

DIRECTOR'S PRACTICE AUDIT REPORT
PORT HARDY CHILD, FAMILY & COMMUNITY SERVICES (KMB)

Field Work Completed: December 4 – December 15, 2000

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**DIRECTOR'S PRACTICE AUDIT REPORT
PORT HARDY CHILD, FAMILY & COMMUNITY SERVICES (KMB)**

1. PURPOSE

The purpose of the audit is to improve and support child protection, child service, and non protective family service practice. Through a review of a sample of cases, the audit is expected to provide a baseline measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening.

The specific purposes of the audit are:

- to confirm good practice and further the development of practice
- to assess and evaluate practice in relation to existing legislation, standards and policy
- to determine the current level of practice across a sample of cases
- to identify cases where additional assessment and/or intervention is required
- to identify barriers to providing an adequate level of service
- to assist in identifying training needs
- to provide information for use in updating and/or amending practice standards or policy.

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

2. METHODOLOGY

The audit of Port Hardy Child, Family & Community Services office (KMB) was asked to review a minimum of 25% of the number of Child Protection Intakes and Investigations cases opened and/or closed during the past six months, a minimum of 25% of the number of open Family Service cases (Protective and/or Non Protective Services), and 25% of the number of open Child Service cases. A small number of closed family service and child service cases within the last six months were also reviewed. Files were audited for compliance to the Child Protection Standards, the Risk Assessment Model, Child Service Standards, and Case Management policy relating to both Non Protective Family Service files and Child Service files. In the case of Child Service files, detailed audits of current Comprehensive Plan of Care were completed.

One auditor conducted fieldwork from December 4 to December 15, 2000. The new computerized Case Practice Audit Tool was used to collect the data, and generate office summary compliance reports and individual case compliance reports for each file audited. There was a difficulty with the Non Protective Family Service Case Audit Tool (CPAT) thus the old Case Audit Tool (CAT) was utilized while in the field and then the data was re-entered onto the new computerized Case Practice Audit Tool in Victoria. The auditor met with the Port Hardy CF& CS office (KMB) initially to review terms of reference and audit procedures. During the

audit, interviews were conducted with the Team Leader, two Social Workers and one Office Assistant (OA2). The staff members provided information related to office systems, service delivery structure, staffing, legal services and community resources. The auditor met with the staff at the conclusion of the audit to provide an overview of the results, including identified themes. As a result of the computer difficulties, the auditor sent a detailed review of the findings to the Regional Child Protection Manager and Community Services Manager.

The Team Leader was provided with the compliance report for each file that had been audited and a list of those cases highlighted for his review. The Regional Child Protection Manager and Community Services Manger were provided with a case description of all files that had been audited as well as a list of those cases highlighted for the Team Leader.

3. COMMUNITY OVERVIEW

(a). Geographics

The Port Hardy CF&CS office (KMB) is part of the Central and Upper Vancouver Island Region. Port Hardy is located at the northern tip of Vancouver Island. The region spans from Duncan in the south to Port Hardy in the north. It is a challenging geographic area to serve, as there is limited public transportation, poor roads, a number of remote areas that are served by small plane/or ferry and winter weather conditions make it difficult to access.

Port Hardy is located on the Northeast tip of Vancouver Island, 400 kilometers north of Nanaimo where the regional office is located. The KMB catchment area includes many remote areas such as Alert Bay, Malcolm Island and Zeballos.

(b). Demographics

The population of the Port Hardy and Central Coast is estimated at over 16,650 people. Approximately 3,925 people are aboriginal. The major industries are fishing and forestry with tourism also contributing to the area's economy. As of September of 1999, 5% of the population received BC Benefits.

Within the region, visible minorities (South Asian, Chinese and Southeast Asian) make up 4% of the population. In Port Hardy visible minorities make up 3.6% of the population. Approximately 7% of the regional population are identified as Aboriginal. In Port Hardy approximately 2.4% of the population is identified as Aboriginal.

In 1998, there were 116 cases of spousal assault reported which is fifteen times higher than the provincial average. Teen pregnancies are twice the provincial average. Port Hardy and area is five times to have First Nation infants die of SIDS than the rest of the region. Infant pneumonia and flu deaths are nine times more frequent in First Nation's infants. In Central & Upper Vancouver Island 6.4% of the population has less than a Grade 9 education.

(c). Service Delivery

The Central and Upper Vancouver Island Regional office is located in Nanaimo, approximately 400 kilometers from Port Hardy. The island regional management structure includes the Regional Executive Director, Regional Child Protection Manager and Community Services Manager. The Community Services Manager is based out of Campbell River. The region has maintained an area office in Courtenay where the Regional Child Protection Manager is based. The Regional Child Protection Consultant is also located in Courtenay, in the district office.

The Port Hardy CF& CS office (KMB) Team Leader reports to the Child Protection Manager for the Central and Upper Vancouver Island Region with respect to the delivery of child protection services, and to the Community Services Manager for administrative/operational matters, guardianship services to children in continuing care, and resources.

The Port Hardy CF&CS office (KMB) has integrated family and child services office and, within the defined geographic area, is responsible for: investigating all child protection reports; assessing requests for support services; providing ongoing protective and non-protective family services; ensuring guardianship services are provided to children in temporary and continuing custody care; developing child care resources and adoptions.

(d). Resources

(i). Residential

The Port Hardy CF&CS office (KMB) has one social worker providing resources as well as conducting the Tri-Band investigations and adoptions. The social worker is responsible for recruiting and approving resources. Currently there are 25 foster home, 2 are Level 3 homes, 2 are Level 2 homes, 1 of which is used for high risk infants, 1 Level 1 home and the remainder are either regular or restricted foster homes. There are 4 group homes, two are staffed residences operated under contract by the First Nation communities of Namgis & Gwa'sala Nax Waxda; two are family based group homes

(ii). Non-Residential

Services utilized by Port Hardy CF&CS office (KMB) are under the auspices of:

- North Island & Crisis Counseling. Programs most often used include Nobody's Perfect, Family Counseling, Grief, Separation and Sexual Abuse Intervention
- North Island Community Services, located in Port McNeill, provides family support workers and support services under the School Rehab Program
- Mount Waddington Community Health Council provides Addictions and Mental Health Services
- Gwa'sala Naxwada Band provides Family Support Services, Community Workers Namgis First Nations provides Family Support Workers

The Port Hardy CF&CS office (KMB) works with 3 RCMP detachments and 4 hospitals. Staff report that the working relationship is excellent with the RCMP. The RCMP detachments are especially appreciated given the far distances of some of the communities.

e) Legal Services

Staff expressed some dissatisfaction with the assistance and representation provided by legal counsel. Staff indicate that legal counsel is always available but staff do not always believe there is familiarity with the CF&CS Act, particularly, with less utilized sections of the Act. This issue is being dealt with by Regional Management. Court is held the first week of every month. Court is often heard in Campbell River through contract counsel then adjourned to be heard in Port Hardy. Staff report there is no backlog in the court.

4. STAFFING

Staff Complement / Staff Turnover

The staffing complement of the Port Hardy CF&CS office (KMB) is as follows:

- Team Leader – position filled permanently
- 4 Child Protection Social Workers
 - 2 positions filled permanently
 - 2 vacancies (2 staff from the float team have been covering one of the positions – 1 position has no backfill)
- 1 Resource Worker – position filled permanently
- 1 Youth Probation Officer – position filled permanently
- 1 Child Protection Social Worker position assigned to Bella Bella/ Central Coast (KMC) – position vacant – being managed by social workers from the Courtenay District Office
- .5 Intergrated Services Coordinator – vacant, recruitment underway

Currently, the Bella Bella Child Protection Worker, Guardianship Worker and 2 of the 5 Child Protection Social Worker positions are vacant.

The Bella Bella/Central Coast caseload is currently being managed out of the Courtenay District Office and a rotation of 2 staff from the region float team have been covering one of the 3 vacant child protection worker positions over the past 6 months.

The Team Leader has supervised the Port Hardy CF&CS office (KMB) since 1997. Prior to that he acted in the position for a few months as he had been a child protection worker in the Port Hardy CF&CS office (KMB) since 1992.

Education

- Team Leader has a BA
- 1 Social Worker has a BS – Child & Youth Worker
- 1 Social Worker has a DIP.SW; DIP/HE from the U.K.
- 1 Social Worker has a MSSW (USA)

Staffing (Administrative Support)

Administratively, the Admin Support team is made up of a full time supervisor of administrative services (SAS) and two office assistance (OA2). The staff provide administrative support to the Port Hardy CF&CS office (KMB). The Admin Support team have been reasonably stable for the past year. During the audit, the file room was well organized and files well maintained. Filing appeared to be up to date. Staff report that their administrative work is completed by the Admin Support team in a timely manner. The Admin Support team report being well equipped and they have completed training. The Admin Support Staff present as a cohesive and well organized team.

Delegation

The Port Hardy CF&CS office (KMB) Team Leader and all child protection workers currently assigned to the team have full delegation.

5. PROTOCOLS

Ministry staff are negotiating a protocol with the Tri-Bands (Gwa'Sala-Nakwaxda'xw, Quatsino, Kwakiult) and are in the beginning stages of Delegation and Enabling Agreement discussions.

In March 2001, Ministry staff will meet with the Tsawataineuk Indian Band to begin development of a protocol.

Discussions with the Alert Bay Band will commence in the spring 2001 to review the existing protocol that predates 1996.

Tri-Lateral protocol discussions with the RCMP and School District have commenced.

Protocol discussions with the Port Hardy Hospital are pending.

6. ABORIGINAL SERVICES

The Port Hardy CF&CS office (KMB) has 7 First Nations communities located within its geographical boundaries. None of the First Nations communities are delegated under the CF&CSA. When a child protection worker from the Port Hardy CF&CS office (KMB) respond to a report on reserve, they make initial contact with a Band representative whenever possible.

7. AUDIT SAMPLE

The audit was asked to review a minimum of 25% of the number of Child Protection Intakes and Investigations opened and/or closed during the past 6 months as well as a minimum of 25% of open Protective Family Service files, Non Protective Family Service files, and Child Service files. A small number of files, which were closed during the previous six months, were also audited. The Intake & Child Services System Integrity Report was used obtain the numbers for an accurate audit sample for Child Protection Intakes. The Caseload Management Reports were

used to obtain the numbers for an accurate audit sample for both open and closed Family Service and Child Service files.

The Intake & Child Services System Integrity Report for the last year indicated that the Port Hardy CF&CS office (KMB) averaged 31 intake calls per month (both protection and voluntary).

Over the last 6 months the office has closed 102 intakes or investigations. A total of 26 closed Intake files (24 protection and 2 non protective service files) were audited.

Out of 5 caseloads there were 89 open Family Service files and 58 Child Service files open during the audit. A total of 43 files were audited to the Child Protection Standards. This included the 24 closed Intake files, 16 open Protective Family Service file and 3 closed Protective Family Service files. Of the 43 Protective Family Service files audited, 12 were highlighted and referred to the Team Leader for his review. The 12 files were also highlighted and packages sent to both the Regional Child Protection Manager and to the Community Services Manager.

Five files were audited to the Non Protective Family Service Standards. Of the 5 files, 4 were closed Family Service files and 1 file was open.

There were a total of 14 Child Service files audited and 2 were highlighted. A small number of closed (3) Child Service files were included in the total number of files audited. Two files were highlighted and referred to the Team Leader for his review. The 2 files were also highlighted for the Regional Child Protection Manager and the Community Services Manager and submitted with the packages that were sent to the managers.

8. COMPLIANCE TO CHILD PROTECTION PRACTICE

Child Protection intake reports were audited for compliance to the Child protection standards, the Risk Assessment guidelines, and case management policy to include:

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

Ongoing Child Protective Services were audited for compliance to the Child Protection Services Standards, the Risk Assessment Model and case management policy and procedures, including:

- quality of the risk reduction plan
- clarity of goals along with time frames
- involvement of family and community partners
- nature of the monitoring and evaluation of the service provided
- goals and monitoring of Supervision Orders
- reassessment of risk at critical points during the case management process
- the process around file transfer and closure, as applicable.

Of the 43 Child Protection files audited 24 were closed intake files, 16 were open Family Protection Service files and 3 were closed Family Protection Service files. The information for determining compliance to the standards was based on documentation.

The following provides a breakdown of the compliance ratings:

1. Protocols

Formal Protocols have not been completed to date. 43 files were assigned a rating of CA reflecting good practice and appropriate participation with community professionals and agencies in investigations and assessments.

2. Children from Aboriginal Communities

All 43 applicable files complied with this standard for 100%.

3. Cultural, Racial and Religious Differences

All 43 applicable files complied with this standard for 100%.

4. Reportable Circumstances

Compliance was not met in the 1 applicable file for 0%. In the 1 file assigned NC a child under a Supervision Order had stated to another youth that she was going to hang herself and the previous week the foster parent had found a letter in which she wrote she was going to slash her wrists. The child had previously acted in a self-harming way.

5. Case Records

Compliance was met in 31 out of 43 applicable files for 72%. In the 12 files assigned NC all the required documentation was not completed.

6. Supervisory Responsibility

Compliance was met in 32 out of 43 applicable files for 74%. In the 11 files assigned NC there was no documentation that the Team Leader was consulted at the decision points.

7. Assessment of Reports

Compliance was met in 42 out of 43 applicable files for 98%. In the 1 file assigned NC more specific information was required from the original caller.

8. Prior Contact Check and Registration

Compliance was met in 41 out of 43 applicable files for 95%. In the 2 files assigned NC did not contain the Prior Contact Check sheet.

9. Determining the Speed of Assessment

Compliance was met in 41 out of 43 applicable files for 95%. In the 2 files assigned NC the information was not assessed within 24 hours.

10. Risk Decision 1: Deciding Whether to Investigate

Compliance was met in 39 out of 43 applicable files for 91%. In the 4 files assigned NC the reports received contained Section 13 CF & CSA concerns that were not investigated.

11. Informing the Police

Compliance was met in 17 out of 19 applicable files for 89%. In the 2 files assigned NC the police were not contacted when there had been an allegation of physical abuse against children.

12. Risk Decision 2: Decide Investigation Response Time

Compliance was met in 35 out of 36 applicable files for 97%. In the 1 file assigned NC the response time of 24 hours was accurately reflected however the investigation did not commence for 4 days without documentation as to the reason for the delay.

13. Initial Plan of Investigation

Compliance was met in 29 out of 36 applicable files for 81%. The 7 files assigned NC did not document an initial plan.

14. Steps Required to Complete the Investigation

Compliance was met in 18 out of 36 applicable files for 50%. In the 18 files assigned NC they did not document that collateral were contacted, previous history did not appear to have been obtained and/or considered, home visits not made and /or additional information was not obtained.

15. Seeing and Interviewing the Child

Compliance was met in 17 out of 36 applicable files for 47%. In the 17 files assigned NC, either the subject child was not interviewed or siblings were not interviewed. A NCF was assigned to 2 files, in 1 file the child remained in hospital after birth and the investigating office did not see the infant.

16. Arranging Medical Examination for the Child

All 2 applicable files complied with this standard for 100%.

17. Seeing and Interviewing the Parent

Compliance was met in 21 out of 36 applicable files for 58%. In the 12 files assigned NC either 1 or both parents were not interviewed. Of the 3 files assigned NCF, 1 parent was avoiding the social worker due to criminal charges, 1 parent had left the country and 1 parent was not initially able to be located.

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

Compliance was met in 18 out of 36 applicable files for 50%. In the 18 files assigned NC the Immediate Safety Assessment did not reflect available and documented information.

19. Risk Decision 4: Decide if Child Needs Protection

Compliance was met in 16 out of 36 applicable files for 44%. In the 20 files assigned NC the documentation indicated that an event did occur that fit the criteria as described under

Sect. 13 of the CF&CS Act and the finding was “no” and/or instances where investigative steps were incomplete resulting in criteria not being met.

20. Investigative Action - Cannot Locate Child or Family

Compliance was met in 0 out of 1 applicable files for 0%. A NC was assigned to 1 file where a mother and child fled to the USA and an alert was not placed on the system nor was Seattle Child Service Agency contacted with the child protection concerns.

21. Recording and Reporting the Investigation Results

Compliance was met in 24 out of 35 applicable files for 69%. In the 11 files assigned NC there was no documentation that the caller and/or the parents were notified of the results of the investigation.

22. Time Limit for Investigations

Compliance was met in 31 out of 35 applicable files for 89%. In the 4 files assigned NC the investigation was not completed within the time limit.

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

Compliance was met in 7 out of 16 applicable files for 44%. In the 9 files assigned NC, a Comprehensive Risk Assessment was not completed.

24. Risk Assessment of a Third Report

Compliance was met in 2 out of 9 applicable files for 22%. In the 7 files assigned NC there was a Third Report of a young child that was not investigated.

25. Risk Decision 6: Developing a Risk Reduction Plan

Compliance was met in 3 out of 8 applicable files for 38%. In the 5 files assigned NC a Risk Reduction Plan was not completed.

26. Supervision Orders

All 5 applicable files complied with this standard for 100%.

27. Removing a Child

All 2 applicable files complied with this standard for 100%.

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

Compliance was met in 1 out of 7 applicable files for 14%. In the 6 files assigned NC a reassessment of risk was not documented.

29. Reclassify - Protective to Voluntary Family Service

NA.

30. Where a Child or Family is Missing

NA

31. Transferring a Protective Family Service Case

All 2 applicable files complied with this standard for 100%.

32. Closing a Protective Family Service Case

Compliance was not met in the 2 applicable files for 0%. In the 2 files assigned NC a Closing Summary and/or a Reassessment of Risk was not completed.

9. COMPLIANCE TO CHILD SERVICE PRACTICE

From the 5 caseloads, 14 files were audited. Of the 14 files, 3 files were closed. Information for determining compliance to the standards was based on documentation.

Child Service files will be audited for compliance to case management policy to include:

- the appropriate legal plan, including the appropriate use of removal 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 around file transfer and closure, where appropriate.

The following provides a breakdown of the compliance ratings:

1. Protocols

Formal Protocols have not been completed to dated. 14 files were assigned a rating of CA reflecting good practice and appropriate participation with community professionals and agencies.

2. Children from Aboriginal Communities

All 14 applicable files complied with this standard for 100%.

3. Cultural, Racial, Religious Differences

All 14 applicable files complied with this standard for 100%.

4. Reportable Circumstances

Compliance was not met in 1 applicable file for 0%. In the 1 file assigned NC the child had slashed himself in excessive of 30 times.

5. Case Records

All 14 applicable files complied with this standard for 100%.

6. Supervisory Responsibility

Compliance was met in 11 out of 14 applicable files for 79%. In the 3 files assigned NC there was no documentation indicating the Team Leader had been part of the decision making process.

7. Appropriate Legal Plan

Compliance was met in 13 out of 14 applicable files for 93%. In the 1 file assigned NC a Take Charge was inappropriately utilized.

8. Legal Documentation

Compliance was met in 13 out of 14 applicable files for 93%. In the 1 file assigned NC the court documents have not arrived from the court in Langley BC.

9. Public Trustee Notified

All 5 applicable files complied with this standard for 100%.

10. Admission Medical

All 14 applicable files complied with this standard for 100%.

11. Medical History Obtained and Recorded

Compliance was met in 12 out of 14 applicable cases for 82%. In the 2 files assigned NC there was no documentation regarding medical history for the children.

12. Ongoing Medical Needs Attended

Compliance was met in 13 out of 14 applicable files for 93%. In the 1 file assigned NC documentation indicates the child may have a hearing difficulty and no follow up has been done.

13. Overall Goal Determined

Compliance was met in 13 out of 14 applicable cases for 93%. In the 1 file assigned NC documentation is unclear as to what the overall goal is to be for a young child.

14. Developing a Comprehensive Plan of Care

Compliance was met in 7 out of 14 applicable cases for 50%. In the 7 files assigned NC there was no CPOC documented on file.

15. Plan of Care - Timely & Current

Compliance was met in 6 out 12 applicable cases for 50 %. In the 6 files assigned NC a Plan of Care was not completed in a timely manner.

16. Assessment, Planning & Views

All 7 applicable files complied with this standard for 100%.

17. Care Plan Reviewed

All 4 applicable files complied with this standard for 100%.

18. Meet With Child

Compliance was met in 7 out of 14 applicable files for 50%. In the 6 files assigned NC there was no documentation indicating the child was seen. In the 1 file assigned NCF the infant was in hospital in another city.

19. Rights of Children in Care

Compliance was met in 9 out of 11 applicable files for 82%. In the 2 files assigned NC there was no documentation indicating the child had been provided with or told about their Rights of Children in Care.

20. Preparation for Independence

All 4 applicable files complied with this standard for 100%.

21. Placement

All 14 applicable files complied with this standard for 100%.

22. Resource Suitability

All 14 applicable files complied with this standard for 100%.

23. Information to Caregiver

Compliance was met in 10 out of 12 applicable files for 83%. In the 2 files assigned NC there was no documentation indicating the caregiver had been provided with the child's information.

24. Continuity and Stability

Compliance was met in 12 out of 14 applicable files for 86%. In the 2 files assigned NCF staff shortages necessitated the need for a number of social workers for the files.

25. Reassessing Risk

Compliance was met in 1 out of 3 applicable files for 33%. In 1 file assigned NC a reassessment of risk has not been completed and in the other file assigned NC the reassessment does not accurately reflect facts known.

26. Missing, Lost or Runaway Child in Care

All 2 applicable files complied with this standard for 100%.

27. File Transfer

Compliance was not met in the 2 applicable files for 0%. In the 2 files assigned NCF staff shortages was documented.

28. File Closure

Compliance was not met in the 1 applicable file for 0%. In the 1 file assigned NC there is no closing summary.

29. File Recording and Documentation

Compliance was met in 1 out of 14 applicable cases for 7%. In the 13 files assigned NC there was minimal documentation on file.

10. COMPLIANCE TO NON-PROTECTIVE FAMILY SERVICE PRACTICE

The Non Protective Family Service files were audited to the Non Protective Family Service and Case Management standards and policy including:

- the accuracy and speed of the assessment of the report/request for service.
- consultation with supervisor regarding the assessment of the intake.
- the quality of assessment.
- an outlined 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.
- the process around file transfer and closure, where applicable.

The audit reviewed 5 Non Protective Family Service files. Of the 5 files, 4 were closed files. Information for determining compliance was based on documentation.

The following provides a breakdown of the compliance ratings:

1. Protocols

Formal Protocols have not been completed to date. 5 files were assigned a rating of CA reflecting good practice and appropriate participation with community professionals and agencies in investigations and assessments.

2. Children from Aboriginal Communities

All 5 applicable files complied with this standard for 100%.

3. Cultural, Racial, Religious Differences

All 5 applicable files complied with this standard for 100%.

4. Reportable Circumstances

NA.

5. Case Records

All 5 applicable files complied with this standard for 100%.

6. Supervisory Responsibility

All 5 applicable files complied with this standard for 100%.

7. Initial assessment of Referrals, Service Requests, Reports

Compliance was met in 3 out of 5 applicable cases for 60%. In the 2 files assigned NC they should have been referred to Investigation.

8. Prior Contact Check & Registration

All 5 applicable files complied with this standard for 100%.

9. Determining the Speed of Assessment

All 5 applicable files complied with this standard for 100%.

10. Comprehensive Assessment

Compliance was met in 1 out of 2 applicable files for 50%. In the 1 file assigned NC a comprehensive assessment was not completed.

11. Legal Documentation

Compliance was met in 1 out of 2 applicable files for 50%. In the 1 file assigned NC a Support Services Agreement has not been completed.

12. Service Plan with Goals & Time Frames

Compliance was met in 1 out of 2 applicable files for 50%. In the 1 file assigned NC a service plan has not been documented.

13. Service Plan Monitored

The 1 applicable file complied with this standard for 100%.

14. Service Plan Review/Evaluation

The 1 applicable file complied with this standard for 100%.

15. Reclassifying Case from Protective FS to Voluntary FS

NA.

16. Transferring a Family Service Case

The 1 applicable file complied with this standard for 100%.

17. Closing a Family Service Case

Compliance was not met in the 1 applicable file for 0%. In the 1 file assigned NC a closing summary was not documented.

18. Recording

Compliance was met in 2 out of 4 applicable files for 50%. In the 2 files assigned NC recordings were not documented.

11. INTAKE AND TRACKING SYSTEMS

Intake/Investigation:

The Port Hardy CF&CS office (KMB) investigates all child protection reports and assesses requests for support services for Port Hardy and the defined geographic area. Each child protection worker has the same day each week that they are on duty. Upon receipt of an intake, the worker documents the information and consults with the Team Leader regarding Risk Decision #1 and #2, and the initial investigation plan. The intake worker is responsible for registering the intake on the electronic system. Two copies of the intake report are printed, one is placed on a clipboard that is utilized by Admin Support and one copy is provided to the child protection worker investigating the complaint. Workers are responsible for completing investigations in their geographical area.

The Admin Support staff have been directed to put all intake calls through to the assigned duty worker. If the duty worker has to be out of the office, it is his/her responsibility to identify a co-worker to cover duty. If the worker is unavailable, the receptionist will put the call through to the backup worker.

The Team Leader and the child protection workers meet twice a week to discuss intakes. Intakes are also discussed at the weekly meetings. The Team Leader monitors the intakes through the Case Management Reports and scheduled reviews every 2 to 3 weeks depending on the worker. During the review all cases are discussed.

Tracking:

The Team Leader has initiated two separate tracking forms. One is utilized for tracking Intake and Investigations and the other tracks Court and Comprehensive Plan of Care (CPOC). The Team Leader also utilizes both the Intake Status Reports and Case Management Reports.

12. SUPERVISION/CONSULTATION

The Team Leader provides supervision, and administrative and clinical consultation with respect to the delivery of child protection, non-protection family support, and guardianship services. The Team Leader is available during the day for workers to consult with and further to this he schedules supervision. The Team Leader and the staff indicate that they would prefer more formal supervision time to discuss cases.

The Port Hardy CF&CS office (KMB) Team Leader is responsible to the Community Service Manager for administrative, guardianship of children in temporary and permanent care and resource matters, and to the Regional Child Protection Manager for the delivery of child protection matters. The Community Service Manager is located in Campbell River thus has more availability to attend the Port Hardy CF&CS office (KMB) on a regular basis. The Regional Child Protection Manager and the Child Protection Consultant both attend to the office as well as being accessible via telephone or e-mail.

13. TRAINING

The Team Leader has completed the mandatory training for child protection staff including the Advanced Risk Assessment, Investigative interviewing and Looking After Children (LAC).

The child protection workers have completed the mandatory training including CORE, Risk Assessment, Investigative Interviewing, RAPS and other computer training. Staff have indicated a desire to have more training regarding FAS/FAE.

The Admin Support staff indicated they have received courses related to the use of computer systems.

14. RECOMMENDATIONS

1. That Regional Management ensures that any cases identified for review or attention and any files containing non-compliance ratings are reviewed for completion of any outstanding work.
2. That Regional Management provides an update on the development of protocols with the hospital, schools and RCMP and Aboriginal agencies.
3. That Regional Management provides an update on the status of review of the 12 Family Service and 2 Child Services files highlighted for immediate review by the Supervisor.
4. That Regional Management reviews the child protection investigation standards with low compliance and develop a plan to enhance practice in these areas. Specific practice areas are:
 - Case records –completing required documentation
 - Supervisory Responsibility – documentation that Supervisor was consulted
 - Initial Plan of Investigation
 - Steps Required to Complete the Investigation
 - Seeing and interviewing the Child
 - Seeing and interviewing the parent
 - Risk decision #3 – assess child’s immediate safety
 - Risk decision#4 – decide if child needs protection
 - Recording and reporting the investigation results
 - Risk assessment of a 3rd report
5. That Community Services and Program Support Division reviews the staffing issues identified in this office to determine if any further support can be provided to assist the office to achieve their full staffing complement.
6. That Regional Management reviews the ongoing protective family service standards with low compliance and develop a plan to enhance practice in these areas. Specific practice areas are:
 - Risk decision #5 – assess risk of future abuse and neglect
 - Risk decision #6 – developing a risk reduction plan
 - Risk decisions #7,8 and 9 – reassessing risk
7. That Regional Management reviews with the team leader and staff the requirement to document contact with children in care.

Cheryl Lacharity
Provincial Auditor
February 2001

APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS

**New Child Protection Standards
Completed Case Reviews
For All Reviewers**

BRITISH Ministry for
COLUMBIA Children and

For the period between 2000-Jan-01 and 2001-Feb-23

SUMMARY OF 43 CASE AUDIT(S) FOR OFFICE KMB

<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		43 100%				
10-10-020	2	Children From	43	100%				
10-10-030	3	Cultural, Racial &	43	100%				
10-10-040	4	Reportable						42
10-10-050	5	Case Records	31	72%			12	28%
10-10-060	6	Supervisory	32	74%			11	26%
10-20-010	7	Assessment Of Reports	42	98%			1	2%
10-20-020	8	Prior Contact Check And	41	95%			2	5%
10-20-030	9	Determining The Speed	41	95%			2	5%
10-20-040	10	Risk Decision 1:	39	91%			4	9%
10-20-050	11	Informing The Police	17	89%			2	11%
10-30-010	12	Risk Decision 2:	35	97%			1	3%
10-30-020	13	Initial Plan Of	29	81%			7	19%
10-30-030	14	Steps Required To	18	50%			18	50%
10-30-040	15	Seeing And Interviewing	17	47%		2 6%	17	47%
10-30-050	16	Arranging A Medical	2	100%				41
10-30-060	17	Seeing And Interviewing	21	58%		3 8%	12	33%
10-30-070	18	Risk Decision 3:	18	50%			18	50%
10-30-080	19	Risk Decision 4:	16	44%			20	56%
10-30-090	20	Investigation Where					1	100%
10-30-100	21	Record & Report	24	69%			11	31%
10-30-110	22	Time Limit For	31	89%			4	11%
10-40-010	23	Risk Decision 5:	7	44%			9	56%
10-40-020	24	Risk Assessment Of A	2	22%			7	78%
10-50-010	25	Risk Decision 6:	3	38%			5	63%
10-50-020	26	Supervision Orders	5	100%				38
10-50-030	27	Removing A Child	2	100%				41
10-60-010	28	Risk Decisions 7, 8, 9:	1	14%			6	86%
10-60-020	29	Reclassify Case From						43
10-60-030	30	Where A Child Or Family						43
10-60-040	31	Transferring A	2	100%				41
10-60-050	32	Closing A Protective					2	100%

Standards in Compliance: 562 Applicable Standards: 783 Overall level of compliance: 71.78%

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-Feb-23

SUMMARY OF 17 CASE AUDIT(S) FOR OFFICE KMB

<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	17	100%	17	100%						
45-10-020	2	Children From	17	100%								
45-10-030	3	Cultural, Racial,	17	100%								
45-10-040	4	Reportable								1	100%	16
45-10-050	5	Case Records	17	100%								
45-10-060	6	Supervisory	14	82%						3	18%	
45-20-010	7	Appropriate Legal Plan	15	88%						2	12%	
45-20-020	8	Legal Documentation	16	94%						1	6%	
45-20-030	9	Public Trustee Notified	5	100%								12
45-30-010	10	Admission Medical	17	100%								
45-30-020	11	Medical History	13	81%						3	19%	1
45-30-030	12	Ongoing Medical Needs	15	94%						1	6%	1
45-40-010	13	Overall Goal Determined	16	94%						1	6%	
45-40-015	14	Developing a	7	47%						8	53%	2
45-40-021	15	Plan Of Care - Timely	6	46%						7	54%	4
45-40-025	16	Assesment , Planning	7	88%						1	13%	9
45-40-030	17	Care Plan Reviewed	5	100%								12
45-40-040	18	Meet With Child	10	59%				1	6%	6	35%	
45-40-050	19	Rights Of Children In	11	85%						2	15%	4
45-40-060	20	Preparation For	4	100%								13
45-50-005	21	Placement	17	100%								
45-50-010	22	Resource Suitability	17	100%								
45-50-020	23	Information To Caregiver	13	87%						2	13%	2
45-50-030	24	Continuity and Stability	15	88%				2	12%			
45-60-010	25	Reassessing Risk	2	40%						3	60%	12
45-60-030	26	Missing, lost or runaway	2	100%								15
45-60-040	27	File Transfer	1	33%				2	67%			14
45-60-050	28	File Closure	2	50%						2	50%	13
45-60-060	29	File Recording &	3	18%				1	6%	13	76%	

Standards in Compliance: 284 Applicable Standards: 363 Overall level of compliance: 78.24%

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-Feb-23

SUMMARY OF 5 CASE AUDIT(S) FOR OFFICE KMB

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

Standards in Compliance: 41 Applicable Standards: 54 Overall level of compliance: 75.93%

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 - 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 - 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.