

DIRECTOR'S AUDIT REPORT
BURNS LAKE DISTRICT OFFICE (QCB)

Field Work Completed: September 05 – September 14, 2000

**DIRECTOR'S AUDIT REPORT
BURNS LAKE DISTRICT OFFICE (QCB)**

TABLE OF CONTENTS

- 1. PURPOSE**
- 2. METHODOLOGY**
- 3. COMMUNITY OVERVIEW.....**
- 4. STAFFING.....**
- 5. PROTOCOLS.....**
- 6. ABORIGINAL SERVICES.....**
- 7. AUDIT SAMPLE**
- 8. COMPLIANCE TO CHILD PROTECTION PRACTICE**
- 9. COMPLIANCE TO CHILD SERVICE PRACTICE.....**
- 10. COMPLIANCE TO NON-PROTECTION FAMILY SERVICE PRACTICE ...**
- 11. INTAKE AND TRACKING SYSTEMS.....**
- 12. SUPERVISION/CONSULTATION**
- 13. TRAINING**
- 14. RECOMMENDATIONS.....**

APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS

APPENDIX II: DESCRIPTION OF AUDIT STANDARDS

**DIRECTOR'S AUDIT REPORT
BURNS LAKE DISTRICT OFFICE (QCB)**

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 objectives of the audit are:

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

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

2. METHODOLOGY

The audit of the Burns Lake District Office (QCB) included a minimum of 20 – 25% of the number of open Family Services cases (protective and non-protective services), and 20 – 25 % of the number of open Child Services cases. A small number of files closed within the past six months was included in the sample. Files were audited for compliance to the Child Protection Standards, the Risk Assessment guidelines, Comprehensive Plans of Care guidelines and Case Management policy.

One auditor conducted fieldwork from September 05 to September 14, 2000. The computerized Case Audit Tool (CAT) was used to collect the data and generate Office Summary compliance reports and a compliance report for each file audited. The auditor met initially with the team to review terms of reference for the audit. During the audit, the District Supervisor and two social workers were interviewed with respect to office systems, service delivery structure, and community resources. The auditor met with the District Supervisor at the conclusion of the audit for a detailed review of the findings, and with the team to provide an overview of the results, including identified themes and patterns. The District Supervisor was provided with the compliance report for each file that had been audited, marked in different priority categories. The auditor was unable to meet with the Regional Child Protection Manager (RCPM) during the course of the audit, but forwarded a copy of the compliance reports given to the District

Supervisor. Telephone contact was established with RCPM during and after the conclusion of the audit.

3. COMMUNITY OVERVIEW

a) Geographics

The Burns Lake District Office is part of the Northern Interior/North West and Peace Liard Region. The region covers the entire northern part of British Columbia from the Pacific coast to the Alberta border.

The QCB Burns Lake District Office provides services to the Village of Burns Lake (Pop. 2,523) and surrounding area: North to Babine Lake, South to Ootsa Lake, East to Priestley Hill, and West to Broman Lake.

The Burns Lake Village is the home of the Lake Babine Nation and the Burns Lake Band. The extended geographic area includes some Bands which belong to the Carrier-Sekani Nation and to the Wet'Suwet'en First Nation.

Burns Lake is located 145 km east of Smithers and 226 km west of Prince George, between Houston and Vanderhoof. The divide east and west of the Northern Interior/North West and Peace Liard Region is between Houston and Burns Lake.

b) Demographics

The population of the area covered by the District Office is approximately 10,000. The information obtained from the Village of Burns Lake estimates that approximately 50% of the population are aboriginal. About 30% of the population are part of the Mennonite community.

The client population of the QCB Burns Lake District Office includes a high number of First Nations people estimated to be 95%.

Staff noted that there is a high number of F.A.S. and F.A.E. cases in the community. This is also reflected in the child in care population of the District Office (80%). In addition, staff noted that poverty; domestic violence and alcohol and drug abuse associated with criminal activity affected many of the client families.

The main employer is the Forest industry (Babine Forest Products and Decker Lake Forest Products), which employs about 65% of the population of the Village of Burns Lake. Approximately 20% are employed in the Agriculture industry.

Unemployment for the area is 11.7%. The Provincial average unemployment rate for British Columbia is 9%.

c) Service Delivery

The Northern-North West Regional office is located in Prince George, with a sub-regional office responsible for Burns Lake also located in Prince George. The management structure for the sub-regional office in Prince George includes the Child Protection Manager, the Community Services Manager, and the Aboriginal Services Manager, who recently tendered her resignation. The Burns Lake District Office supervisor reports administratively to the Community Services manager located in Prince George. The supervisor consults with the Child Protection Manager who oversees the delivery of child protection services for the central area of the region. The supervisor also consults with the Child Protection Consultant, particularly in relation to the Plans of Care for children in custody of MCF. The Aboriginal Services Manager acts as a liaison with the Aboriginal Bands, the Carrier-Sekani Child and Family Services and the Lake Babine Nation Family and Child Services delegated agencies.

The service delivery structure for the Burns Lake D.O. consists of one multidisciplinary team (QCB) to investigate and assess child protection reports, requests for support services, community living, resources, and youth probation within the geographic area of responsibility.

Cases opened to provide ongoing protection and non-protection services are distributed among the four child protection social workers. The social workers of this integrated office are responsible for intake reports, protection and guardianship responsibilities. Non protection cases are usually referred to the appropriate aboriginal band agency. In addition they conduct their own restricted foster homes studies.

The screening of the calls to the District Office is done by a social worker on intake duty. The intake worker also includes checking collateral information and child protection investigation or assessment of support services. The intake duty is shared between all the social workers on the team on a monthly rotation. The workers also share standby duty on weekends on a rotation basis.

Either the social worker responsible for the file or the intake worker, depending on the nature of the report and worker's availability, investigates new child protection reports on open files.

In addition, there is one social worker that splits her responsibility half time as resources worker and half time as community living worker. A youth probation worker comes from Prince George twice a week. After-Hours calls for the Burns Lake area can be directed to any of the four fully delegated social workers in the team.

Staff reported that one of the challenges faced by social workers is that approximately 80% of the clientele do not have telephone.

d) Resources

- Residential

The part-time resource worker of the team manages child care resources for the Burns Lake area. Social workers on the QCB team access a placement by contacting the resources worker. Once the resources worker locates an available home, the child's worker assumes responsibility for placement and for providing the caregivers with essential information (referral form or copy of snapshot) about the child.

Child care resources utilized by the QCB team include 54 foster homes (18 of them are aboriginal). There are no group homes in the area. The QCB team has access to regional resources in Prince George or other areas of the region, particularly resources specialized in assessment and residential treatment.

Social workers use restricted foster homes (18) and the Guardianship Family Assistance Program (GFA) similar to the provincial Child in Home of Relative program, to accommodate placements with relatives and extended families, including children not in the care of MCF. The federal GFA program is administered through Indian Northern Affairs. People on reserve are eligible. There are no children in care in GFA placements

The Lake Babine Nation has a list of 11 approved foster homes.

The resources are assessed at the time of the annual review. The resources worker request feedback from the social workers. If the resource is not suitable to the needs of the child, the social workers contact the resources worker directly. There is ongoing feedback to the resources worker from the social workers of the team.

Social workers can access resources in Prince George, Vanderhoof, and Fort St. James.

Staff reported a shortage of resources for teen-agers.

There is a group home for community living services run by the Mennonite church.

- Non-residential

There are several contracted resources providing support services to families and children in the Burns Lake area; the more important are:

- Burns Lake Community Development Association: child care workers, Mental Health Services for adult and children, family counselling, and addictions counselling
- Safe Haven Transition House
- Kids Edge: (federal funding) FAS and FAE services
- Healthier Babies/Brighter Futures: FAS and FAE services, family support workers (10)
- Health Department: Nobody's Perfect program
- Family Centred Programs (College of New Caledonia): parenting, life skills, FAS discipline Including Day Care on site.

The Lake Babine Band provides homemaker services, child care workers, one-to-one counselling and addiction services counselling.

All the aboriginal bands have social workers. Although the Wet'Suwet'en Nation is not in the area, there are 2 Bands that belong to this First Nation: Nee-Tahi-Buhn band and Skin Tyee Band. This Nation has a local office in Burns Lake.

There are health centres in some aboriginal reserves: Cheslatta, Woyenne, and Lake Babine.

e) **Legal Services**

Staff reports that they are satisfied with legal counsel, he is always available, takes directions and makes suggestions; at times the legal counsel challenges the workers. Staff also reports that legal counsel represents the ministry well in court.

Court is reported by staff to be challenging, particularly because of the current 11 months backlog. A new judge, a former MCF legal counsel, is dealing with this issue and the system is improving.

Ministry staff report that there are frequent disagreements at Court Conferences with band representatives around the need for protective services. Approximately 5 to 10% of cases are resolved through Court Conferences.

4. STAFFING

The QCB complement includes: 1 supervisor, 4 social workers, a half-time resource worker, a half-time community living worker, 1 supervisor of administrative services, a half-time team assistant and a half-time OA2. The FTE social work allocation for the QCB team is 6 social workers; there are 2 vacancies in the team. At the time of the audit these vacancies are not back-filled. The 4 social workers of the team are fully delegated.

Office transitions in the last year include the resignation of 2 social workers in January and March, and the resignation of the half-time OA2 in September.

Over the years, there has been a history of social worker shortages affecting this team. It is reported that this office functioned for 3 to 4 months with one social worker in 1997. The audit noted that this shortage has affected service delivery and that there are gaps in file recordings.

The supervisor of the QCL team has been supervising this office for 16 years; he is planning to retire in 2 years.

For 3 years the team did not have a resources worker until a half-time worker was hired in September 1999.

- Administrative Services complement

There is a Supervisor of Administrative Services (10 years experience), a half-time Team Assistant (9 years of experience), and a half-time auxiliary OA2 working full time (using FTE vacancy) providing support to the QCB team.

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

The team supervisor has a MSW degree and 30 years of experience with the Ministry, starting as a social worker in 1970 with the Children's Aid Society in Victoria. In 1976, the supervisor moved to Prince George, and in 1977 he became the Regional Family and Child Services Coordinator. In 1984 the supervisor moved to Burns Lake as the District Supervisor, where he has remained to date.

The senior social worker has over 4 years of experience as a child protection social worker starting with MCF in the Burns Lake office. This worker has a BSW degree. Two other social workers have BSW degrees with over 2 years and 1 year 4 months of experience respectively, all in Burns Lake. The other social worker has BA degree and is working on a BSW degree through UVIC extension courses. This worker has over 1 year of child protection experience. One of the four social workers is applying for a position out of the region.

- **Workload**

Total new intakes for the audit period was 76 reports, an average of 13 per month.

Caseload Management Reports obtained at the beginning of the audit recorded: 29 open Family Services cases (one non-protection services), and 57 open Child Services cases (including 22 continuing custody wards, 16 temporary order wards, and 3 supervision orders).

Of the 29 open Family Service files, 8 are open intakes.

Caseload per child protection worker is approximately 22 files. 50 of the 57 children in care are aboriginal. All 22 continuing custody wards and 2 family relations act wards are aboriginal.

The total caseload for QCB is **28** Protective Family Services files, **one** Non-Protective Family Services file, and **57** Child Services files for a total of **86** cases.

Non-protective cases are routinely referred to Aboriginal Bands.

Intake cases and caseloads vary considerably over time. The office reports a high level of investigations.

5. PROTOCOLS

The QCB team has several protocol agreements in place:

- Lake Babine Nation Family and Child Services
- Lake Babine Nation/Woyenne reserve Health and Social Services
- Medical Services Commission re. MSP database, Ministry of Health
- North West Community Health Services Society (licensed adult and child care facilities)
- Child and Youth Committee (Inter-Ministry Child Abuse Handbook, 1988 edition) regarding Education, Health, RCMP. A.G., and First Nations Bands.

- Lakes District Safe Haven Home Society (Transition House) regarding females 14 to 18 years of age
- Carrier-Sekani Family Services
- Investigation within schools. This protocol is revised every year

There is a protocol with the Wet'Suwet'en Nation in Hazelton, which applies to some aboriginal bands in the Burns Lake area.

All social workers have a binder with copies of these protocols.

6. ABORIGINAL SERVICES

There are two main aboriginal organizations that include the aboriginal reserves in the catchment area of the Burns Lake District Office:

- 1) Lake Babine Nation: Woyenne reserve
- 2) Carrier-Sekani: Burns Lake Band, Cheslatta Carrier Nation, and Broman Lake Band.

In addition, the Wet'Suwet'en Nation from Hazelton includes two local reserves: Nee-Tahi-Buhn Band and Skin Tyee Band.

The Lake Babine Nation Family and Child Services agency has partial delegation; they approve foster homes, provide family support services, homemakers, child care workers, one to one counselling, addictions counselling, and health services in the Woyenne reserve. In addition, they have access to the Ministry computer system. This particular agency has a computer code similar to any MCF district office.

The Carrier-Sekani Family Services agency has partial delegation (agreements and resources) and is currently in the planning stage before implementing services.

Staff described the relationships with the aboriginal organizations and Band social workers in the Burns Lake area as positive. There is participation by the Band social workers in developing CPOC's of children in care, when the child is connected to a particular Band.

7. AUDIT SAMPLE

The audit was asked to review a minimum of 20 – 25% of the number of open Family Services (protective and non-protective services), and 20 – 25% of the number of open Child Services files. A small sample of the cases closed within the last 6 months was included.

Current Caseload management Reports (CMR) were provided by the District Office from the MCF computer system and used to arrive at an audit sample number. Twelve (12) of the twenty nine (29) Family Services files were audited representing a 41% of the total number of open Family Services cases. Only one Family Services file was non-protection services, consequently voluntary services files were not audited; this file was included in the total count of the sample. The audit sample also included four (4) additional closed files.

Seventeen (17) Child Services files were audited, representing 30% of the fifty seven (57) children in care of the Burns Lake office, including the Continuing Custody wards.

The total sample of the audit represented 29 of the 86 open files at QCB District Office, for a total of 34%, with an additional 4 closed files.

8. COMPLIANCE TO CHILD PROTECTION PRACTICE

- Protocols
Protocols applied were followed in one of the 16 audited files, 6% compliance. The other 15 cases did not involve formal protocols (94%), but confirmed good practice.
A compliance rating is given if documentation confirms good practice. Compliance 100%.
- Children from Aboriginal Communities
15 cases were rated in full compliance (94%). One case (6%) was rated non-compliant.
- Cultural, Racial and Religious Differences
100% compliance
- Reportable Circumstances
N/A
- Case Records
Case records were kept in the required form on 14 of the 16 files (88%). Two files were non-compliance (13%). These files were disorganized with information or documentation missing.
- Supervisory Responsibility
Documentation reflecting consultation with the supervisor as required was documented in 9 of the 16 cases (56%). Seven cases were rated non-compliant (44%). In the non-compliant cases consultation occurred but was not documented.
- Assessment of Reports
Reports were appropriately and adequately assessed on 15 of the 16 cases (94% compliance). One case was rated non-compliant (6%) where there was no report documented to confirm the opening of a file or the removal of the child.
- Prior Contact Check and Registration
Four (4) of the 16 cases were rated as compliant (88%). Two cases were rated non-compliance (13%); one of these cases is a long term client with 13 CP intake reports, which probably was too well known to the District Office. The other case did not have an Intake to back up the opening of the file; therefore, it did not have a PCC.
- Determining the Speed of Assessment
Reports were assessed within the required time frame on 15 of the 16 files (94% compliance). There was one non-compliant case (6%).
- Risk Decision 1: Deciding Whether to Investigate

Deciding whether to investigate was completed correctly on 15 of the 16 cases (94% compliant). One case was rated non-compliance (6%), as there was no intake done to back the removal of the child.

- Informing the Police
The police were involved appropriately on 2 of the 2 files where this standard was applicable (100% compliance).
- Risk Decision 2: Decide Investigation Response Time
Determining and commencing an investigation within the required response time was complete on all 16 files (100% compliance).
- Initial Plan of Investigation
A plan was documented on 10 of the 12 cases requiring an investigation (83% compliance). 2 cases were rated non-compliance (17%). The other 4 files were rated N/A.
- Steps Required to Complete the Investigation
This standard was rated as compliant on 9 of the 12 applicable files (75% compliance). Three files were rated non-compliance (25%) where some steps of the investigation were missing; these steps were noted on the Details section of each of these files.
- Seeing and Interviewing the Child
This standard was rated as compliant on 10 of the 13 applicable files (77% compliance). . In one situation, representing 8%, the file was rated NCF, circumstances beyond the control of the social worker. The other 2 cases (15% non-compliance) did not have documentation that the child or siblings were seen or interviewed by the social worker. Two cases were rated N/A.
- Arranging Medical Examination for the Child
Documentation reflected that medical examinations were arranged in 2 of the 3 situations where applicable (67% compliance). The remaining case was that of a 15 year old in care for only 1 day.
- Seeing and Interviewing the Parent
This standard was rated as compliant on 8 of the 12 files where applicable (67% compliance). In two situations, the cases were rated NCF (17%) beyond the control of the social worker where one parent had been arrested. Two cases were rated non-compliance (17%).
- Risk Decision 3: Assess Child's Immediate Safety
The ISA was correctly completed on 11 of the 12 applicable cases (92% compliance). One of these cases did not rate properly but assessed correctly that the child was not safe, this was noted for the supervisor's attention. One case involving a removal did not complete the intake to back up this decision. The other 4 cases were rated N/A.
- Risk Decision 4: Decide if Child Needs Protection
100% compliance on 12 applicable cases. 4 cases rated N/A.

- Investigative Action - Cannot Locate Child or Family
N/A
- Recording and Reporting the Investigation Results
This standard was rated as compliant on 9 of the 12 applicable cases (75% compliance). In 3 situations the documentation did not reflect that the reporter had been notified of the outcome of the investigation. 4 cases were rated N/A.
- Time Limit for Investigations
Investigations were completed within the 30 day time frame on 10 of the 12 files where applicable (83% compliance). One case was delayed by circumstances beyond the control of the social worker (8% NCF). The other case was non-compliance (8%). Four cases were rated N/A.
- Risk Decision 5: Assess Risk of Future Abuse Neglect
A Comprehensive Risk Assessment had been completed on 6 of the 8 files where required (75% compliance). In one situation the child was found in need of protection, and on the other case a CRA was conducted after the parents violated the terms of a Supervision Order and MCF subsequently applied for a similar order (25% non-compliant). The other 8 situations were rated N/A.
- Risk Assessment of a Third Report
The two situations where this standard was applicable were rated non-compliant (100%). The other 14 files were rated N/A.
- Risk Decision 6: Developing a Risk Reduction Plan
A Risk Reduction Plan was complete in one of the 6 situations applicable to this standard (17%). Five files were rated non-compliant (83%). Ten files were rated N/A.
- Supervision Orders
Supervision orders were rated as compliant on one of 4 applicable cases (25% compliance). Three cases were rated non-compliant (75%). This matter was brought to the attention of the Team Supervisor.
- Removing a Child
This standard was applicable to two situations with one compliant (50%), and one non-compliant (50%). The other 14 cases were rated N/A.
- Risk Decisions 7, 8, 9,: Reassessing Risk
This standard was rated as compliant on 2 of the 4 files where applicable (50% compliant). 12 files were rated N/A
- Reclassify - Protective to Voluntary Family Service
N/A

- Where a Child or Family is Missing
N/A
- Transferring a Protective Family Service Case
N/A
- Closing a Protective Family Service Case
In 3 of the 4 situations, where applicable, the required steps were taken (75% compliant). In one case the file was closed prior to the completion of the re-assessment of risk and a meeting did not take place with the child and family to discuss the file closure.

9. COMPLIANCE TO CHILD SERVICE PRACTICE

- Protocols
Protocols were followed on 3 of the 17 files audited (18% compliant). The other 14 files were rated as CA (82%), where an acceptable alternative action has been found to be consistent with good practice when protocols were not applicable.
- Children from Aboriginal Communities
16 of the 17 cases were compliant with this standard (94% compliant). One case was rated non-compliant (6%), as it appears the child could be entitled for registration.
- Cultural, Racial, Religious Differences
100% compliance.
- Reportable Circumstances
This standard was applicable in 2 of the 17 files with 100% compliance.
- Case Records
Case records were kept in the form required on 16 of the 17 files audited (94% compliant). One file was not compliant (6%) where no documentation was found since January 2000.
- Supervisory Responsibility
Documentation reflecting consultation with a supervisor as required was documented on 8 of the 17 files (47% compliance). Nine files were rated non-compliant (53%). This matter was brought to the attention of the team members and the supervisor. Consultation with the supervisor takes place almost daily; however, this is not documented.
- Appropriate Legal Plan
100% compliance.
- Legal Documentation
100% compliance.
- Public Trustee Notified

Notification to the Public Trustee was found in 4 of the 9 applicable situations (44% compliance). The other 5 files were non-compliance (56%); these files were old CCO matters, which were discussed with the Supervisor and the Team Assistant.

- Admission Medical
Completed admission medical forms were found on 15 of the 17 files (88% compliance). Two files were non-compliant (12%).
- Medical History Obtained and Recorded
Pertinent medical history information was documented on 9 of the 17 files (53% compliance). The other 8 files were non-compliance (47%). This matter was discussed with the team and the supervisor. **Complete medical records in clinic.**
- Ongoing Medical Needs Attended
Documentation reflected that ongoing medical needs were being provided for on 13 of the 14 files where applicable (93% compliance). One file was rated non-compliant (7%).
- Overall Goal Determined
16 of the 17 files met this standard (94% compliance). One file was non-compliant (6%), this was a situation a MCF applying for a TCO requiring that the goal is “return to parent”..
- Developing a Comprehensive Plan of Care
Documentation reflecting that a plan of care has been completed was found on 15 of the 17 files (88% compliance). Two cases were rated non-compliant (12%).
- Plan of Care - Timely & Current
This standard was met on 11 of the 15 applicable situations (73%). One case was NCF, beyond the control of the social worker (7%), and the other 3 files were non-compliance (20%). Two cases were recent admissions, so they were rated NA.
- Assessment, Planning & Views
This standard was met on 10 of the 15 applicable situations (67% compliance). One case was rated NCF (7%), and the other 4 files were rated non-compliant (27%).
Comments were attached to all applicable files. One issue was related to completing the CPOC in all categories in spite of assessing no needs, and the other was documenting the medical history in the CPOC. This matter was discussed with the team and the supervisor.
- Care Plan Reviewed
Required reviews were completed in 12 of the 17 files (71%). Two cases were rated NCF, beyond the control of the social worker (12%). 3 files were rated non-compliant (18%).
- Meet With Child
On 16 of the 17 files, documentation reflected that the child had been seen by the social worker at least once every three months apart from the caregivers (94% compliance). One case was rated non-compliant (6%).

- Rights of Children in Care
Documentation, supporting that the rights of children has been discussed with the child, was present on 12 of the 14 files where applicable (86% compliance). Two files were rated non-compliant (14%).
- Preparation for Independence
One applicable case with full compliance (100%). The other 16 cases were rated N/A.
- Placement
Rated as compliant on 17 of the 17 files (100% compliance).
- Resource Suitability
100% compliance on all 17 cases.
- Information to Caregiver
This standard was met on 10 of the 17 files (59% compliance). Seven files were rated non-compliant (41%). This matter was discussed with the team and the supervisor.
- Continuity and Stability
This standard was compliant on 14 of the 17 files audited (82% compliance). Three files were rated NCF (18%), beyond the control of the social worker.
- Reassessing Risk
A reassessment of risk was completed on one of the 4 files where required (25% compliance). In 3 situations, children were returned home prior to a formal reassessment of risk being completed (75%). This matter was discussed with the team and the supervisor.
- Missing, Lost or Runaway Child in Care
Appropriate steps were taken on one applicable situation (100% compliance).
- File Transfer
This standard was applicable to 3 files and all of them were non-compliant; one case was rated NCF, beyond the control of the social worker at QBC on a file transferred from Kamloops. The other 2 situations were cases transferred within the district office. The remaining 14 files were rated N/A.
- File Closure
N/A
- File Recording and Documentation
Standard completed as required on 13 of the 17 files audited (76% compliance). Four files were non-compliant (24%) because of outdated or missing recordings.

10. COMPLIANCE TO NON- PROTECTION FAMILY SERVICE PRACTICE

Not audited as District Office has only one open file to provide services to a family with special needs children.

11. INTAKE AND TRACKING SYSTEMS

- Intake/Investigations:

All the calls for service, child protection reports and requests for voluntary services for the Burns Lake area are received by the intake social worker on duty, who completes the assessment, the prior contact check, collaterals and then enters the information in the computer system. A copy of the computer information is given to the supervisor to consult on the matter. The same social worker completes the investigation and assessment of services.

New reports on open files are transferred to the worker responsible for the file unless the supervisor decides otherwise in some cases of open files, when the investigation cannot be completed by the social worker responsible for the file.

If an investigation or assessment of services is required, the supervisor signs a copy of the intake, locks the information in the system and returns the signed copy of the intake to the social worker to proceed.

The Intake social worker receiving the call assumes the responsibility **for** the case if it is decided to open a file to provide services and/or bring a child into the care of the director. The intake social worker responsibility is rotated among the protective social workers of the team.

The Team Supervisor is consulted throughout the investigation to completion. The files reviewed by the auditor indicate that the investigations were being completed within the required time in 83% of the audited cases. There was one exception beyond the control of the worker and another case of non-compliance.

The After-Hours for the Burns Lake area during the weekend is covered through a rotating stand-by schedule by all the delegated social workers of the team. There is no stand-by schedule during the week; workers attend as called out by the Vancouver After-Hours office. The social worker that receives the call usually contacts the Team Supervisor in addition of the Supervisor on duty at the Vancouver After-Hours office. The social worker called out reports back to the After Hours office, this office records the information on an electronic Notepad, which is forwarded at once to the District Office to be available the next morning.

File transfers in and out of the office follow the transfer policy of the Ministry. Upon receipt of the physical file, the Supervisor thoroughly reviews the file prior to assigning a social worker. The Team Supervisor assigns cases according to workload factors and number of children in care.

- **Tracking:**

The QCB supervisor effectively manages a tracking system by utilizing all the information available in the computer system of the Ministry: To Do List, MIS, CIS, and CMR (Child Services Key Events, Intake Status, and FS/CS file listings by social worker). The supervisor keeps a binder with a copy of the signed intakes returned to the social worker with instructions. Once the intake is closed and signed by the supervisor, he makes a note on his copy with the date of the completion of the intake.

Intake Status reports and the Integrity Reports produced quarterly by the Child Protection Division help the supervisor to monitor regularly the pending tasks or the completion of information entered by the social worker in the Ministry computer system.

Both Family Services and Child Services files are reviewed in frequent consultation with the supervisor. The supervisor reviews regularly the Comprehensive Risk Assessments, Risk Reduction Service Plans, legal and up-coming court dates, and the Comprehensive Plans of Care. Some of these tasks have been prioritized in the past when the office had social work staff shortages.

12. SUPERVISION/CONSULTATION

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

The supervisor is available at all times for consultation and uses an “open door” approach for the members of the team. There is no formal supervision and no team meetings.

The part-time Community Living worker and the Youth Probation worker are supervised from the office in Prince George.

Appraisal of the senior social worker has been completed twice in 4 years; the last one was done in 1998. The other 3 social workers have not received an appraisal.

The supervisor has been appraised twice in 16 years; his last appraisal was in 1994.

The Regional Child Protection Manager, Community Services Manager, and Aboriginal Services Manager (recently resigned) are all located in Prince George.

There is no supervision to the supervisor; the managers are available for telephone consultation. The Community Services Manager who is also responsible for Guardianship visits the district office once a month. The Team Supervisor indicated that he works independently and in isolation; he stated his appreciation of getting feedback through this first audit of the office.

13. TRAINING

The Team Supervisor has been with the Ministry for 30 years, he received his core training and District Supervisor training in the 80's, possible 4 or 5 modules. He has received all the standard Ministry training, including CPOC and CRA; most recently he was trained in the Outlook computer program. In October he will receive the advance CRA training and later on is scheduled to take the Clinical Supervision training.

Social workers have received core training, all computer training, including Outlook program, suicide prevention, critical incident stress counselling, and community training on FAS/FAE. The advance CRA training is scheduled for October 2000.

14. RECOMMENDATIONS

Recommendations: Burns Lake District Office (QCB).

1. That the Regional Child Protection Manager ensure that any cases identified for review or attention, and any files containing non-compliance ratings, are reviewed for completion of any outstanding work.

2. That regional management complete and implement a protocol with the local hospital, with particular focus on discharge planning with high- risk infants and children. It is noted in the report that there are a high proportion of high- risk infants and children, particularly those diagnosed with FAS/FAE, within the district office catchment area.

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

- Supervisory Responsibility: The report recognizes that supervisory consultation did occur but was not documented on some cases on the file as required by the standard.
- Seeing and Interviewing the Child: There were 2 cases where documentation was not on the file.
- Seeing and Interviewing the Parent: There were 2 cases where documentation was not on the file.
- Risk Assessment of a Third Report: Two cases ere non-compliant.
- Risk Decision #6: Developing a Risk Reduction Plan: Five files were rated non-compliant to this standard.
- Risk Decisions 7, 8&9: Reassessing Risk: Two files were rated non-compliant.

4. That Regional Management develop and implement a plan to improve the level of compliance to **child service practice** including file recording and documentation, in the following areas:

- Supervisory Responsibility: The report recognizes that supervisory consultation did occur but was not documented on some cases on the file as required by the standard.
- Public Trustee Notified: Required documentation was not present on 5 files.
- Medical History Obtained and Recorded: On the non-compliant files, there was information on the Plan of Care showing where the complete medical file resides but, the full medical history was not summarized on the files as the standard requires.

- Information to Caregiver: On seven files, adequate written documentation was not provided to caregivers.
- Reassessing Risk: In 3 situations, children were returned home prior to a formal reassessment of risk.

5. That regional management implement the training plan that has been developed for the supervisor to take advanced CRA training and, Clinical Supervision Training and, that staff receive the opportunity to take advanced CRA training.

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

Alfredo Sepulveda, MSW
Provincial Auditor
September 21, 2000

APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE SUMMARY REPORTS

New Child Protection Standards Completed Case Reviews For All Reviewers

BRITISH Ministry for
COLUMBIA Children and

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

SUMMARY OF 16 CASE AUDIT(S) FOR OFFICE QCB

Code	Num	Short Description	C	CA	CB	NCF	NC	NA
10-10-010	1	Protocols	1	6%	15	94%		
10-10-020	2	Children From	15	94%			1	6%
10-10-030	3	Cultural, Racial &	16	100%				
10-10-040	4	Reportable						16
10-10-050	5	Case Records	14	88%			2	13%
10-10-060	6	Supervisory	9	56%			7	44%
10-20-010	7	Assessment Of Reports	15	94%			1	6%
10-20-020	8	Prior Contact Check And	14	88%			2	13%
10-20-030	9	Determining The Speed	15	94%			1	6%
10-20-040	10	Risk Decision 1:	15	94%			1	6%
10-20-050	11	Informing The Police	2	100%				14
10-30-010	12	Risk Decision 2:	12	100%				4
10-30-020	13	Initial Plan Of	10	83%			2	17%
10-30-030	14	Steps Required To	9	75%			3	25%
10-30-040	15	Seeing And Interviewing	10	77%		1	8%	2
10-30-050	16	Arranging A Medical	2	67%			1	33%
10-30-060	17	Seeing And Interviewing	8	67%		2	17%	1
10-30-070	18	Risk Decision 3:	11	92%			1	8%
10-30-080	19	Risk Decision 4:	12	100%				4
10-30-090	20	Investigation Where						16
10-30-100	21	Record & Report	9	75%			3	25%
10-30-110	22	Time Limit For	10	83%		1	8%	1
10-40-010	23	Risk Decision 5:	6	75%			2	25%
10-40-020	24	Risk Assessment Of A					2	100%
10-50-010	25	Risk Decision 6:	1	17%			5	83%
10-50-020	26	Supervision Orders	1	25%			3	75%
10-50-030	27	Removing A Child	1	50%			1	50%
10-60-010	28	Risk Decisions 7, 8, 9:	2	50%			2	50%
10-60-020	29	Reclassify Case From						16
10-60-030	30	Where A Child Or Family						16
10-60-040	31	Transferring A						16
10-60-050	32	Closing A Protective	3	75%			1	25%

Standards in Compliance: 223 Applicable Standards: 288 Overall level of compliance: 77.43%

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
Printed: 20-Feb-2001 11:01

Child Service Standards Completed Case Reviews For All Reviewers

BRITISH Ministry for
COLUMBIA Children and

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

SUMMARY OF 17 CASE AUDIT(S) FOR OFFICE QCB

<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	3	18%	14	82%		
45-10-020	2	Children From	16	94%			1	6%
45-10-030	3	Cultural, Racial,	17	100%				
45-10-040	4	Reportable	2	100%				15
45-10-050	5	Case Records	16	94%			1	6%
45-10-060	6	Supervisory	8	47%			9	53%
45-20-010	7	Appropriate Legal Plan	17	100%				
45-20-020	8	Legal Documentation	17	100%				
45-20-030	9	Public Trustee Notified	4	44%			5	56%
45-30-010	10	Admission Medical	15	88%			2	12%
45-30-020	11	Medical History	9	53%			8	47%
45-30-030	12	Ongoing Medical Needs	13	93%			1	7%
45-40-010	13	Overall Goal Determined	16	94%			1	6%
45-40-015	14	Developing a	15	88%			2	12%
45-40-021	15	Plan Of Care - Timely	11	73%		1	7%	3
45-40-025	16	Assesment , Planning	10	67%		1	7%	4
45-40-030	17	Care Plan Reviewed	12	71%		2	12%	3
45-40-040	18	Meet With Child	16	94%			1	6%
45-40-050	19	Rights Of Children In	12	86%			2	14%
45-40-060	20	Preparation For	1	100%				3
45-50-005	21	Placement	17	100%				16
45-50-010	22	Resource Suitability	17	100%				
45-50-020	23	Information To Caregiver	10	59%			7	41%
45-50-030	24	Continuity and Stability	14	82%		3	18%	
45-60-010	25	Reassessing Risk	1	25%			3	75%
45-60-030	26	Missing, lost or runaway	1	100%				13
45-60-040	27	File Transfer				1	33%	2
45-60-050	28	File Closure						67%
45-60-060	29	File Recording &	13	76%			4	24%

Standards in Compliance: 303 Applicable Standards: 384 Overall level of compliance: 78.91%

Compliance Definitions:

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

Note: Percentages are for non-NA values only
Printed: 20-Feb-2001 11:04

Page 1

APPENDIX III: DESCRIPTION OF AUDIT STANDARDS

PRACTICE AUDIT STANDARDS for Child Protection Practice

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

Practice Standards Compliance Measurement

Compliance Definitions:

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

PRACTICE AUDIT STANDARDS - CHILD SERVICE

Revised April 1, 1999

1. 45-10-010 PROTOCOLS

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

2. 45-10-020 CHILDREN FROM ABORIGINAL COMMUNITIES

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

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

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

4. 45-10-040 REPORTABLE CIRCUMSTANCES

Critical incidents reported to the Director as defined by policy.

5. 45-10-050 CASE RECORDS

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

6. 45-10-060 SUPERVISORY RESPONSIBILITY

Supervisor is consulted according to policy.

7. 45-20-010 APPROPRIATE LEGAL PLAN

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

8. 45-20-020 LEGAL DOCUMENTATION

Agreements; court documents; orders on file.

9. 45-20-030 PUBLIC TRUSTEE NOTIFIED

As defined in policy.

10 45-30-010 ADMISSION MEDICAL

Completed and on file.

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

Information gathered and records clearly identifiable on file.

12. 45-30-030 ONGOING MEDICAL NEEDS ATTENDED

Child's medical/dental needs followed up.

13. 45-40-010 OVERALL GOAL DETERMINED

As defined in policy

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

Plan of care meeting occurs where possible and appropriate.

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

PRACTICE AUDIT STANDARDS - NON-PROTECTION FAMILY SERVICE

1. 30-10-010 PROTOCOLS

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

2. 30-10-020 CHILDREN FROM ABORIGINAL COMMUNITIES

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

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

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

4. 30-10-040 REPORTABLE CIRCUMSTANCES

Critical incidents reported to the Director according to policy.

5. 30-10-050 CASE RECORDS

Records kept confidential; maintained in secure file room.

6. 30-10-060 SUPERVISORY RESPONSIBILITY

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

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

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

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

PCC completed; intake registered on system.

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

24 hours.

10. 30-35-010 COMPREHENSIVE ASSESSMENT

As per case management policy

11. 30-35-020 LEGAL DOCUMENTATION

Agreements completed, signed, on file

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

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

13. 30-35-040 SERVICE PLAN MONITORED

Plan monitored as defined in case management policy.

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

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

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

Risk was reassessed; supervisor consulted.

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

Case transfer process followed.

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

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

18. 30-65-010 RECORDING

Frequency, quality, content.