

DIRECTOR'S AUDIT REPORT
BELLA COOLA FAMILY & CHILD SERVICES (EMH)

Field Work Completed: November 13 - November 24, 2000

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DIRECTOR'S AUDIT REPORT
Bella Coola FAMILY & CHILD SERVICES (EMH)

1. PURPOSE

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

The specific purposes of the audit are:

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

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

2. METHODOLOGY

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

One auditor conducted fieldwork from November 13 to November 24, 2000. The new computerized Case Audit Tool was used to collect the data, and generate office summary compliance reports and individual case compliance reports for each file audited. The auditor met with the Bella Coola F& CS team (EMH) initially to review terms of reference and audit procedures. During the audit, interviews were conducted with the District Supervisor and two Social Workers and one Office Assistant (OA2). The staff members provided information related to office systems, service delivery structure, staffing, legal services and community resources. The auditor met with the staff at the conclusion of the audit to provide an overview of

the results, including identified themes. The auditor provided a detailed review of the findings to the Regional Child Protection Manager and Community Manager.

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

3. COMMUNITY OVERVIEW

(a). Geographics

The Bella Coola F&CS office is part of the Thompson/Cariboo Region. The region encompasses the central portion of the province. The region spans from Bella Coola to Kamloops where the regional office is located. It is a challenging geographic are to serve, as there is limited public transportation, poor roads, and winter weather conditions make it difficult to access.

The town of Bella Coola is located 456 kilometers from Williams Lake and approximately 800 kilometers from the regional office in Kamloops. The area served by Bella Coola Family & Child Services (EMH) office extends east to Nimpo Lake. The largest communities served are Bella Coola and Anahim Lake.

(b). Demographics

The Central Coast Regional District, which Bella Coola is apart of, has approximately 4, 265 residents, 55% of those residents are aboriginal. This is significantly higher than the BC average at 3.8%. A 1996 Analysis of Status Indians in BC reports that 10.1% of the Status Indian population is under 5 years of age compared to 6.3% for the province as a whole. The same report indicates both higher fertility rates and lower life expectancy among the Status Indian population. These factors significantly impact the region and the Bella Coola F&CS (EMH) office due to the high percentage of aboriginal people living there. The two aboriginal communities served by the Bella Coola F&CS (EMH) are the Ulkatcho Indian Band and the Nuxalk band. The Ulkatcho Indian Band is “up top” at Anahim Lake. The local residents refer to Anahim Lake and area as being “up top” as there is a very long and steep switchback road that makes traveling difficult for those in Anahim Lake to attend to appointments down in Bella Coola, especially in the winter or heavy rainfall.

The Central Coast Regional District area is unique in that 23.8% of employment is in primary industries as compared to 5.7% for BC (Regional Operating Plan 1999-2000 June 2000). Poverty is an issue in a number of rural areas of the Thompson/Cariboo region particularly for North Kamloops and in the Bella Coola area. The economy of the Bella Coola area is mainly divided between the forestry and the fishing industries, government service industries and to a lesser degree, tourism in the summer. The Thompson/Cariboo region has the third highest number (approximately 55 per 1000 live births) of babies born weighing less than 5 ½ pounds in the

province and the infant mortality rate in the Central Coast Regional District are is 14.4%, more than double the provincial average.

(c). Service Delivery

The Thompson/Cariboo Regional Office is located in Kamloops, approximately 10 hours away from Bella Coola by vehicle. The Thompson/Cariboo Region has been divided into 3 sub-regions; the Thompson/Nicola; the Cariboo/Chilcotin; and the South Cariboo/North Thompson. The regional management structure includes the Regional Executive Director, an acting Associate Regional Executive Director, two Regional Child Protection Managers, each having a Child Protection Consultant reporting to them, three Community Managers, a Community Living Services Manger, a Macro-Regional Manager Aboriginal Services, a Prevention and Early Intervention Manager, a Contract and Resources Manager, a Quality Assurance Manager, a Regional Financial Manager, and a Regional Personnel Manger. The Bella Coola F& CS (EMH) District Supervisor reports to the Child Protection Manager for the Cariboo with respect to the delivery of child protection services, and to the Community Manager for Cariboo/Chilcotin for administrative/operational matters, guardianship services to children in continuing care, and resources. The Child Protection Consultant is based in Williams Lake and is available for consultation.

The Bella Coola F&CS (EMH) office is an integrated family and child services office and, within the defined geographic area, is responsible for: investigating all child protection reports; assessing requests for support services; providing ongoing protective and non-protective family services; ensuring guardianship services are provided to children in temporary and continuing custody care; developing child care resources, adoptions and community living services files. All responsibilities are divided between the two social workers, with the District Supervisor carrying a youth probation caseload as well as resources.

(d). Resources

(i). Residential

The Bella Coola F&CS (EMH) does not have a dedicated social worker providing resources. The two social workers and the district supervisor are responsible for recruiting, approving, and maintaining residential childcare resources in the area. Currently there are two open group homes, one in each of the two main communities; however, one group home is due to close in the New Year. There are 16 foster homes, one of which is a Level 2 home.

The Bella Coola F&CS (EMH) office utilizes many restricted homes in order to have children remain in their home communities. Staff noted that it is at times necessary to place children in Williams Lake, in Kamloops or in other urban centers. The transition from a small isolated rural area to an urban center is extremely difficult on the child and their family.

(ii). Non-Residential

The Community Support Society provides services to Bella Coola. They hold the ½ time Supported childcare contract, drug and alcohol counseling, and they run a parenting program twice a year. The Attorney General Ministry provides the funding for the victim assistance worker. There is no mental health worker for youth however; the Bella Coola hospital does have

psychiatrist for adults ¼ time that is utilized for youth. Anahim Lake only has a nursing station thus residents must either come to Bella Coola or go 3 ½ hours to Williams Lake. Both bands do have a drug and alcohol counselor available for members of their respective bands. Staff do indicate that post-treatment for those returning from a drug and alcohol treatment center is non-existent. Staff state that they have an excellent working relationship with the Bella Coola Hospital.

e) Legal Services

Staff expressed some dissatisfaction with the assistance and representation provided by legal counsel. Staff do not always know which lawyer to speak with regarding their particular matter. A Circuit Judge serves Bella Coola. Family court is held for one day every two months in Bella Coola. Court is held at Anahim Lake once every three months, which is also served by a Circuit Judge. Court is often held in Williams Lake or Vancouver than adjourned to be heard in either Bella Coola or Anahim Lake. This often necessitates workers having to attend court in either urban center. There are considerable delays in resolving contested matters due to the number of adjournments.

4. STAFFING

Staff Complement / Staff Turnover

The staffing complement of the Bella Coola F&CS (EMH) office includes a district supervisor, 2 full time social workers, and 1 office assistant (OA2). Staffing at the Bella Coola F&CS (EMH) office has been stable now for approximately 1-½ years. Prior to that time the district supervisor was the only worker in the office for almost a year with the exception of 2 seconded workers who each came for a 2-month period. The district supervisor has been in the Bella Coola office for over 14 years.

Supervisor/ Social Worker Education and Experience

The district supervisor has been with the Ministry for Children and Families for 14 years. All of his experience has been in the Bella Coola F&CS (EMH) office. He became the district supervisor in 1996. He has a BA. and a B.S.W. degree. He obtained his B.S.W. degree through distance education while at times being the only social worker in the office.

One worker has 2 ½ years experience with the Ministry for Children and Families, 2 years have been in the Bella Coola F&CS (EMH) office. The other worker has approximately 1 ½ years experience all in the Bella Coola F&CS (EMH) office.

Staffing (Administrative Support)

The Bella Coola F&CS (EMH) office has one administrative support person. She has been with the Ministry for Children and Families since 1985 in the Bella Coola F&CS (EMH) office.

Delegation

The district supervisor and both social workers are fully delegated.

5. PROTOCOLS

The Bella Coola F&CS office has a protocol with the Bella Coola General Hospital. The protocols between the Ministry for Children and Families and the Royal Canadian Mounted Police are currently in draft form. The protocol between the Nuxalk Nation and the Ministry for Children and Families is in its second draft. There is a dated “protocol for child welfare investigations between the Ulkatcho Indian Band, the Royal Canadian Mounted Police, the Anahim Lake School and the Ministry for Children and Families (formally Ministry of Social Services).

6. ABORIGINAL SERVICES

The Bella Coola F&CS (EMH) office has two First Nation communities within its geographic boundaries. The Nuxalk Nation located in Bella Coola and the Ulkatcho Indian Band located in Anahim Lake. Neither First Nation communities are delegated under the CF&CSA.

6 a) Children in Care of Nuxalk or Ulkatcho Origin

The following statistics reflect Children in Care statistics for files in which the Bella Coola office has direct file involvement (CS and/or FS files). These include files in which the guardianship responsibility has been transferred to other offices (CS files) but family service and planning responsibility rests with EMH.

Bella Coola – Nuxalk Children in Care

Total children in care	-	11
Number placed on reserve	-	5
Number placed off reserve within Bella Coola Valley	-	6

Anahim Lake – Ulkatcho Children in Care

Total children in care	-	17
Number placed on reserve	-	5
Number placed off reserve outside of community	-	12

There are significant populations of Ulkatcho and Nuxalk children who are in care of the ministry in other communities (and some in other provinces). The figures shown are for EMH only.. In the Spring of 2000, the Nuxalk Nation was aware of twenty-nine Nuxalk children in care in the lower mainland. Ulkatcho Indian Band social worker Carmen Hance believes that there are similar numbers of Ulkatcho children in care in other B.C. communities. These statistics are currently being sought.

7. AUDIT SAMPLE

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

The Intake & Child Services System Integrity Report for the last year indicated that the Bella Coola F&CS (EMH) office averaged 8 intake calls per month (both protection and voluntary). Over the last 6 months the office has closed 28 intakes or investigations. A total of 11 closed Intake files (8 protection and 3 voluntary service files) were audited.

Out of 2 caseloads there were 16 open Family Service files and 20 Child Service files open during the audit. A total of 12 files were audited to the Child Protection Standards. This included the 8 closed Intake files and 4 open Family Service files. Of the 12 Protective Family Service files audited, 2 were highlighted and referred to the District Supervisor for his review. The 2 files were also highlighted and a package left for the Regional Child Protection Manager and given to the Community Manager.

Four cases were audited to the Voluntary Family Service Standards. Of the 4 files, 3 were closed Family Service files and 1 file was open. Of the 4 files, 2 were highlighted and referred to the District supervisor for his review. The 2 files were highlighted and given to the Community Manager and a package left for the Regional Child Protection Manager.

There were a total of 11 Child Service files audited and none were highlighted. A small number of closed (2) Child Service files were included in the total number of files audited.

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.

Twelve (12) Child Protection files (7 closed intake files, 4 open Protective Service files and 1 closed Protective Service file) were audited from the two caseloads. Files were audited based on documentation only.

The following provides a breakdown of the compliance ratings:

- **Protocols**
All 12 applicable cases complied with this standard for 100% compliance.
- **Children from Aboriginal Communities**
All 12 applicable cases complied with this standard for 100% compliance.
- **Cultural, Racial and Religious Differences**
All 12 applicable cases complied with this standard for 100% compliance.
- **Reportable Circumstances**
Compliance was met in 1 out of 4 applicable cases for 25% compliance. NC was assigned to 3 cases. In 1 case, a child was the victim of an assault and also witnessed a murder and she was known to the Ministry at the time. In another case a young teenager was “living on the streets” and had suicidal ideation.
- **Case Records**
All 12 applicable cases complied with this standard for 100% compliance.
- **Supervisory Responsibility**
All 12 applicable cases complied with this standard for 100% compliance.
- **Assessment of Reports**
All 12 applicable cases complied with this standard for 100% compliance.
- **Prior Contact Check and Registration**
All 12 applicable cases complied with this standard for 100% compliance.
- **Determining the Speed of Assessment**
All 12 applicable cases complied with this standard for 100% compliance.
- **Risk Decision 1: Deciding Whether to Investigate**
All 12 applicable cases complied with this standard for 100% compliance.
- **Informing the Police**

Compliance was met in 5 out of 7 applicable cases for 71% compliance. In both NC cases the police were not contacted when there had been an allegation of physical abuse against children.

- **Risk Decision 2: Decide Investigation Response Time**

Compliance was met in 10 out of 12 applicable cases for 83% compliance. In both NC cases the response time documented was not appropriate for the situation, however the actual work was done in the appropriate time frame.

- **Initial Plan of Investigation**

Compliance was met in 7 out of 11 applicable cases for 64% compliance. In all NC cases an initial plan was not documented.

- **Steps Required to Complete the Investigation**

Compliance was met in 4 out of 11 applicable cases for 36% compliance. Investigations were terminated prematurely due to a family member taking the child out of the situation.

- **Seeing and Interviewing the Child**

Compliance was met in 3 out of 11 applicable cases for 36% compliance. In 7 cases assigned NC the siblings in the home were not interviewed. In 1 case a NCF was assigned as the child and sibling refused to speak with the social worker.

- **Arranging Medical Examination for the Child**

Compliance was met in 3 out of 6 applicable cases for 50% compliance. In the 3 cases assigned NC the information in the report indicated a medical exam was appropriate.

- **Seeing and Interviewing the Parent**

Compliance was met in 4 out of 11 applicable cases for 36% compliance. In the 7 cases assigned NC only 1 parent was interviewed.

- **Risk Decision 3: Assess Child's Immediate Safety**

Compliance was met in 4 out of 11 applicable cases for 36% compliance. In the 7 cases assigned NC the immediate assessment was inappropriately rated.

- **Risk Decision 4: Decide if Child Needs Protection**

Compliance was met in 6 out of 11 applicable cases for 55% compliance. In the 5 cases assigned NC where an event did occur that fit the criteria as described under Section 13 of the CF&CSA, and/or in instances where investigative steps were incomplete.

- **Investigative Action - Cannot Locate Child or Family**

NA

- **Recording and Reporting the Investigation Results**

Compliance was met in 8 out of 11 applicable cases for 73% compliance. In the 3 cases assigned NC there was no documentation indicating the investigation results were reported to either the parent or the reporter.

- **Time Limit for Investigations**

Compliance was met in 9 out of 11 applicable cases for 82% compliance. In the 2 cases assigned NC the time limit exceeded 30 days.

- **Risk Decision 5: Assess Risk of Future Abuse Neglect**

Compliance was met in 5 out of 7 applicable cases for 71% compliance. In the 2 cases assigned NC the Risk Assessment was not completed.

- **Risk Assessment of a Third Report**

All 1 applicable case complied with this standard for 100% compliance.

- **Risk Decision 6: Developing a Risk Reduction Plan**

Compliance was met in 2 out of 5 applicable cases for 40% compliance.

- **Supervision Orders**

All 1 applicable cases complied with this standard for 100% compliance.

- **Removing a Child**

NA.

- **Risk Decisions 7, 8, 9: Reassessing Risk**

Compliance was not met in any of the 4 applicable cases for 0% compliance.

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

NA.

- **Where a Child or Family is Missing**

All 1 applicable cases complied with this standard for 100% compliance.

- **Transferring a Protective Family Service Case**

NA.

- **Closing a Protective Family Service Case**

Compliance was not met in the 1 applicable case for 0% compliance.

9. COMPLIANCE TO CHILD SERVICE PRACTICE

Eight files were audited from the 2 caseloads and included a very small number of closed (1) files. Files were based on documentation. Overall documentation on Child Service files was good.

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

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

The following provides a breakdown of the compliance ratings:

- **Protocols**
All 8 applicable cases complied with this standard for 100% compliance.
- **Children from Aboriginal Communities**
All 8 applicable cases complied with this standard for 100% compliance.
- **Cultural, Racial, Religious Differences**
All 8 applicable cases complied with this standard for 100% compliance.
- **Reportable Circumstances**
Compliance was not met in 1 applicable case for 0% compliance.
- **Case Records**
All 8 applicable cases complied with this standard for 100% compliance.
- **Supervisory Responsibility**
All 8 applicable cases complied with this standard for 100% compliance.
- **Appropriate Legal Plan**
All 8 applicable cases complied with this standard for 100% compliance.
- **Legal Documentation**
All 8 applicable cases complied with this standard for 100% compliance.
- **Public Trustee Notified**
All 1 applicable cases complied with this standard for 100% compliance.

- **Admission Medical**
Compliance was met in 6 out of 8 applicable files for 100% compliance.
- **Medical History Obtained and Recorded**
Compliance was met in 6 out of 7 applicable cases for 86% compliance.
- **Ongoing Medical Needs Attended**
All 7 applicable cases complied with this standard for 100% compliance.
- **Overall Goal Determined**
Compliance was met in 7 out of 8 applicable cases for 88% compliance.
- **Developing a Comprehensive Plan of Care**
Compliance was met in 4 out of 7 applicable cases for 57% compliance. A NC was assigned to 3 cases as there was no CPOC on file.
- **Plan of Care - Timely & Current**
Compliance was met in 4 out 6 applicable cases for 67% compliance. A NC was assigned for 2 cases where the Plan of Care was not completed in a timely manner.
- **Assessment, Planning & Views**
Compliance was met in 5 out of 6 applicable cases for 83% compliance.
- **Care Plan Reviewed**
Compliance was met in 1 out of 5 applicable cases for 20% compliance.
- **Meet With Child**
All 8 applicable cases complied with this standard for 100% compliance.
- **Rights of Children in Care**
Compliance was met in 2 out of 6 applicable cases for 33% compliance.
- **Preparation for Independence**
NA.
- **Placement**
All 7 applicable cases complied with this standard for 100% compliance.
- **Resource Suitability**
Compliance was met in 6 out of 7 applicable cases for 86% compliance. A NCF was given to 1 case as the child was with relatives but their health has made the placement no longer suitable. An appropriate plan is in place to address this issue.

- **Information to Caregiver**
All 6 applicable cases complied with this standard for 100% compliance.
- **Continuity and Stability**
Compliance was met in 7 out of 8 applicable cases for 88% compliance. A NCF was given to 1 case as the child was placed with relatives and the relatives initiated the placement changes without providing an adequate explanation.
- **Reassessing Risk**
Compliance was met in 1 out of 3 applicable cases for 33% compliance. A NC was given to 2 cases where children were returned home under Supervision Orders without a reassessment of risk being completed.
- **Missing, Lost or Runaway Child in Care**
NA.
- **File Transfer**
NA.
- **File Closure**
All 2 applicable cases complied with this standard for 100% compliance.
- **File Recording and Documentation**
Compliance was met in 7 out of 8 applicable cases for 88% compliance.

10. COMPLIANCE TO NON-PROTECTIVE FAMILY SERVICE PRACTICE

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

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

The audit reviewed 4 Voluntary Family Service files 3 were closed files. Of the 4 files 2 were highlighted and referred to the District Supervisor and Managers for their review.

The following provides a breakdown of the compliance ratings:

- **Protocols**
All 4 applicable cases complied with this standard for 100% compliance.

- **Children from Aboriginal Communities**
All 4 applicable cases complied with this standard for 100% compliance.
- **Cultural, Racial, Religious Differences**
All 4 applicable cases complied with this standard for 100% compliance.
- **Reportable Circumstances**
NA.
- **Case Records**
All 4 applicable cases complied with this standard for 100% compliance.
- **Supervisory Responsibility**
Compliance was met in 3 out of 4 applicable cases for 75% compliance.
- **Initial assessment of Referrals, Service Requests, Reports**
Compliance was not met in 4 out of 4 applicable cases for 0% compliance. A NC was assigned to all 4 cases as they should have been referred to Investigation.
- **Prior Contact Check & Registration**
All 4 applicable cases complied with this standard for 100% compliance.
- **Determining the Speed of Assessment**
Compliance was met in 3 out of 4 applicable cases for 75% compliance.
- **Comprehensive Assessment**
NA.
- **Legal Documentation**
All 1 applicable case complied with this standard for 100% compliance. This was rated as the Regional Child Protection Manager gave written consent to utilize a Special Needs Agreement in what should have been a protection case.
- **Service Plan with Goals & Time Frames**
NA.
- **Service Plan Monitored**
NA.
- **Service Plan Review/Evaluation**
NA.
- **Reclassifying Case from Protective FS to Voluntary FS**
NA.

- **Transferring a Family Service Case**
NA.
- **Closing a Family Service Case**
NA.
- **Recording**
NA.

11. INTAKE AND TRACKING SYSTEMS

Intake/Investigation:

The Bella Coola F&CS (EMH) office investigates all child protection reports and assesses requests for support services for Bella Coola and the defined geographic area. As this is a small office both social workers and the district supervisor receive and record all intakes received in the office, depending upon whom is available.

Upon receipt of an intake, the worker documents the information and consults with the district supervisor regarding Risk Decisions #1 and #2, and the initial investigation plan. If the district supervisor receives the intake he records it and assigns it to the worker whose geographical area it pertains to and then discusses the report with that worker. The intake worker is responsible for registering the intake on the electronic system. Workers are responsible for completing investigations in their geographical area.

The District Supervisor monitors the intakes through the Intake Status reports and regular reviews with the social worker. The supervisor is consulted and kept informed throughout the investigation. The results of the investigation are discussed with the supervisor and a decision made with respect to the need for ongoing service. The social worker completing the investigation usually maintains the case if it is opened for protective or support services.

Tracking

As stated, the Bella Coola F&CS (EMH) office is very small thus the district supervisor maintains an open door policy. The district supervisor has developed a form that he utilizes which tracks each workers caseload. It outlines when that last review recording or opening recording was completed with the date of the next review. He also utilizes the computer's automatic messaging system to remind him 2 weeks prior to a document being due. He then reminds the social worker involved.

The district supervisor and the staff indicate that they would prefer more formal supervision time to discuss cases. They currently meet as a group once a week and at times they do not find this to be sufficient. During these weekly meetings difficult cases are discussed as a team.

12. SUPERVISION/CONSULTATION

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

Supervision is not regularly scheduled however consultation is constantly ongoing. As stated the office has indicated that they would like to try more formal supervision and the district supervisor will be discussing this with staff. As the district supervisor has been in the Bella Coola F&CS (EMH) office for 14 years he is extremely knowledgeable regarding the communities, families and formal and informal supports.

The Bella Coola F&CS (EMH) office district supervisor is responsible to the Community Manager for administrative, guardianship, and resource matters, and to the Regional Child Protection Manager for the delivery of child protection and services to children in temporary care. Consultation is mainly by telephone and to a lesser degree in person. The Child Protection Consultant has also made trips to the office.

13. TRAINING

The district supervisor has had the initial training for the Risk Assessment when it was initially introduced. He has not had the Advanced Risk Assessment training. He has also had the LAC training and some components of the supervisor training.

Both social workers have completed core training, outlook and investigative interviewing training. Only one worker has completed the LAC training and neither have had the Advanced Risk Assessment training.

Travel and a critical staff shortage has made it difficult for staff to take in any training, mandatory or non-mandatory. As the office only has three delegated staff scheduling training events is difficult. Staff have stated that Non-Violent Crisis Intervention, FAS/FAE and Ministry for Children and Families Protocol training would be beneficial.

14. RECOMMENDATIONS

1. That regional management ensures that any cases identified for review or attention, and any files containing non-compliance ratings, is reviewed for completion of any outstanding work.
2. That regional management clarifies and addresses with staff their issues regarding legal services.
3. That regional management provides an update on the status of protocol development and specifically the protocol with hospitals to ensure it includes dealing with “high risk infants.”
4. That regional management develop and implement a regional plan to address the following issues affecting this office-
 - A) social work practice in an isolated community

- B) improving compliance in **child protection practice** in the following areas:
 - reportable circumstances, initial plan of investigation, steps required to complete the investigation, seeing and interviewing the child, arranging medical exams, seeing and interviewing the parent, risk decisions #3, #4, #6, #7, #8 & #9.
 - C) improving compliance in **child service practice** in the following areas: developing a CPOC, completing CPOC's in a timely manner, reviewing care plans, ensuring CIC's have their rights explained to them and that this is documented when it occurs, and reassessing risk.
5. That Community Services and Program Support Division work closely with regional management to support the timely development and implementation of aboriginal services to the communities served by the Bella Coola F&CS office.
 6. That the Child Protection Audit Unit, in collaboration with the region, consider a re-audit of this office in approximately one year.

Cheryl Lacharity
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-23

SUMMARY OF 12 CASE AUDIT(S) FOR OFFICE EMH

<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	12	100%					
10-10-020	2	Children From	12	100%					
10-10-030	3	Cultural, Racial &	12	100%					
10-10-040	4	Reportable	1	25%			3	75%	
10-10-050	5	Case Records	12	100%					
10-10-060	6	Supervisory	12	100%					
10-20-010	7	Assessment Of Reports	12	100%					
10-20-020	8	Prior Contact Check And	12	100%					
10-20-030	9	Determining The Speed	12	100%					
10-20-040	10	Risk Decision 1:	12	100%					
10-20-050	11	Informing The Police	5	71%			2	29%	
10-30-010	12	Risk Decision 2:	10	83%			2	17%	
10-30-020	13	Initial Plan Of	7	64%			4	36%	
10-30-030	14	Steps Required To	4	36%			7	64%	
10-30-040	15	Seeing And Interviewing	3	27%		1	9%	7	64%
10-30-050	16	Arranging A Medical	3	50%			3	50%	
10-30-060	17	Seeing And Interviewing	4	36%			7	64%	
10-30-070	18	Risk Decision 3:	4	36%			7	64%	
10-30-080	19	Risk Decision 4:	6	55%			5	45%	
10-30-090	20	Investigation Where						12	
10-30-100	21	Record & Report	8	73%			3	27%	
10-30-110	22	Time Limit For	9	82%			2	18%	
10-40-010	23	Risk Decision 5:	5	71%			2	29%	
10-40-020	24	Risk Assessment Of A	1	100%				11	
10-50-010	25	Risk Decision 6:	2	40%		1	20%	2	40%
10-50-020	26	Supervision Orders	1	100%				11	
10-50-030	27	Removing A Child						12	
10-60-010	28	Risk Decisions 7, 8, 9:					4	100%	
10-60-020	29	Reclassify Case From						12	
10-60-030	30	Where A Child Or Family	1	100%				11	
10-60-040	31	Transferring A						12	
10-60-050	32	Closing A Protective					1	100%	

Standards in Compliance: 182 Applicable Standards: 245 Overall level of compliance: 74.29%

Compliance Definitions:

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

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

BRITISH Ministry for
COLUMBIA Children and

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

SUMMARY OF 8 CASE AUDIT(S) FOR OFFICE EMH

<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	8	100%				
45-10-020	2	Children From	8	100%				
45-10-030	3	Cultural, Racial,	8	100%				
45-10-040	4	Reportable					1	100%
45-10-050	5	Case Records	8	100%				7
45-10-060	6	Supervisory	8	100%				
45-20-010	7	Appropriate Legal Plan	8	100%				
45-20-020	8	Legal Documentation	8	100%				
45-20-030	9	Public Trustee Notified	1	100%				7
45-30-010	10	Admission Medical	6	75%			2	25%
45-30-020	11	Medical History	6	86%			1	14%
45-30-030	12	Ongoing Medical Needs	7	100%				1
45-40-010	13	Overall Goal Determined	7	88%			1	13%
45-40-015	14	Developing a	4	57%			3	43%
45-40-021	15	Plan Of Care - Timely	4	67%			2	33%
45-40-025	16	Assesment , Planning	5	83%			1	17%
45-40-030	17	Care Plan Reviewed	1	20%			4	80%
45-40-040	18	Meet With Child	8	100%				
45-40-050	19	Rights Of Children In	2	33%			4	67%
45-40-060	20	Preparation For						8
45-50-005	21	Placement	7	100%				1
45-50-010	22	Resource Suitability	6	86%		1	14%	1
45-50-020	23	Information To Caregiver	6	100%				2
45-50-030	24	Continuity and Stability	7	88%		1	13%	
45-60-010	25	Reassessing Risk	1	33%			2	67%
45-60-030	26	Missing, lost or runaway						8
45-60-040	27	File Transfer						8
45-60-050	28	File Closure	2	100%				6
45-60-060	29	File Recording &	7	88%			1	13%

Standards in Compliance: 143 Applicable Standards: 167 Overall level of compliance: 85.63%

Compliance Definitions:

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

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

BRITISH Ministry for
COLUMBIA Children and

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

SUMMARY OF 4 CASE AUDIT(S) FOR OFFICE EMH

<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	4	100%				
30-10-020	2	Children From	4	100%				
30-10-030	3	Cultural, Racial &	4	100%				
30-10-040	4	Reportable						4
30-10-050	5	Case Records	4	100%				
30-10-060	6	Supervisory	3	75%			1	25%
30-25-010	7	Initial Assessment Of					4	100%
30-25-020	8	Prior Contact Check &	4	100%				
30-25-030	9	Determining The Speed	3	75%			1	25%
30-35-010	10	Comprehensive						4
30-35-020	11	Legal Documentation	1	100%				3
30-35-030	12	Service Plan With Goals						4
30-35-040	13	Service Plan Monitored						4
30-35-050	14	Service Plan						4
30-60-020	15	Reclassifying A Case						4
30-60-040	16	Transferring A Family						4
30-60-050	17	Closing A Family						4
30-65-010	18	Recording						4

Standards in Compliance: 27 Applicable Standards: 33 Overall level of compliance: 81.82%

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

PRACTICE AUDIT STANDARDS - NON-PROTECTION FAMILY SERVICE

1. 30-10-010 PROTOCOLS

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

2. 30-10-020 CHILDREN FROM ABORIGINAL COMMUNITIES

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

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

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

4. 30-10-040 REPORTABLE CIRCUMSTANCES

Critical incidents reported to the Director according to policy.

5. 30-10-050 CASE RECORDS

Records kept confidential; maintained in secure file room.

6. 30-10-060 SUPERVISORY RESPONSIBILITY

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

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

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

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

PCC completed; intake registered on system.

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

24 hours.

10. 30-35-010 COMPREHENSIVE ASSESSMENT

As per case management policy

11. 30-35-020 LEGAL DOCUMENTATION

Agreements completed, signed, on file

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

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

13. 30-35-040 SERVICE PLAN MONITORED

Plan monitored as defined in case management policy.

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

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

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

Risk was reassessed; supervisor consulted.

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

Case transfer process followed.

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

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

18. 30-65-010 RECORDING

Frequency, quality, content.