

**DIRECTOR'S PRACTICE AUDIT REPORT**  
**TRI-CITIES INTAKE AND ASSESSMENT TEAM (HEC)**

**Field Work Completed: January 29 – February 09, 2001**

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**APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS**

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## **DIRECTOR'S PRACTICE AUDIT REPORT TRI-CITIES INTAKE & ASSESSMENT TEAM (HEC)**

### **1. PURPOSE**

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

The specific purposes of the audit are:

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

The audit is being conducted 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 systematically conducted according to a four year cycle.

### **2. METHODOLOGY**

The audit of the Tri-Cities Intake and Assessment Team (HEC) was asked to include a minimum of 15% 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 January 29 to February 09, 2001. The new computerized Case Practice Audit Tool (CPAT) was used to collect the data and generate office summary compliance reports and a compliance report for each file audited. The auditor met initially with the Team Supervisor and then with the members of the team to review terms of reference for the audit. During the audit, the Team Supervisor and two social workers of the team were interviewed with respect to office systems, service delivery structure, and community resources. The auditor met with the team, the Team Supervisor and the Child Protection Manager at the conclusion of the audit to provide an overview of the results, including identified themes and patterns, and with the Team Supervisor and the Child Protection Manager for a detailed review of the findings.

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

### **3. COMMUNITY OVERVIEW**

#### **(a) Geographics**

The Tri-Cities Intake and Assessment team (HEC) provides services to the geographic area that includes Coquitlam City, Port Moody City and Port Coquitlam City.

The District Office is located in Port Moody.

Co-located with HEC are the Family Services team (HDD), Community Living Services and Mental Health services.

The Tri-Cities Intake and Assessment Team is part of the Simon Fraser Region, which also includes Burnaby and New Westminster. The Tri-Cities is located on the eastern portion of the Greater Vancouver Regional District bordered by the Pitt and Fraser rivers, west of Pitt Meadows-Maple Ridge.

#### **(b) Demographics**

The population of the Tri-Cities area is projected to reach 187,520 in the year 2001 according to the information obtained from the website of these municipalities. The projected breakdown is as follows: Coquitlam (112,278), Port Coquitlam (51,423), and Port Moody (23,819).

The Tri-Cities area is representative of the multicultural ethnicity of British Columbia. It is also home to the second largest Iranian population in the province. The client population of the MCF district office reflects this diversity and this was further confirmed in the files selected for auditing.

The main source of employment is transportation/communications, manufacturing industry, and retail trade.

The unemployment rate for the area is comparable to British Columbia rate of 7.4%, except for Port Moody, which is 6.3%. People on UIC and BC Benefits range from 4.2% in Port Moody, 5% in Coquitlam to 6% in Port Coquitlam.

The client population of the MCF office is estimated by the Team Supervisor to be a mixed clientele, which reflects the community's diverse population.

There is one small aboriginal reserve in the area of the Colony Farms, the Kwayhquitlam reserve.

Staff report that the social profile of the MCF clientele presents the following issues: alcohol/drug abuse, parent-teen conflict, custody and access disputes, neglect, emotional abuse, and mental health issues.

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

The Simon Fraser Regional office is located in Burnaby. The management structure for the Regional office includes the Regional Executive Director, two Child Protection Managers, three Community Services Managers, and a Complaints Manager.

The Child Protection Manager responsible for the Tri-Cities district office (HEC) is located in the regional office in Burnaby and oversees the delivery of child protection services for this part of the region.

The service delivery structure for the Tri-Cities area provides for a Child Protection Intake and Assessment team (HEC) 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 Services (HDD), located in the same building, which delivers services to families and children.

Youth services, including youth probation and guardianship, is provided by the HDG team located in Coquitlam. Drug and alcohol service is delivered through a contracted community agency, SHARE.

There is a Community Service Manager located in Burnaby, who is administratively responsible for the HDD team and is also responsible for administrative support staff in the building.

The Intake and Assessment team (HEC) investigates new child protection reports. Where there is a need for ongoing child protective services, files are transferred from the HEC team upon completion of the Comprehensive Risk Assessment Risk Decision #5, together with recommendations for service. Requests for voluntary services are dealt with by the screener social worker that receives the call, records the information on a Notepad, and makes a referral to community resources or completes an assessment for services.

The HEC team carries MCF community liaison responsibilities through some of its team members, including the team supervisor. In addition, the social workers of the team conduct Protocol Investigations for Foster Homes (4 or 5 last year) although this responsibility has now been moved to another team, Day Care Protocol Investigations (3 or 4 last year), out of province requests related to child protection, preliminary part of restricted home placements, and initial court procedures following interventions pursuant to the CF&CSA.

The HEC team is a training office for the Child Protection Worker pre-employment training program. The supervisor and senior workers supervise the training/mentoring of all placements at this office.

The Resources team is located in Coquitlam; the placement resources are shared through the Region, although most of the placements are located in Maple Ridge. The Child Protection Consultant is located in Maple Ridge. The Child Protection Consultant is responsible for

training and is also available to help social workers on the completion of the Comprehensive Risk Assessments.

#### **(d) Resources**

##### **(i) Residential**

Child care resources for the Tri-Cities area are managed from the Simon Fraser East Resources office located in Coquitlam. One resource social worker from that office acts as a liaison with the team. Social workers on the Intake and Assessment team (HEC) access a placement by contacting the intake worker on the resources 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 Simon Fraser East resources team has a variety of resources available to the district office in the Tri-Cities area, including regular foster homes, restricted foster homes, levels homes, emergency beds, and specialized resources. There are 2 emergency co-ed group homes in the region available to the district offices.

The resources team is responsible for restricted home studies. There is a special unit within the Simon Fraser east office responsible for recruitment and development of new resources.

There are several contractors with foster homes; some specialized. Some of these contractors are: St. Leonard's society, Brenson Family Services, ABRI resources, ABBY resources, ACTION society, SHARE Family and Community Services, and Community Visions. There is an additional contractor, 50 PLEA beds that are shared with other regions of the MCF.

Technically the Tri-Cities Intake and Assessment team has access to all regional resources, although all placements are in their geographic area and Maple Ridge.

##### **(ii) Non-Residential**

There are a variety of contracted resources providing support services to families and children in The Tri-Cities area. The main contractors are:

- SHARE provides a variety of services: family enhancement program, drug and alcohol services, counselling for families, individual counselling, anger management, Nobody's Perfect program, child/youth care worker, and speech and language services. There is an Integrated Case Management agreement with this agency, effective October 31, 2000.
- ACT 2: sexual abuse counselling for children and the SHIFT program for sexually intrusive children
- West Coast Family Education (PREP): parenting one to one services
- PURPOSE Society: parent-teen mediation, support groups for parents and support groups for girls

Other resources/programs are:

- MOSAIC in Vancouver for interpreters and translations
- Three Transition Houses in their surroundings: Coquitlam, Maple Ridge, and Burnaby.
- Surrey Memorial Hospital (HEAL clinic) and BC Children's Hospital: medical screening for child abuse programs.
- Hospitals that the office has primary relationships with are: Royal Columbian, Eagleridge and Ridge Meadows hospitals.
- The Port Moody Police and the RCMP detachments in Coquitlam and Port Coquitlam.
- Youth Crisis Response program for suicidal children and youth

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

The Coquitlam school district # 43 includes several high schools, middle schools and elementary schools in the Tri-Cities area. Among them, there are 3 community schools. One has been identified as an inner-city school.

Staff commented on the limited number of foster homes for siblings, babies and children/youth with behavioural difficulties. They also commented on the need for more resource workers, as they believe there is limited support to foster parents. Another limitation, according to staff, is that some level foster homes do not provide transportation for children in care to schools or to appointments and some of these homes do not want contact with parents.

Gaps in community services, according to staff, are:

- limited supervised access services. (Currently there is one retired social worker available, but it is not sufficient to meet social workers' demands).
- lack of a crisis intervention program
- lack of in home support, similar to the Home Works project which was available to social workers until 1997.
- need for a mediator available on call to respond to parent-teen conflict

Regional management is aware of the resource issues and a number of initiatives are underway to address them.

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

Staff are satisfied with the assistance and representation provided by legal counsel. According to staff, legal counsel represents MCF well in court and is accessible to the workers. There is limited time devoted to preparation for contested court hearings. Legal counsel follows worker's directions and provides good advice. Family court days are set for Thursday afternoon. Legal counsel meet with the workers at court before the appearance.

A concern identified by staff is the court backlog for contested court hearings, which can take from 7 months to 1 year.

#### **4. STAFFING**

- **Staff Complement/Staff Turnover**

The current HEC team was created in August 1997, when the 2 existing family service teams were merged into one team, thus allowing sufficient FTE's to form an intake office. At the time this area was in a different region. In 1998 the region was combined with the Burnaby region to form the current Simon Fraser region. The current supervisor has been the team supervisor at HEC since the team was formed in 1997.

The staff complement at the time of the audit was 1 Supervisor and 8 Social Workers. For the nine months prior to the audit, staffing numbers had been lower due to resignations, medical leaves and a leave of absence. During this period of time the office received temporary assistance through a 7 month placement of an SPO assistant, a 5 week placement of a seconded worker from the Special Migrant Youth Project, a 4 month period of time where two social workers from the regional float were placed in the office (one which was gradual return from a medical leave) and periodic hours/shifts of overtime from social workers whose base team was family service.

- **Administrative Services Staff Complement**

The HEC Intake and Assessment team shares the building with three other teams and they all share several clerical positions including the Supervisor of Administrative Services, a Financial Clerk and the OA2 in charge of the reception. Primarily, 1.5 oa2 positions have been used by the HEC team. For a short time the HEC had a Team Assistant, under a trial period, which was very much appreciated by the team social workers. Then the team had an auxiliary SPO assistant for a short term, 2 to 3 months, who was replaced by another SPO assistant transferred from another region in September 2000.

All four teams in the building share the reception area. There are 2 separate file-rooms.

A situation observed by the auditor and shared by staff is the work environment. The workers are confined to a very small portion of the building, creating overcrowding conditions and doubling of workers in each office, which makes work difficult. This affects their ability to concentrate, to conduct telephone interviews and to perform adequately.

The above matter was discussed with the Child Protection Manager and the Team Supervisor. There are plans in place to move a team in September, freeing office space in the building; this may require a re-design of the building office space.

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

The Team Supervisor has been on the HEC team since its inception in August 1997. She joined the Ministry in July 1987 as a social worker in Merrit, then moved to Bella-Coola the same year. Between June and November 1989, she worked in Cassiar, before taking a secondment position

at the resources team in Williams Lake. In 1992, she acted as a supervisor in Quesnel and Terrace, before joining the staff-training unit in Richmond from the middle of 1992 until the middle of 1993. She joined the Audit and Review Division in Vancouver from 1993 to 1997, when she accepted the position as Supervisor of the family service team in Port Moody. The supervisor holds a BA degree in English and History.

The senior social worker at HEC has almost fourteen years of experience with the Ministry. This worker started in Coquitlam North and moved to Maple Ridge and Coquitlam before joining a special project called Home Works in 1993, which was located exactly where HEC is now located, until she moved to HEC in 1997, coinciding with the termination of the project. She holds a BA degree in Psychology and a BSW degree.

The other workers' experience with MCF range from 5 years to a few months. Their degrees are BSW alone or combinations with a BA or other related certificates, one worker holds a BA in Child and Youth Care.

- **Delegation**

The Team Supervisor and all, with the exception of one, of the permanent social workers have full delegation. The screener and the auxiliary social worker from the float have partial delegation.

- **Workload**

Due to the high volume of intakes and the limited capacity at HEC to respond to the demand for services, the district office in consultation with management has made two important decisions:

- 1) In May/June 2000, the HEC team created a waiting list of CP intakes attached to an additional caseload # 214, and
- 2) At the end of July 2000, the Regional Executive Director issued a statement giving approval for overtime for staff prepared to do such overtime work, based on the approval of the Supervisor. The RED approval constituted the "overtime work authorized in advance by the Employer" as outlined in the collective agreement. The work identified for such attention was to be immediate child welfare, including the backlog of intake and outstanding investigations. The statement allowed supervisors to authorize overtime for these purposes without seeking Manager approval for each individual authorization. In November 2000, the RED approval ended and the practice for requesting overtime returned to that as outlined in the collective agreement, with request other than immediate child protection situations being authorized in advance by the Manager. Overtime requests have continued to be approved to address the backlog and completion of investigations. Overtime has been authorized either for workers on the team or district office staff from other offices to work at HEC on their flex days. This, as well as some shift coverage by a worker from AfterHours, has been on the basis of period hours rather than full time coverage.

The team supervisor reported that the extra support from July to November 2000, translated into the completion and closure of 160 CP intakes.

The staff commented that this temporary measure, although proven effective in the short term, may be problematic in the long term.

## **5. PROTOCOLS**

The following protocols were provided:

- Coquitlam School District # 43 re. child abuse and child abuse involving staff.
- Several Child Protection Operating Procedures from the Simon Fraser Region signed by both Child Protection Managers with different dates.

The following protocols were not provided.

- Metis Family Services, Surrey (February 16, 1999)
- MCF province-wide protocol with the physicians dated September 1997 and Medical Services Commission dated September 1999 (MSP of BC)
- MCF and ICBC
- MCF and the Office of the Chief Coroner
- MCF and MSDES draft protocol dated December 1999
- Royal Columbia Hospital
- BC Children's Hospital

Staff interviewed were not aware of the protocols related to HEC. They mentioned general procedures from the Inter-Ministry Child Abuse Handbook.

There are no protocols with the RCMP (2 detachments), Port Moody Police, Eagleridge Hospital, Ridge Meadows Hospital or the Transition Houses.

The Child Protection Manager commented on the difficulties encountered in trying to develop protocols with the police. The RCMP detachments are expecting some general directive from their headquarters before engaging in any protocols with the MCF.

Staff report as having good working relationships with the schools, the hospitals, and with the police in Port Moody, Coquitlam and Port Coquitlam. These 3 police detachments designated a contact person for the social workers of the HEC team. Confidentiality is an issue with the RCMP; the Port Moody Police are more amenable to provide information.

## **6. ABORIGINAL SERVICES**

There is one First Nations Band in the office area, the Kwayhquitlam. There is a Metis Organization in Surrey and the First Nations Urban Community Society in New Westminster.

The designated agencies are Vancouver Aboriginal Child and Family Services Society and Metis Family Services. They may also provide services to clients separate and apart from the family support services mentioned above.

## **7. AUDIT SAMPLE**

The audit was asked to review a minimum of 15% of the number of intake files opened and/or closed between July 2000 and December 2000.

The Integrity Report confirms that HEC received 484 CP intakes for the months July through December 2000; consequently the audit was expected to review a minimum of 73 files. In the same period of time, July to December 2000, HEC closed 337 family services files, transferred 89 family services files and 30 child services files to various district offices, including the family services team (HDD) located in the same building.

The average intake for HEC, calculated on the basis of 8 social workers in the team, is 81 cases per month, which is approximately 10 intakes per worker per month. The workers of the team have other tasks like foster homes protocol investigations, day care investigations, checking families as requested by other offices or other provinces, and community liaison responsibilities.

Eighty (80) files were audited (49 child protection files and 31 non-protective service files), representing 16.6% of the total number of intakes during the designated period.

All the files audited were closed intakes (80 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 that by the end of December 2000, HEC had 123 open CP intakes. At the time of the audit, January 29, 2001, this number had climbed to 185 open CP intakes. Of this total, 87 files remain over 60 days, staggered from November 2000 back to December 1999. The waiting list, caseload #214 had 38 CP intakes at the commencement of the audit.

Files were selected randomly from current office generated Caseload Management Reports to include all the social workers currently at HEC plus other workers who had volunteered to help the team as described earlier, where caseload numbers had been assigned.

No Child Service files were audited, as the Intake team does not maintain them. If a child is admitted to care, prompt transfer of Child Service files to the Family Service team (HDD), upon completion of the initial court hearing and Comprehensive Risk Assessment, is a high priority.

It is important to note that in December 2000, an audit was done at the HDD family service team. As a reference, compliance at HDD was rated 82.68% for CP family service files, 80.18% for child service files, and 82.41% for NP family service files.

## 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-nine (49) Child Protection family service files were audited. The following provides a breakdown of compliance ratings. In several cases, for example Supervisor Consultation, the compliance rating reflects documentation rather than practice. The overall average compliance for the 49 files audited was assessed at 75.78%.

### 1. **Protocols:**

Protocols were followed in 14 of 49 applicable cases (29%); 34 cases (69%) were rated CA, not applicable and demonstrated good practice. In one situation the rating was NC (2%), related to a discharge of a mother and child from the Royal Columbia Hospital, where no discharge was attended by MCF. There is a protocol in place, but not available at the office.

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

Standard criteria were met in all 49 files (100% compliance).

### 3. **Cultural, Racial and Religious Differences:**

Staff demonstrated good practice in all 48 of 49 cases (98% compliance). One case (2%) was rated NC, where the worker did not attempt to interview Russian parents, to recruit an interpreter or to send them a letter following an investigation.

### 4. **Reportable Circumstances:**

The 49 cases were rated N/A.

### 5. **Case Records:**

Case records met standard criteria in all 49 files (100% compliance).

### 6. **Supervisory Responsibility:**

Standard criteria were appropriately met in 24 of 49 files (49%). There was no record of DS consultation at one or more Risk Decision points in the remaining 25 files (51%). This omission of information was discussed with 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 48 files (98%). One case was rated NCF (2%), beyond the control of the worker due to office workload issues..

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

Standard criteria were met in 41 of 49 files (84%). Eight files were rated non-compliance (16%), as the PCC was not incorporated into the file; in some cases the recording indicated that the social worker had done a visual PCC.

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

Standard criteria were met in all 49 files (100% compliance).

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

The appropriate decision was made in all 49 files (100%).

**11. Informing the Police:**

The police were appropriately involved in one (1) applicable files (100%). In 48 files this standard was not applicable.

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

Practice requirements were met in 41 files (84% compliance). Eight files (16%) were rated NC, where the worker established the response time, but the investigation was delayed beyond the standard requirements, mainly documented due to workload issues.

**13. Initial Plan of Investigation:**

An appropriate plan for investigation had been developed for 9 of 49 applicable files (18%). Forty (40) files (82%) contained no documentation to confirm the initial plan of investigation. As discussed with the supervisor and the team, they had mistakenly applied and interpreted this standard by writing, "to proceed as per PS #14".

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

Relevant necessary steps were carried out in 35 of 49 files (76%). In 9 files (20%) one or more of the required steps did not appear to have been completed. Two cases (4%) were rated beyond the control of the worker. In three situations the rating was NA as the worker and supervisor determined that the report was bogus and the investigation was stopped or the family had left the province.

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

Standard criteria were met in 31 of 48 applicable files (65%). There was insufficient documentation to indicate that the child or other children in the household were seen or interviewed in 15 cases (31%). One case was beyond the control of the worker (2%) and one case (2%) was CA, where acceptable alternative was found. The remaining case was NA as the investigation was stopped when the family fled the province. As requested, these files were identified for the Supervisor and the Child Protection Manager.

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

All applicable cases (5 files) were rated C (100% compliance). The remaining 44 cases were rated NA.

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

Confirmation that the parent (s) were seen and interviewed was found in 35 of 48 applicable files (73%). The parent was not available in 1 NCF case (2%). Twelve (12) files (25%) contained insufficient information to determine whether one or both parents were seen and interviewed in person. One situation was assessed as NA (see above #15.)

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

The child's immediate safety was correctly assessed in all files (100%). Need to rate all factors present discussed with the team.

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

Appropriate protection decisions were made in 45 of 48 applicable files (94%). Three (3) cases were rated NC (6%) where there was evidence to confirm the findings under section 13 of the CF&CSA, but were rated incorrect and the finding in need of protection was inaccurate. This matter was discussed with the team and the supervisor. These files were identified for review by the Supervisor and the Child Protection Manager.

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

One file (100% compliance) of the audited files contained issues related to this standard. The other 48 files were rated N/A.

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

Practice was appropriate in 14 of 48 applicable files (30%) where investigative action was initiated. There was no indication that the reporter and/or parent had been contacted in the remaining 32 applicable files (70%).

This matter was discussed with the team and the supervisor.

**22. Time Limit for Investigations:**

Investigations were completed within the required time frame in 19 of 48 applicable files (40%). Fourteen (14) investigations were delayed due to factors beyond the control of the worker (29%), documented mainly due to workload issues. Fifteen (15) files (31%) were rated NC, over 30 days. Discussed with the team to document reasons for the delay in the completion of the investigation within time frame.

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

The assessment was not completed in one applicable case (100%). Documentation indicates that the supervisor authorized an exception to complete a CRA. The remaining 48 files were rated NA.

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

There were no applicable cases.

**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 48 of 49 applicable files (98%). One case was assessed as closed prematurely, before a thorough investigation was completed and where the RD4 was rated as inadequate. This file was identified for review by the Supervisor and the Child Protection Manager.

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

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

Thirty one (31) 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.

**1. Protocols**

There were protocols applicable to 5 cases (100% compliance). The other 26 cases were NA.

**2. Children from Aboriginal Communities**

This standard was correctly assessed in 30 of 31 files (97%). In one case the band was not identified (3%).

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

All files (31) rated C at full compliance.

**4. Reportable Circumstances**

All files (31) rated NA.

**5. Case Records**

All files (31) rated C at full compliance.

**6. Supervisory Responsibility**

Standard met in 28 of 31 cases (90% compliance). In three cases (10%), there is no documentation to confirm this standard, although it appears it is more a documentation matter, since consultation is ongoing.

**7. Initial Assessment of Referrals, Service Requests, Reports**

Twenty-nine (29) cases were rated C (94% compliance). Two (2) cases were rated NC (6%) where the Risk Decision 1 and identifying section 13 concerns were not rated properly when dealing with abandonment and child absent from the home or assessing a report as previously investigated when the previous CP intake is documented as done 15 months earlier.

In a couple of instances the RD1 was incorrect, but was rated compliance because a full investigation had been documented on file reaching the appropriate determination of in need of protection. This standard was discussed with the team and the supervisor. The two (2) cases were identified for review by the Team Supervisor and the Child Protection Manager.

**8. Prior Contact Check & Registration**

A PCC was found in 21 of 31 applicable files (68% compliance). The other 10 files were rated NC (32%) as the PCC was not attached to the CP intake, although some workers had documented a visual PCC.

A further perusal of this standard done by the auditor indicates that the printing of the PCC is not clearly spelled on the Practice Standards manual. However, this has been a long established practice even before the standards came into place; furthermore, both the ICS manual and the Vol. 2.1.1-4 clearly indicate that the PCC must be printed and attached to the intake.

**9. Determining the Speed of Assessment**

All the 31 files (100%) had been assessed within required time frames.

**10. Comprehensive Assessment**

This standard was found applicable in 4 files (100% compliance). The other 27 cases were rated NA.

**11. Legal Documentation**

The standard was met in 1 applicable case (100% compliance).

**12. Service Plan with Goals & Time Frames**

Rated N/A.

**13. Service Plan Monitored**

Rated N/A.

**14. Service Plan Review/Evaluation**

Rated N/A.

**15. Reclassifying Case From Protective FS to Voluntary FS**

Rated N/A.

**16. Transferring a Family Service Case**

Rated NA.

**17. Closing a Family Service Case**

All thirty one (31) files were rated with 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 non protective family service for the Tri-Cities area, are directed to the HEC Intake and Assessment team for assessment and investigation.

The HEC provides for a social worker screener to take all the calls from the community. Two workers splitting the day do the screener function; one of them is full time and the other position is rotated among the workers of the team every 3 months. In addition there is a monthly rotating schedule for intake and back up duties

The intake screener receives all the calls and records protection reports and requests for support services on the MIS system, completes a Prior Contact Check (PCC) and incorporates a copy of the PCC into the file. In cases requiring an investigation, the worker completes RD1, RD2 and an initial plan of action, and prints a copy of the intake for the supervisor's review and approval. In some requests for support services, the screener will assess the request for services and will complete referrals and close the files or will consult with the supervisor regarding the course of action and the RD1. The supervisor assigns the investigation to the intake worker on duty to initiate the investigation. In other cases where the risk is assessed as low, the supervisor may decide to put the matter in the waiting list, caseload #214. If an investigation is required, the worker completes Risk Decisions #3 and #4. When the investigation or the assessment is completed the intake social worker provides the file to the supervisor who reviews and approves the outcome of the intake.

When there is an open file in another office, the screener either enters the information on a notepad and forwards the information to the social worker involved or will forward the call directly to the worker responsible for the case or the team intake worker on duty. The same applies to a file closed in the last 60 days, otherwise HEC will deal with the report.

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

The intake worker completes the investigation to Risk Decision #5, consulting with the Team Supervisor at key decision points throughout the investigation. Social workers consult with the HEC Supervisor, other Supervisor in the building or Child Protection Manager if the Team Supervisor is unavailable. If the child is found in need of protection, the HEC worker completes Risk Decision #5, Comprehensive Assessment of Risk, and if necessary to transfer the file, will make recommendations for services. If the child is found not in need of protection, the file may be closed or the family may be offered support services or be referred to community agencies.

The After Hours is managed through the New Westminster After-Hours office.

### **(b). Tracking**

The Team Supervisor has developed her own manual tracking system based mainly in the ministry computer 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 at the HEC team. Copies of these reports are given regularly to the social workers at the individual weekly supervision meetings. Both the supervisor and the worker take notes of the discussion and recommendations

Open cases are reviewed regularly with the social workers through ongoing individual consultation and individual supervision. The supervisor is aware of all the cases; the social workers keep her informed at each step of the investigation. The individual caseloads are reviewed regularly at the weekly team meetings or during case consultations.

The HEC team supervisor has developed a tracking system to monitor the intakes; new intakes are documented on MIS within 24 hours. The supervisor has a different tracking system to monitor the wait list, caseload #214. This system provides for chronological monitoring and priority colour coded with information of the nature of the call or any collaterals conducted by the same supervisor or a worker from the float, to ensure the safety of the child. CP intakes assessed as requiring immediate response are not put into the waiting list.

To keep the workload balanced among the workers and the waiting list, with consideration to the demands of individual cases, the supervisor makes a concerted effort to maintain no more than 20 cases per worker at any given time.

The administrative support staff keep a chronological and alphabetical logbook to track down the transfers in and out of office files.

### **(c). Case transfer**

CP Family Service cases are transferred from the HEC team to the family service team (HDD) or Youth team (HDG) upon completion of Risk Decision #5 and recommendations for service. Child Services files are transferred following the initial court hearing; a recording is not required. The NP family service files are transferred upon the completion of RD4.

The transfer is done from Supervisor to Supervisor once the FS and CS computer screens have been updated. The social worker from the HEC team advises the client of the change and name

of the new worker. Sometimes the new social worker may attend court to meet the family and the child.

## **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 HEC Supervisor, providing consultation as necessary.

The Team Supervisor has full time supervisory responsibilities on the child protection team. There is weekly supervision to the social workers; supervision for the Team Supervisor takes place on a regular basis, 3 times in the last year (new Child Protection Manager). The supervisor consults frequently with the Child Protection Manager. There is ongoing daily consultation by staff with the supervisor. Staff appreciate the accessibility and availability of the supervisor, especially phone access when in the field.

There are monthly meetings of the East Side intake teams' supervisors and the Regional Child Protection Manager and a regional meeting every 3 months for all supervisors including both Regional Child Protection Managers.

Staff appraisals on the team are done annually. The team supervisor has received several appraisals through her career with MCF; the last appraisal was done in 1997 while working at Audit and Review Division. No appraisal has been done since becoming a supervisor in 1997.

The appraisal process for social workers provides for the supervisor to prepare a draft document, which is then presented to the worker for discussion. Then a final document is completed when the parties agree to its content.

## **12. TRAINING**

The Team Supervisor completed all core and mandatory training as a social worker. Since becoming a supervisor, she has completed Clinical Supervisor training, fundamentals of supervision, investigative interviewing, comprehensive risk assessment and advanced risk assessment.

All social workers have completed core social worker training, comprehensive risk assessment (CRA), advanced CRA training. Staff have received new computers and have attended the Outlook training. Some workers have taken suicide prevention, A&D training, sexual abuse workshop with the police, conflict resolution, fundamentals of supervision (senior workers), and training for trainers (mentoring program).

Ministry training opportunities for staff are available, but due to heavy caseloads and lack of coverage, this may be problematic. Staff commented on the lack of a budget for outside training, although professional development time is available through the union master agreement.

Regarding career enhancement opportunities, the supervisor stated that opportunities are limited due to lack of coverage. The senior social workers rotate as acting supervisor whenever the team supervisor is away; there is no coverage for these workers, so these workers maintain their caseload responsibilities. Staff commented that although there are regional opportunities to act in temporary assignments in different offices, this is not feasible because of the lack of coverage and operational requirements. Because of this, according to staff, being at HEC put them at a disadvantage when opportunities arise in the region.

### **13. RECOMMENDATIONS**

1. That regional management ensure 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 develop and implement a plan to enhance child protection practice in the following areas:
  - Initial plan of investigation
  - See and Interview the child(ren)
  - See and Interview the parent(s)
  - Ensuring required consultation with the supervisor occurs and is documented

Alfredo Sepulveda, MSW  
Provincial Auditor  
Audit Unit, Child Protection Division  
February 16, 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 49 CASE AUDIT(S) FOR OFFICE HEC

<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	14	29%	34	69%				1	2%	
10-10-020	2	Children From	49	100%								
10-10-030	3	Cultural, Racial &	48	98%						1	2%	
10-10-040	4	Reportable										49
10-10-050	5	Case Records	49	100%								
10-10-060	6	Supervisory	24	49%						25	51%	
10-20-010	7	Assessment Of Reports	48	98%				1	2%			
10-20-020	8	Prior Contact Check And	41	84%						8	16%	
10-20-030	9	Determining The Speed	49	100%								
10-20-040	10	Risk Decision 1:	49	100%								
10-20-050	11	Informing The Police	1	100%								48
10-30-010	12	Risk Decision 2:	41	84%						8	16%	
10-30-020	13	Initial Plan Of	9	18%						40	82%	
10-30-030	14	Steps Required To	35	76%				2	4%	9	20%	3
10-30-040	15	Seeing And Interviewing	31	65%	1	2%		1	2%	15	31%	1
10-30-050	16	Arranging A Medical	5	100%								44
10-30-060	17	Seeing And Interviewing	35	73%				1	2%	12	25%	1
10-30-070	18	Risk Decision 3:	49	100%								
10-30-080	19	Risk Decision 4:	45	94%						3	6%	1
10-30-090	20	Investigation Where	1	100%								48
10-30-100	21	Record & Report	14	30%						32	70%	3
10-30-110	22	Time Limit For	19	40%				14	29%	15	31%	1
10-40-010	23	Risk Decision 5:								1	100%	48
10-40-020	24	Risk Assessment Of A										49
10-50-010	25	Risk Decision 6:										49
10-50-020	26	Supervision Orders										49
10-50-030	27	Removing A Child										49
10-60-010	28	Risk Decisions 7, 8, 9:										49
10-60-020	29	Reclassify Case From										49
10-60-030	30	Where A Child Or Family										49
10-60-040	31	Transferring A										49
10-60-050	32	Closing A Protective	48	98%						1	2%	

**Standards in Compliance: 704      Applicable Standards: 929      Overall level of compliance: 75.78%**

**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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## 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 31 CASE AUDIT(S) FOR OFFICE HEC

<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%				26
30-10-020	2	Children From	30	97%			1	3%
30-10-030	3	Cultural, Racial &	31	100%				
30-10-040	4	Reportable						31
30-10-050	5	Case Records	31	100%				
30-10-060	6	Supervisory	28	90%			3	10%
30-25-010	7	Initial Assessment Of	29	94%			2	6%
30-25-020	8	Prior Contact Check &	21	68%			10	32%
30-25-030	9	Determining The Speed	31	100%				
30-35-010	10	Comprehensive	4	100%				27
30-35-020	11	Legal Documentation	1	100%				30
30-35-030	12	Service Plan With Goals						31
30-35-040	13	Service Plan Monitored						31
30-35-050	14	Service Plan						31
30-60-020	15	Reclassifying A Case						31
30-60-040	16	Transferring A Family						31
30-60-050	17	Closing A Family	31	100%				
30-65-010	18	Recording						31

**Standards in Compliance: 242      Applicable Standards: 258      Overall level of compliance: 93.80%**

**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

## **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.