

**DIRECTOR'S AUDIT REPORT**  
**PRINCE RUPERT FAMILY & CHILD SERVICES TEAM (QMD)**

**Field Work Completed: June 12 - June 23, 2000**

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

**APPENDIX II: DESCRIPTION OF AUDIT STANDARDS**

**DIRECTOR'S AUDIT REPORT  
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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.

Pro-active audits of district offices providing child protection services, family services, guardianship services, and resources for child in care are systemically conducted according to a four year cycle.

**2. METHODOLOGY**

The audit of the Prince Rupert Family & Child Services Team (QMD) was asked to include a minimum of 25% of the number of Child Protection open Family Service cases (Protective and non-Protective Services), and 25% of the number of open Child Service cases. A small number of files closed within the past six months 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 June 12 to June 23, 2000, by two auditors. 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 auditors met with the team initially to review terms of reference for the audit. During the audit, the Team Supervisors and two social workers were interviewed with respect to office systems, service delivery structure, and community resources. The auditors 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 Supervisors for a detailed review of the findings. The Team Supervisors were provided with the compliance report for each file that had been audited. The auditors also met with the Child Protection Manager during the course of the audit.

### **3. COMMUNITY OVERVIEW**

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

The Prince Rupert MCF offices are part of the Northern Interior/North West and Peace Liard Region. The region covers the entire northern part of the province from the Pacific Coast to the Alberta border. It is a challenging geographic area to serve, with remote areas served by small plane or ferry, and /or secondary road systems.

The QMD Family & Child Services team provides services to the city of Prince Rupert and adjacent Port Edward, and five outlying communities reached by sea plane: Kincolith; Port Simpson; Metlakatla; Kitkatla; and Hartley Bay.

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

The population of the port city of Prince Rupert is 16,700 according to the last census, and includes both longtime residents and a more recent immigrant population (including Vietnamese and Indo-Canadian), and a large First Nations population living off- reserve. There are five First Nations Communities/Villages served by the QMD office: Kincolith, Port Simpson, Metlakatla, Kitkatla, and Hartley Bay.

The economy of the area is resource-based, mainly dependent on forestry and fishing. There is currently a high rate of unemployment due to a decline in these industries. As a coastal city, Prince Rupert benefits from the work associated with an active port, including grain and coal terminals. Tourism is also very important to the local economy.

The client population reflects the socio-economic and ethnic diversity of the city and the communities. Staff noted that many of the families and children they work with were affected by poverty, alcohol and drug abuse, and domestic violence.

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

The Northern/Northwest Regional office is located in Prince George, with a sub-regional office in Terrace. The management structure for the Northwest includes the Child Protection Manager, the Community Services Manager, and the Aboriginal Services Manager. The Prince Rupert Family & Child Team Supervisors report administratively to the Community Services Manager. The supervisors frequently consult with the Child Protection Manager who oversees the delivery of child protection services for northwest area of the region. The Child Protection Consultant position for this area has only recently been filled.

The service delivery structure for Prince Rupert provides for a Child Protection team (QLC) to investigate and assess new child protection reports and requests for support services within the geographic area of responsibility. Cases opened to provide ongoing services are transferred to the integrated Family & Child Services team (QMD) located in the same work-site. The QMD

team divided into two teams in March/00 and now includes two team leaders. One team leader is currently supervising four Family and Child services social workers and one Guardianship social worker: the second team leader is supervising two Family and Child Services social workers and two Youth Probation Officers.

New child protection reports on open files are investigated by either the Child Protection team or the Family and Child Services team, depending on the nature of the report. The decision regarding investigation responsibility is made in consultation between the team supervisors.

Files opened by the Child Protection Intake team for ongoing protective services are transferred upon completion of Risk Decision #5, the Comprehensive Assessment of Risk. Files opened to provide non-protective services are transferred upon completion of assessment.

**(d). Resources**

**(i). Residential**

Child care resources for the Prince Rupert/Queen Charlotte area are managed from a Resources office located in Terrace. Three full-time and one half-time resource social workers (2 positions have just been filled) from the Terrace office are situated in the Prince Rupert QLC/QMD work-site and are responsible for the development and maintenance of child care resources in Prince Rupert and adjacent communities, and in the Queen Charlottes. Social workers on the QMD team access a placement by contacting one of the resource workers. Once the resource worker locates an available home, the child's worker assumes responsibility for placement and providing the caregivers with essential information about the child.

Child care resources utilized by the QMD team include family care homes and two group homes for teens. Due to a shortage of local resources, placement determination is frequently made on the basis of availability rather than the needs of the child. Restricted homes are often located by the Family and Child Services social worker and referred to the Resources social worker for study for an individual child. In some cases, out-of-community but within-region resources are used in Terrace, Hazelton, Smithers, or Prince George, depending on the child's needs. It has also been necessary to place children and youth with special needs in out-of-region resources in the Lower Mainland and Vancouver Island. Staff access what local supports there are available for family caregivers. As there is a waiting list for child care workers, that support is not necessarily available when needed. One of the main means of support for caregivers was said to be the respite provided when foster parents take turns giving one another a weekend break.

**(ii). Non-Residential**

There are a variety of contracted resources providing support services to families and children in the city of Prince Rupert. The Community Enrichment Society manages a number of programs including: Family Support Services; Child & Youth workers; a support program for children who witness violence; a program for parents with children with special needs; Nobody's Perfect; New Beginnings, a program for teen moms. Other agencies accessed are Victims Support Services; the Friendship Centre providing Drug & Alcohol counseling, family counseling, anger

management counseling, Reconnect, Planet Youth; North West Band Family Counseling providing counseling to both Aboriginal and non-Aboriginal families. A counselor from Port Simpson Family Counseling comes to Prince Rupert three days a week to provide service to Port Simpson families living off-Reserve.

Staff report effective working relationships with the police, the schools, Community Health Nurses, Mental Health, Drug & Alcohol Services, and Adult Probation. Working relationships with the medical community were described as less effective. Child and Youth Mental Health workers are located in the same work-site and are readily accessible for consultation. Skilled assessment and treatment is also sought from out-of-area resources: the Children's Hospital in Vancouver is used for assessment. "Kids Specific" is a group of local professionals who meet monthly to facilitate integrated case planning for high-needs children and youth.

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

Staff are very satisfied with the assistance and representation provided by legal counsel. Adequate time is devoted to preparation well in advance for contested hearings. Of concern, is the delay in resolving contested matters, including the initial hearing, due to the number of adjournments.

### **4. STAFFING**

#### **• Staff Complement/Staff Turnover**

The QMD team divided into two teams in March/00: both teams have retained the QMD designation. Each team includes a team supervisor and six permanent (FTE) positions: one team of 6 social workers, and one team of 4 social workers and 2 youth probation workers.

**Team 1:** The Team Supervisor acted in the position from April to October/99 (as well as continuing to supervise the Queen Charlotte office for part of that time): he assumed the permanent position November 1. The team has one unfilled social worker position.

**Team 2:** The team supervisor has been acting in the position since the team was formed in March/00. There are 2 unfilled social worker positions.

The main transition in the past year has been dividing the original QMD into two teams and assigning two social workers to the second team. Staff turnover on the original team included one social worker transferring to the Smithers office in August/99, and one social worker leaving in September to assume the acting supervisor position in the Queen Charlottes.

#### **• Administrative Services Staff Complement**

The QLC and QMD teams maintain separate reception and administrative support areas. One Supervisor of Administrative Services team for both teams reports to the QLC Team Leader.

The administrative services for the two teams includes a Senior Clerk; a Team Assistant; and 3 Office Assistants (OA2).

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

**Team 1:** The Team Supervisor has his BA and years 8 experience with MCF, 3 years as supervisor. Three social workers have BSW degrees; two social workers have a BA, one in Child & Youth Care and one in psychology.. Social worker experience ranges from 8 years, 2 years, 1½ years, to 1 year.

**Team 2:** The Acting Team Supervisor has a BSW and MSW, and 3 years experience with the Ministry. He has been acting as supervisor in the Queen Charlottes and now Prince Rupert for the past ten months. The two social workers on the team have a BSW, and 2 and 1 years experience, respectively.

- **Delegation**

Both Team Supervisors and all seven social workers have full delegation.

- **Current Workload**

Caseload Management Reports obtained at the beginning of the audit recorded 122 open family service cases (112 protective service and 10 non-protective service), and 197 open child service cases (79 cases where the child was returned to family with a Supervision Order in effect and 118 children in care in a MCF resource). The six Family and Child Services social workers carried caseloads ranging from 42 to 52 (the numbers were 28 to 36 if Supervision Orders were not counted as open child service cases as well as open Family Service cases). Both Team Supervisors also carried small caseloads (under 10). The one Guardianship social worker carried a caseload of 27 children in Continuing Custody care.

## 5. PROTOCOLS

No formal protocols have been completed, or are under development, in the Prince Rupert area, with the exception of the protocol development with First Nations. An informal protocol and good working relationship exists between the police and the MCF teams.

## 6. ABORIGINAL SERVICES

The Prince Rupert offices serve a large First Nations population. An Aboriginal Services Manager for the area is in the process of developing new, and reviewing existing, protocols with the Nations.

- Nis'gwa: Kincolith: Currently have Level 12 delegation; moving toward full delegation.
- North Coast Tribal Council: Kitkatla; Metlakatla; Hartley Bay; Port Simpson: working toward Level 12 delegation. Protocols under development and need to be completed before

delegation is granted. Expected to be completed and ready to propose delegation by November/00.

Eighty percent (80%) of the open family service and child services cases on the QMD team involved First Nations families:

- 95 of the 122 open family service cases were identified as First Nations families
- 158 of the 197 open child service cases were First Nations children
- 63 (of the 158) First Nations children were living with parents/family with a Supervision Order in place
- 95 (of the 158) First Nations children were in care in a ministry approved resource
- 32 of the 95 First Nations children in care were living in First Nations homes (both regular and restricted homes).

MCF staff work with Band staff in conducting on-reserve assessments and investigations, and planning for children and families. Where formal protocols are not yet developed, work is done according to expectation, or to existing informal protocols that define working relationships. On-Reserve services vary with the Village. Every attempt is made to have children remain within their own Village/community.

MCF involvement with the responsible Band for families living off-Reserve is less well-defined. Staff refer First Nations families living off-Reserve to the Friendship House, Northwest Band Counseling, and First Nations Woman's Support. When a child living off-Reserve is removed, staff seek the Band's help in placing the child in a First Nations home. MCF resource workers are called upon to study restricted homes when the need arises.

## **7. AUDIT SAMPLE**

The audit was asked to review a minimum of 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 cases closed within the last six months was to be included.

Current Caseload Management Reports (CMR) were printed from the MCF computer system and used to arrive at an audit sample number. Thirty-three (33) of the 112 open Protective Family Service files and 3 of the 10 open Non-Protective Family Service files were audited for a total of 36 files, representing 29.5% of the total number of open family service cases. The audit sample included 4 closed files.

Thirty-three Child Service files were audited for children living in a Ministry resource, representing 28% of the 118 children in Ministry care. Planning for 44 of the 79 children (55%) 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**



Files opened for ongoing protective family service are transferred to the QMD Family & Child Services team from the QLC Child Protection team upon completion of opening documentation and the Comprehensive Assessment of Risk. New reports on open cases may be investigated by either team, depending on the nature of the report: the decision is made by the Team Supervisors. The QMD team completes the Comprehensive Assessment of Risk for cases that have been opened prior to the Intake Team assuming the responsibility. The work reflected in the standards through to Risk Decisions #5 will therefore reflect the work of both the QMD and QLC Intake teams.

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, case management policy and procedures, and the Risk Assessment Model, 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.

Thirty-three (33) Child Protective service files were audited. Compliance to standards related to supervisory consultation and case planning did not accurately reflect practice. Both QMD Team Supervisors closely monitor case practice through frequent consultation and well-organized tracking systems. File documentation, however, was incomplete or lacking in many cases.

In 27 of the 33 files audited, a Supervision Order was, or had been in place. Applications for the order may have been initiated by either the Intake Team or the QMD team, and were represented by orders without removal, or following removal and/or a temporary order. Planning for those cases rated at high risk was reviewed with the Team Leaders at the conclusion of the audit: the cases were also highlighted for the Child Protection Manager. Cases, where a pattern of admissions to care followed by temporary orders and/or supervision orders was developing, were also reviewed with the Team Supervisors.

The following provides a breakdown of compliance ratings:

## **1. Protocols**

There is no protocol development underway in the Prince Rupert area. 32 cases were rated CA reflecting good practice and appropriate participation with community professionals and agencies in investigations, assessments, and/or case planning. 1 file was rated NC.

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

Protocol development has been completed with the Nisga'a Nation and is well underway with the Northwest Tribal Council. The standard was met at full compliance in 17 cases: 13 cases were rated CA where the work appeared to be consistent with good practice; 3 cases were rated NC.

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

Work was completed at full compliance in all 33 cases.

## **4. Reportable Circumstances**

This standard was rated C in 1 case; NC in 1 case where a critical incident report was not documented; NA in 31 cases.

## **5. Case Records**

Case records and confidential materials are maintained in a secure file room. This standard also addresses electronic record management. The standard met full compliance in 26 cases at 79%: 7 cases were NC where file records were incomplete.

## **6. Supervisory Responsibility**

Confirmation of supervisor involvement at key decision points throughout an investigation and in case planning was completed on 19 files at 58% compliance: 14 files were rated NC. This rating does not reflect actual practice: supervisors on both the QMD and QLC teams are consulted at key decision points in investigation and planning, but consultation has not been documented.

## **7. Assessment of Reports**

The standard was completed at full compliance in 32 cases at 97%: 1 file was rated NC.

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

A PCC was found on 31 files: 2 files were rated NC.

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

The standard was completed at full compliance in all cases.

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

The standard was completed in 32 cases at 97% compliance; 1 file was rated NC.

## **11. Informing the Police**

The police were contacted as appropriate in 14 cases at 93% compliance; 1 case was rated NC; in 18 cases the standard was not applicable.

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

Practice requirements were met in 31 cases at 97% compliance: 1 case was rated NC where the response time was delayed; 1 case was rated NA where the report did not proceed to investigation.

### **13. Initial Plan of Investigation**

An initial investigation plan was noted or evident in 30 cases at 94% compliance: 2 cases were rated NC; 1 case was rated NA.

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

The steps applicable to this standard were completed in 26 cases at 81% compliance. 6 cases were rated NC. In 4 of the 6 cases collateral contacts were incomplete; in 2 cases a number of steps had not been completed. 1 case was rated NA.

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

The standard was met in 29 cases at 88% compliance: 4 cases were rated NC where there was no documentation to confirm the child was seen following a report.

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

Compliance criteria was met in 6 of 9 cases at 67%, where the information in the report indicated a medical exam was appropriate.

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

The parents were seen and interviewed in-person in 29 cases at 88% compliance: 1 case was rated NCF; 3 cases were rated NC where the interview with the parent was not documented.

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

The child's immediate safety was appropriately assessed in a timely manner in 30 cases at 91% compliance. 3 cases were rated NC.

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

This standard was rated at full compliance in 27 cases at 84%. 5 files were rated NC where the decision was based on incomplete information, or the decision was documented incorrectly.

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

This standard was rated C in 1 case and was non-applicable in 32 cases.

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

Investigation results and reporting was completed in 28 cases at 90% compliance: 3 cases were rated NC.

### **22. Time Limit for Investigations**

The standard was met in 31 cases at 97% compliance: 1 case was rated NC.

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

A Comprehensive Assessment of Risk was fully completed in 21 cases at 66% compliance. 11 cases were rated NC. In the majority of the 11 cases, an assessment was not found on file: in several cases the assessment had been completed but the assigned risk factors were inconsistent with file information. 1 case was rated NA.

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

4 cases were rated NC where an assessment was not completed following the third report: the standard was NA in 29 cases.

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

The practice standard was met in 11 cases at 33% compliance. 22 cases were rated NC where current planning was documented on the file.

**26. Supervision Orders**

The standard was met in 19 of 27 applicable cases. 8 cases were rated non-complaint: in 7 of the 8 cases the appropriateness of the plan was queried based on file information; in one case there was no order/information on file to assess the terms or appropriateness of the order.

**27. Removing a Child**

The standard was rated compliant in 6 of 10 cases. 4 cases were rated NC, where based on file information, it appeared that a Supervision Order was no longer an adequate safety plan. These cases were reviewed with Team Supervisors and highlighted for review with the Child Protection Manager.

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

This standard met practice requirements in 2 of applicable 14 cases. 12 cases were rated NC. In a majority of the 12 cases there was no documentation of reassessment of risk prior to expiration of a temporary or Supervision Order. On interview, the Team Supervisors advised that risk reduction is discussed in planning and tracking reviews, but not formally reassessed and documented according to the Risk Assessment guidelines.

**29. Reclassify - Protective to Voluntary Family Service**

The standard was non-applicable in all cases.

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

NA in all cases.

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

Transfer summaries were in place on 22 of 23 files at 96% compliance.

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

Work related to closure was complete in 3 of the 4 closed files audited.

**9. COMPLIANCE TO CHILD SERVICE PRACTICE**

Thirty-three (33) 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. Care plans for children in continuing custody care are well underway. 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**

32 files were rated CA; 1 files was rated NA.

**2. Children from Aboriginal Communities**

24 cases were rated compliant with the standard: 9 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 33 files were rated C.

**4. Reportable Circumstances**

The standard was rated C in 1 case and NA in 32 cases.

**5. Case Records**

The standard was met in 22 cases: 11 files were rated NC where Case Snapshot information required updating.

**6. Supervisory Responsibility**

21 cases were rated complaint: 12 cases were rated NC where there was no recent file confirmation of supervisory consultation in planning.

**7. Appropriate Legal Plan**

The legal plan was appropriate in 32 cases: 1 case was rated NC where the legal plan was questioned. The case was from out of the Prince Rupert area and the Team Supervisor planned to review planning with the Child Protection Manager.

**8. Legal Documentation**

Required legal documentation was found on 31 of 33 files.

### **9. Public Trustee Notified**

Confirmation that the Public Trustee was notified was found in 6 of 10 cases where the standard was applicable: in 23 cases the standard was NA.

### **10. Admission Medical**

Admission medicals were found on 24 files: 9 files were rated NC where the medical was not found on file.

### **11. Medical History Obtained and Recorded**

Medical history information was found on 12 files: 1 file was rated NCF; 18 files were rated NC where no medical history information was documented; 2 files were rated NA.

### **12. Ongoing Medical Needs Attended**

Confirmation that ongoing medical needs were being met was found on 21 files at 100%: 10 files were rated NC where there was no information to determine if there were ongoing medical needs. The standard was NA in 2 cases.

### **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 10 cases: NCF for partial compliance in 1 case; NC in 21 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 C in 3 cases; NCF for partial compliance in 10 cases; NC in 19 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 7 cases; NC in 19 cases.

### **17. Care Plan Reviewed**

Confirmation that planning was being reviewed was confirmed in 17 cases: 13 cases were rated NC where planning reviews were not documented.

**18. Meet With Child**

Confirmation that practice met the standard was found in 31 cases at 94%: 1 case was rated NCF; one case NC.

**19. Rights of Children in Care**

Confirmation that the standard was met was confirmed in 17 cases: 13 cases were rated NC.

**20. Preparation for Independence**

5 files where the standard was applicable were rated at 100% compliance: 28 cases were rated NC.

**21. Placement**

This standard was rated C in 31 cases at 94% compliance. One file was rated CA; 1 file NC.

**22. Resource Suitability**

Social workers confirmed that in 32 cases the child was in a suitable resource: 1 case was rated NCF.

**23. Information to Caregiver**

Confirmation that practice met the standard was found in 18 cases: 15 cases were rated NC where there was no confirmation that written information had been provided to the caregiver.

**24. Continuity and Stability**

30 cases were rated C: 3 files were rated NC.

**25. Reassessing Risk**

2 of 2 files were rated NC.

**26. Missing, Lost or Runaway Child in Care**

One file was C: the standard was NA in 32 cases.

**27. File Transfer**

11 of 11 files where the standard was applicable were rated at 100% compliance.

**28. File Closure**

Work related to closure was complete in 2 of 4 files where the standard was applicable.

**29. File Recording and Documentation**

File recording/documentation was current on 18 files: 15 files were rated NC.

**10. COMPLIANCE TO VOLUNTARY FAMILY SERVICE PRACTICE**

Three (3) of the 10 files 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.

Work on the 3 files audited was completed at 100% compliance on all but 4 of the applicable standards. One standard was rated CA; supervisor consultation was not documented on 1 file; in one case the assessment of the intake did not appear to have been completed in a timely manner (by the Intake team); plan reviews and recording were out of date on 2 files. As the sample was small, a further breakdown of the compliance ratings will not be provided. See the attached Office Compliance Report, Appendix 1.

## **11. INTAKE AND TRACKING SYSTEMS**

### **(a). Intake/Investigation: New Reports**

All new calls for service - child protection reports and requests for voluntary service - for the Prince Rupert area are directed to the QLC Child Protection team for assessment and investigation. New reports on cases on the QMD team are investigated by the QLC team if the report concerns a new issue: “same-issue” concerns/reports are investigated by the QMD team.

The screening social worker on the QLC team also acts as intake worker for QMD. Upon receipt of an intake, the screening worker documents the information and immediately passes it to a social worker or supervisor on the QMD team. If it appears that the report should be investigated by the QLC team, the team supervisors will consult. If not, the report is assigned to a QMD worker for investigation. New reports may also come directly to the responsible QMD worker. The worker immediately consults with her Team Supervisor regarding Risk Decisions 1 and 2, and the initial investigation plan.

The investigating worker is responsible for registering the intake on the electronic system: the Team Supervisor monitors the Intake System and Intake Status Reports to ensure all reports have been registered in a timely manner.

The Team Supervisor is consulted throughout the investigation to completion. Intake Status reports are monitored and reviewed regularly with the social worker. Status reports reviewed by the auditor indicated that investigations were being completed in a timely manner.

Social workers on both the QLC and QMD teams share responsibility for week-end After Hour calls through a rotating stand-by schedule. There is no stand-by schedule during the week: workers attend as called out. If a worker for QMD responded to a call the previous evening, the worker will attend the QLC morning team meeting. The QMD supervisors review After Hour memos pertaining to their team each morning.



### **(b). New Cases Transferred In**

New protective and non-protective family service cases are transferred to the QMD team from the QLC Child Protection Intake team upon completion of all opening documentation. If a child has been removed, the Child Protection team manages the initial court appearance.

The QLC supervisor sends the QMD supervisors a list of the files ready for transfer via electronic mail, with a brief summary about each case. At the same time, the physical files are transferred to the team by the administrative staff. The two QMD supervisors decide which team will accept case responsibility.

Upon receipt of the physical file, the QMD supervisor thoroughly reviews the file prior to assigning it to a social worker. Cases may be discussed and assigned at the weekly team meeting, or individually depending on the urgency to begin work with the client. Cases are assigned mainly according to workload factors: there is some degree of geographical assignment in the case of the island communities. The QMD and QLC social workers may discuss the case but transfer meetings rarely occur.

### **(c). Tracking**

#### **(i). Family Services**

Both QMD Team Supervisors manage effective and similar tracking systems. Both utilize the computer-generated caseload management reports and maintain a note-book binder for each social worker on their team. All cases on the worker's caseload are referenced alphabetically. Caseload management reports are filed after review and discussion for reference at the next meeting: case-discussion notes for each family are filed alphabetically. Family service cases are reviewed in individual supervision, and in frequent consultation with each social worker. During a detailed caseload review, risk assessment, legal and risk reduction planning, up-coming court or expiration dates are discussed. The Intake status reports are reviewed for any open investigations/assessments.

#### **(ii). Child Services**

Child service cases are reviewed in case 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. The supervisor notes the date the worker last saw the child and caregiver. The supervisors utilize the relevant Caseload Management Reports including the Key Events report.

Care Plans have not been completed or updated on a regular basis due to workload. The Guardianship worker is now in the process of completing care plans for all children in continuing custody care.

## **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.

**Team 1:** Supervision on the team is both regularly scheduled and consultation as needed. The Team Supervisor meets once every 3 to 4 weeks with each social worker for scheduled supervision and a thorough review of all cases. In addition, there is frequent daily case consultation. The Team Supervisor is very knowledgeable about the cases on the team and social worker staff noted his accessibility and availability.

**Team 2:** The Acting Team Supervisor is in the process of setting up a regular supervision schedule with the workers on his team. To date, supervision has taken place both by pre-scheduling, and as-needed consultation.

Social workers consult with the alternate Team Supervisor if their supervisor is out of the office, or with the Child Protection Supervisor who is located on the same floor.

Supervision on both teams provides an opportunity to discuss career and work-related issues. Social worker appraisals have been completed on a yearly basis.

The Acting Community Services Manager is located in Terrace and is administratively responsible for the QMD Team Supervisors. She is available for telephone consultation as needed. The Regional Child Protection Manager is consulted with respect to Child Protection matters, both by telephone and in-person during her regular trips to the Prince Rupert offices.

### **13. TRAINING**

**Team 1:** The Team Supervisor completed core and all ministry-provided mandatory training as a social worker, including Risk Assessment and Investigative Interviewing training. Since becoming a supervisor, he has completed the one week Clinical Supervisor's training, Training for Trainers, and Youth Probation interviewing. He is about to attend Advanced Risk Assessment training.

**Team 2:** The Acting Team Supervisor has not attended any supervisor training to date. He completed core social worker training and more recently Youth Probation overview for managers and supervisors. He will be attending Advanced Risk Assessment training in the very near future.

All social workers on both teams have completed core social worker training, including Risk Assessment training. About half the staff have completed LAC training. Advanced Investigative Interviewing training has not been available to staff in the Northwest area of the region to date. Some of the staff have attended Youth Suicide training. Advanced Risk Assessment training will be offered first to the supervisors, then Child Protection and Family Service workers. Staff have recently been provided with PCs and are receiving computer training.

Staff request permission to attend Regional and local training events subject to accessibility and availability. However, due to workload demands and the need for back-fill, attendance is not always possible.

#### **14. RECOMMENDATIONS**

1. That regional management ensure that any cases identified for review or attention and, any files containing non-compliant ratings are reviewed for completion of any outstanding work where appropriate and, as a means of improving child protection practice.
2. That regional management provide an update on plans to develop community protocols with the police, school board, transition house, hospital and other protocols that may be required.
3. That regional management develop a plan to improve compliance in the following areas with respect to the Standards for Child Protection with particular attention to: Risk Decision 5: Comprehensive Risk Assessment; Risk decision 6 : Developing the Risk Reduction Plan and, Risk decisions 7,8,9 : Reassessment of Risk.
4. That regional management continue to develop and implement plans to review the appropriate use of supervision orders. Components of the plan the region is currently developing should include analysis of the use of supervision orders; inter-team planning and consistency between the intake and family service units; alternatives to supervision orders when appropriate.
5. That regional management develop a plan to improve documentation required, with particular focus in the following areas: Supervisory Responsibility; Seeing and Interviewing the Child; Risk Decision 4: Decide if Child Needs Protection; Removing a Child; Risk Decision 6: Removing a Child; Risk Decisions 7, 8 and 9; and Comprehensive Plans of Care.
6. That regional management develop a plan to address any child service practice issues that have been identified in the audit with particular attention to informing children in care of their; providing the required information to caregivers and, development of plans of care.
7. That regional management develop and implement a plan to ensure staff receive all required training and, in particular, that the acting team leader take Clinical Supervision Training and, all current and new staff take the Looking After Children training as soon as possible.

Myrna Lowes  
Audit Unit, Child Protection Division  
June 30, 2000

Alfredo Sepulveda  
Provincial Auditor

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

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

BRITISH Ministry for  
COLUMBIA Children and

For the period between 2000-Jan-01 and 2001-Feb-20

### SUMMARY OF 33 CASE AUDIT(S) FOR OFFICE QMD

<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		32 97%			1 3%	
10-10-020	2	Children From	17 52%	13 39%			3 9%	
10-10-030	3	Cultural, Racial &	33 100%					
10-10-040	4	Reportable	1 50%				1 50%	31
10-10-050	5	Case Records	26 79%				7 21%	
10-10-060	6	Supervisory	19 58%				14 42%	
10-20-010	7	Assessment Of Reports	32 97%				1 3%	
10-20-020	8	Prior Contact Check And	31 94%				2 6%	
10-20-030	9	Determining The Speed	33 100%					
10-20-040	10	Risk Decision 1:	32 97%				1 3%	
10-20-050	11	Informing The Police	14 93%				1 7%	18
10-30-010	12	Risk Decision 2:	31 97%				1 3%	1
10-30-020	13	Initial Plan Of	30 94%				2 6%	1
10-30-030	14	Steps Required To	26 81%				6 19%	1
10-30-040	15	Seeing And Interviewing	29 88%				4 12%	
10-30-050	16	Arranging A Medical	6 67%				3 33%	24
10-30-060	17	Seeing And Interviewing	29 88%			1 3%	3 9%	
10-30-070	18	Risk Decision 3:	30 91%				3 9%	
10-30-080	19	Risk Decision 4:	27 84%				5 16%	1
10-30-090	20	Investigation Where	1 100%					32
10-30-100	21	Record & Report	28 90%				3 10%	2
10-30-110	22	Time Limit For	31 97%				1 3%	1
10-40-010	23	Risk Decision 5:	21 66%				11 34%	1
10-40-020	24	Risk Assessment Of A					4 100%	29
10-50-010	25	Risk Decision 6:	11 33%				22 67%	
10-50-020	26	Supervision Orders	19 70%				8 30%	6
10-50-030	27	Removing A Child	6 60%				4 40%	23
10-60-010	28	Risk Decisions 7, 8, 9:	2 14%				12 86%	19
10-60-020	29	Reclassify Case From						33
10-60-030	30	Where A Child Or Family						33
10-60-040	31	Transferring A	22 96%				1 4%	10
10-60-050	32	Closing A Protective	3 75%				1 25%	29

**Standards in Compliance: 590      Applicable Standards: 761      Overall level of compliance: 77.53%**

**Compliance Definitions:**

- C - Compliance as indicated in the scoring section for standard being measured
- CA - Non-Compliance to the Standard Requirements but Acceptable Alternative Action consistent with good practice
- CB - Non-Compliance to the Standard Requirements but action in best interest of child advance approval required
- NCF - Non-Compliance due to factors beyond control of Worker or Supervisor
- NC - Non-Compliance to the Standard Requirements
- NA - Not Applicable

Note: Percentages are for non-NA values only  
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## Child Service Standards Completed Case Reviews For All Reviewers

BRITISH Ministry for  
COLUMBIA Children and

For the period between 2000-Jan-01 and 2001-Feb-20

### SUMMARY OF 33 CASE AUDIT(S) FOR OFFICE QMD

<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		32 100%				1
45-10-020	2	Children From	24 73%	9 27%				
45-10-030	3	Cultural, Racial,	33 100%					
45-10-040	4	Reportable	1 100%					32
45-10-050	5	Case Records	22 67%				11 33%	
45-10-060	6	Supervisory	21 64%				12 36%	
45-20-010	7	Appropriate Legal Plan	32 97%				1 3%	
45-20-020	8	Legal Documentation	31 94%				2 6%	
45-20-030	9	Public Trustee Notified	6 60%				4 40%	23
45-30-010	10	Admission Medical	24 73%				9 27%	
45-30-020	11	Medical History	12 39%			1 3%	18 58%	2
45-30-030	12	Ongoing Medical Needs	21 68%				10 32%	2
45-40-010	13	Overall Goal Determined	33 100%					
45-40-015	14	Developing a	10 31%			1 3%	21 66%	1
45-40-021	15	Plan Of Care - Timely	3 9%			10 31%	19 59%	1
45-40-025	16	Assesment , Planning	6 19%			7 22%	19 59%	1
45-40-030	17	Care Plan Reviewed	17 57%				13 43%	3
45-40-040	18	Meet With Child	31 94%			1 3%	1 3%	
45-40-050	19	Rights Of Children In	17 57%				13 43%	3
45-40-060	20	Preparation For	5 100%					28
45-50-005	21	Placement	31 94%	1 3%			1 3%	
45-50-010	22	Resource Suitability	32 97%			1 3%		
45-50-020	23	Information To Caregiver	18 55%				15 45%	
45-50-030	24	Continuity and Stability	30 91%				3 9%	
45-60-010	25	Reassessing Risk					2 100%	31
45-60-030	26	Missing, lost or runaway	1 100%					32
45-60-040	27	File Transfer	11 100%					22
45-60-050	28	File Closure	2 50%				2 50%	29
45-60-060	29	File Recording &	18 55%				15 45%	

**Standards in Compliance: 492      Applicable Standards: 746      Overall level of compliance: 65.95%**

#### 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

Note: Percentages are for non-NA values only  
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## Non Protective Family Service Completed Case Reviews For All Reviewers

BRITISH Ministry for  
COLUMBIA Children and

*For the period between 2000-Jan-01 and 2001-Feb-20*

### SUMMARY OF 3 CASE AUDIT(S) FOR OFFICE QMD

<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		3 100%				
30-10-020	2	Children From	3 100%					
30-10-030	3	Cultural, Racial &	3 100%					
30-10-040	4	Reportable						3
30-10-050	5	Case Records	3 100%					
30-10-060	6	Supervisory	2 67%				1 33%	
30-25-010	7	Initial Assessment Of	3 100%					
30-25-020	8	Prior Contact Check &	3 100%					
30-25-030	9	Determining The Speed	2 67%				1 33%	
30-35-010	10	Comprehensive						3
30-35-020	11	Legal Documentation	2 100%					1
30-35-030	12	Service Plan With Goals	3 100%					
30-35-040	13	Service Plan Monitored						3
30-35-050	14	Service Plan					2 100%	1
30-60-020	15	Reclassifying A Case						3
30-60-040	16	Transferring A Family						3
30-60-050	17	Closing A Family						3
30-65-010	18	Recording	1 33%				2 67%	

**Standards in Compliance: 25      Applicable Standards: 34      Overall level of compliance: 73.53%**

#### Compliance Definitions:

- C - Compliance as indicated in the scoring section for standard being measured
- CA - Non-Compliance to the Standard Requirements but Acceptable Alternative Action consistent with good practice
- CB - Non-Compliance to the Standard Requirements but action in best interest of child advance approval required
- NCF - Non-Compliance due to factors beyond control of Worker or Supervisor
- NC - Non-Compliance to the Standard Requirements
- NA - Not Applicable

Note: Percentages are for non-NA values only  
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## **APPENDIX II: DESCRIPTION OF AUDIT STANDARDS**



## PRACTICE AUDIT STANDARDS for Child Protection Practice

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

### Practice Standards Compliance Measurement

**Compliance Definitions:**

- C** **Compliance** as indicated in the scoring section for the standard being measured.
- CA** **Non-compliance** to the standard requirements but acceptable **acceptable alternative action** consistent with good practice is carefully chosen.
- CB** **Non-compliance** to the standard requirements but the action taken is in the **best interests of the child and approved in advance**.
- NCF** **Non-compliance** due to **factors beyond the control of the worker and/or supervisor**.
- NC** **Non-compliance** to the standard's criteria requirements.
- NA** **Not applicable** to the standard being measured.

## **PRACTICE AUDIT STANDARDS - CHILD SERVICE**

Revised April 1, 1999

**1. 45-10-010 PROTOCOLS**

Standard relates to the existence of protocols with police, Aboriginal Bands, etc., and carrying out practice according to the protocol.

**2. 45-10-020 CHILDREN FROM ABORIGINAL COMMUNITIES**

Was it established if the child was from an Aboriginal community and was that community contacted and involved in the planning for the child?

**3. 45-10-030 CULTURAL, RACIAL, RELIGIOUS DIFFERENCES**

Standard relates to sensitivity, respect for differences, ensuring an interpreter is obtained if social worker cannot communicate with the child in it's language.

**4. 45-10-040 REPORTABLE CIRCUMSTANCES**

Critical incidents reported to the Director as defined by policy.

**5. 45-10-050 CASE RECORDS**

Are case records and confidential file information stored in a secure file room, etc.?

**6. 45-10-060 SUPERVISORY RESPONSIBILITY**

Supervisor is consulted according to policy.

**7. 45-20-010 APPROPRIATE LEGAL PLAN**

Appropriate use of care agreements; was removal appropriate; was extension appropriate, etc.?

**8. 45-20-020 LEGAL DOCUMENTATION**

Agreements; court documents; orders on file.

**9. 45-20-030 PUBLIC TRUSTEE NOTIFIED**

As defined in policy.

**10 45-30-010 ADMISSION MEDICAL**

Completed and on file.

**11. 45-30-020 MEDICAL HISTORY OBTAINED AND RECORDED**

Information gathered and records clearly identifiable on file.

**12. 45-30-030 ONGOING MEDICAL NEEDS ATTENDED**

Child's medical/dental needs followed up.

**13. 45-40-010 OVERALL GOAL DETERMINED**

As defined in policy

**14. 45-40-015 DEVELOPING A COMPREHENSIVE PLAN OF CARE**

Plan of care meeting occurs where possible and appropriate.

- 15. 45-40-021 PLAN OF CARE - TIMELY & CURRENT**  
Completed according to time frames.
- 16. 45-40-025 ASSESSMENT, PLANNING & VIEWS**  
Assessment and planning is appropriate to child's needs.
- 17. 45-40-030 CARE PLAN REVIEWED**  
Care plan reviews completed according to policy.
- 18. 45-40-040 MEET WITH CHILD**  
SW meets alone with child at least once every 3 months.
- 19. 45-40-050 RIGHTS OF CHILDREN IN CARE**  
Child is aware of Rights, given a copy. Work with child reflects child's rights.
- 20. 45-40-060 PREPARATION FOR INDEPENDENCE**  
Older youth is assisted to become independent; policy guidelines; discharge planning, etc.
- 21. 45-50-005 PLACEMENT**  
Placement consistent with Section 71 CFCS Act
- 22. 45-50-010 RESOURCE SUITABILITY**  
Is/have resources been suitable to child's needs?
- 23. 45-50-020 INFORMATION TO CAREGIVER**  
Was information regarding child and child's history provided to the caregivers?
- 24. 45-50-030 CONTINUITY AND STABILITY**  
Continuity, number of placements? Continuity, number of workers?
- 25. 45-60-010 REASSESSING RISK**  
Was risk reassessed before child was returned to parent (if there was a previous protection finding), or before expiration of a supervision order?
- 26. 45-60-030 MISSING, LOST OR RUNAWAY CHILD IN CARE**  
Policy guidelines followed in case on missing, AWOL child.
- 27. 45-60-040 FILE TRANSFER**  
File transfer process.
- 28. 45-60-050 FILE CLOSURE**  
Process around closure - meeting with the family, contacting collateral persons, etc.
- 29. 45-60-060 FILE RECORDING AND DOCUMENTATION**  
Frequency, content, opening summary, closing/transfer summary.

## **PRACTICE AUDIT STANDARDS - NON-PROTECTION FAMILY SERVICE**

### **1. 30-10-010 PROTOCOLS**

Expectation there are protocols in place with police agencies, etc. and that protocols are followed.

### **2. 30-10-020 CHILDREN FROM ABORIGINAL COMMUNITIES**

Establish if child is from Aboriginal community; community involved in assessment/ planning according to protocol.

### **3. 30-10-030 CULTURAL, RACIAL & RELIGIOUS DIFFERENCES**

Sensitivity , respect for differences; obtained assistance where necessary i.e. interviewing.

### **4. 30-10-040 REPORTABLE CIRCUMSTANCES**

Critical incidents reported to the Director according to policy.

### **5. 30-10-050 CASE RECORDS**

Records kept confidential; maintained in secure file room.

### **6. 30-10-060 SUPERVISORY RESPONSIBILITY**

Supervisor consulted on key decision points throughout case as required by policy; signatures on file as required.

### **7. 30-25-010 INITIAL ASSESSMENT OF REFERRALS, SERVICE REQUESTS, REPORTS**

Information correctly assessed; support services offered; or referral to community agency; or referred for protection investigation.

### **8. 30-25-020 PRIOR CONTACT CHECK & REGISTRATION**

PCC completed; intake registered on system.

### **9. 30-25-030 DETERMINING THE SPEED OF ASSESSMENT**

24 hours.

### **10. 30-35-010 COMPREHENSIVE ASSESSMENT**

As per case management policy

### **11. 30-35-020 LEGAL DOCUMENTATION**

Agreements completed, signed, on file

### **12. 30-35-030 SERVICE PLAN WITH GOALS & TIME FRAMES**

Service plan, goals outlined as defined in case management policy.

**13. 30-35-040 SERVICE PLAN MONITORED**

Plan monitored as defined in case management policy.

**14. 30-35-050 SERVICE PLAN REVIEW/EVALUATION**

Service plan, support services evaluated and reviewed as defined in case management policy.

**15. 30-60-020 RECLASSIFYING CASE FROM PROTECTIVE FS TO VOLUNTARY FS**

Risk was reassessed; supervisor consulted.

**16. 30-60-040 TRANSFERRING A FAMILY SERVICE CASE**

Case transfer process followed.

**17. 30-60-050 CLOSING A FAMILY SERVICE CASE**

File closure process completed; met with family; evaluated progress in achieving goals.

**18. 30-65-010 RECORDING**

Frequency, quality, content.