

DIRECTOR'S AUDIT REPORT
PRINCETON FAMILY & CHILD SERVICES TEAM (DML)

Field Work Completed: August 14 - August 23, 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.

Provincial pro-active 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. A Regional sample audit of Child Protection work in the DML office was conducted by the Child Protection Manager in August, 1999.

2. METHODOLOGY

The audit of the Princeton Family & Child Services Team (DML) was asked to review: a minimum of 20% of the Intake files opened and/or closed during the past six months; a minimum of 25% of the number of open Family Service cases (Protective and non-Protective Services); and 25% of the number of open Child Service cases. A small number of closed family service and child service files was to be included in the sample. Files were audited for compliance to the Child Protection Standards, the Risk Assessment guidelines, and Case Management policy.

Field work was conducted from August 14 to August 23, 2000, by one auditor. The computerized Case Audit Tool was used to collect the data, and generate office summary compliance reports and a compliance report for each file audited. The auditor initially met with the Team Supervisor, the Child Protection Manager, and the Community Services Manager, and then with DML team to review terms of reference for the audit. During the audit, the Team Supervisor and two social workers were interviewed with respect to office systems, service delivery structure, and community resources. The auditor met with the team at the conclusion of the audit to provide an overview of the results, including identified themes and patterns, and with the Team Supervisor, and Child Protection and Community Services Managers for a detailed review of the findings. The Team Supervisor was provided with the compliance report for each file that had been audited.

3. COMMUNITY OVERVIEW

(a). Geographics

The Princeton Family & Child Services team is part of the North and South Okanagan Region. The region encompasses the Okanagan valley extending from Salmon Arm to the USA border, to include the cities and adjacent communities of Salmon Arm, Vernon, Oyama, Kelowna, Westbank, Peachland, Summerland, Penticton, Oliver/Osooyos, and Princeton. The Princeton office serves a sprawling geographic area that includes the town of Princeton and the communities of Keremeos, Hedley, Cawston, and Olalla. There are two First Nations Communities within the boundaries: the Lower and Upper Similkameen Bands.

(b). Demographics

The population of the town of Princeton is approximately 6000. The economy of the area is mainly dependent on mill operations, and the lumbering and wood industry. A large nearby copper mine closed down two years ago. The smaller communities served by the DML office each have their unique characteristics. Keremeos, according to a Canadian census report, has a high poverty rate. There is still some fruit growing in the area but employment opportunities are limited. The community of Hedley tends to have a high proportion of short term residents who remain for a time and then move elsewhere. Cawston has remained an area primarily of fruit growing and orchards, with the accompanying seasonal employment.

The client population served is representative of the communities and their respective social problems. Staff noted that many of the families and children they worked with were affected by poverty, isolation, transiency, and/or drug abuse.

(c). Service Delivery

The South Okanagan/Similkameen Region united with the North Okanagan Region earlier this year: the Regional office is located in Kelowna. The management structure includes the Regional Executive Director, two Child Protection Managers who administer the delivery of child protection services, Community Service Managers who oversee ongoing and integrated child and family service delivery, and a Contract Manager who assists with contracting throughout the region. The Princeton F& CS Team Supervisor is responsible to the Child Protection Manager with respect to the delivery of child protection services up to and including Risk Decision #6, and to the Community Services Manager for administrative/operational matters, ongoing family and child services, guardianship services to children in continuing care, and resources. The Child Protection Consultant is based in Kelowna and is readily available to the office for consultation in completing the Comprehensive Assessment of Risk and analysis, and the Risk Reduction Plan.

Service delivery structure provides for a specialized Child Protection team located in Penticton who investigates all reports of physical abuse, sexual abuse, and serious neglect throughout the South Okanagan. The Child Protection team also provides consultation to the integrated teams in the area, and are available upon request to assist with investigations where the local office may want a “new look” at a case.

The DML Princeton office is an integrated family and child services team and receives all intake calls/reports within the defined geographic area. The office investigates child protection reports that are not the responsibility of the Penticton Child Protection team; assesses requests for support services; provides ongoing protective and non-protective family services; and ensures guardianship services are provided to children in temporary and continuing custody care.

Child Protection and non-protection intake investigation and assessment is now being handled by one social worker on the DML team, working on a part-time basis. For the past two months, she has been supervised by the Penticton Child Protection Team Supervisor: she has also had the opportunity to spend some time with workers on that team to upgrade her skills.

Youth Probation services are provided from Penticton. Local Drug and Alcohol counseling, and Child and Youth Mental Health services are provided through contract.

The DML office is co-located with the Ministry of Social Development and Economic Security, with a common waiting room and reception, and shared file room. This situation will be slated to end in October when MSDES will move to a separate location.

(d). Resources

(i). Residential

Child care resources for the South Okanagan are managed by one Resources team located in Penticton. The team is responsible for the recruitment, development, and maintenance of family care homes and specialized resources. A liaison worker from the Resources team visits the Princeton office on a regular basis. At that time planned placements and other resource issues are discussed. Emergent placements are accessed by first calling the duty worker at the Resources' office, and then following up with the caregiver to provide information about the child and make arrangements for placement. The DML office is provided with a list of approved and available homes for After Hours needs.

At the time of the audit, staff reported that there were five open family care homes in Princeton, including homes for emergency placements for teens and younger children. It has been necessary to place children, especially children with any special needs, in resources throughout the South Okanagan, including Oliver, Penticton, Naramata, and Summerland. The region has developed a plan to attempt to increase resources in the area.

The main sources of support for caregivers are the child's social worker and the Resource social worker. Foster parents relieve one another for respite.

There are few First Nations homes for Aboriginal children coming into care. There is currently a project underway with the Lower Similkameen Band to recruit and develop some First Nations foster homes within their community.

(ii). Non-Residential

Child Care workers provided through the Princeton Child Care Society, are the main support service available for families and children in the Princeton area. Referrals for a child care worker must be made through the DML social worker staff. A Family Support worker for families in the Keremeos area is provided through the Lower Similkameen Community Services Agency. There is one Drug and Alcohol counselor serving both Princeton and Keremeos. The Mental Health worker (from Penticton) spends a day a week in Princeton and in Keremeos. A counselor from Victim's Services in Penticton comes to the area on a regular basis. There is also a Safe Home program for women and their children.

The RCMP and the Community Health nurse are located in Princeton: staff report effective working relationships with these professionals. There are no police located in Keremeos after hours to assist social workers with call-outs. Two of the social workers on the team liaise to the area schools. The Team Supervisor is a member of the Princeton Child & Youth Committee that meets once every two months to discuss generic issues related to child and youth in the community. A second inter-agency group with a health focus also meets several times a year.

(e). Legal Services

Staff described the assistance and representation provided by legal counsel as excellent. Princeton is served by Circuit Judge: Family court is held for two days a month.

4. STAFFING

(a). Staff Complement/Staff Turnover

The current staff complement at the DML office includes the Team Supervisor and 2.5 social workers. At the time of the audit, a half-time Float social worker had just been assigned to the office for an indefinite period, bringing the social worker complement up to 2 full-time and 2 half-time workers.

Staff turnover for the past year included the half-time social worker going on leave from mid-December /99 to mid-June/00. During that time there was no replacement for her: the office functioned with the Team Supervisor and 2 social workers.

(b). Administrative Services Staff Complement

The Administrative Services team includes the supervisor and a quarter-time Office Assistant (OA)2. Reception is awkward as the receptionist off the waiting room accommodates only MSDES clients. MCF clients are asked to buzz for assistance: the SAS or OA2 then respond from an inner office. As noted, this arrangement is slated to end in October.

(c). Supervisor/Social Worker Education and Experience

The Team Supervisor has a BA in Psychology and has worked for MCF since 1981. He has been supervisor of the Princeton office since 1993. One social worker has a BSW and has worked for MCF since 1992, as a Float Worker for 3 years and then as resource worker for 4 years before joining the Princeton team in November 1998. One social worker has a BA in Economics and has worked as a social worker for MCF since 1989. The half-time social worker has a BSW and worked for MCF from to 1988 to 1994. From 1994 to 1997 she worked for First Nations Bands, rejoining MCF in 1997.

(d). Delegation

The Team Supervisor and all social workers are fully delegated.

(e). Current Workload

The Intake and Child Services Integrity report indicated that 42 intakes had been registered in the past six months. The Team Supervisor noted that this did not reflect the actual number of calls as there are inquiries or queries for information that are not necessarily registered as intakes.

Caseload Management Reports obtained at the beginning of the audit recorded 8 open intake and 32 open ongoing family service cases, both protective and non-protective services. The breakdown was as follows:

- 7 protection investigation intake files
- 1 request for service intake files
- 15 ongoing protective services cases
- 17 ongoing non-protective services family service files

The CMR recorded 24 open child service cases:

- 2 children were living with family with a Supervision Order in effect
- 22 children were in care in a ministry resource.

There was one caseload (half-time) devoted to intake. The two full time social workers carried caseloads of 22 and 26 each. The Team Supervisor was carrying a small caseload in addition to his supervisory duties.

Workload is impacted by travel between the communities served and meeting guardianship responsibilities to children placed outside the office geographic boundaries. Cell phones and pagers do not work in much of the area due to the mountainous terrain. A considerable amount of the office's work is centered in the Keremeos area, but the available accommodation is considered an unsuitable office setting for conducting interviews with parents and children. After Hours has recently gone from call-out to a paid stand-by roster for weekends and holidays. Mid-week coverage remains as reimbursement for call-out.

5. PROTOCOLS

Protocol development is nearing completion in the Region. The following provides a breakdown of local protocols:

- (a). The Tri-lateral protocol between the Police, Education, and MCF has been completed and signed by Education and MCF. The police have yet to sign the document. Protocol with the police is slated to be completed by December/00. In the meantime, there is a very good working relationship between the police and MCF staff.
- (b). Ministry Social Development & Economic Security(formerly MHR): Protocol completed.

- (c). Hospitals: A protocol with the Penticton Hospital has been completed that covers medical issues that may arise with respect to the hospital in Princeton.
- (d). Princeton Child Care Services Society: Draft protocol completed.
- (e). Licensed Day Care facilities: Protocol completed.
- (f). Mental Health: Local protocol to clarify service delivery completed.
- (g). Drug & Alcohol: Protocol completed clarifying working relationships.
- (h). Community Living Services: Service delivery protocol completed between CLS and CFCS services.
- (i). Local protocol defining file transfer guidelines.

6. ABORIGINAL SERVICES

The Lower and Upper Similkameen Bands fall within the Princeton office geographic boundaries. The Bands are members of the Okanagan Nations Alliance. Protocol development is underway with the Alliance that will provide for one protocol encompassing all Bands in the South Okanagan. The time frame for development/completion is being defined by the First Nations representatives involved.

Eight of the 24 child service cases on the DML team were identified as First Nations children. One child lived in a restricted First Nations home. Case Management Reports designated 3 of the 32 Family Service cases as First Nations families.

7. AUDIT SAMPLE

The audit was asked to review a minimum of 20% of intake files opened and/or closed during the past 6 months; 25% of the number of open family service files (protective and non-protective services), and 25% of the number of open child services files. A small sample of the ongoing cases that had been closed within the last six months was to be included.

The Intake & Child Services System Integrity Report recorded 42 intake calls for the past six months. Fourteen closed intake files (11 protection reports and 3 request for support services) were audited, representing 33% of the total number of registered intakes over a six month period. Three open intake files were also audited.

Current Caseload Management Reports were printed from the MCF computer system and used to arrive at an audit sample number for open family and child services cases. Thirteen (13) family service files (8 Protective Family Service and 5 Non-Protective Service) were audited, representing 40% of the number of open ongoing family service cases. The audit sample included 2 closed files.

Ten (10) child service files were audited for children living in a Ministry resource, representing 41% of the total number of open child service cases. Planning for 1 of the 2 children living at home with a Supervision Order in place, was reviewed when the family service file was audited. Two (2) closed files were included in the audit sample.

8. COMPLIANCE TO CHILD PROTECTION PRACTICE

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

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

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

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

Twenty-two Child Protection files (11 closed intake files, 3 open intake files and 8 ongoing Protective Services files) were audited. The investigative work reflected in the audit was completed by the Princeton office social workers and, in several cases, by the Penticton Child Protection team. The files reviewed were well documented. The self audit completed by the Child Protection Manager in August, 1999 assisted in identifying areas that required attention. The Child Protection Manager had also identified several cases incorrectly categorized as non-protective family service. These cases were again brought to the attention of the Team Supervisor to ensure they were correctly designated on case management reports.

The following provides a breakdown of the compliance ratings:

1. **Protocols** Relevant protocols had been completed in a majority of cases. 14 cases were rated C. 8 cases were rated CA where a formal protocol was still unsigned (i.e. the police), reflecting good practice.
2. **Children from Aboriginal Communities** Formal protocols are under development with First Nations Bands in the area. A rating of CA was assigned in those cases where the work with First Nations agencies, as documented, reflected good practice. The standard was met at full compliance in 19 cases: 3 cases were rated CA.
3. **Cultural, Racial and Religious Differences** All files were rated at full compliance.
4. **Reportable Circumstances** This standard was non-applicable in all cases.
5. **Case Records** All files were rated C.

6. **Supervisory Responsibility** Confirmation of supervisor involvement at key decision points throughout an investigation and in case planning was completed on 20 files at 91% compliance: 2 files were rated NC where consultation had not been documented.
7. **Assessment of Reports** Practice requirements were met in 19 of the 22 cases. 3 files were rated NC where the assessment phase went beyond the criteria for the standard and moved into investigation.
8. **Prior Contact Check and Registration** A PCC was found on all files.
9. **Determining the Speed of Assessment** The standard was completed at full compliance on 20 files; 2 files were rated NC.
10. **Risk Decision 1: Deciding Whether to Investigate** The standard was met in 19 cases at 86% compliance. 3 cases were rated NC where the report was followed up as assessment and designated as no further service when the decision should have been designated to investigate.
11. **Informing the Police** The police were contacted as appropriate in 12 cases at 100% compliance. In 10 cases the standard was not applicable.
12. **Risk Decision 2: Decide Investigation Response Time** Practice requirements were met in 15 cases at 88% compliance: 2 cases were rated NC where the response time was delayed; 5 cases was rated NA.
13. **Initial Plan of Investigation** An initial investigation plan was noted or evident in 15 cases at 88% compliance: 2 cases were rated NC; 5 cases was rated NA.
14. **Steps Required to Complete the Investigation** The standard was completed at 100% compliance in the 18 cases that were investigated.
15. **Seeing and Interviewing the Child** The standard was met in 17 of 18 applicable cases at 94% compliance: 1 case was rated NCF where the family left the area before the worker could interview the siblings.
16. **Arranging Medical Examination for the Child** Compliance criteria was met in 3 of 3 cases where the information in the report indicated a medical exam was appropriate. The standard was not applicable in 19 cases.
17. **Seeing and Interviewing the Parent** The parents were seen and interviewed in person in 18 of 19 applicable cases at 95% compliance: 1 case was rated NCF.
18. **Risk Decision 3: Assess Child's Immediate Safety** The child's immediate safety was appropriately assessed in a timely manner in 17 of 17 cases at 100% compliance.
19. **Risk Decision 4: Decide if Child Needs Protection** This standard was rated at full compliance in 17 of 17 cases at 100%.
20. **Investigative Action - Cannot Locate Child or Family** This standard was rated C in 1 case where it was applicable; 21 cases were rated NA.
21. **Recording and Reporting the Investigation Results** Investigation results/reporting was completed in 18 cases at 100% compliance.
22. **Time Limit for Investigations** The standard was met in 16 cases at 89% compliance: 2 cases were rated NCF.
23. **Risk Decision 5: Assess Risk of Future Abuse Neglect** A Comprehensive Assessment of Risk was completed in 8 of 8 cases at 100% compliance.

24. **Risk Assessment of a Third Report** 1 case was rated C for 100% full compliance.
25. **Risk Decision 6: Developing a Risk Reduction Plan** The practice standard was met in 4 cases at 44% compliance. 5 cases were rated NC where current planning was not documented on the file.
26. **Supervision Orders** The standard was met in 1 of 1 case.
27. **Removing a Child** The standard was NA in all cases.
28. **Risk Decisions 7, 8, 9,: Reassessing Risk** This standard met practice requirements in 1 of 2 applicable cases: 1 case was rated NC. In several cases rated NA, the CAR had only recently been completed; in 2 cases application had been made for a permanent order and an NC rating was not assigned based on planning; in the case of a Supervision Order that was to expire later in August, completion of the reassessment was underway.
29. **Reclassify - Protective to Voluntary Family Service** The standard was NC in 1 case and non-applicable in 21 cases.
30. **Where a Child or Family is Missing** The standard was NA in all cases.
31. **Transferring a Protective Family Service Case** 2 cases were rated C for 100% compliance.
32. **Closing a Protective Family Service Case** Work related to closure was complete in the one closed file audited at 100%.

9. **COMPLIANCE TO CHILD SERVICE PRACTICE**

Ten (10) child service files were audited for compliance to case management policy including:

- the appropriate legal plan, including the appropriate use of removal or agreement in planning for the child
- the quality and adequacy of the plan of care
- the frequency and adequacy of the care plan review
- the level of contact with the child
- resource suitability
- the degree of stability and continuity provided to the child while in care
- the Rights of Children in Care
- the process around file transfer and closure, where appropriate.

Completion of comprehensive care plans according to the Looking After Children (LAC) guidelines has just begun on the team. In some cases partial care plan information was documented in a recording format style. The following provides a breakdown of the compliance ratings:

1. **Protocols** All 10 files were rated C.
2. **Children from Aboriginal Communities** 6 cases were rated compliant: 4 cases were rated CA where the child was Aboriginal and although there was no formal protocol in place, the work reflected good practice.
3. **Cultural, Racial, Religious Differences** All 10 files were rated C.
4. **Reportable Circumstances** The standard was rated not applicable in all cases.
5. **Case Records** The standard was met in 9 cases: 1 file was rated NC where Case Snapshot information required updating.

6. **Supervisory Responsibility** 9 cases were rated complaint: 1 case was rated NC where there was no recent file confirmation of supervisory consultation in planning.
7. **Appropriate Legal Plan** The legal plan was appropriate in all cases.
8. **Legal Documentation** Required legal documentation was found on 9 of 10 files.
9. **Public Trustee Notified** Confirmation that the Public Trustee was notified was found in 5 of 7 cases where the standard was applicable: in 3 cases the standard was NA.
10. **Admission Medical** Admission medicals were found on 7 files: 1 file was rated NCF; 2 files were rated NC where the medical was not found on file.
11. **Medical History Obtained and Recorded** Medical history information was found on 6 files: 1 file was rated NC where no medical history information was documented; 3 files were rated NA.
12. **Ongoing Medical Needs Attended** Confirmation that ongoing medical needs were being met was found on 8 files: 1 file was rated NC where there was insufficient information to determine if there were any ongoing medical needs. The standard was NA in 1 case.
13. **Overall Goal Determined** This standard was complete in all cases.
14. **Developing a Comprehensive Plan of Care** This standard addresses development of the care plan in a meeting with key persons. If a plan of care meeting is possible and appropriate, and a plan of care meeting occurs with the people who are entitled to participate, and others, as appropriate, have participated or contributed, the standard was rated C; if a plan of care meeting isn't possible or appropriate, but key persons had been given the opportunity to contribute, and the reasons (for not meeting) were stated, the standard was rated NCF. If there was no confirmation of a care plan meeting, no reasons why the meeting was not possible and appropriate, and no confirmation that the views of those entitled to participate was provided, the standard was rated NC. The standard was rated C in 5 cases; NCF for partial compliance in 2 cases; NC in 3 cases.
15. **Plan of Care - Timely & Current** This standard addresses completion of the care plan within 30 days of the child's admission to care. An NCF rating is assigned if a care plan was developed beyond the 30 day time frame. The standard was rated NCF for partial compliance in 7 cases and NC in 3 cases where a care plan had not yet been documented.
16. **Assessment, Planning & Views** This standard rates documentation on the care plan, as well as the current status, assessment of need, the plan or service required. If all categories were complete, the standard was rated C; if 1 or more categories were incomplete, the standard was rated NCF for partial compliance. This standard was rated C in 6 cases; NCF for partial compliance in 1 case; NC in 3 cases.
17. **Care Plan Reviewed** Confirmation that planning was being reviewed was confirmed in 6 cases: 2 cases were rated NC where planning reviews were not documented. 2 cases were rated NA where a plan review was not yet due.
18. **Meet With Child** Confirmation that practice met the standard was found in 7 cases at 70%: 1 case was rated NCF; 2 cases were rated NC.
19. **Rights of Children in Care** Confirmation that the standard was met was confirmed in 8 cases: 2 cases were rated NC.
20. **Preparation for Independence** 3 files where the standard was applicable were rated at 75% compliance: 1 case was rated NC.

21. **Placement** This standard was rated C in all cases at 100% compliance.
22. **Resource Suitability** Social workers confirmed that in all cases the child was in a suitable resource.
23. **Information to Caregiver** Confirmation that practice met the standard was found in 4 cases: 1 case was rated NCF; 4 cases were rated NC where there was no confirmation that written information had been provided to the caregiver.
24. **Continuity and Stability** 9 cases were rated C: 1 case was rated NCF.
25. **Reassessing Risk** 1 of 1 case was rated compliant with the standard.
26. **Missing, Lost or Runaway Child in Care** The standard was non-applicable in all cases.
27. **File Transfer** 3 of 3 files where the standard was applicable were rated at 100% compliance.
28. **File Closure** Work related to closure was complete on the 2 closed files audited.
29. **File Recording and Documentation** File recording/documentation was current on 6 files: 4 files were rated NC.

10. COMPLIANCE TO NON-PROTECTIVE FAMILY SERVICE PRACTICE

The DML intake social worker assesses all requests for family and youth support services. Where ongoing protective services are required, a family service file is opened and transferred to a social worker on the team.

Eight (8) files (3 intake and 5 ongoing cases) designated as Non-Protective Family Services were audited for compliance to case management policy including:

- the accuracy and speed of the assessment of the report/request for service
- consultation with supervisor regarding the assessment of the intake
- the quality of assessment
- an outlined service plan with clearly stated goals, objectives, and time frames
- evaluation and review of the service plan, including an evaluation of the support services provided to the family
- the process around file transfer and closure, where applicable.

1. **Protocol** All 8 files were rated C.
2. **Children from Aboriginal Community** 7 files were rated C: 1 file was rated CA.
3. **Cultural, Racial & Religious Differences** All files were rated C.
4. **Reportable Circumstances** All files were rated NA.
5. **Case Records** 7 files were rated C: 1 file was rated NC.
6. **Supervisory Responsibility** All files were rated C.
7. **Initial Assessment of Referrals, Service Requests, Reports** All cases were rated C.
8. **Prior Contact Check & Registration** A PCC was found on 7 files: 1 file was rated NC.
9. **Determining the Speed of Assessment** All cases were assessed within required time frames.
10. **Comprehensive Assessment** Adequate assessment information was found on 3 files: 2 files were rated NC; 3 files were rated NA.
11. **Legal Documentation** 3 of 3 files were rated C: 5 files were rated NA.

12. Service Plan with Goals & Time Frames 1 file was rated C: 4 files were rated NC where there was no planning information recorded. The standard was NA in 3 cases.

13. **Service Plan Monitored** 4 files were rated NC; 4 files NA.
14. **Service Plan Review/Evaluation** 5 files were rated NC; 3 files NA.
15. **Reclassifying Case from Protective FS to Voluntary FS** The standard was NA in all cases.
16. **Transferring a Family Service Case** The standard was NA in all cases.
17. **Closing a Family Service Case** There was no closing summary on the one closed file audited. The standard was not applicable in 7 cases.
18. **Recording** Recording was lacking in 5 cases: 3 cases were rated NA.

11. INTAKE AND TRACKING SYSTEMS

(a). Intake/Investigation:

The DML team receives all intake calls for their defined geographic area. One social worker on the team working part-time from 11:00 AM to 3:30 PM each day, is assigned the responsibility for intake. During those hours all intake calls are directed to her if she is in the office. At other times, the call is directed to one of the two full-time social workers, or to the Team Supervisor.

Upon receipt of a protection report, the social worker immediately consults with the Team Supervisor. If the report is physical abuse, sexual abuse, or serious neglect, the DML supervisor consults with the Penticton Child Protection supervisor and plans are formulated for intervention. If the report is to be investigated by DML, it becomes the responsibility of the DML intake worker. If a report calls for immediate intervention, upon consultation with the supervisor, it is followed up locally by one of the other two social workers on the team. If all social workers and the Team Supervisor are out of the office, and out of cell phone range, the Administrative staff contact a supervisor or social worker in another office in the South Okanagan.

The Intake social worker registers the report on the electronic system upon receipt of the intake, or immediately following consultation with the Team Supervisor. A copy of the report is given to the supervisor for his tracking purposes. In consultation with the supervisor, Risk Decisions #1 and #2 are confirmed, and the initial investigation plan is discussed. The worker then proceeds with the investigation, consulting with the Team Supervisor throughout. If the intake was a request for service it is assessed by the Intake social worker.

The Team Supervisor monitors the intakes through the Intake Status reports and regular reviews with the social worker. The results of the investigation are discussed and a decision made with respect to the need for ongoing service. If a protective service file is to be opened, the Intake social worker completes the Comprehensive Assessment of Risk and an initial Risk Reduction Plan. The case is then transferred to one of the two full time social workers on the team. Cases for transfer are usually discussed and assigned in a team meeting, with the Team Supervisor monitoring workload.

If the investigation was conducted by the Penticton Child Protection team, the file is transferred to the DML office upon completion. If the file is to be opened for ongoing service, there is consultation between the teams prior to case transfer.

(b). Tracking

(i). Family Services

The Team Supervisor tracks intake files with the Intake social worker in daily consultation as needed, and in scheduled weekly meetings. Tracking meetings with the other two social workers on the team have been less regular to date, due to the staff shortage between December 1999, and June 2000. However, scheduled supervisory meetings have been set up in the past month. The supervisor utilizes the computer-generated caseload lists and in meetings with the social worker, reviews each case, as time permits. Priority is given to protective service cases, then child services, and finally, non-protective services. During a tracking review, risk assessment, case and legal planning and up-coming court or expiration dates are discussed.

(ii). Child Services

Child service cases are reviewed in supervision and discussion in the same manner as family service cases. Planning for children in temporary care is discussed when the corresponding family service case is reviewed. Much of the discussion for children both in temporary and continuing custody care focuses on the child's needs and how to access the needed services/resources to meet those needs. Formal Care Plans have not been regularly reviewed in supervision to date.

12. SUPERVISION/CONSULTATION

The Team Supervisor provides supervision, and administrative and clinical consultation with respect to the delivery of child protection, non-protection family support, and guardianship services.

Supervision on the team is both regularly scheduled and consultation as needed. The Team Supervisor meets with Intake social worker on a regularly scheduled weekly basis. Scheduled supervision with the other two workers on the team is just getting underway. In addition, and prior to scheduled supervision, there has been frequent case consultation. The Team Supervisor carries a cell phone when out of the office and tries to be as accessible as possible. Social workers consult with other Team Supervisors in the region if their supervisor is unavailable.

The DML team supervisor is responsible to the Regional Child Protection Manager for the delivery of child protection services through to Risk Decisions #5 and #6 (completion of the Comprehensive Assessment of Risk and an initial Risk Reduction Plan), and to the Community Services Manager for ongoing family services planning, guardianship, and administrative matters. The South Okanagan supervisors meet as a group with the Community Services Manager every two weeks. In addition, the CSM spends one a month in the Princeton office. The RCPM visits the office upon request and is very accessible for telephone consultation. The Child Protection Consultant makes regular trips to the office to assist with completion of Comprehensive Assessments of Risk.

13. TRAINING

The Team Supervisor completed three weeks of supervisor training in 1993-94: he has not had the opportunity to attend the Clinical Supervisor component. He has attended all mandatory ministry training, including Risk Assessment and Investigative Interviewing. He was also able to attend a training event in Kamloops on diagnosing child abuse.

All social workers on the team have attended core social worker training, Risk Assessment, and Investigative Interviewing training. One social worker has attended LAC training, the other worker is slated to attend in November. Staff were in the process of completing computer training in Outlook at the time of the audit. No one has attended training on Youth Agreements to date.

Staff are encouraged to attend training events in Penticton, as they are available. Staff noted that any Regional training sessions conducted by the Child Protection Consultant on Risk Assessment are very helpful. Penticton Mental Health have also organized one day workshops that staff have found to be informative.

14. RECOMMENDATIONS

1. That regional management ensures that any cases identified for review or attention, and any files containing non-compliance ratings, are reviewed for completion of any outstanding work.
2. That regional management continue with the plan they have developed and implemented to improve compliance in documentation and/or practice requirements in child protection practice in the following areas:
 - Risk Decision #6: Developing a Risk Reduction Plan:
3. That regional management continue with the plan they have developed and implemented to improve compliance in documentation and/or practice requirements in child service practice in the following areas:
 - Meet with the Child
 - Information to Caregiver
4. That regional management continue with the plan they have developed and implemented to improve compliance in documentation and/or practice requirements in Non-Protection Family Service Practice in the following areas:
 - Comprehensive Assessment
 - Service Plan with Goals and Time Frames
 - Service Plan Monitored
 - Service Plan Review/Evaluation

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

- All staff will have taken the Looking After Children training within the next three months.

6. That Regional Management provide an update on the status of the above recommendations within 90 days of receipt of this report.

Myrna Lowes, RSW
Audit Unit, Child Protection Division
August 31, 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 22 CASE AUDIT(S) FOR OFFICE DML

<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	64%	8	36%		
10-10-020	2	Children From	19	86%	3	14%		
10-10-030	3	Cultural, Racial &	22	100%				
10-10-040	4	Reportable						22
10-10-050	5	Case Records	22	100%				
10-10-060	6	Supervisory	20	91%			2	9%
10-20-010	7	Assessment Of Reports	19	86%			3	14%
10-20-020	8	Prior Contact Check And	22	100%				
10-20-030	9	Determining The Speed	20	91%			2	9%
10-20-040	10	Risk Decision 1:	19	86%			3	14%
10-20-050	11	Informing The Police	12	100%				10
10-30-010	12	Risk Decision 2:	15	88%			2	12%
10-30-020	13	Initial Plan Of	15	88%			2	12%
10-30-030	14	Steps Required To	18	100%				4
10-30-040	15	Seeing And Interviewing	17	94%		1	6%	4
10-30-050	16	Arranging A Medical	3	100%				19
10-30-060	17	Seeing And Interviewing	18	95%		1	5%	3
10-30-070	18	Risk Decision 3:	17	100%				5
10-30-080	19	Risk Decision 4:	17	100%				5
10-30-090	20	Investigation Where	1	100%				21
10-30-100	21	Record & Report	18	100%				4
10-30-110	22	Time Limit For	16	89%		2	11%	4
10-40-010	23	Risk Decision 5:	8	100%				14
10-40-020	24	Risk Assessment Of A	1	100%				21
10-50-010	25	Risk Decision 6:	4	44%			5	56%
10-50-020	26	Supervision Orders	1	100%				21
10-50-030	27	Removing A Child						22
10-60-010	28	Risk Decisions 7, 8, 9:	1	50%			1	50%
10-60-020	29	Reclassify Case From					1	100%
10-60-030	30	Where A Child Or Family						22
10-60-040	31	Transferring A	2	100%				20
10-60-050	32	Closing A Protective	1	100%				21

Standards in Compliance: 362 Applicable Standards: 398 Overall level of compliance: 90.95%

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 10 CASE AUDIT(S) FOR OFFICE DML

<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	10	100%				
45-10-020	2	Children From	6	60%	4	40%		
45-10-030	3	Cultural, Racial,	10	100%				
45-10-040	4	Reportable						10
45-10-050	5	Case Records	9	90%			1	10%
45-10-060	6	Supervisory	9	90%			1	10%
45-20-010	7	Appropriate Legal Plan	10	100%				
45-20-020	8	Legal Documentation	9	90%			1	10%
45-20-030	9	Public Trustee Notified	5	71%			2	29%
45-30-010	10	Admission Medical	7	70%		1	10%	2
45-30-020	11	Medical History	6	86%			1	14%
45-30-030	12	Ongoing Medical Needs	8	89%			1	11%
45-40-010	13	Overall Goal Determined	10	100%				
45-40-015	14	Developing a	5	50%		2	20%	3
45-40-021	15	Plan Of Care - Timely				7	70%	3
45-40-025	16	Assesment , Planning	6	60%		1	10%	3
45-40-030	17	Care Plan Reviewed	6	75%			2	25%
45-40-040	18	Meet With Child	7	70%		1	10%	2
45-40-050	19	Rights Of Children In	8	80%			2	20%
45-40-060	20	Preparation For	3	75%			1	25%
45-50-005	21	Placement	10	100%				
45-50-010	22	Resource Suitability	10	100%				
45-50-020	23	Information To Caregiver	4	44%		1	11%	4
45-50-030	24	Continuity and Stability	9	90%		1	10%	
45-60-010	25	Reassessing Risk	1	100%				
45-60-030	26	Missing, lost or runaway						
45-60-040	27	File Transfer	3	100%				
45-60-050	28	File Closure	2	100%				
45-60-060	29	File Recording &	6	60%			4	40%

Standards in Compliance: 179 Applicable Standards: 230 Overall level of compliance: 77.83%

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

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-20

SUMMARY OF 8 CASE AUDIT(S) FOR OFFICE DML

<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	8	100%				
30-10-020	2	Children From	7	88%	1	13%		
30-10-030	3	Cultural, Racial &	8	100%				
30-10-040	4	Reportable						8
30-10-050	5	Case Records	7	88%			1	13%
30-10-060	6	Supervisory	8	100%				
30-25-010	7	Initial Assessment Of	8	100%				
30-25-020	8	Prior Contact Check &	7	88%			1	13%
30-25-030	9	Determining The Speed	8	100%				
30-35-010	10	Comprehensive	3	60%			2	40%
30-35-020	11	Legal Documentation	3	100%				5
30-35-030	12	Service Plan With Goals	1	20%			4	80%
30-35-040	13	Service Plan Monitored					4	100%
30-35-050	14	Service Plan					5	100%
30-60-020	15	Reclassifying A Case						8
30-60-040	16	Transferring A Family						8
30-60-050	17	Closing A Family					1	100%
30-65-010	18	Recording					5	100%

Standards in Compliance: 68 Applicable Standards: 92 Overall level of compliance: 73.91%

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 - 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.