

DIRECTOR'S PRACTICE AUDIT REPORT
MISSION CHILD PROTECTION TEAM (FFD)

Field Work Completed: November 14 – November 23, 2000

**DIRECTOR’S PRACTICE AUDIT REPORT
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DIRECTOR'S PRACTICE AUDIT REPORT MISSION CHILD PROTECTION TEAM (FFD)

1. PURPOSE

The purpose of the audit is to improve and support child protection, child service and 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 services, family services, guardianship services and resources for child in care are systemically conducted according to a four year cycle.

2. METHODOLOGY

The audit of the Mission Child Protection Team (FFD) was asked to include a minimum of 20% of the number of Child Protection Intake and Investigations files opened and/or closed during the past six months. Files were audited for compliance to the Child Protection Standards and the Risk Assessment guidelines.

One auditor conducted the field work from November 14 to November 23, 2000. The computerized Case Audit Tool was used to collect the data and generate office summary compliance reports and a compliance report for each file audited. The auditor met initially with the Team Supervisor and then with the members of the team to review terms of reference for the audit. During the audit, the Team Supervisor and three social workers were interviewed with respect to office systems, service delivery structure, and community resources. The auditor met with the team at the conclusion of the audit to provide an overview of the results, including identified themes and patterns, and with the Team Supervisor for a detailed review of the findings. The acting Community Services Manager attended both team meetings.

The auditor met with the acting Community Services Manager and the Team Supervisor to review the Community Contracts for the Mission area completed under the new contracting MCF guidelines. Staff spoke highly of the new contract's structure where services are more suitable for the needs of the clients and the workers and the accountability component attached to the contracts.

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

3. COMMUNITY OVERVIEW

(a). Geographics

The District of Mission is located on the north side of the Fraser River, approximately 70 kilometers east of downtown Vancouver and 10 kilometers north of Abbotsford.

The Mission Child Protection Intake Team office is part of the Upper Fraser Region. The region covers the Fraser Valley, east of Maple Ridge on the north side of the Fraser River and east of half of Aldergrove on the south side of the Fraser River up to the Hope-Agassiz – Boston Bar area.

The FFD Child Protection Intake team provides services to the District of Mission. Mission is home to two bands which belong to the Sto:lo Aboriginal Nation: Scowlitz First Nation and Lakahahmen First Nation.

(b). Demographics

The population of the District of Mission is estimated at 32,987 according to District projections from the 1996 census. There is a strong core of persons of East Indian descent in the community, as well as of German descent, there are a significant number of aboriginal people on and off reserve, which indicates a degree of ethnic diversity in the community.

The regional economic base is forestry related businesses and wood related manufacturing; the community is often referred to as “The Shake and Shingle Capital of Canada.” The construction sector and the manufacturing industry are the primary place of employment of the labour force. The place of employment for over half of the labour force is outside of the community.

The client population of the MCF office is estimated by the Team Supervisor to be 30% aboriginal, the other 70% is a mixed clientele which reflects the community’s diverse population.

The District of Mission is home to three adult prisons Kent, Ferndale, and Elbow Lake. Inmates’ families frequently move into the area on a temporary basis.

Staff reports that the social profile of the MCF clientele presents the following issues: alcohol/drugs, unemployment, poverty, and single parents.

The unemployment rate for the area is 10.1%. The unemployment rate for the province of British Columbia is 9%.

(c). Service Delivery

The Upper Fraser Regional office is located in Abbotsford. The management structure for the Regional office includes the Regional Executive Director, Child Protection Manager, and four

Community Services Managers (one of them, responsible for Aboriginal services). There is an acting Complaints Manager in a short term assignment.

The Child Protection Manager is located in Chilliwack and oversees the delivery of child protection services for the whole region and is responsible for the Child Protection Intake team (FFD).

The service delivery structure for Mission provides for a Child Protection Intake team (FFD) to assess and investigate new child protection reports and requests for support services within the geographic area of responsibility. Cases opened to provide ongoing protective services are transferred to the Family & Child Services office (FGB), located in the second floor of the same building, which delivers services to families and children. The Guardianship and Adoption Team (FGD) is on the same floor.

Youth probation services and mental health for children and youth are provided through the multidisciplinary team at FGB. Drug and alcohol service is delivered through a contracted community agency. There is a Community Service Manager located on the second floor of the same building, who is administratively responsible for the Ministry staff delivering services in Mission. Co-located in the same floor with the FFD team is the community living services team.

The Mission Child Protection Intake team (FFD) investigates new child protection reports. Where there is a need for ongoing child protective services, files are transferred from the Child Protection team (FFD) upon completion of the Comprehensive Risk Assessment Risk Decision #5, together with a Risk Reduction Service Plan, Risk Decision #6. Requests for voluntary services are dealt with by the intake social worker on duty, who receives the call, completes the assessment on a Notepad, and makes a referral to community resources.

The FFD team carries MCF community liaison responsibilities through its team members, including the team supervisor. In addition, the social workers of the team conduct Protocol Investigations for Foster Homes on an average of at least one per month.

The Resources team is located in Abbotsford; resources are shared through the Region. The Child Protection Consultant is located in Chilliwack. The Child Protection Consultant is responsible for training and is also available to help social workers on the completion of the Comprehensive Risk Assessments.

The Sto:lo Nation delivers services through the Xyolhemeylh Child and Family Services agency, which has full delegation, including removals within their reserves. This agency is also known as Xolhmi:eh Child and Family Services. Investigations and removals for aboriginal people living off-reserve are done by MCF.

(d). Resources

(i). Residential

Child care resources for the Mission area are managed from the Resources office located in the regional office in Abbotsford. One resource social worker from that office is responsible for the development and maintenance of child care resources in the Mission area. Social workers on the Child Protection team (FFD) access a placement by contacting the resource team. Once the

resource worker locates an available home, the child's worker assumes responsibility for placement and providing the caregivers with essential information about the child. The liaison resources worker attends the Mission offices once a week to meet with individual workers or attend team meetings.

The resource list includes 56 foster homes in Mission, including levels homes, regular, and restricted homes. There is one aboriginal foster home. There are 2 main contractors with foster homes, some specialized, with a capacity of 19 beds for the region.

The Mission office has access to all regional resources, including 5 group homes located in Abbotsford, Chilliwack, and Hope (23 beds).

(ii). Non-Residential

There are a variety of contracted resources providing support services to families and children in Mission. All the new contracts had been renewed at the time of the audit. The main contractors in Mission are:

- Mission Community Services provides a variety of services divided into various categories by ages: prevention, early intervention, secondary intervention, and tertiary intervention such as: outreach/support, services to families, Future Shop school based Day Care, perinatal program, positive parenting, respite, reconnect, youth suicide prevention, and support worker program.
- Abbotsford Community Services: family guidance
- Fraser House Society: school-based program, outpatient counselling, day program, and summer program
- School District #75: social equity, community schools, and school-based program
- Mission City Home Support: homemaker services

Other resources include: University College of the Fraser Valley Mission Campus; Crisis Line, Transition House; Women's Resource Society; Mission Indian Friendship Centre; and Pregnancy Outreach program.

There is one hospital in the District of Mission, the Mission Memorial Hospital.

Other Provincial Government Services include Public Health Unit, Corrections Branch, and Ministry of Social Development & Economic Security. The Provincial Court House is located in Clearbrook/Abbotsford.

(e). Legal Services

Staff are satisfied with the assistance and representation provided by legal counsel. Although the office is located in Chilliwack, the legal counsel visits the District Office every Tuesday afternoon to meet with the workers and their private telephone number is available to social workers for consultation after hours. Adequate time is devoted to preparation well in advance for contested court hearings. Legal counsel follows directions and provides good advice. Concerns identified by staff are the court backlog and getting court orders promptly.

4. STAFFING

• Staff Complement/Staff Turnover

The current FFD team includes the Team Supervisor and 6 social worker positions: 4 of the 6 positions are filled with permanent staff; one of the two vacancies has been filled by a float staff person and the other position has been vacant for two years. During the last year FFD lost a S.P.O. assistant position, which was re-assigned to another team. One auxiliary social worker left in August 15, 2000, and was replaced by a permanent social worker on September 1, 2000.

- **Administrative Services Staff Complement**

The FFD Intake team and the Community Living Service Team share the reception, the administrative support staff and the file room. There is one Supervisor of Administrative Services (Office Coordinator) located on the second floor of the building, who is shared by all the 4 teams. The administrative support services FTE allocation for FFD is one position. OA2 (shared by 2 workers).

- **Supervisor/Social Worker Education and Experience**

The Team Supervisor has been in Mission for 12 years and became the team supervisor in 1997. At times the supervisor has been moved temporarily to cover other offices in the region. Previous to joining the Ministry, the supervisor had 5 years of related experience as a Child Care Worker in a private agency. The supervisor holds a B.A. degree in criminology and psychology.

The senior social workers at FFD have 9 and 5 years of experience in Mission. One worker has a B.S.W. degree and two workers have approximately 2 years experience in child protection. One of these workers has a BSW, the other worker has a BA (psychology). Their most recent worker has B.S.W. degree.

- **Delegation**

The Team Supervisor and four social workers have full delegation. These four social workers are classified as SPO 4. The float social worker has partial delegation.

5. PROTOCOLS

The following are the protocols related to the FFD Intake team:

Mission Memorial Hospital re. Diabetes Counselling.

Regional Child protection Interface Agreement (June 30, 1999).

Draft protocol with the Xyolhemeylh Child and Family Services.

MCF province-wide protocol with the physicians dated September 1997.

Abuse and neglect in Community Care Licensed Facilities for the Fraser Valley Health Region (February 24, 1999) (RCMP, MCF, Licensing Board, First Nations, and funding bodies).

Metis Family Services, Surrey (February 16, 1999).

B.C. Children's Hospital (April 15, 1997).

Staff reports they have good working relationships with the police, the schools and the hospitals.

There are no protocols with the RCMP, School District #35, Mission Memorial Hospital or the local Transition House

6. ABORIGINAL SERVICES

The Xyolhemeylh Child and Family Service agency of the Sto:lo Nation has full delegation under the CF&CS Act. This agency provides all child protection services and family services, including family support workers and drug/alcohol services.

The Mission Indian Friendship Centre provides alcohol/drug addiction services to people on and off-reserve, family outreach worker, and a drop-in centre.

7. AUDIT SAMPLE

The audit was asked to review a minimum of 20% to 25% of the number of intake files opened and/or closed between May 2000 and October 2000.

The Intake and Child Services System Integrity Reports covering part of the period, the Caseload Report for closed files, and the supervisor's tracking system were used to arrive at a sample number of 240 closed intakes for the months May through October 2000.

Based on estimates from the supervisor's Log Book, the intake social workers' daily Log Book and the Integrity Reports for the 6 months audit period, the breakdown of **494** calls received by FFD is as follows:

- 240 opened and closed files
- 21 opened and transferred the Family Services team
- 145 miscellaneous calls received
- 88 non-protection calls referred to community services

In addition to the 494 calls received, Mission Community Services, a contracted agency, received 150 direct referrals for services from the community, by-passing the FFD intake office.

Unlike many other district offices, FFD closes the intake at the point of referring non-protection matters to community agencies, for example, referral for a Child Care Worker. Assuming that these 88 referrals made by FFD in six months were potential files, plus the reported 150 direct referrals from the community, in the same period of time, it is fair to conclude that the District Office, in conjunction with other community agencies, referred a total of 233 potential files.

Of the 240 closed files, the auditor estimated that 190 cases were designated Protection, 50 cases were designated Request for Family Support Service and Request for Youth Services. Based on a total number of 240, the audit was expected to review a minimum of 44 cases (20%).

Sixty-two (62) files were audited (42 child protection files and 20 non-protective service files), representing 25.8% of the total number of intakes closed during the designated period.

All the files audited were closed intakes (62 files) in order to accurately reflect a review of the work conducted on completed investigations and assessments. Caseload Management Reports obtained at the beginning of the audit reported 37 open files. A majority of these files had been opened in the past 3 weeks, 9 files had been open for over 30 days.

Files were selected randomly from current office-generated Caseload Management Reports. Completed intake files transferred to the Family Service team were not included in this audit.

No Child Service files were audited, as they are not maintained on the Intake team. If a child is admitted to care, prompt transfer of Child Service files to the Family Service team, upon completion of the initial court hearing, Comprehensive Risk Assessment and Risk Reduction Service Plan, is a high priority.

8. COMPLIANCE TO CHILD PROTECTION PRACTICE

Child Protection Intake files were audited for compliance to the Child Protection Standards, the Risk Assessment guidelines, and case management policy to include:

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

Forty two (42) Child Protection files were audited. The following provides a breakdown of compliance ratings. In some cases, for example Supervisor Consultation, the compliance rating reflects documentation rather than practice.

The overall compliance for the 42 files audited was assessed at 83.58%.

1. Protocols:

There were no Protocols applicable to all 42 cases, consequently, all the cases (42 files) were rated CA, not applicable and demonstrated good practice.

2. Children from Aboriginal Communities:

Standard criteria were met in 39 of 42 files (93%). The remaining 3 cases (7%) were rated non-compliant, where the information was not recorded to identify the Aboriginal community, and/or there was no confirmation of Band involvement.

3. Cultural, Racial and Religious Differences:

Staff demonstrated good practice in all 42 files (100% compliance). All staff have completed the Culture Sensitivity Awareness training.

4. Reportable Circumstances:

The other 42 cases were rated N/A.

5. Case Records:

Case records met standard criteria in all 42 files (100% compliance).

6. Supervisory Responsibility:

Standard criteria were appropriately met in 23 of 42 files (55%). There was no record of DS involvement at one or more Risk Decision points in the remaining 19 files (45%). This omission of information was discussed with the Child Services Manager, the Supervisor and the team. It appears that in fact the workers have discussed and consulted at all decisions points with the supervisor, but the information was not recorded.

7. **Assessment of Reports:**

This standard was completed satisfactorily in all 42 files (100%).

8. **Prior Contact Check and Registration:**

Standard criteria were met in all 42 files (100%).

9. **Determining the Speed of Assessment:**

Standard criteria were met in all 42 files (100%).

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

The appropriate decision was made in all 42 files (100%).

11. **Informing the Police:**

The police were appropriately involved in 7 of applicable files (100%). In 35 of 42 files this standard was not applicable.

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

Practice requirements were met in all 42 files (100%).

13. **Initial Plan of Investigation:**

An appropriate plan for investigation had been developed for 34 of 42 applicable files (81%). Eight (8) files contained no documentation to confirm the initial plan.

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

Relevant necessary steps were carried out in 26 of 42 files (62%). In 16 files (38%) one or more of the required steps did not appear to have been completed. In a majority of the cases rated NC, key collateral information was missing. This matter was discussed in the meeting with the team, the supervisor, and the Community Services Manager.

15. **Seeing and Interviewing the Child:**

Standard criteria were met in 34 of 42 applicable files (81%). There was insufficient documentation to indicate that the child or other children in the household were seen or interviewed in 8 files (19%).

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

Compliance criteria were not met in one (1) of one (1) applicable files (100%). There was a lack of documentation to confirm that two boys physically assaulted by the stepfather were medically examined, although the perpetrator was arrested and charged with the assault.

17. **Seeing and Interviewing the Parent:**

Confirmation that the parent (s) were seen and interviewed was found in 29 of 42 applicable files (69%). The parent was not available in 1 cases (2%). 12 files (29%) contained

insufficient information to determine whether one or both parents were seen and interviewed in person.

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

The child's immediate safety was correctly assessed in 41 of 41 applicable files (100%). One (1) case was N/A. Some of these cases lacked any rating or historical information was not entered when rating the factors. This matter was discussed and clarified in the team meeting together with the supervisor and the Community Services Manager.

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

Appropriate protection decisions were made in all 42 applicable files (100%).

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

One file (100% non-compliance) of the audited files contained issues related to this standard. The situation involved a single father who made himself unavailable during the course of the investigation of his child, where an Alert on the MIS system was necessary, but not done. The other 41 files were rated N/A.

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

Practice was appropriate in 37 of 42 files (88%) where investigative action was initiated. There was incomplete recording of investigation results or indication that the reporter had been contacted in five (5) files (12%).

22. **Time Limit for Investigations:**

Investigations were completed within the required time frame in 28 of 42 applicable files (67%). Two (2) investigations were delayed due to factors beyond the control of the worker (5%). Twelve (12) files (29%) were rated NC, over 30 days. Some of these intake files may have been kept open to provide brief services. Discussed this issue with supervisor to close the intake and add written notes to the file.

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

The assessment was not complete in one of one applicable file (100%). The remaining 41 files were rated N/A. The C.R.A. was partially completed in the case where the father made himself unavailable to meet the social worker; however, there was enough file documentation and relatives available to provide the appropriate information.

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

The assessment was completed in 1 file of 2 applicable files (50%). 1 file (50%) was rated NC. The standard was NA for the remaining 40 files.

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

There were no applicable cases.

26. **Supervision Orders**

There were no applicable cases.

27. **Removing a Child**

There were no applicable cases.

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

There were no applicable cases.

29. **Reclassify – Protective to Voluntary Family Services**

There were no applicable cases.

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

There were no applicable cases.

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

There were no applicable cases.

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

Standard criteria were met in all 42 applicable files (100%).

9. COMPLIANCE TO NON PROTECTIVE FAMILY SERVICE PRACTICE

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

Twenty (20) Request for Service intake files were audited for compliance to:

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

The overall compliance for Non Protection Family Service files was assessed at 96.32%

1. **Protocols**

There were no protocols applicable to the twenty (20) audited cases.

2. **Children from Aboriginal Communities**

This standard was correctly assessed in 19 of the 20 applicable files (85%). One (1) file was rated NC (5%), where the Band was not identified.

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

All files (20) rated C at full compliance.

4. **Reportable Circumstances**

All files (20) rated N/A.

5. **Case Records**

All files (20) rated C at full compliance.

6. **Supervisory Responsibility**
Standard met in 17 of the 20 applicable cases (85%). The other 3 files were rated NC (15%), where there was no documentation to confirm consultation with an acting supervisor.
7. **Initial Assessment of Referrals, Service Requests, Reports**
Eighteen (18) cases were rated C (90% compliance); two (2) cases were rated NC (10%). These two cases were identified for the team supervisor's review.
8. **Prior Contact Check & Registration**
A PCC was found on all files (20) (100% compliance).
9. **Determining the Speed of Assessment**
All 20 files (100%) had been assessed within required time frames.
10. **Comprehensive Assessment**
Three (3) of three (3) applicable cases were rated C (100). Seventeen (17) files were rated N/A.
11. **Legal Documentation**
All files (20) were rated N/A.
12. **Service Plan with Goals & Time Frames**
N/A in all cases.
13. **Service Plan Monitored**
N/A in all cases.
14. **Service Plan Review/Evaluation**
N/A in all cases.
15. **Reclassifying Case from Protective FS to Voluntary FS**
N/A in all cases.
16. **Transferring a Family Service Case**
N/A in all cases.
17. **Closing a Family Service Case**
All 20 case rated C (100% compliance).
18. **Recording**
N/A in all cases.

10. INTAKE AND TRACKING SYSTEMS

(a). Intake and Investigation

All new calls for service - child protection reports and requests for voluntary service - for the Mission area are directed to the FFD Child Protection team for assessment and investigation.

The team prepares a monthly intake schedule where all the members of the team rotate daily with a back up worker on duty.

The Intake social worker screens all the calls, records the information on the Intake LogBook, and documents protection reports and requests for support services on the MIS system. The office assistant completes a Prior Contact Check (PCC), then the social worker opens the file, completes Risk Decisions #1 and #2, and the investigation plan if applicable, and immediately provides the Team Supervisor with a copy of the intake. The Team Supervisor reviews the intake and approves the Risk Decision 1, Risk Decision 2 and the investigation plan, by signing and returning the intake and marking approval or recommendations for change. The Intake social worker begins the investigation or closes the file, once the assessment for services has been completed. Exceptionally, the FFD team may keep a file open requiring a short intervention up to 10 days, according to the Regional Child Protection Interface Agreement, although the audit found that some of these files stay open longer.

The Team Supervisor enters the intake into the tracking LogBook to track the outcome of the intake until the investigation or the assessment has been completed.

Where a previous record exists, the intake social worker enters the information on a notepad and forwards the information to the social worker involved on the Family Service or Intake Team. If the call is urgent, the intake worker may follow the information with a phone call.

Because of community liaison duties, some social workers in the team may receive a direct call from community professionals; in this case, it will complete a notepad and transfer the information to the intake worker.

The administrative support staff opens the physical file and calls for any existing files in other offices.

If a report is received regarding an aboriginal family on reserve, the notepad is forwarded to the delegated agency for investigation. Any reports regarding aboriginal families off reserve are conducted as indicated above by the MCF intake worker.

The intake worker completes the investigation to Risk Decision #6, consulting with the Team Supervisor at key decision points throughout the investigation. Social workers consult with the FFD Supervisor, other Supervisors in the building, the Community Service Manager or Child Protection Manager if the Team Supervisor is unavailable. If the child is found in need of protection, the FFD worker completes Risk Decision #5, the Comprehensive Assessment of Risk and a Risk Reduction Plan, Risk Decision #6.

The After Hours is managed through a satellite office of the New Westminster After Hours in Chilliwack with 2 social workers alternating duties. During the weekends this office provides 8 hours of daily coverage. There is a call out list with delegated workers to back up this after-hours in case of emergency. The main New Westminster After Hours office covers vacation and other leave of these two workers.

(b). Tracking

The Team Supervisor maintains an effective tracking system. She utilizes the available Caseload Management Reports and the Intake Status Report for each worker as tools to assist her in tracking and monitoring the open cases in the FFD team. Copies of these reports are given regularly to the social workers. In addition, the team supervisor utilizes the quarterly Integrity Reports produced by the Child Protection Division and the tracking LogBook.

Open cases are reviewed regularly with the social workers through ongoing individual consultation. The supervisor is very knowledgeable about the cases and the social workers keep her informed at each step of the investigation.

(c). Case transfer

Family Service cases are transferred from the FFD team to the FGB Family Services team upon completion of Risk Decision #5 and completion of Risk Decision #6. Child Services files are transferred following the initial court hearing.

The transfer of protection files from the FFD Intake team to the Family Service team follows the Regional Intake and Family Service Interface Protocol. The transfer is done from Supervisor to Supervisor once the FS and CS computer screens have been updated.

11. SUPERVISION/CONSULTATION

The Team Supervisor has the authority, accountability, and responsibility for supervision and decision-making with respect to child protection and non-protection family support practice. The Child Protection Manager oversees the work of the Child Protection Intake Supervisor, providing consultation as necessary.

The Team Supervisor has full time supervisory responsibilities on the Child Protection team. There is no formal supervision to the social workers or the Team Supervisor, although there is frequent consultation, including weekly printouts of caseload management reports. The supervisor provides these to each social worker and at the same time provides consultation to each worker on their cases. Staff noted that the supervisor is very accessible and available, and well informed about their cases.

There are monthly building meetings including the 4 teams and the administrative support staff.

Staff appraisals on the team are up to date, except for the new social worker whose appraisal will be done at the end of the six months probation period. The Team Supervisor has not received any appraisal since becoming supervisor; she has received 2 or 3 appraisals as social worker.

There is ongoing consultation with the Team Supervisor by the social workers and regular consultation with the Regional Child Protection Manager by the Team Supervisor.

12. TRAINING

The Team Supervisor completed all core and mandatory training as a social worker. Since becoming a supervisor, she has completed the Fundamentals of Supervision and the Clinical Supervisor training.

All social workers have completed core social worker training, including Cultural Sensitivity Awareness training, Investigative Interviewing training, Comprehensive Risk Assessment (CRA) and advanced CRA training. Staff have received new computers and have attended the Outlook training. The two senior social workers have completed Clinical Supervisory training.

13. RECOMMENDATIONS

1. That regional management ensures that any cases identified for review or attention, and any files containing non-compliance ratings, is reviewed for completion of any outstanding work.
2. That regional management provides an update on the status of protocol development with the schools, RCMP and the hospital.
3. That regional management develop a plan with the team leader and social work staff to increase compliance in the following child protection practice areas:
 - documenting supervisory responsibility
 - developing an initial plan for investigation,
 - required investigation steps,
 - seeing and interviewing the child(ren),
 - seeing and interviewing the parents,
 - time limit for investigations and;
 - risk assessment of a third report

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December 01, 2000

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-Nov-01 and 2001-Apr-30

SUMMARY OF 42 CASE AUDIT(S) FOR OFFICE FFD

<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		42 100%				
10-10-020	2	Children From	39 93%				3 7%	
10-10-030	3	Cultural, Racial &	42 100%					
10-10-040	4	Reportable						42
10-10-050	5	Case Records	42 100%					
10-10-060	6	Supervisory	23 55%				19 45%	
10-20-010	7	Assessment Of Reports	42 100%					
10-20-020	8	Prior Contact Check And	42 100%					
10-20-030	9	Determining The Speed	42 100%					
10-20-040	10	Risk Decision 1:	42 100%					
10-20-050	11	Informing The Police	7 100%					35
10-30-010	12	Risk Decision 2:	42 100%					
10-30-020	13	Initial Plan Of	34 81%				8 19%	
10-30-030	14	Steps Required To	26 62%				16 38%	
10-30-040	15	Seeing And Interviewing	34 81%				8 19%	
10-30-050	16	Arranging A Medical					1 100%	41
10-30-060	17	Seeing And Interviewing	29 69%			1 2%	12 29%	
10-30-070	18	Risk Decision 3:	41 100%					1
10-30-080	19	Risk Decision 4:	42 100%					
10-30-090	20	Investigation Where					1 100%	41
10-30-100	21	Record & Report	37 88%				5 12%	
10-30-110	22	Time Limit For	28 67%			2 5%	12 29%	
10-40-010	23	Risk Decision 5:					1 100%	41
10-40-020	24	Risk Assessment Of A	1 50%				1 50%	40
10-50-010	25	Risk Decision 6:						42
10-50-020	26	Supervision Orders						42
10-50-030	27	Removing A Child						42
10-60-010	28	Risk Decisions 7, 8, 9:						42
10-60-020	29	Reclassify Case From						42
10-60-030	30	Where A Child Or Family						42
10-60-040	31	Transferring A						42
10-60-050	32	Closing A Protective	42 100%					

Standards in Compliance: 677 Applicable Standards: 809 Overall level of compliance: 83.68%

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 1999-Jan-01 and 2001-Jan-29

SUMMARY OF 20 CASE AUDIT(S) FOR OFFICE FFD

<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						20
30-10-020	2	Children From	19	95%			1	5%
30-10-030	3	Cultural, Racial &	20	100%				
30-10-040	4	Reportable						20
30-10-050	5	Case Records	20	100%				
30-10-060	6	Supervisory	17	85%			3	15%
30-25-010	7	Initial Assessment Of	18	90%			2	10%
30-25-020	8	Prior Contact Check &	20	100%				
30-25-030	9	Determining The Speed	20	100%				
30-35-010	10	Comprehensive	3	100%				17
30-35-020	11	Legal Documentation						20
30-35-030	12	Service Plan With Goals						20
30-35-040	13	Service Plan Monitored						20
30-35-050	14	Service Plan						20
30-60-020	15	Reclassifying A Case						20
30-60-040	16	Transferring A Family						20
30-60-050	17	Closing A Family	20	100%				
30-65-010	18	Recording						20

Standards in Compliance: 157 Applicable Standards: 163 Overall level of compliance: 96.32%

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 Practice

ST#	STANDARD	C	CA	CB	NCF	NC	NA
1	Protocols						
2	Children from Aboriginal Communities						
3	Cultural, Racial and Religious Differences						
4	Reportable Circumstances						
5	Case Records						
6	Supervisory Responsibility						
7	Assessment of Reports						
8	Prior Contact Check and Registration						
9	Determining the Speed of Assessment						
10	Risk Decision 1: Deciding Whether to Investigate						
11	Informing the Police						
12	Risk Decision 2: Decide Investigation Response Time						
13	Initial Plan of Investigation						
14	Steps Required to Complete the Investigation						
15	Seeing and Interviewing the Child						
16	Arranging Medical Examination for the Child						
17	Seeing and Interviewing the Parent						
18	Risk Decision 3: Assess Child's Immediate Safety						
19	Risk Decision 4: Decide if Child Needs Protection						
20	Investigative Action - Cannot locate child or family						
21	Recording and Reporting the Investigation Results						
22	Time Limit for Investigations						
23	Risk Decision 5: Assess Risk of Future Abuse Neglect						
24	Risk Assessment of a Third Report						
25	Risk Decision 6: Developing a Risk Reduction Plan						
26	Supervision Orders						
27	Removing a Child						
28	Risk Decisions 7, 8, 9: Reassessing Risk						
29	Reclassify - Protective to Voluntary Family Service						
30	Where a Child or Family is Missing						
31	Transferring a Protective family Service Case						
32	Closing a Protective Family Service Case						

Practice Standards Compliance Measurement

Compliance Definitions:

- C** **Compliance** as indicated in the scoring section for the standard being measured.
- CA** **Non-compliance** to the standard requirements but acceptable **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 - NON-PROTECTION 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.