

DIRECTOR'S AUDIT REPORT
SURREY YOUTH TEAM (GLC)

Revised October 31, 2000

Field Work Completed: August 14 - August 25, 2000

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1. PURPOSE

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

The specific purposes of the audit are:

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

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

2. METHODOLOGY

The audit was asked to examine a minimum of 25% of Family Services cases (Protective and/or Voluntary Services), and 25% of Child Service cases open to the Surrey Youth Team (GLC). Field work was conducted from August 14 to August 15, 2000 by one auditor. Files were reviewed for compliance to child service policy, non protection voluntary service standards, case management policy and to risk assessment guidelines. Information for determining compliance to the standards was based on documentation. The new Child Protection Standards were used to audit the protective Family Service files. The Child Service Standards revised in April 1, 1999 were used to audit the Child Service files. The Case Audit Tool was used (on laptop computer) to collect data and generate reports, including a compliance report for each file audited.

The auditor met with the Team Leader and with members of the team at the beginning of the audit to explain the process. During the audit, the auditor interviewed the Team Leader and two social workers with respect to office systems, community resources and barriers to the provision of service. The auditor met with the Team Leader and the team at the conclusion of the audit to review the results. A compliance report was provided for each file audited.

3. COMMUNITY OVERVIEW

Demographics: According to the South Fraser Regional Operating Plan, the population of the city of Surrey is 341,200. The region has one of the most ethnically and culturally diverse urban and rural populations in Canada. There are significant populations of Indo-Canadian, German, Dutch and Chinese speaking residents. There are five populated reserves within the region although the aboriginal population thereon is relatively small. There is a large number of aboriginal and Metis people living off reserve, many in North Surrey. Data provided by the ministry's Central Operating Agency project the region's 1998 aboriginal population, age 0-18, to be 3.9% of the region's total age 0-18 population. Canada Census, 1991, indicates that the percentage of lone parent families in the region is lower than the provincial average of 12.1%, except in North Surrey where the percentage is 14.7%.

The clients served by the Youth Team include parent and teens who have experienced serious and long-standing conflict. Conflict in some situations has escalated to physical confrontations between the parents and children. The youth served are frequently street involved and engaging in high risk behaviours including alcohol and drug use and prostitution. In many family situations, there has been an earlier history of abuse and neglect. Some of the teens are presenting serious emotional and behavioural problems, resulting in conflict with the law and/or suicide attempts.

Geographics: Situated in the southwest quadrant of B.C.'s lower mainland, and covering an area (1067 sq. km.) about nine times larger than Vancouver, the South Fraser Region comprises the three districts of: Delta, Langley and Surrey/White Rock. The region consists of large urban and suburban communities interspersed with significant tracts of farmland. All residents live within an hour's car/bus ride to the region's urban centres and are within commuting distance of Vancouver.

Service Delivery: The region is divided into three child and family service districts which correspond with the three school districts in the Region: Delta, Surrey/White Rock and Langley. Each district has specialized teams which work together to deliver a full range of services, including: intake, special needs, mental health, youth and probation, family services, child protection investigations and community resources. Each district has one number for the public to call where specialized intake workers help people get the services they need. Within Surrey there are 3 Child Protection Teams and 3 Family Service Teams that are responsible for different geographic areas within the district, one Youth Team and one Aboriginal Team that is responsible for a small geographic area in addition to providing services to all aboriginal families and youth within Surrey. In addition, there is one central Intake and Information office that is responsible for screening all calls, and referring each case to the appropriate ministry office or community resource. Calls which represent reports that a child may be in need of protection are referred to the appropriate Child Protection Team.

The Surrey Youth Team (GLC), is located at the Youth Services Centre, where Youth Probation Services, Addiction Services and the Guardianship Team are also located. The Youth Team is responsible for providing services to youth and to families with children over the age of 13 years for the whole city of Surrey. The Youth Team also provides guardianship services for youth

over 13 years of age. New requests and referrals for services are transferred directly to the Youth Team from the Intake and Information Office. New child protection reports are referred to a Child Protection office when an investigation is required. Upon completion of the investigation, cases requiring ongoing services are then transferred to the Youth Team.

Resources:

- Residential

Resources for children in care are developed and maintained by a resource team. The resource office has assigned a liaison social worker to each team. Requests for placements may be directed to the liaison worker, however, in urgent situations requests are directed to the duty resource worker. In addition to the ministry regular and leveled foster homes, there is one coed group home called Winter House.

Privately operated satellite homes are available for children with special needs. PLEA homes offer short term placements for youth as an alternative to remanded custody, a residential attendance program for young people on probation as an alternative to custody as well as specialized residential care for young people who have a variety of behavioural, social, cognitive and other difficulties. SPARA homes provide residential placements for children experiencing mental health problems. Escondido homes provide placements for male youth presenting antisocial and aggressive behaviours. Requests for placements within a satellite home are directed to the Placement Review Committee.

There is also a Family Enhancement Centre that provides short-term residential placements for children where emphasis is placed upon reunification with the family. The usual length of stay ranges from 6 months to 1 year.

- Non-Residential

There are a variety of community resources and contracted services in the Surrey area that are utilized in providing services to MCF clients. Some of the services frequently utilized by the Youth Team are provided by the following organizations.

Options: Services to Communities Society offer a number of programs including: a Children Who Witness Violence Abuse Counselling Program; Next Step, an independent living support service for teens; Special Services to Children and Their Families which includes one-to-one and group services for children/youth with exceptional social, emotional, and/or behavioural issues.

Centre for Counselling Services provides 'fee for service' counselling. Surrey Community Services provide a number of services including Professional Family Counselling. Families who require more intensive and long-term counselling are referred to this service.

The Surrey Family Preservation Program provides intensive support and treatment to families which face the imminent risk of having their children placed outside of their home. Reachout provides parent/teen mediation counselling. This is a crisis oriented short-term service. The

Intensive Family Support Program provides counselling and support to families in jeopardy of having a teenager leave home. Intensive Family Support services are brief, but intensive. Counsellors will meet with a family approximately four hours per week for four weeks.

Reconnect is a provincial program for young people under 19 years of age who have left their home and live or spend a lot of time on the streets with little or no connection to their families. Street Youth Workers spend time on the streets and connect with young people living there. The goals of the program are: to help youth on the street leave it for a safer, healthier lifestyle; to prevent other youth from becoming street-involved; and to locate runaway or missing youth.

Mental Health Counsellors and Addiction Counsellors from MCF are also utilized in providing services to youth. In addition, the Adolescent Crisis Response Plan will provide assessment and brief counselling for children who may be at risk of suicide. The Astra Program assists youth aged 13 to 19 who have demonstrated problems with alcohol and/or drug use. The goal of the program is to move targeted youth towards reducing or abstaining from all problematic substance use.

T.R.E.E.S. is an Alternate School that combines academic programming and recreational activities with individual, group and family counselling services. This program is only open to students ages 13-15 who currently have open MCF files and are unable to attend other Surrey School District Programs.

Legal Services: Legal counsel is provided by two different firms. One is located in Richmond and the other is located in New Westminister. Each firm has 2 to 3 different lawyers who are assigned to provide all of the required services to MCF. The staff reported that due to the high volume of cases, preparation for court often takes place just prior to court hearings. The lawyers are generally available and accessible upon request when more advance preparation is required for contested matters. The lawyers were described by staff as experienced and knowledgeable regarding family law and the Child, Family and Community Service Act.

4. STAFFING

The GLC Surrey Youth Team has a permanent staff complement for one Team Leader, 5 social workers and one OA2 administrative support position. At the present time there are 5 social workers on the team, however, this is only temporary in that one staff member is leaving the team on September 8, 2000 and there is no-one immediately available to fill the position. Two Drug and Alcohol Counsellors are also attached to the team

The Youth Team was originally formed in October of 1997. Within the past 2 years, there has been a high rate of staff turnover and positions have been vacant for varying periods of time. Many staff have stayed on the team for less than one year. There was one consistent Team Leader between October of 1997 and August of 1999. An Acting Team Leader was in place from August of 1999 to February of 2000, at which point the current Team Leader transferred to the Youth Team. Since 1998, there has never been a full compliment of staff. For the majority of the time, anywhere from one to three positions have been vacant.

Three social workers left the team between August and October of 1999. In September and October of 1999, there were only two social work staff on the team and only one was fully delegated. Social Workers from the Rapid Response Team and from the Child Protection Division assisted the team for short periods of time over the fall and winter.

One SPO assistant and one social worker joined the team over October and November of 1999. One social worker returned from maternity leave in March of 2000. The SPO assistant eventually became a social worker in June of 2000 after completing the core training provided by the Justice institute on a part-time basis. His field placements were completed in different offices within the region, therefore he was absent from the Youth Team for a short period of time. Two social workers who just joined the team in 1999, left in June of 2000. One social worker joined the team in June of 2000 and a guardianship social worker joined the team in August of 2000.

The current staff for the Surrey Youth Team includes one Team Leader, 4 family service/youth social workers and one guardianship social worker. A team assistant was assigned to the team for a 6 month period of time in lieu of the OA2 position. The team assistant was just leaving to be replaced by an OA2 at the conclusion of the audit.

The Team Leader has a masters degree in social policy and a MSW degree. He worked for the ministry from 1981 to 1987. He worked for the Children's Foundation in Vancouver for 5 years before returning to the ministry in 1992. He has been the Team Leader of the Surrey Youth Team since February of 2000. Prior to assuming this position he worked as a supervisor for the McKenzie District Office for 5 years.

The most senior social worker has a B.S.W. degree and began working for MCF 7 years ago. She began working on the Surrey Youth Team in Oct. of 1997 and is the only remaining member of the original team. She was away on maternity leave from September 1, 1999 to March 22, 2000. Her position remained vacant throughout her absence.

One social worker has a BA in Psychology and a B.S.W. degree. He began working for the ministry in February of 1999, attended core training from March to June of 1999 and became fully delegated in November of 1999. He is scheduled to take a leave of absence beginning Sept. 8, 2000.

One social worker began working for the ministry as a SPO assistant in Oct. of 1999, became a guardianship social worker in February of 2000 and then became a child protection social worker in June of 2000. He just passed the exam for full delegation at the conclusion of the audit. He has Child and Youth Care degree.

Another social worker also began working as a SPO assistant in November of 1999 and became a guardianship social worker in February of 2000. She has a B.S.W. degree and she joined the Youth team in June of 2000. She is not yet fully delegated.

The most recent social worker to join the team began working as a SPO assistant in April of 2000. She has a B.S.W. degree and became a guardianship social worker in August 2000. She just passed the exam for guardianship delegation at the conclusion of the audit.

The staff reported that due to high caseloads and the staff shortages, the team was, at times, only able to respond to high risk and urgent cases over this past fall and winter. The high staff turnover and high workload demands have made it difficult for the staff to work effectively with challenging youth and manage the volume of new referrals and child protection investigations. It is necessary to devote a significant amount of time in order to build a relationship and engage youth in services. Many of the teens served have had a long history of emotional, behavioural and family problems and do not readily trust people in authority. In February of 2000, the Team Leader began reviewing caseloads and encouraging staff to close all cases where the ministry was no longer playing an active role. The team closed 76 Family Service files between February and August of 2000. Current caseloads range between 22 and 30 cases.

5. PROTOCOLS

A formal protocol agreement between the Metis Family Service Society and the Ministry for Children and Families was developed in December of 1998. The agreement provides guidelines for involving the Society in child protection investigations and in the planning for and provision of services to Metis families and children. The parties also agreed to work together to develop a plan through which the Society would be able to phase in its assumption of the responsibility for the provision of child and family services for Metis families and their children.

In June of 2000, a formal protocol was developed for the investigation of allegations of abuse and neglect in licensed child care facilities. In March of 2000, a Maternity Child Welfare Alert Protocol was developed for MCF in the South Fraser Region. The protocol outlines for health care providers that a report must be made to MCF when there are concerns present with a family that would place a newborn child at risk of harm. This allows for early intervention and support for a family, in hopes of addressing child safety concerns before the child arrives. The protocol also provides a procedure and format for MCF to alert hospitals within the region of situations where there have been concerns identified regarding the safety of child prior to birth.

An undated written protocol regarding Child, Family and Community Services and Police exists that clarifies the respective roles of police and social workers in the referral process and in the investigation of child abuse.

A Youth Agreements Protocol between the Ministry of Social Development and Economic Security and the Ministry for Children and Families was developed in February of 2000.

The Team Leader reported that the *B.C. Handbook for Action on Child Abuse and Neglect*, generally governs the working relationship between the Ministry for Children and Families and schools or other organizations where no formal protocol is in place.

An Interim Service Delivery Protocol between the Surrey/White Rock Intake and Information Office and the Youth Team was developed in 1998, which outlines the roles and responsibilities for each team regarding the assessment of intakes.

6. ABORIGINAL SERVICES

In June of 1999, a specialized family services team was formed to provide MCF services to aboriginal families and children in the city of Surrey.

Some of the other services available include the Vancouver Aboriginal Child and Family Services Society which can be accessed to provide or facilitate band representation for families who are from bands in other areas of the province or out of province.

The Surrey Aboriginal Cultural Society offers informal groups to youth interested in learning or participating in traditional cultural activities.

The Metis Family Services Society provides support and counselling to children and families.

7. AUDIT SAMPLE

The audit was asked to review a minimum of 25% of the total number of open Family Service files, and 25% of the total number of open Child Service files. In addition, the audit was asked to review a small number of closed Family Service and Child Service files.

Computer print outs for the caseloads of the Social Workers indicated that there were a total of 57 open Family Service files. Twenty-four (24) Family Service files were randomly selected and audited representing 42% of the total caseload. Fourteen (14) files were audited for compliance to the Child Protection Practice Standards and 10 files were audited to the Voluntary Family Service Standards. Seven (7) of the Family Service files audited were closed.

Printouts for the Child Service files indicated there were a total of 53 Child Service files open to the Social Workers. Seventeen (17) Child Service files were randomly selected and audited representing 32% of the total number of children in care. Three (3) of the Child Service files audited were closed.

8. COMPLIANCE TO CHILD PROTECTION PRACTICE

Fourteen (14) Family Service files were audited for compliance to the Child Protection Services Standards. Five (5) files were closed Family Service files. The following figures provide a breakdown of the compliance ratings:

1. Protocols were followed on 6 of the 14 files audited, 43% compliance. Formal protocols did not exist with all agencies, however, good practice was demonstrated. Eight (8) files were rated as non-compliant but acceptable alternative action had been taken (57%).
2. Children from Aboriginal Communities: 100% compliance.
3. Cultural, Racial and Religious Differences: Respect and recognition of differences, where required, was compliant on 13 of the 14 files audited (93% compliance). There is a very

multicultural population within Surrey. Documentation reflecting how cultural differences were taken into consideration was generally minimal.

4. Reportable Circumstances: One (1) of the 2 files, where applicable was compliant (50% compliance). There was a situation where a child reported sexually inappropriate behaviour by a foster brother. A protocol investigation was initiated however there was no documentation on the file to indicate whether this incident had been reported to the Director.
5. Case Records were kept in the form required on 12 of 14 files audited (86% compliance). Some files were disorganized and did not have all of the required sections. One file was missing a copy of a prior investigation report and another file was missing copies of risk assessments.
6. Supervisory Responsibility: Documentation reflecting consultation with a supervisor as required was evident on 12 of 14 files (86% compliance). In one situation, there was no documentation to reflect that consultation regarding Risk Decision 1 had taken place within 24 hours. In another situation, a supervisor had not signed a risk reduction plan. This occurred prior to the file being transferred to the Youth Team.
7. Assessment of Reports: Reports were appropriately and adequately assessed on all 14 files audited (100% compliance).
8. Prior Contact Check and Registration was rated as compliant on 12 of 14 files (86% compliance). In 2 situations, intakes pertaining to new intakes or investigations initiated by the After Hours office were not registered. Printed prior contact checks were not attached to all of the intake reports on one file.
9. Determining the Speed of Assessment: Reports were assessed within the required time frame on 13 of 14 files (86% compliance). There was a 6 day delay in the assessment of one child protection report.
10. Risk Decision 1: Deciding Whether to Investigate was completed correctly on 14 of 14 files audited (100% compliance).
11. Informing the Police: The police were involved appropriately on 4 of the 6 files where this standard was applicable (67% compliance).
12. Risk Decision 2: Decide Investigation Response Time: Determining and commencing an investigation within the required response time was complete on 11 of the 14 files where applicable (79% compliance). Response times were designated as required, however, in cases of noncompliance, the responses were delayed between 1 day to 3 weeks beyond the designated time.
13. Initial Plan of Investigation: A plan was evident on 13 of the 14 files audited (93% compliance).

14. Steps Required to Complete the Investigation was rated as compliant on 7 of the 14 files where applicable (50% compliance). In several cases, the documentation did not reflect that the prior history had been reviewed and given consideration. In other situations, key people had not been interviewed or contacted for information. In one case, the alleged abuser was not interviewed and the child's living circumstances were not observed.
15. Seeing and Interviewing the Child was rated as compliant on 11 of the 14 files where applicable (79% compliance). In one situation, representing 7%, noncompliance was due to circumstances beyond the control of the social worker. One child refused to meet with the social worker. On 1 file, the documentation did not reflect that the child was seen. In the other situation, the child who was the alleged victim of abuse was interviewed, however, all of the other children or siblings within the household were not seen or interviewed.
16. Arranging Medical Examination for the Child: Documentation reflected that medical examinations were arranged in 3 of the 5 situations where applicable (60% compliance).
17. Seeing and Interviewing the Parent was rated as compliant on 10 of the 14 files where applicable (71% compliance). In 2 cases, only one parent was interviewed. In one situation, the parent, not interviewed, was the alleged abuser. In the 2 other cases no interviews took place, although telephone contact was established in one case.
18. Risk Decision 3: Assess Child's Immediate Safety was complete on 14 of the 14 files where applicable (100% compliance).
19. Risk Decision 4: Decide if Child Needs Protection was designated correctly on 12 of the 14 files where applicable (86% compliance). In two cases, a finding that the child was not in need of protection was considered incorrect. In one case, the finding was incorrect, however a risk assessment was completed and the case was managed appropriately as a protection file. In the other situation, an investigation pertaining to a specific allegation was not verified, however, all of the circumstances leading to a previous conclusion that the child was in need of protection still existed.
20. Investigative Action - Cannot Locate Child or Family: Not applicable.
21. Recording and Reporting the Investigation Results was rated as compliant on 11 of 14 files where applicable (79% compliance). In 2 situations, investigation reports were initiated by the After Hours office, then were not registered or completed by the Youth team. In one case of noncompliance, an investigation report was completed, however, the documentation did not reflect that the reporter had been notified of the outcome of the investigation.
22. Time Limit for Investigations: Investigations were completed within the 30-day time frame on 11 of the 14 files where applicable (79% compliance). In some cases the completion of investigations were delayed by 3 or more months.
23. Risk Decision 5: Assess Risk of Future Abuse Neglect: A Comprehensive Risk Assessment had been completed on 10 of the 14 files where required (71% compliance). In 1 case, a risk

assessment was completed, however it was not considered to be an accurate assessment of risk. No meetings had taken place with the family and prior file information was not considered. It was noted that the initial assessments of risk that had been completed, generally lacked detailed information and were more preliminary in nature versus comprehensive.

24. Risk Assessment of a Third Report: Not applicable.
25. Risk Decision 6: Developing a Risk Reduction Plan was complete on 12 of 13 files where applicable (92% compliance). In one case, a plan had been completed, however, it was not based upon a comprehensive assessment of risk. Service plans, reflecting that factors of risk were being addressed, were present on most files. Very few plans were documented as formal Risk Reduction Plans.
26. Supervision Orders were rated as compliant on 2 of 2 files where applicable (100% compliance).
27. Removing a Child: Not applicable.
28. Risk Decisions 7, 8, 9: Reassessing Risk: This standard was rated as compliant on 2 of the 9 files where applicable (22% compliance). In most situations of noncompliance, reassessments of risk and/or reevaluations of risk reduction service plans were not completed within required time frames. Some reassessments remain 2 to 5 months overdue. Due to the preliminary nature of the initial comprehensive assessments of risk, a more thorough assessment after 4 months would provide a more accurate assessment of risk and assist social workers in evaluating the effectiveness of the risk reduction service plans.
29. Reclassify - Protective to Non Protective Family Service: One (1) file had been reclassified to Voluntary Family Service, however, the decision was not based upon a formal reassessment of risk (0% compliance).
30. Where a Child or Family is Missing: 100% compliance.
31. Transferring a Protective Family Service Case: This standard was rated as compliant on 10 of the 12 files where applicable (83% compliance). In 2 situations, files had been transferred to the Youth Team prior to the completion of a comprehensive assessment of risk.
32. Closing a Protective Family Service Case: In 4 of the 6 situations, where applicable, the required steps were taken (67% compliance). Two files were closed prior to the completion of formal reassessments of risk and in one case, a meeting did not take place with the child and family to discuss the plan to close the case.

9. COMPLIANCE TO CHILD SERVICE PRACTICE

Seventeen (17) Child Service files were audited for compliance to case management policy. Three (3) of the files were closed Child Service files. The following figures provide a breakdown of the compliance ratings:

1. Protocols were followed on 15 of the 17 files audited, 88% compliance. Formal protocols did not exist with all agencies, however, good practice was demonstrated. Two (2) files were rated as non compliant but acceptable alternative action had been taken (12%).
2. Children from Aboriginal Communities: 100% compliance.
3. Cultural, Racial, Religious Differences: 100% compliance.
4. Reportable Circumstances: In 4 of the 5 situations where applicable, the documentation reflected that a report was made to the Director as required (80% compliance). In one situation a child had been AWOL for more than 10 days, therefore a report to the Director was required.
5. Case Records: were kept in the form required on 14 of the 17 files audited (82% compliance). An investigation report was absent on one file, a case snapshot required updating on another file and a legal section was missing from another file.
6. Supervisory Responsibility: Documentation reflecting consultation with a supervisor as required was evident on 16 of 17 files (94% compliance). On one file, not all review recordings had been signed by a supervisor.
7. Appropriate Legal Plan: 100% compliance.
8. Legal Documentation was complete on 12 of 17 files (71% compliance). One (1) file was missing the entire legal section and a continuing custody order had been made. Two (2) other files were missing copies of voluntary care agreements. It was noted that in 2 situations, voluntary care agreements were allowed to elapse prior to renewal.
9. Public Trustee Notified: Notification was not documented on the 2 files where required (0% compliance).
10. Admission Medical: Completed admission medical forms were found on 3 of the 17 files where required (18% compliance).
11. Medical History Obtained and Recorded: Pertinent medical history information was documented on 11 of the 17 files where required (65% compliance).
12. Ongoing Medical Needs Attended: Documentation reflected that ongoing medical needs were being provided for on 11 of the 13 files where applicable (85% compliance). One (1) file, representing 8% of the sample, was rated as non-compliant due to circumstances beyond the social worker's control. A child was AWOL, therefore, it was not possible to determine if he was taking necessary medication.

13. Overall Goal Determined: 100% compliance.
14. Developing a Comprehensive Plan of Care: Documentation reflecting that a plan of care meeting was utilized was evident on 11 of the 16 files where applicable (69% compliance).
15. Plan of Care - Timely & Current: A Plan of Care was documented within the required time frame on 1 of the 16 files where applicable (6% compliance). In 8 situations, children had been in care between 3 and 22 months prior to the completion of the initial Plan of Care. No Plan of Care had been developed on 7 files and the children had been in care for periods of time ranging from 3 to 16 months.
16. Assessment, Planning & Views: One (1) of the Plans of Care reviewed was rated as compliant (6%) and 9 other Plans were rated as partially compliant (56%). Not all plans addressed all of the content areas required by policy. Some categories lacked sufficient descriptive information pertaining to current status and/or were lacking a clear determination of the child's needs.
17. Care Plan Reviewed: Required reviews were not completed the 2 files where applicable (0% compliance). In 1 situation, reviews had not been completed within the required time frames and in the other situation a review was 9 months overdue.
18. Meet With Child: On 6 of the 16 files, where applicable, documentation reflected that the child had been seen by the social worker at least once every three months apart from the caregiver (38% compliance).
19. Rights of Children in Care: Documentation, supporting that the topic of rights had been addressed with the child, was present on 10 of the 17 files where applicable (59% compliance). Most social workers reported that it was their practice to discuss rights with the child upon removing or admitting the child to care.
20. Preparation for Independence: Documentation reflecting that consideration was given to preparing youth for independence was evident on 9 of the 10 files, where applicable (90% compliance).
21. Placement was rated as compliant on 17 of 17 files (100% compliance).
22. Resource Suitability was rated as compliant on 15 of 17 files (88% compliance). Two (2) files, representing 12% of the sample, were rated as non-compliant due to circumstances beyond the social worker's control. In one situation, a child returned home without the social worker's approval, and in another situation, the child left the approved resource to reside with a friend who had not been approved as a resource.
23. Information to Caregiver was rated as compliant on 17 of 17 files (100% compliance).

24. Continuity and Stability was rated as compliant on 14 of the 17 files audited (82% compliance). Three (3) files, representing 18% of the sample, were rated as non-compliant due to circumstances beyond the social worker's control. Placement changes were necessary due to parental instability or the caregiver's inability to cope with the child's behaviour.
25. Reassessing Risk: A reassessment of risk was completed on 1 of the 3 files where required (33% compliance). In 2 situations, children were returned home prior to a formal reassessment of risk being completed.
26. Missing, Lost or Runaway Child in Care: Appropriate steps were taken on 9 of the 11 files where applicable (82% compliance). On 2 files, documentation did not reflect that alerts had been placed on the system or that the police had been notified of the child's absence.
27. File Transfers: The required steps were taken on 7 of the 11 files, where applicable (64% compliance). In situations of noncompliance, transfer recordings and/or comprehensive plans of care had not been completed at the time of file transfers.
28. File Closure: Required steps were taken in 2 of the 3 situations where applicable (67% compliance). In one situation, the documentation did not reflect that any communication had taken place with the parent regarding the plan to close the file.
29. File Recording and Documentation had been completed as required on 6 of the 17 files audited (35% compliance). In most situations review recordings had not been completed within the required time frames. Two (2) files required opening recordings and review recordings were currently overdue on 4 files.

10. COMPLIANCE TO NON PROTECTION FAMILY SERVICE PRACTICE

Ten (10) Family Service files were audited for compliance to the Non protection Family Service standards. Two (2) files were closed Family Service files. The following figures provide a breakdown of the compliance ratings:

1. Protocols: were followed on 7 of the 10 files audited, 70% compliance. Formal protocols did not exist with all agencies, however, good practice was demonstrated. Three (3) files were rated as non-compliant but acceptable alternative action had been taken (30%).
2. Children from Aboriginal Communities: This standard was rated as compliant for 9 of the 10 files audited (90% compliance). It was not designated on one report that a child was of aboriginal origin and information on the file indicated that he may have been Metis.
3. Cultural, Racial & Religious Differences: 100% compliance.
4. Reportable Circumstances: In the one (1) situation where applicable, a report was made to the Director as required (100% compliance).

5. Case Records were kept in the form required on 9 of the 10 files audited (90% compliance). One file was disorganized and reports were not filed in appropriate sections or in chronological order.
6. Supervisory Responsibility: Documentation reflecting that required consultation occurred with a supervisor was evident on 6 of 10 files (60% compliance). In all situations of noncompliance, the documentation did not reflect that consultation had occurred regarding the initial assessment of reports. In 2 situations, the documentation did not reflect that consultation had occurred regarding the admission of children to care.
7. Initial Assessment of Referrals, Service Requests, Reports: Assessments were found to be compliant on 7 of 10 files (70% compliance). In 3 cases, child protection reports contained information suggesting that the children may have been in need of protection and investigations were required. There had been long standing parent/teen conflict in each of these situations and prior counselling had not been successful. The parents were refusing to continue caring for the children. Investigations would have provided further information that would have assisted in determining if the children were in need of protection.
8. Prior Contact Check & Registration was rated as compliant on 9 of 10 files (90% compliance). In one situation, an investigation initiated by the After Hours office required registration.
9. Determining the Speed of Assessment was compliant on 8 of the 10 files audited (80% compliance). In one case, the assessment was delayed by one week and in the other case, the assessment was delayed by one month.
10. Comprehensive Assessment had been completed on 7 of the 9 files where required (78% compliance). Two files had been open for more than 8 months and comprehensive assessments had not yet been documented.
11. Legal Documentation met the requirements on 7 of the 8 files, where applicable (88% compliance). On one file, a copy of a voluntary care agreement was missing and prior voluntary care agreements had been allowed to elapse prior to renewal.
12. Service Plan with Goals & Time Frames: A service plan was documented on 7 of the 9 files where applicable (78% compliance). Service plans had been documented for most files, however, goals and objectives could be stated in clearer and more measurable terms.
13. Service Plan Monitored: 100% compliance.
14. Service Plan Review/Evaluation was rated as compliant for 1 of the 6 files where applicable (17% compliance). In situations of noncompliance, reviews were not completed within the required time frames.
15. Reclassifying Case from Protective FS to Voluntary FS: The required steps were taken on 1 of the 2 files where applicable (50% compliance).

16. Transferring a Family Service Case was rated as compliant for 3 of the 4 files where applicable (75% compliance). One file was transferred to the Youth Team from the Intake and Information office. The social worker had been actively assessing the case and attending conferences over a 2 month period of time. A comprehensive assessment should have been completed prior to the file being transferred.
17. Closing a Family Service Case: All of the required steps were not taken in the two situations where this standard was applicable (0% compliance). The documentation did not reflect that meetings had taken place with the parents and the children to discuss the closure of the files.
18. Recording: Required recordings were completed on 6 of the 8 files where applicable (75% compliance). Two files had been open for extended periods of time and no formal recordings had been documented.

11. INTAKE AND TRACKING SYSTEMS

The Surrey Intake and Information office screens the majority of calls on new cases and refers each case to the appropriate Ministry office or community resource. According to the interim service delivery protocol between the Intake and Information office and the Youth Team, the Intake and Information office deals with all new intakes that relate to parent-teen conflicts, repatriations and requests for under age income assistance. In situations where it becomes evident that a more comprehensive assessment of a youth's situation is indicated, the intake is transferred to the Youth Team for follow-up. Child Protection Reports on new cases are usually referred to one of the Child Protection Teams for investigation. Upon completion of the investigation, families with children over the age of 13 years are transferred to the Youth Team for ongoing services when required.

The transfer of cases from Child Protection Teams to the Youth Team, is facilitated by the Team Leaders. It is expected that an opening recording and a comprehensive risk assessment be completed, where required, prior to a file being transferred to the Youth Team.

The Youth Team is responsible for all intakes and child protection reports on files already open to the team. In addition, the Youth Team also receives direct referrals and protection reports from other Ministry offices such as Probation, Mental Health and contracted service agencies. The Youth Team members have scheduled intake duty days. The assigned duty social worker follows up on all referrals, reports or file transfers received on their duty day. In addition, the duty social worker is responsible for responding to protection reports on other files open to the Youth Team if the social worker is not available. In some situations, a Child Protection Team will assist in completing an investigation, upon request.

The current Team Leader has met with all of the social workers on a few occasions to review caseloads and identify required tasks. He is in the process of developing a tracking system that will be more effective in tracking the volume of referrals, protection reports and cases that are managed by the office.

12 SUPERVISION/CONSULTATION

Team meetings are held once weekly. Social workers do not attend regularly scheduled supervision sessions, however, the Team Leader maintains an open door policy and social workers consult on an as needed basis at any time. The Team Leader was described, by staff as accessible, available and supportive. The Team Leader reported that he plans to schedule supervisory sessions with each staff member on a regular basis.

The Team Leader had reviewed the majority of files open to the team subsequent to assuming the supervisory position. It was evident that he had previously identified situations that required immediate attention on all the files audited.

Meetings for Team Leaders within the region are held approximately once a month. The Team Leader approaches the Child Protection Manager for supervision regarding practice issues pertaining to child protection investigations and child protection cases. The Community Services Manager provides supervision regarding the routine management of cases and guardianship responsibilities.

13. TRAINING

The Team Leader has attended all phases of supervisory training offered by the ministry including personnel, leadership and clinical supervision.

The Team Leader and four of the social workers on the team have completed core training, risk assessment training, investigative interviewing training and computer training (SWS/MIS). The guardianship social worker has completed guardianship training. Some of the staff have attended training for Looking After Children, Youth Agreements and advanced risk assessment training. Computer training for Outlook, Word and Excel is scheduled to take place over the next month.

14. RECOMMENDATIONS

Recommendations: Surrey Youth Team (GLC)

It is recommended that:

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 complete development of and implement the following protocols;
 - Protocol with schools.
3. That regional management develop and implement a plan to improve compliance in documentation and/or practice requirements in **child protection practice** in the following areas:

Note: Improvements required up to and including Risk Decision 5 may reflect the work of the intake team. Regional management will address these recommendations with the appropriate team.

- Risk Decision 2 : Decide Investigation Response Time
- Steps Required to Complete the Investigation
- Seeing and Interviewing the Child
- Seeing and Interviewing the Parent
- Time Limit for Investigations
- Risk Decision #6: Developing a Risk Reduction Plan:
- Risk Decisions 7, 8&9: Reassessing Risk:

4. That Regional Management develop and implement a plan to improve compliance in documentation and/or practice requirements in **child service practice** in the following areas:

- Legal Documentation
- Public Trustee Notified
- Admission Medical
- Plan of Care Timely and Current
- Assessment, Planning and Views
- Care Plan Reviewed
- Meet With Child
- Reassessing Risk
- Missing, Lost or Runaway Child in Care

5. That Regional Management develop and implement a plan to improve compliance in documentation and/or practice requirements in **Non-Protection Family Service Practice** in the following areas:

- Supervisory Responsibility
- Initial Assessment of Referrals, Service Requests, Reports.
- Service Plan Review/Evaluation

6. That regional management conduct a regional self- audit in six months time to determine if improvements in the identified areas, are occurring. The Director is to be informed of the outcome.

7. That the Provincial Audit Unit conduct an audit within 12 to 18 months.

8. That regional management continue with the training plan currently in progress. This plan includes:

- All staff with guardianship responsibilities to take Looking After Children training within the next three months.

9. That regional management provide an update on the status of the above recommendations within 90 days of receipt of this report.

Shirley Ham, M.S.W., R.S.W.
Audit Unit
September 6, 2000

APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE SUMMARY 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-20

SUMMARY OF 14 CASE AUDIT(S) FOR OFFICE GLC

<u>Code</u>	<u>Num</u>	<u>Short Description</u>	<u>C</u>	<u>CA</u>	<u>CB</u>	<u>NCF</u>	<u>NC</u>	<u>NA</u>
10-10-010	1	Protocols	6	43%	8	57%		
10-10-020	2	Children From	14	100%				
10-10-030	3	Cultural, Racial &	13	93%			1	7%
10-10-040	4	Reportable	1	50%			1	50%
10-10-050	5	Case Records	12	86%			2	14%
10-10-060	6	Supervisory	12	86%			2	14%
10-20-010	7	Assessment Of Reports	14	100%				
10-20-020	8	Prior Contact Check And	12	86%			2	14%
10-20-030	9	Determining The Speed	13	93%			1	7%
10-20-040	10	Risk Decision 1:	14	100%				
10-20-050	11	Informing The Police	4	67%			2	33%
10-30-010	12	Risk Decision 2:	11	79%			3	21%
10-30-020	13	Initial Plan Of	13	93%			1	7%
10-30-030	14	Steps Required To	7	50%			7	50%
10-30-040	15	Seeing And Interviewing	11	79%		1	7%	2
10-30-050	16	Arranging A Medical	3	60%			2	40%
10-30-060	17	Seeing And Interviewing	10	71%			4	29%
10-30-070	18	Risk Decision 3:	14	100%				
10-30-080	19	Risk Decision 4:	12	86%			2	14%
10-30-090	20	Investigation Where						14
10-30-100	21	Record & Report	11	79%			3	21%
10-30-110	22	Time Limit For	11	79%			3	21%
10-40-010	23	Risk Decision 5:	10	71%			4	29%
10-40-020	24	Risk Assessment Of A						14
10-50-010	25	Risk Decision 6:	12	92%			1	8%
10-50-020	26	Supervision Orders	2	100%				12
10-50-030	27	Removing A Child						14
10-60-010	28	Risk Decisions 7, 8, 9:	2	22%			7	78%
10-60-020	29	Reclassify Case From					1	100%
10-60-030	30	Where A Child Or Family	1	100%				13
10-60-040	31	Transferring A	10	83%			2	17%
10-60-050	32	Closing A Protective	4	67%			2	33%

Standards in Compliance: 259 Applicable Standards: 323 Overall level of compliance: 80.19%

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

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-20

SUMMARY OF 17 CASE AUDIT(S) FOR OFFICE GLC

<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	15	88%	2	12%		
45-10-020	2	Children From	17	100%				
45-10-030	3	Cultural, Racial,	17	100%				
45-10-040	4	Reportable	4	80%			1	20%
45-10-050	5	Case Records	14	82%			3	18%
45-10-060	6	Supervisory	16	94%			1	6%
45-20-010	7	Appropriate Legal Plan	17	100%				
45-20-020	8	Legal Documentation	12	71%			5	29%
45-20-030	9	Public Trustee Notified					2	100%
45-30-010	10	Admission Medical	3	18%			14	82%
45-30-020	11	Medical History	11	65%			6	35%
45-30-030	12	Ongoing Medical Needs	11	85%		1	8%	4
45-40-010	13	Overall Goal Determined	17	100%				
45-40-015	14	Developing a	11	69%			5	31%
45-40-021	15	Plan Of Care - Timely	1	6%			15	94%
45-40-025	16	Assesment , Planning	1	6%		9	56%	6
45-40-030	17	Care Plan Reviewed					2	100%
45-40-040	18	Meet With Child	6	38%			10	63%
45-40-050	19	Rights Of Children In	10	59%			7	41%
45-40-060	20	Preparation For	9	90%			1	10%
45-50-005	21	Placement	17	100%				
45-50-010	22	Resource Suitability	15	88%		2	12%	
45-50-020	23	Information To Caregiver	17	100%				
45-50-030	24	Continuity and Stability	14	82%		3	18%	
45-60-010	25	Reassessing Risk	1	33%			2	67%
45-60-030	26	Missing, lost or runaway	9	82%			2	18%
45-60-040	27	File Transfer	7	64%			4	36%
45-60-050	28	File Closure	2	67%			1	33%
45-60-060	29	File Recording &	6	35%			11	65%

Standards in Compliance: 280 Applicable Standards: 396 Overall level of compliance: 70.71%

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 III: 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.