

DIRECTOR'S PRACTICE AUDIT REPORT
Campbell River Intake and Investigation Team (KJC)

Field Work Completed: - February 6 – 22, 2001

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DIRECTOR'S PRACTICE AUDIT REPORT
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1. PURPOSE

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

The specific purposes of the audit are:

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

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

2. METHODOLOGY

Field work was conducted by one auditor from February 6 – 22, 2001.

The audit was asked to examine a minimum of 20-25% of intakes closed from July 1, 2000 to January 31, 2001 and a minimum of 25% of FS files open at the start of the audit.

Child Protection Intake and Investigation Family Service Files, and Protective Family Service Files were to be audited for compliance to the Child Protection Standards and the Risk Assessment Model, and where applicable to Case Management Procedures and Policy.

The Case Audit Tool (CAT) was used to collect the data and generate reports, including a compliance report for each file audited.

The auditor: -

- met with the Supervisor, at the beginning of the audit to explain the process [the Regional Child Protection Manager was on leave at this time].
- met with the team plus the Supervisor, and the Regional Child Protection Manager early in the audit to explain the process.
- interviewed individually the Supervisor, and two Social Workers, with respect to office systems, community resources, and barriers to the provision of service.

- met with the Office Manager to discuss administrative structures and processes.
- met with the team, the Supervisor, and the Regional Child Protection Manager at the end of the audit to discuss themes found in the audit.
- met with the Supervisor, and the Regional Child Protection Manager separately, at the conclusion of the audit, to discuss themes, brief them on the results, and refer cases that required review.

Information for determining compliance to the standards was obtained from file documentation, and workers' hand written notes, as found in the files.

3. COMMUNITY OVERVIEW

MCF service for Family Services (FS) and Children's Services (CS) cases is delivered in the Campbell River area through the Intake Team [KJC], an Infant and Children Team [KLC], the Resource Team, and The Community Living Team, co-located; and a Youth Team [KLB], a Mental Health Team, a Probation Team; and an Adult Community Living Team in a office two blocks away. The current structure and locations have been in existence since October 1999.

The KJC team is responsible for an area around Campbell River, including Gold River, Tahsis, Sayward, and Quadra and Cortes Islands, and stretches to Oyster River in the south. Tahsis and Cortes Island each entail a full day's travel to do one interview.

Historically the area has been based on forestry, fishing and mining. These staple industries are lessening in strength and the potential replacement of tourism has not yet had full impact on the area. There is not much work in the area for young people, many of whom have to move away to work.

Campbell River is served by the local General Hospital; with a number of specialties being in Comox, Nanaimo, and Vancouver. There is a transition house in the area.

There are a number of First Nation Bands in the area. On the West Coast of the island the Nuuchahnulth Tribal Council, which is fully delegated to provide a wide range of services under the Child, Family and Community Services Act, undertakes work in the Gold River and Tahsis communities. The We Wai kai [Cape Mudge] Band is on Quadra Island, and the Homalco Nation and the We Wai kum Band are local to Campbell River. Services to Metis people other First Nation people is provided by contract by the Laichwiltach organisation.

There is a Vietnamese community. Interpreters are required about 12 times a year, and are provided through the local Multicultural Society. There has been minimal demand for signing interpretive facilities, but the local Child Development Centre would be approached when needed.

4. STAFFING

The Campbell River Intake and Investigation Team (KJC) has a complement of one Supervisor and five Social Worker positions. At the time of the audit, 4.6 Social Worker positions were filled. The Supervisor is also administratively responsible for 2 float social worker positions as well as one After Hours Worker position which is based out of Campbell River.

The KJC Supervisor has eight months supervisory experience and is new to the area. She began as the Supervisor in June 2000. One Social Worker from the team acted as the Supervisor for approximately a year prior to June 2000.

There has been high turnover of workers in the past year as follows:

- 1 Social Worker has been on STIIP, or limited work load for over a year;
- 3 Social Workers have transferred out, and been replaced.

The longest time in Campbell River by any worker on this team is five years.

Four workers have a BSW and two have a BA in Child and Youth Care. All workers, except one, are fully delegated. The most recent received full delegation in December 2000.

The reception area of the office is for 4 MCF teams in this office. There is an SAS for the Community Living Team and one for the other three teams. The KJC SAS manages 8 positions; 2.5 Team Assistants and 2.5 Office Assistant 2s, as well as 3 Auxiliary workers covering the area including Lakeview Youth Facility 30 Km North of Campbell River.

0.5 of a Team Assistant is allocated to KJC. The OA2s have office wide reception, filing, typing duties, etc. Administration staff have had a great degree of continuity. Relations are said to be supportive and open with KJC.

Workload

At the time of the audit, the workers had an average open caseload of 9 current investigations, ranging from 4 –14 investigations. The office caseload report at the start of the audit showed 45 open cases consisting of 1 CS file, 9 notepads, and 35 open Child Protection Investigations. (469 Intakes were received in 2000 (an average of almost 40 per month), ranging from 29-52. 402 were shown as Protection Intakes. 209 (52%) were investigated).

The Integrity Report of January 5, 2001, shows that over the previous year 85% of Intakes are classified as Protection, compared with the provincial average of 59%.

Upon completion of risk decision #1, 52% of Child Protection Reports are classified by KJC as Investigations. The overall provincial average is 74%.

4. PROTOCOLS

The Nuu-chah-nulth Tribal Council is fully delegated under a Provincial DEA, and undertakes work in the Gold River and Tahsis communities.

KJC Office has the following local protocols, as part of the orientation folder for new staff: -

1. Local protocol between MCF /RCMP; *in effect*
2. We Wai kai [Cape Mudge] Band *Dec 2000*
3. Inter team protocols *1998*
4. After hours Service. *February 1999*

The following province wide protocol is in use, but copies were not provided to the auditor: -

1. Investigation Of Abuse In Foster Homes; *Jan 98.*

There are no protocols with the following:-

1. Tripartite MCF/ RCMP/ Education.
2. Hospital

The Regional Child Protection Consultant is actively working on development of protocols with the MCF/RCMP/Education and the hospital

Where there is no specific protocol, standards regarding contact with collaterals have been measured against good practice as outlined in various handbooks.¹ General good practice principles for co-operation with collaterals were also taken into account.

6. ABORIGINAL SERVICES

There are a number of First Nation Bands in the area. On the West coast of the island the Nuu-chah-nulth Tribal Council is fully delegated to provide a wide range of services under the Child, Family and Community Services Act in the Gold River and Tahsis communities.

The We Wai kai [Cape Mudge] Band is on Quadra Island. The Homalco Nation and We Wai kum Band are local to Campbell River. These three First Nations Bands are not delegated under the Child, Family and Community Services Act.

Services to Metis people and other First Nation people are provided by contract by the local Laichwiltach organisation

7. AUDIT SAMPLE

¹ The BC Handbook for Action on Child Abuse and Neglect
Practice Standards for Child Protection
The Risk Assessment Model for Child Protection in British Columbia

The audit was asked to examine a minimum of 20-25% of intakes closed from July 1, 2000 to January 31, 2001, and a minimum of 25% of FS files open at the start of the audit.

The auditor selected the open case sample from the Management Report lists chosen at regular intervals, enhanced to ensure that a minimum of two FS cases and one open Notepad was looked at for each worker. Fifteen open cases were audited [33% of open files]

The management report of closed files only produced files from A-S, totalling 162. It was estimated that this was 80% of closed files. On this basis it was estimated that the total number of files closed between July First 2000, and First January 2001 would be 194. In the event, following the elimination of files that had minimal contact, 46 closed files were audited [approx. 23.7%], selected at regular intervals from the A-S list.

The sample therefore consisted of 61 FS Child Protection cases, 26% of which were open, and 74% of which had recently been closed. No Non Protective FS files or CS files were in the sample.

N.B. It should be noted that this sample is NOT indicative of the overall work of KJC. It is only indicative of work done on cases where the worker decided at RD#4 that the child was not at risk, and the file was closed. To get a picture of the full work compliance rate of KJC it will be necessary to combine these results with the results up to RD#5 on the caseload of KLC and KLB being audited later.

8. COMPLIANCE TO CHILD PROTECTION PRACTICE

61 Protective FS files were audited, of which 15 were open and 46 closed since 1st July 2000. 15 files were referred for Review.
The overall average compliance rate of 85% is above the Provincial Average.

1 Protocols

Protocol contact or acceptable alternative action consistent with good practice was found in 60 out of 61 (98%) cases.

2 Children from Aboriginal Communities

In 10 cases (16%) this standard was rated compliant in 2 cases (4%) this standard was rated as acceptable alternative action consistent with good practice.

In 10 cases (16%) this standard was non-compliant. (In 8 cases there was no comment regarding this standard and in 2 cases there was no mention that the child(ren) was/were aboriginal.)

The remaining 37 cases (61%) were correctly identified as having no aboriginal background [and were scored as NCF in order to distinguish them from aboriginal children].

3 Cultural, Racial and Religious Differences

1 case was correctly identified as having special needs, due to mother's disability, and sensitive services were provided, and scored as CA.

(8 cases were rated as NC. 7 cases had no identification at all. In another case one child was internationally adopted and this did not appear to have been considered.) The remaining 52 out of the 61 cases (85%) were correctly identified as having no such needs, and scored as Complied.

4 Reportable Circumstances

There were no cases where a reportable circumstance occurred.

5 Case Records

Case records were found to be in the correct format in 59 (97%) of the 61 cases.

In one case there were no records for three months. In another there was no mention of the fact that a child of the family had come into care.

6 Supervisory Responsibility

Supervisory standards were met in all of the cases (100%). There was regular recorded consultation with the supervisor at all stages.

7 Assessment of Reports

This standard was met in 60 out of 61 (98%) of the relevant cases.

The one case of non-compliance was where a further intake was not identified as a report.

8 Prior Contact Check and Registration

A PCC and Registration Check was found in all cases.

9 Determining the Speed of Assessment

This standard was met in 58 out of 61 (95%) cases.

10 Risk Decision 1: Deciding Whether to Investigate

Risk Decision 1 was carried out in compliance with the standard in 45 [74%] out of 61 of the cases.

In 6 cases, following the decision that the Intake was not a report to be investigated, various actions were undertaken; e.g. 'to make sure'; a surprise visit; a conversation with a parent, or a visit to the home to see that the child was safe.

In 4 cases the auditor felt the judgement was inaccurate, including 2 where the results of an earlier investigation had been given too much weight in relation to the current report.

In 2 cases this decision left a child possibly at risk, and these cases were referred for review. In the remaining 14 cases the auditor felt that the child was found to be safe before contact ceased.

11 Informing the Police

This standard was met in 15 (94%) of the 16 cases where it was required.

12 Risk Decision 2: Decide Investigation Response Time

This standard was met in 34 (100%) of 34 relevant cases.

13 Initial Plan of Investigation

An investigative plan was in existence, either explicitly on paper or implicitly ascertainable from practice, in 32 (94%) of the 34 relevant cases. In the other cases no plan could be ascertained.

14 Steps Required to Complete the Investigation

The required steps were shown as carried out in 27 (84%) of the 32 applicable cases. In the 4 cases of non compliance, collaterals such as Family Practitioner, day care, and school were not contacted.

15 Seeing and Interviewing the Child

In 29 (85%) of the 34 applicable cases this standard was met. 1 case was scored NCF since the teenage girl refused to see any worker.

In 1 case the child was not seen; in 1 case there was no record as to who was seen; in the other cases siblings were not seen.

16 Arranging Medical Examination for the Child

The child was medically examined in 4 out of the 5 cases (80%) where it was necessary. The child not referred was the subject of a sexual abuse report.

17 Seeing and Interviewing the Parent

This standard was met in 38 (95%) of the 40 applicable cases.

In 1 case scored NC, the parents were spoken to on the phone, in the other the protective parent was not seen.

18 Risk Decision 3: Assess Child's Immediate Safety

An Immediate Safety Plan was accurately compiled in 30 (91%) of the 33 cases where required. The other 3 had no ISA on file.

19 Risk Decision 4: Decide if Child Needs Protection

The child's need for protection was accurately assessed within the required time scale, and recorded in a timely manner in 22 (73%) of the 30 applicable cases.

In the non compliant cases the risk had either been under-estimated, or the Risk Decision only related to one of the parents who had access to the child(ren).

20 Investigative Action - Cannot Locate Child or Family

There were 3 cases where this standard applied. It was met in all cases.

N.B. There was one other case where a family had apparently moved to Toronto but their whereabouts was unknown. Toronto CAS were not contacted., and the file was closed. The RD#1 was erroneously determined as 'Not to Investigate'; therefore this standard did not apply. This file was brought to the attention of the Supervisor.

21 Recording and Reporting the Investigation Results

The Investigation Results were correctly recorded and reported in 27 (84%) of the 32 applicable cases.

22 Time Limit for Investigations

The Time Limit for Investigations was met in 24 (71%) of the 34 relevant cases. 5 were scored as NCF because of difficulty in getting into contact with people, including 1 case based in Tahsis where visiting was difficult.

5 cases were scored as NC with the longest time span being 8 Months [Intake started in February 2000].

23 Risk Decision 5: Assess Risk of Future Abuse Neglect

An adequate Comprehensive Risk Assessment was undertaken in 4 (57%) of the 7 cases that required one.

In the cases of Non Compliance the risk factor ratings were too low, or related to only one parent, or the CRA did not fully analyse the Risk Factors rated at level 3 or 4.

24 Risk Assessment of a Third Report

This standard was met in 2 (32%) of the 7 cases where there was a Third Report.

The 5 cases of non compliance included cases where there had been four or five reports of neglect over a period of less than a year including where an RD#4 had been negative on an earlier occasion, or the Intake had been inaccurately classified as a request for service.

25 Risk Decision 6: Developing a Risk Reduction Plan

This standard was met in the 2 cases where it applied.

26 Supervision Orders

The 1 Supervision Order that applied had the required clauses.

27 Removing a Child

There were no cases to which this standard applied.

28 Risk Decisions 7, 8, 9: Reassessing Risk

This standard was met in 1(50%) of the 2 cases where it applied.

N.B. Work covered by this standard was not done by KJC

29 Reclassify - Protective to Non Protective Family Service

There were no cases to which this standard applied.

30 Where a Child or Family is Missing

There were no cases where these standards applied.

31 Transferring a Protective Family Service Case

The transfer process complied with this standard in the 2 cases applicable.

32 Closing a Protective Family Service Case

There were no cases where this standard applied.

9. INTAKE AND TRACKING SYSTEMS

There is an After Hours Intake Service covering both the Campbell River and Courtney/ Comox areas, as far south as Fanny Bay. This service generally covers until 1.00 a.m. each day. At other times telephone AH service is provided by the Vancouver AH team with delegated KJC workers used if available. No problems were reported or found with this system.

KJC undertakes all Intakes and Investigations in the catchment area, including cases open to either of the long term teams. There is a rotation of half day shifts. This ensures that work is balanced between the workers. There is not a formal back up duty worker, but rather an ad hoc informal system. The Supervisor may also be back-up, and is available by cell-phone.

The duty worker is responsible for any incoming AH work, which initially is placed on the Supervisor's work load [KJC700]. Normally work coming in on a worker's duty shift is followed up by that worker.

If the case is a current case and the intake has come to the long term team, KJC is dependent on those teams to transfer work to KJC. Formal case allocation is then made to KJC, with the other team maintaining planned work alongside KJC's investigation. KJC will do a file review and create an Intake folder for the investigation; often the full file will stay with the long term team. [This can result in the family and collaterals dealing with two different workers for different tasks, and sometime the long term worker undertaking collateral tasks on behalf of KJC. This dual involvement was said by workers to cause some confusion to clients.]

New work is discussed at the daily team meeting, and requests for reallocation of work (due to work pressure) are resolved at this early stage.

The Supervisor uses the KJC700 reports, and copies of notepad messages to track cases as well as looking at the monthly list daily. She also uses a caseload print out regularly, together with frequent *ad hoc* discussions with the workers and her open door. She does not have a system for regularly looking at the detailed case notes of cases not yet presented for signing off. There is not a formal bring forward system.

The signing off process at RD## 1-4 is also used to track.

New intakes are normally transferred after RD#5 has been made. On open cases where there is a new protection intake, KJC does RD # 1-4 and RD #5 (CRA) is completed by the protective family services worker with input from the intake/investigation social worker.

In the case of a new child in care, an initial Comprehensive Plan of Care is done by KJC.

Transfer normally takes place face to face with both workers. For CS cases Guardianship work will generally be undertaken by the receiving team, even though initial court work, and formal case responsibility, rest with KJC.

10. SUPERVISION/CONSULTATION

Formal supervision sessions, at which the Supervisor goes over each worker's cases, used to occur about every month. The plan is to reinstate the formal supervision as this is valued by the workers and Supervisor. Currently consultation is regularly scheduled and frequent with the supervisor among her staff, with an open door and daily visiting with the staff.

The Supervisor also uses management reports, and copies of notepad messages to track cases. Daily team gatherings discuss issues of the day. Weekly Team meetings are mainly used for general business, only infrequently to discuss specific cases or themes and identifying group training needs.

If the Supervisor is out of the office she can always be contacted. The expectation is that she would be consulted as necessary. Additionally another Supervisor, or Regional Staff, can be approached. The staff indicated to the auditor that they felt very supported by the Supervisor and the Region, including the Child Abuse Consultant, who is in the office frequently.

Annual appraisals have not been completed regularly.

The Supervisor meets on an ad hoc basis with the Regional Child Protection Manager, based in Courtney. He is always available and helpful when required. She also attends the bi-monthly Assessment and Investigation Team Leaders Meeting.

11. RESOURCES

(a) Residential Resources

Resources for Children in Care are developed and maintained by the separate Resource Team for Campbell River. The resource team has a Duty Worker each day to whom requests can be made. KJC also has a specific worker allocated to it as Liaison Worker. She attends team meetings about every other week. The Resource Team are felt to be responsive within the resources available.

Generally, adequate resources are available, but it may not always be a perfect match in terms of skills and experience, or occasionally not found in a timely fashion. This is also true for emergencies. Family groups cannot always be kept together as they should be. Many children have to be placed outside the home area, creating travel and school continuity problems for the children and families as they try to keep in touch.

Staff report there are not enough placements for Aboriginal children; for sibling groups; very challenging teenagers; or for children with specialised Mental Health problems. It was felt that

there is also a need for semi independent living facilities, and supervised independence preparation placements and receiving homes.

(b) Non-Residential Resources

The following community resources are available to MCF clients.

Valuable resources include: -

Upper Island Youth Services: - Youth Workers; Family Support; Family Counselling

Family Services Agency: - Intensive Parenting; domestic violence counselling for women and children [also the Transition House]

Mental Health Services: - Suicide Prevention; psychological testing, including parenting capacity

We Care: - Local Home makers.

Larger Contracts for more of the above services would be welcomed.

(c) Other Agencies

Relations with the following agencies are said to be good, and the Auditor found this to be so: -

- Campbell River and District Hospital.
There is not a SCAN clinic, and workers have to go to Vancouver for such specialised help.
- Schools, and the Campbell River School District #72.
- Community Nurses are felt to be very responsive
- The RCMP are helpful. Until recently they were found to be extremely co-operative, but have become more formal recently. Assistance is always forthcoming when physical assistance and/ or safety are considerations
- Contact with Family Practitioners is said to span from 'very co-operative' to 'helpful when asked'.

(d) Legal Services

Legal services are provided by a contracted lawyer. Services are appropriate.

There have been a number of changes in the allocated lawyer over the past years. This has not allowed continuity of contact to occur.

12. TRAINING

All team members have completed the basic Child Protection, BC Handbook for Action on Child Abuse and Neglect, and Risk Assessment training courses, as well as training on the OV, and the I&CS.

The two newest members of the team have yet to do Investigative Interviewing training.

The training provided, particularly the Pre-employment Program, was described as being high-quality.

13. RECOMMENDATIONS

1. That Regional Management ensures that any cases identified for review or attention and any files containing non-compliance ratings are reviewed for completion of any outstanding work.
2. That Regional Management provides an update on the status of development of protocols with the hospital, schools and RCMP and Aboriginal agencies.
3. That Child Protection Division – Child Protection, Protection Policy and Standards Branch provide clarification to the Audit Unit and the Central/ Upper Island Region on the interpretation of Risk Decision #1.
4. That Regional Management reviews the interpretation of the “rule of third report” with the Campbell River Family Service Teams.
5. That Regional Management reviews with the team the requirements of practice standard #24 – risk assessment of a third report.
6. That Regional Management review with all Family Service Team when new information on open cases should be classified as a child protection intake.

Peter C. Bibby; Provincial Auditor;
Audit Unit
Date: March 2, 2001

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 2001-Jan-01 and 2001-May-08

SUMMARY OF 61 CASE AUDIT(S) FOR OFFICE KJC

| <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 | 60 | 98% | | | 1 | 2% | |
| 10-10-020 | 2 | Children From | 10 | 16% | 4 | 7% | | | |
| 10-10-030 | 3 | Cultural, Racial & | 52 | 85% | 1 | 2% | | | |
| 10-10-040 | 4 | Reportable | | | | | | 61 | |
| 10-10-050 | 5 | Case Records | 59 | 97% | | | 2 | 3% | |
| 10-10-060 | 6 | Supervisory | 61 | 100% | | | | | |
| 10-20-010 | 7 | Assessment Of Reports | 60 | 98% | | | 1 | 2% | |
| 10-20-020 | 8 | Prior Contact Check And | 61 | 100% | | | | | |
| 10-20-030 | 9 | Determining The Speed | 58 | 95% | | | 3 | 5% | |
| 10-20-040 | 10 | Risk Decision 1: | 45 | 74% | | | 16 | 26% | |
| 10-20-050 | 11 | Informing The Police | 15 | 94% | | | 1 | 6% | |
| 10-30-010 | 12 | Risk Decision 2: | 34 | 100% | | | | 27 | |
| 10-30-020 | 13 | Initial Plan Of | 32 | 94% | | | 2 | 6% | |
| 10-30-030 | 14 | Steps Required To | 27 | 84% | | | 5 | 16% | |
| 10-30-040 | 15 | Seeing And Interviewing | 29 | 85% | | 1 | 3% | 4 | 12% |
| 10-30-050 | 16 | Arranging A Medical | 4 | 80% | | | 1 | 20% | |
| 10-30-060 | 17 | Seeing And Interviewing | 38 | 95% | | | 2 | 5% | |
| 10-30-070 | 18 | Risk Decision 3: | 30 | 91% | | | 3 | 9% | |
| 10-30-080 | 19 | Risk Decision 4: | 22 | 73% | | | 8 | 27% | |
| 10-30-090 | 20 | Investigation Where | 3 | 100% | | | | 58 | |
| 10-30-100 | 21 | Record & Report | 27 | 84% | | | 5 | 16% | |
| 10-30-110 | 22 | Time Limit For | 24 | 71% | | 5 | 15% | 5 | 15% |
| 10-40-010 | 23 | Risk Decision 5: | 4 | 57% | | | 3 | 43% | |
| 10-40-020 | 24 | Risk Assessment Of A | 2 | 40% | | | 3 | 60% | |
| 10-50-010 | 25 | Risk Decision 6: | 2 | 100% | | | | 59 | |
| 10-50-020 | 26 | Supervision Orders | 1 | 100% | | | | 60 | |
| 10-50-030 | 27 | Removing A Child | | | | | | 61 | |
| 10-60-010 | 28 | Risk Decisions 7, 8, 9: | 1 | 50% | | | 1 | 50% | |
| 10-60-020 | 29 | Reclassify Case From | | | | | | 61 | |
| 10-60-030 | 30 | Where A Child Or Family | | | | | | 61 | |
| 10-60-040 | 31 | Transferring A | 2 | 100% | | | | 59 | |
| 10-60-050 | 32 | Closing A Protective | | | | | | 61 | |

Standards in Compliance: 763 Applicable Standards: 895 Overall level of compliance: 85.25%

Compliance Definitions:

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

Note: Percentages are for non-NA values only
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APPENDIX 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 **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.