Child	9	64%			5	36%
45-40-050	19	Rights Of Children In	7	64%			4	36%
45-40-060	20	Preparation For	2	67%			1	33%
45-50-005	21	Placement	14	100%				
45-50-010	22	Resource Suitability	13	93%		1	7%	
45-50-020	23	Information To Caregiver	6	50%			6	50%
45-50-030	24	Continuity and Stability	14	100%				
45-60-010	25	Reassessing Risk					4	100%
45-60-030	26	Missing, lost or runaway						14
45-60-040	27	File Transfer						14
45-60-050	28	File Closure	4	80%			1	20%
45-60-060	29	File Recording &	12	86%			2	14%

Standards in Compliance: 231 Applicable Standards: 290 Overall level of compliance: 79.66%

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 2000-Jan-01 and 2001-Jun-06

SUMMARY OF 315 CASE AUDIT(S) FOR PROVINCE BC

<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	116	57%	85	42%				2	1%	112
30-10-020	2	Children From	286	91%	3	1%		21	7%	5	2%	
30-10-030	3	Cultural, Racial &	312	99%	3	1%						
30-10-040	4	Reportable	2	67%						1	33%	312
30-10-050	5	Case Records	296	94%						19	6%	
30-10-060	6	Supervisory	272	86%	1					42	13%	
30-25-010	7	Initial Assessment Of	259	82%						56	18%	
30-25-020	8	Prior Contact Check &	269	85%				1		45	14%	
30-25-030	9	Determining The Speed	294	93%						21	7%	
30-35-010	10	Comprehensive	80	75%						26	25%	209
30-35-020	11	Legal Documentation	52	70%						22	30%	241
30-35-030	12	Service Plan With Goals	57	61%				1	1%	35	38%	222
30-35-040	13	Service Plan Monitored	42	81%				1	2%	9	17%	263
30-35-050	14	Service Plan	26	52%				1	2%	23	46%	265
30-60-020	15	Reclassifying A Case	4	57%						3	43%	308
30-60-040	16	Transferring A Family	23	85%						4	15%	288
30-60-050	17	Closing A Family	154	94%						10	6%	151
30-65-010	18	Recording	81	67%						40	33%	194

Standards in Compliance: 2625 Applicable Standards: 3105 Overall level of compliance: 84.54%

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.