

**DIRECTOR'S PRACTICE AUDIT REPORT**  
**LILLOOET DISTRICT OFFICE (EHD)**

**Field Work Completed: May 28 - June 06, 2001**

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## **DIRECTOR'S PRACTICE AUDIT REPORT LILLOOET DISTRICT OFFICE (EHD)**

### **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 Lillooet District Office (EHD) was asked to include a minimum of 20 – 25% of the number of open Family Service cases (protective and non-protective services), 20 – 25% of the number of open Child Services cases, and a minimum of 25% of Child Protection Intakes open and/or closed within the past six months. Files were audited for compliance to the Child Protection Standards, Risk Assessments guidelines, and Case Management policy.

Field work was conducted from May 28 to June 06, 2001, by one auditor. 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 auditor met initially with the team to review the audit purpose and process.

During the audit, the Team Leader and a Social Worker were interviewed with respect to office systems, service delivery structure, and community resources. At the conclusion of the audit, the auditor met with team to provide an overview of the results, including identified themes and patterns, and with the Team Leader for a more detailed review of the findings. The auditor also met with the Regional Child Protection Manager at the regional office, to provide an overview of the audit.

Both, the Team Leader and Child Protection Manager were provided with the compliance report of each file that had been audited, including some that required a further review.

### **3. COMMUNITY OVERVIEW**

#### **a) Geographics**

The Lillooet District Office is located on the South-West part of the Thompson-Cariboo Region. The region covers the area of the Cariboo and Thompson, to the North to Quesnel, to the East to Salmon Arm, to the South to Lytton, and to the West to Bella-Coola.

The Lillooet District Office includes most of the St'at'imc aboriginal territory represented by the Lillooet Tribal Council.

The District Office serves the area from the North West of Lytton, Pavillion (Cache Creek Road), Lillooet, Seton/Shalalth, Gold Bridge and Texas Creek Road.

#### **b) Demographics**

The population of the area served by the Lillooet District Office is estimated by the Team Leader to be 5,000. The District of Lillooet, which includes Lillooet, is estimated by the Municipal District to be over 3,000.

According to the Lillooet Tribal Council and based on the school enrolment in Lillooet, they estimate that 30% to 40% of the area population are aboriginal (1,800), including people off reserve. Close to 50% of the student population in the Lillooet District are Aboriginal (families off reserve).

According to the Team Leader 60 to 70% of the client population of the EHD District Office are Aboriginal.

Staff noted that many of the families and children they work with were affected by alcohol and drug abuse, chronic neglect, physical and sexual abuse, and domestic violence.

There is a small immigrant population of minorities.

The economy of the District is mainly forest and forest-based industry, primary and manufacturing industry, transportation/communications/utilities, services, and other government services. The main occupations for the area are public services, clerical, and forestry processing.

#### **c) Service Delivery**

The Thompson-Cariboo regional office is located in Kamloops. The regional management structure includes a Region Executive Director, 2 Child Protection Managers, Community Service Managers, and Aboriginal Service Manager. With the exception of the Community

Service Manager responsible for the rural communities, who is located in 100 Mile House, the managers are located in the regional office in Kamloops.

The Lillooet Team Leader is supervised by the Regional Child Protection Manager who oversees the delivery of child protection services for the Thompson part of the region. The Team Leader reports administratively to the Community Service Manager responsible for the rural communities. The Child Protection Consultant is also located in Kamloops.

The service delivery structure for Lillooet consists of one multidisciplinary team (EHD) to investigate and assess new child protection reports and requests for support services, guardianship, mental health, and youth probation within the geographic area of responsibility.

At the time of the audit there are 2 Social Workers doing child protection, one is responsible for Intake and Investigation and the other is responsible for Investigations, Family Service and Guardianship; a third Social Worker has been responsible for resources, community living services, and adoptions; this position is currently vacant and a new worker will be assigned to the office upon the completion of the core training.

Family and Child Service responsibilities are divided between the first 2 Social Workers.

There is a Mental Health Worker and a Youth Probation Worker in the team. The Mental Health worker is shared with the Ashcroft District Office and the Youth Probation Worker is Shared with the Lytton and Ashcroft District Offices.

If a Foster Home Protocol Investigation is required, the Regional Child Protection Manager assigns a Social Worker from a different office.

Unlike other offices in the province, Social Workers from EHD provide intervention counselling to families and children because there are a shortage of resources to families dealing with child protection matters.

The area covered by the Lillooet District Office is located on both sides of the Fraser River and is mainly rural. There is an average driving distance of 1.5 to 2 hours to reach some of these communities. Communication is an issue for Social Workers because cellular telephones do not work due to the geography of the area. This situation creates two challenges for the workers: timely consultation with the Team Leader in unforeseen circumstances when out in the field and safety issues. The communication challenge some times can be resolved if the worker has access to a telephone. The safety issue is directly related to the availability of workers in the office to do an investigation and the long driving distance on isolated roads. The Team Supervisor would prefer to send 2 workers to do an investigation, but this is not always feasible.

In the event of a late return to the office, the Social Worker is to contact the administrative staff at home to confirm the arrival. If the Social Worker then needs to consult with a supervisor, the worker will call the Vancouver After Hours supervisor.

In potentially high risk situations the Social Worker will get assistance from the Tribal Police and RCMP who will attend together with the worker.

The After Hours coverage on weekends is on call and is covered exclusively by the Team Supervisor, who has full delegation and also lives in town. The Social Workers from the regional float live in Kamloops and they return home each weekend. During the week, the Vancouver After Hours office could reach a Social Worker, provided that the worker has access to a regular telephone. Under exceptional circumstances, the Vancouver After Hours office may request the services from a Social Worker from Ashcroft.

#### **d) Resources**

##### **I. Residential**

Childcare resources for the Lillooet area are managed by the Social Worker of the EHD team responsible for this area of work. The workers of the team access a placement by contacting this worker. Once the resource worker locates an available home, the child's worker assumes responsibility for placement and for providing the caregivers with essential information about the child. In unique circumstances, a Social Worker may access a resource directly when in the field.

Childcare resources utilized by the EHD team include family care homes (regular, level 1 and restricted foster homes). The District Office has 21 foster homes in Lillooet, Bridge River, Pavillion, and Fountain. 10 of these homes are Aboriginal.

Due to the size of the community, a limited number of resources are available to meet children's needs.

Restricted foster homes are usually identified by the Social Worker with the help of the family and/or Band Social Worker. The same worker completes the home study.

The Team Supervisor has taken responsibility to conduct annual reviews of the resources.

Technically, there is .5 FTE allocated in the 100 Mile House office to help the EHD office to do resource recruitment, which has not materialized. Once the team gets the third FTE position, the Team Supervisor is planning to address the recruitment needs of the office. The new worker responsible for resources will assume sole responsibility for conducting resources' annual reviews.

##### **II. Non-Residential**

There are several contracted and community resources providing support services in the Lillooet area. The Lillooet Friendship Center is the main contractor, which provides Child Care Worker and counselling services.

Social Workers access Band resources such as mental health by contracted psychologists, Drug and Alcohol services and life skills services.

Other agencies accessed are Lillooet Home Support (homemakers); public health nurse (parenting programs) and federal health nurse; Infant Development Program; Teen Clinic (birth control and medical services); legal services; private counselling; University College of the Cariboo; adult mental health; and adult centre.

There is one hospital in town, the Lillooet District Hospital.

The Gold Trail School District #74 provides for several elementary schools on and off reserve. There is a middle high school (grade 8 to 11) in Shalalth. The only Secondary School is located in Lillooet.

The Adult Education and Learning Resource Centre hosts a variety of offices and services, including: Alternate School, Adult and Continuing Education, Speech and Language, Mental Health Worker, Special Education Coordinator, and Stl'atl'imx Coordinator.

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

Legal counsel has been providing services to MCF for a long time. Staff commented that legal counsel provides good directions and advice; he usually knows the cases well. Legal counsel represents the Director well, according to staff. He is available at all times.

There has been issues in the past regarding the content of the orders, which has been addressed and resolved. Getting the order timely remains problematic.

There is not a judge in town; judges come from Kamloops every 2 weeks or at least once a month. On occasion, court presentations may be done by telephone to a judge in Kamloops from the Lillooet courthouse. Hearings are then scheduled when the judge is present in court in Lillooet.

Rule 2 conferences are scheduled when appropriate; staff commented that in general they are effective in resolving matters which otherwise may be contested.

### **4. STAFFING**

#### **a) Child Protection Professional Staff Complement/Staff Turnover**

The team consists of one Team Leader and 3 FTE social work positions. Currently one permanent staff is on maternity leave and 2 Social Workers from the Regional float provide services; one of them has 4 years of experience and the second one is a new worker who joined the team at the time of the audit. A third new Social Worker will join the team upon the completion of the core training in the middle of June.

<b>Position</b>	<b>Length of Time on Team</b>	<b>Education</b>	<b>MCF Experience</b>	<b>Delegation</b>	<b>Status</b>
Team Supervisor	Supervisor since November 1999	B.A.	11 years	Full	Permanent
Social Worker 1	Since October 2000	B.S.W.	4 years with MCF	Full	Permanent, regional float
Social Worker 2	Since June 2000	B.A. *Exemption granted by Director	1 year	Core training March/June	Permanent
Social Worker 3	June 2001	B.S.W.	One week	Partial Applying for full	Permanent, regional float
Social Worker 4	October 1999	B.Sc.	7 years		Permanent on maternity leave

Social work staff shortage and turnover has been an ongoing challenge for this team and the region, creating team instability and lack of consistency to the MCF clientele, who in many instances resent this situation. Many Social Workers from within and out of the region worked in the office on short assignments.

The office has had a staff shortage since 1999. Recruitment has been an ongoing issue with limited success in getting Social Workers to move into the area. The office has been staffed with at least 12 different Social Workers from within the region and the rapid response team. The workers remained in Lillooet for a week up to several months. Often during this time coverage was maintained by 2 Social Workers. Many of the Social Workers were new to the Ministry with limited experience and in some cases needing to obtain delegation.

At the time of the audit one Social Worker from the regional float left the team and a new Social Worker from the regional float replaced this position. A third Social Worker, formerly the SPO Assistant of the team will join the team as a Social Worker at the end of her training. This means that within a short period of times this team will have a full complement of Social Workers. The Social Worker on maternity leave is due to return at the beginning of July 2001.



## **b) Administrative Services Staff Complement/Staff Turnover**

At the time of the audit, the Lillooet District Office has a full time Supervisor of Administrative Services and an auxiliary .5 Office Assistant 2. The clerical allocation to EHD is 1 FTE.

There is a common reception area shared with the Ministry of Human Resources as both ministries share the same building, including the filing room. There are separate reception areas for each ministry.

## **c) Current Workload**

Total Child Protection Intakes for the audit period was 71 (6 months prior).

Caseload Management Reports obtained at the beginning of the audit recorded 30 open Family Service cases (21 protective service, 6 non-protective service, and 3 unknown), and 17 open Child Service cases (14 Aboriginal). The District Office has been chronically in transition due to the ongoing rotation of Social Workers; this situation does not allow to accurately determining a figure of cases per worker.

In spite of the above and the fact that there were 2 Social Workers on the team at the time of the audit, the Case Management Reports indicate that caseload #1 carries 12 FS file and 16 CS files. Caseload #2 carries 18 FS files and one CS file (plus one Special Needs file). Caseload #3 carries 21 Resource files, 3 Community Living files, one Special Needs file, and one Adoption file. The caseload for the Team Leader shows that she carries one Adoption file. There were 9 open Child Protection Intakes connected to the open FS files, all of them current.

## **5. TRAINING**

The Team Leader has completed the following training:

- Social Worker core training
- New Emerging Leader (front line leadership)
- Fundamentals of Supervision
- Clinical Supervision
- Labour Relations
- Looking After Children (LAC)
- Managing Health Related Absences (OSH training)
- Suicide Intervention Skills
- Investigative Interviewing
- Comprehensive Risk Assessment
- Outlook 98

The Social Workers have completed the following training:

- Core training
- Looking After Children (one worker)
- Investigative Interviewing (one worker)
- Comprehensive Risk Assessment
- Youth Agreements (one worker)
- Suicide Intervention (one worker)
- Comprehensive Plan of Care
- Advance Interviewing Skills (one worker)

## **6. SUPERVISION/CONSULTATION**

The Team Leader provides supervision and clinical consultation with respect to the delivery of child protection and non-protective family support, guardianship, community living, adoption, and resources. The Team Leader is also administratively responsible for the Youth Probation worker and the Mental Health worker; both of these workers receive clinical supervision from supervisors from Kamloops.

Formal supervision has been difficult to schedule due to the ongoing changes of Social Workers, however all Social Workers do receive regular supervision. The 2 new Social Workers will receive ongoing formal supervision.

The Team Supervisor is available for consultation at all times and uses an “open door” approach to the members of the team.

The Community Services Manager meets regularly with the Team Leader and provides administrative supervision. There is ongoing consultation with the Regional Child Protection Manager. Administratively the Team Leader consults with the Community Services Manager responsible for rural communities. The Team Leader also consults with the Child Protection Manager responsible for Guardianship and the Aboriginal Service Manager.

When the Team Leader is away from the office, other Team Leaders from the Region are assigned to cover consultation. The Regional Child Protection Manager is always available for telephone consultation.

## **7. INTAKE AND TRACKING SYSTEMS**

### **a) Intake/Investigations:**

All new calls for service, child protection requests and requests for non-protective services, for the Lillooet area are received by the Social Worker responsible for Screening, who enters the information into the system and prints a copy of the intake together with a copy of the Prior Contact Check (PCC) and consults with the Team Leader. Risk Decision points #1 and #2 are then consulted and approved by the Team Leader. If the call is assessed as request for non-protective service, this worker may complete the assessment.

Any Child Protection matters requiring investigation are given to the second Social Worker of the team. This worker is also responsible for removals and court matters involving children in care.

The Team Leader monitors the Intake System and Intake Status Reports, to ensure all reports have been registered in a timely manner.

The Team Leader is consulted throughout the investigation to completion. Intake Status reports are monitored and reviewed regularly with the Social Worker. Status Reports reviewed by the auditor indicated that investigations were being completed in a timely manner.

Once the team gets a full complement of Social Workers and all are fully delegated, the Team Leader is planning to rotate the intake duties among the 3 workers. One of these workers will carry resources duties as well. The other 2 workers will share FS and CS cases.

#### **b) Tracking:**

The EHD Team Leader effectively manages a tracking system by utilizing the Integrity Reports and all the information available in the ministry computer system: To Do list, MIS, CIS, CMR reports: Key Events for CS files, Intake Status reports, and FS/CS listings by Social Worker. In addition, the Team Supervisor has a schedule of upcoming court cases and deadlines for care agreements.

The EHD District Office lacks an In and Out Book to account for the transfer in and out of open and closed files. This matter was discussed with the Team Leader.

### **8. PROTOCOLS**

The following protocols are in effect:

- Thompson Health Region (Draft): planning the location and space needs of child services outside Kamloops: alcohol and drug counselling, mental health, youth probation, public health nursing, speech, audiology, nutrition, and dental services.
- MCF and Physicians re. Information sharing (1997july31) (provincial)
- MSDES and MCF re. Youth agreements (200jan14) (provincial)
- MSDES and MCF re. Collocation of offices (1997, 1998, and 1999)
- ICBC and MCF re. Information sharing (1999mar17) (provincial)
- Children's Commission and MCF re. Review of critical injuries (1997aug26) (provincial)

The following protocols are under development:

- Lillooet Indian Band (T'it'q'et)

The following protocols have not been developed:

- Tri-lateral agreement with Education – RCMP (including the Stl'atl'imx' Tribal Police) – Hospital
- Local Indian Bands (7) or the Lillooet Tribal Council

## 9. ABORIGINAL SERVICES

There are 6 Aboriginal bands/reserves in the Lillooet area: Bridge River (Xwisten), Cayoose Creek (Sekw'elw'as), Fountain (Xaxlip), Lillooet (T'itq'et), Pavillion (Ts'kay'lax), and Seton Lake (Ts'alath). These Bands belong to the Lillooet Tribal Council located in Lillooet. There are 4 additional Bands South of D'Arcy that belong to the Lillooet Tribal Council, who are also part of the St'at'imc First Nation and speak the same language, Stl'atl'imx.

Many of these Bands have their own resources, including Social Workers. These resources include private psychologists who provide counselling, social development, drug/alcohol counselling, public nurse, and life skills workers.

The Lillooet Friendship Centre provides several services in addition to the MCF contracts already mentioned under "Resources".

Staff commented that although there are no protocols in place, they have verbal agreements and they have good working relationships with Band Social Workers. Child protection investigations are usually conducted together. Band Social Workers assist MCF Social Workers to find restricted foster homes on reserve to avoid placement out of their communities.

## 10. AUDIT SAMPLE

The audit was asked to review a minimum of 20 – 25% of open Family Service files and Child Service files, and a minimum of 25% of the number of Child Protection Intakes open and/or closed in the 6 months prior to the audit.

Current Caseload Management Reports (CMR) were printed and used from the MCF computer system and the Child Protection Intakes obtained from the MARS information to arrive at an audit sample number. Ten (10) of the 30 open Family Service files were audited, representing **33%** of the total number of open Family Service cases (7 protection cases and 3 non-protective cases).

Five (5) Child Service files were audited for children living in a ministry resource, representing **30%** of the 17 children in care of the ministry.

In addition, twenty-five (25) closed child protection intake files (21 protection cases and 4 non-protective cases) were audited from the 71 intakes received at the Lillooet District Office in the 6 months prior to the audit, representing **35%** of the total number of intakes at EHD.

The average number of Child Protection and Investigation Intake reports received in the last 6 months was twelve (12) cases.

## 11. COMPLIANCE TO CHILD PROTECTION PRACTICE

*Twenty-eight (28)* Child Protective service files were audited. Overall compliance to the child protection standards was **73.55%**. Information for determining compliance to the standards was based on documentation.

(\*Although this percentage is below the provincial average, it is important to clarify that the staffing issue for this office is a major factor affecting this rating. There has been an ongoing rotation of Social Workers for several years, from within the region and out of the region to support the functioning of this District Office).

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**

The standard was met in 1 of 1 applicable cases; the other 27 cases were rated CA, where the worker used an acceptable alternative confirming good practice.

### 2. **Children from Aboriginal Communities**

The standard was met at full compliance

### 12. **Cultural, Racial and Religious Differences**

The standard was met at 100% compliance.

### 4. **Reportable Circumstances**

All case rated NA.

### 5. **Case Records**

The standard was met in 25 of 28 cases (89%). Three cases were rated NC where the electronic or written format were either missing or outdated.

**6. Supervisory Responsibility**

The standard was met in 17 of 28 cases (61%). Eleven (11) files were NC (39%), mainly because the RD 3 and the RD 4 were not documented on the file, although the supervisor was consulted.

**7. Assessment of Reports**

The standard was completed at full compliance in all 28 cases.

**8. Prior Contact Check and Registration**

The standard was met in 15 of 28 cases (54%). Thirteen (13) cases were NC as there were no PCC found on file. As discussed with the supervisor and the team, the PCC is done visually at the time of the intake, but were not printed. The filing procedure for intakes will be rectified and corrected.

**9. Determining the Speed of Assessment**

100% compliance.

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

100% compliance.

**11. Informing the Police**

The standard was met in 4 cases (100%). The other 24 cases were NA.

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

100% full compliance

**13. Initial Plan of Investigation**

The standard was met in 6 of 28 cases (21%). Twenty-two (22) cases were NC (79%) where there was not documentation to confirm the standard.

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

The standard was met in 14 of 27 applicable cases (52%). Thirteen (13) cases were NC (48%), where no documentation was found to confirm all steps required to complete an investigation or where key collaterals were not completed. One case was rated NA.

**15. Seeing and Interviewing the Child**

The standard was met in 19 of 26 applicable cases (73%). One case was rated NCF beyond the control of the worker. Six (6) cases were rated NC (23%). Two (2) cases were NA.

This matter was discussed with the team to include the child and other children in the home, and to document the information consistently. The cases rated NC were identified for the Team Leader and the Child Protection Manager.

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

Three (3) applicable cases at 100% compliance; the other twenty (25) cases were NA.

**17. Seeing and Interviewing the Parent**

Twenty (23) of 26 applicable cases at 88% compliance. One case was NCF beyond the control of the worker. The other two (2) cases were NA.

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

100% compliance in twenty-seven (27) cases. The other case was NA.

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

Twenty-five (25) of 27 applicable cases were compliant (93%). Two (2) cases were NC where the investigation was incomplete or key collaterals were missing to accurately reach a determination of in need of protection. One case was NA.

The two cases rated NC were identified for the Team Leader and the Child Protection Manager.

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

Not rated.

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

Ten (10) of 27 applicable cases were compliant (37%). Seventeen (17) cases were rated NC (63%) where no information was entered to confirm that the parent or the reporter was notified of the outcome of the investigation. The other case was NA.

**22. Time Limit for Investigations**

Standard met in thirteen (13) of 27 applicable cases (48%). Four (4) cases were rated NCF (15%), beyond the control of the social worker. Ten (10) cases were rated NC (37%) as the investigation was completed beyond 30 days. One case was NA.

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

The standard was met in two (2) of four (4) applicable cases (50%). No Comprehensive Risk Assessment (CRA) was documented on the other 2 cases following a finding of in need of protection. The other twenty-four (24) cases were NA.

The 2 cases rated NC were identified for the Team Leader and Child Protection Manager.

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

The Standard was not met in one applicable case (100%). The other twenty-seven (27) cases were NA.

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

The standard was not met in one applicable case (100%). The other twenty-seven (27) cases were NA. The case rated NC was identified for the Team Leader and Child Protection Manager.

**26. Supervision Orders**

Standard not met in one applicable case, where the terms and conditions were not incorporated into the court order. The other twenty-seven (27) files were rated NA.

**27. Removing a Child**

NA.

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

One applicable case was not compliant where no CRA was documented as completed prior to the expiration of the supervision order. The other twenty-seven (27) cases were NA.

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

NA.

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

NA.

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

NA.

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

Standard met in eighteen (18) of 21 applicable cases (86%). Three (3) cases rated NC (14%): no documentation on file to confirm that a thorough investigation was completed or a file

managed by the Team Leader was closed without the signature of her supervisor or there was not documentation to confirm the outcome of the MCF intervention or whereabouts of the child at the time of closure. These 3 cases were identified for review by the Team Leader and the Child Protection Manager.

**12. COMPLIANCE TO CHILD SERVICE PRACTICE**

*Five (5)* child service files were audited. Overall compliance to the child service standards was 76%. Information for determining compliance to the standards was based on documentation. Because of the small size of the sample, the percentages should be considered as reference only rather than absolute numbers.

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

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

The following provides a breakdown of the compliance ratings:



1. **Protocols**  
5 files rated NA
2. **Children from Aboriginal Communities**  
100% compliance
3. **Cultural, Racial, Religious Differences**  
100% compliance
4. **Reportable Circumstances**  
5 files rated NA
5. **Case Records**  
100% compliance
6. **Supervisory Responsibility**  
4 of 5 cases were rated full compliance (80%). One case was rated NC as there was no documentation on file to confirm the standard; this is a file transferred from an Aboriginal agency.
7. **Appropriate Legal Plan**  
100% compliance
8. **Legal Documentation**  
100% compliance
9. **Public Trustee Notified**  
2 cases with full compliance (100%). Other 3 cases were NA.
10. **Admission Medical**  
4 of 5 files rated full compliance (80%). One case rated NC where the admission medical was not found in the file.
11. **Medical History Obtained and Recorded**  
4 of 5 files rated full compliance (80%). One case rated NC to the standard.
12. **Ongoing Medical Needs Attended**  
One of 4 applicable case rated compliant (25%). Three (3) cases rated NC (75%). One case was rated NA.
13. **Overall Goal Determined**  
100% compliance

**14. Developing a Comprehensive Plan of Care (CPOC)**

Documentation to confirm that a CPOC has been planned or started was found in two (2) of 4 applicable cases (50%). The two (2) other applicable cases were rated NC (50%). One case was rated NA as the child had just been admitted into care.

**15. Plan of Care - Timely & Current**

No current CPOC's were found in the audited files. One of the 4 applicable cases was rated NCF (25%), beyond the control of the worker. Three (3) cases were NC (75%) and one case was rated NA.

**16. Assessment, Planning & Views**

Not rated

**17. Care Plan Reviewed**

Four (4) applicable cases rated NC. One case rated NA.

**18. Meet With Child**

100% compliance

**19. Rights of Children in Care**

The three (3) applicable cases were non compliant. Two (2) cases were NA.

**20. Preparation for Independence**

Not rated as all the children were of young age.

**21. Placement**

100% compliance

**22. Resource Suitability**

100% compliance

**23. Information to Caregiver**

Two (2) of 5 cases rated compliant (40%). One case rated NCF, beyond the control of the worker. Two (2) cases rated NC as there was no documentation to confirm the standard.

**24. Continuity and Stability**

100% compliance.

**25. Reassessing Risk**

Not applicable.

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

Not applicable

**27. File Transfer**

Three (3) of 4 applicable rated at full compliance (75%). One file rated NC (25%), a file transferred from an Aboriginal agency.

**28. File Closure**

Not applicable.

**29. File Recording and Documentation**

Four (4) of 5 cases full compliance (80%). One case rated NC (20%), a file transferred from an Aboriginal agency not meeting basic common standards, including transfer summary and sign off by the Social Worker and the Supervisor.

**13. COMPLIANCE TO NON PROTECTIVE FAMILY SERVICE PRACTICE**

*Seven (7)* family service files designated as non-protective were audited. Overall compliance to the non-protective family service standards was **83.56%**. 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**

Not rated as there are no protocols in place

**2. Children from Aboriginal Communities**

100% compliance

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

100% compliance

**4. Reportable Circumstances**

Not rated

**5. Case Records**

100% compliance

**6. Supervisory Responsibility**

Six (6) of 7 cases at full compliance (86%). One case rated NC (14%) where no documentation was confirmed to confirm RD1 to RD4.

- 7. Initial Assessment of Referrals, Service Requests, Reports**  
An accurate RD1 was documented on six (6) of 7 cases (86%). One case was rated NC where sec. 13 concerns identified by the worker were not investigated. This file was identified for the review of the Team Leader and Child Protection Manager.
- 8. Prior Contact Check & Registration**  
Five (5) of 7 cases were rated compliant (71%). Two (2) cases were rated NC where no documentation was found to verify the Prior Contact Check.
- 9. Determining the Speed of Assessment**  
100% compliance
- 10. Comprehensive Assessment**  
A comprehensive assessment was found in three (3) of 3 applicable cases (100%). Four (4) cases were NA.
- 11. Legal Documentation**  
Three (3) applicable cases at full compliance (100%). Four (4) cases NA
- 12. Service Plan with Goals & Time Frames**  
Two (2) of 4 applicable cases rated full compliance (50%). Two (2) cases rated NC (50%) where no service plan was documented on file. Three (3) cases were rated NA.
- 13. Service Plan Monitored**  
Documentation to confirm this standard was found in one of 3 applicable cases (33%). Two (2) cases lacked documentation to verify the standard (67%). The other 4 cases were NA.
- 14. Service Plan Review/Evaluation**  
Of the two (2) applicable cases, one was compliant and other one was non compliant. The other five (5) cases were NA.
- 15. Reclassifying Case from Protective FS to Non-Protective FS**  
Not rated.
- 16. Transferring a Family Service Case**  
Not rated.
- 17. Closing a Family Service Case**  
Three (3) of 4 applicable cases were fully compliant (75%). One case was assessed as NC, where it was decided to close the file rather than dealing with a pregnant woman who is a substance abuser. Although policy is not clear in this matter, this file was referred for review to the Team Leader and the Child Protection Manager. The other three (3) cases were NA.

## **18. Recording**

Three (3) of the 5 applicable cases were rated compliant (60%). Two (2) cases were rated NC (40%) where no recording or service plan was documented in one open file and also in a close file. The other 2 cases were NA.

## **14. RECOMMENDATIONS**

(Developed by Regional Staff and Child Protection Division Staff)

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 provide an update on the plan to develop the tri-lateral protocol with MCFD, Education and the Tribal Police/RCMP.
3. That regional management provide an update on the delegation plan for the Lillooet Bands.
4. 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
  - Documenting prior contact checks
  - Documenting initial investigation plans
  - Steps required to complete the investigation
  - See and Interview the child(ren)
  - Recording and reporting investigation results
  - Time limit for investigations
  - Risk decision #5 – comprehensive risk assessments
5. That the regional child protection manager develop and implement a plan with the team leader and staff to enhance the following guardianship practice areas:
  - Ensuring children in care have their rights explained to them and when this is done that it is documented
  - Ensuring information on children in care is provided to caregivers and this is documented
  - Ensuring the development of comprehensive plans of care in a timely manner

Alfredo Sepulveda, MSW  
Audit Unit  
2001June15

**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-27*

### SUMMARY OF 28 CASE AUDIT(S) FOR OFFICE EHD

<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	1	4%	27	96%		
10-10-020	2	Children From	28	100%				
10-10-030	3	Cultural, Racial &	28	100%				
10-10-040	4	Reportable						28
10-10-050	5	Case Records	25	89%			3	11%
10-10-060	6	Supervisory	17	61%			11	39%
10-20-010	7	Assessment Of Reports	28	100%				
10-20-020	8	Prior Contact Check And	15	54%			13	46%
10-20-030	9	Determining The Speed	28	100%				
10-20-040	10	Risk Decision 1:	28	100%				
10-20-050	11	Informing The Police	4	100%				24
10-30-010	12	Risk Decision 2:	28	100%				
10-30-020	13	Initial Plan Of	6	21%			22	79%
10-30-030	14	Steps Required To	14	52%			13	48%
10-30-040	15	Seeing And Interviewing	19	73%		1	4%	6
10-30-050	16	Arranging A Medical	3	100%				25
10-30-060	17	Seeing And Interviewing	23	88%		1	4%	2
10-30-070	18	Risk Decision 3:	27	100%				1
10-30-080	19	Risk Decision 4:	25	93%			2	7%
10-30-090	20	Investigation Where						28
10-30-100	21	Record & Report	10	37%			17	63%
10-30-110	22	Time Limit For	13	48%		4	15%	10
10-40-010	23	Risk Decision 5:	2	50%			2	50%
10-40-020	24	Risk Assessment Of A					1	100%
10-50-010	25	Risk Decision 6:					1	100%
10-50-020	26	Supervision Orders					1	100%
10-50-030	27	Removing A Child						28
10-60-010	28	Risk Decisions 7, 8, 9:					1	100%
10-60-020	29	Reclassify Case From						28
10-60-030	30	Where A Child Or Family						28
10-60-040	31	Transferring A	2	100%				26
10-60-050	32	Closing A Protective	18	86%			3	14%

**Standards in Compliance: 392      Applicable Standards: 533      Overall level of compliance: 73.55%**

**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-27*

### SUMMARY OF 5 CASE AUDIT(S) FOR OFFICE EHD

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

**Standards in Compliance: 76      Applicable Standards: 100      Overall level of compliance: 76.00%**

**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-27*

### SUMMARY OF 7 CASE AUDIT(S) FOR OFFICE EHD

<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	7	100%				7
30-10-020	2	Children From	7	100%				
30-10-030	3	Cultural, Racial &	7	100%				
30-10-040	4	Reportable						7
30-10-050	5	Case Records	7	100%				
30-10-060	6	Supervisory	6	86%			1	14%
30-25-010	7	Initial Assessment Of	6	86%			1	14%
30-25-020	8	Prior Contact Check &	5	71%			2	29%
30-25-030	9	Determining The Speed	7	100%				
30-35-010	10	Comprehensive	3	100%				4
30-35-020	11	Legal Documentation	3	100%				4
30-35-030	12	Service Plan With Goals	2	50%			2	50%
30-35-040	13	Service Plan Monitored	1	33%			2	67%
30-35-050	14	Service Plan	1	50%			1	50%
30-60-020	15	Reclassifying A Case						7
30-60-040	16	Transferring A Family						7
30-60-050	17	Closing A Family	3	75%			1	25%
30-65-010	18	Recording	3	60%			2	40%

**Standards in Compliance: 61      Applicable Standards: 73      Overall level of compliance: 83.56%**

**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: OFFICE TO PROVINCIAL COMPARISON REPORTS**

## New Child Protection Standards Compliance Comparison

BRITISH Ministry for  
COLUMBIA Children and

Standard	Short Description	2000-Jan-01 to 2001-Jun-27 Office EHD Percentage	2000-Apr-01 to 2001-Mar-31 Provincial Average Compliance	Change + Increase
		Total # files - 533	Total # files - 19556	- Decrease
10-10-010	Protocols	4%	47%	-43%
10-10-020	Children From Aboriginal Communities	100%	73%	+27%
10-10-030	Cultural, Racial & Religious Differences	100%	97%	+3%
10-10-040	Reportable Circumstances	0%	30%	0%
10-10-050	Case Records	89%	89%	+1%
10-10-060	Supervisory Responsibility	61%	68%	-7%
10-20-010	Assessment Of Reports	100%	96%	+4%
10-20-020	Prior Contact Check And Registration	54%	89%	-35%
10-20-030	Determining The Speed Of Assessment	100%	96%	+4%
10-20-040	Risk Decision 1: Deciding Whether To Investigate	100%	91%	+9%
10-20-050	Informing The Police	100%	91%	+9%
10-30-010	Risk Decision 2: Determine Investigation Response Time	100%	93%	+7%
10-30-020	Initial Plan Of Investigation	21%	74%	-53%
10-30-030	Steps Required To Complete The Investigation	52%	72%	-20%
10-30-040	Seeing And Interviewing The Child	73%	77%	-4%
10-30-050	Arranging A Medical Exam For The Child	100%	75%	+25%
10-30-060	Seeing And Interviewing The Parent(s)	88%	82%	+6%
10-30-070	Risk Decision 3: Assessing Child's Immediate Safety	100%	86%	+14%
10-30-080	Risk Decision 4: Decide If The Child Needs Protection	93%	80%	+13%
10-30-090	Investigation Where Child Or Family Can't Be Located	0%	69%	0%
10-30-100	Record & Report Investigation Results	37%	81%	-44%
10-30-110	Time Limit For Investigations	48%	72%	-24%
10-40-010	Risk Decision 5: Assess Risk Of Future Abuse & Neglect	50%	67%	-17%
10-40-020	Risk Assessment Of A Third Report	0%	46%	0%
10-50-010	Risk Decision 6: Developing A Risk Reduction Plan	0%	50%	0%
10-50-020	Supervision Orders	0%	74%	0%
10-50-030	Removing A Child	0%	85%	0%
10-60-010	Risk Decisions 7, 8, 9: Reassessing Risk	0%	28%	0%
10-60-020	Reclassify Case From Protective To Voluntary Fam. Serv.	0%	36%	0%
10-60-030	Where A Child Or Family Is Missing	0%	71%	0%
10-60-040	Transferring A Protective Family Service Case	100%	93%	+7%
10-60-050	Closing A Protective Family Service Case	86%	86%	0%
<b>Overall Level of Compliance</b>		<b>73.55%</b>	<b>80.13%</b>	<b>-6.58%</b>

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## Child Service Standards Compliance Comparison

BRITISH Ministry for  
COLUMBIA Children and

Standard	Short Description	2000-Jan-01 to 2001-Jun-27 Office EHD Percentage	2000-Apr-01 to 2001-Mar-31 Provincial Average Compliance	Change + Increase
		Total # files - 100	Total # files - 7516	- Decrease
45-10-010	Protocols	0%	43%	0%
45-10-020	Children From Aboriginal Communities	100%	73%	+27%
45-10-030	Cultural, Racial, Language, & Religious Differences	100%	98%	+2%
45-10-040	Reportable Circumstances	0%	60%	0%
45-10-050	Case Records	100%	75%	+25%
45-10-060	Supervisory Responsibility	80%	78%	+2%
45-20-010	Appropriate Legal Plan	100%	95%	+5%
45-20-020	Legal Documentation	100%	86%	+14%
45-20-030	Public Trustee Notified	100%	56%	+44%
45-30-010	Admission Medical	80%	77%	+3%
45-30-020	Medical History Obtained & Recorded	80%	66%	+14%
45-30-030	Ongoing Medical Needs	25%	91%	-66%
45-40-010	Overall Goal Determined	100%	95%	+5%
45-40-015	Developing a Comprehensive Plan of Care	50%	51%	-1%
45-40-021	Plan Of Care - Timely and Current	0%	27%	0%
45-40-025	Assesment , Planning and Views	0%	47%	0%
45-40-030	Care Plan Reviewed	0%	56%	0%
45-40-040	Meet With Child	100%	69%	+31%
45-40-050	Rights Of Children In Care	0%	69%	0%
45-40-060	Preparation For Independence	0%	83%	0%
45-50-005	Placement	100%	96%	+4%
45-50-010	Resource Suitability	100%	95%	+5%
45-50-020	Information To Caregiver	40%	74%	-34%
45-50-030	Continuity and Stability	100%	84%	+16%
45-60-010	Reassessing Risk	0%	49%	0%
45-60-030	Missing, lost or runaway child in care	0%	83%	0%
45-60-040	File Transfer	75%	75%	0%
45-60-050	File Closure	0%	74%	0%
45-60-060	File Recording & Documentation	80%	57%	+23%
<b>Overall Level of Compliance</b>		<b>76.00%</b>	<b>73.52%</b>	<b>+2.48%</b>

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## Non Protective Family Service Compliance Comparison

Standard	Short Description	2000-Jan-01 to 2001-Jun-27	2000-Apr-01 to 2001-Mar-31	Change + Increase
		Office EHD Percentage	Provincial Average Compliance	
		Total # files - 73	Total # files - 2567	- Decrease
30-10-010	Protocols	0%	70%	0%
30-10-020	Children From Aboriginal Communities	100%	90%	+10%
30-10-030	Cultural, Racial & Religious Differences	100%	99%	+1%
30-10-040	Reportable Circumstances	0%	100%	0%
30-10-050	Case Records	100%	95%	+5%
30-10-060	Supervisory Responsibility	86%	85%	+1%
30-25-010	Initial Assessment Of Referrals, Service Requests, Reports	86%	81%	+5%
30-25-020	Prior Contact Check & Registration	71%	87%	-16%
30-25-030	Determining The Speed Of Assessment	100%	94%	+6%
30-35-010	Comprehensive Assessment	100%	74%	+26%
30-35-020	Legal Documentation	100%	67%	+33%
30-35-030	Service Plan With Goals & Time Frames	50%	56%	-6%
30-35-040	Service Plan Monitored	33%	77%	-43%
30-35-050	Service Plan Review/Evaluation	50%	50%	0%
30-60-020	Reclassifying A Case From Protective FS To Voluntary FS	0%	67%	0%
30-60-040	Transferring A Family Service Case	0%	87%	0%
30-60-050	Closing A Family Service Case	75%	93%	-18%
30-65-010	Recording	60%	66%	-6%
<b>Overall Level of Compliance</b>		<b>83.56%</b>	<b>84.92%</b>	<b>-1.36%</b>

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

**PRACTICE AUDIT STANDARDS FOR CHILD PROTECTION**

<b>ST#</b>	<b>STANDARD</b>	<b>C</b>	<b>CA</b>	<b>CB</b>	<b>NCF</b>	<b>NC</b>	<b>NA</b>
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.