

DIRECTOR'S PRACTICE AUDIT REPORT
COURTENAY ASSESSMENT AND INVESTIGATION TEAM (KJB)

Field Work Completed: September 11 – September 22, 2000

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1. PURPOSE

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

The specific purposes of the audit are:

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

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

2. METHODOLOGY

The audit of the Courtenay Assessment and Investigation Team (KJB) was asked to review a minimum of 20% of the number of Intakes open and/or closed within the previous six months (between March 11-September 11, 2000). Files were audited for compliance to the Child Protection Practice Standards, the Risk Assessment Model, and Case Management policy.

Field work was conducted from September 11 to September 22, 2000, by two auditors. The computerized Case Audit Tool was used to collect the data and to generate office summary compliance reports and individual case compliance reports for each file audited. The auditors met with the KJB team initially to review the terms of reference and audit procedures. During the audit, interviews were conducted with the Team Leader, two Child Protection Workers, the Regional Child Protection Consultant and an Office Assistant (OA2). These staff members provided information related to office systems, service delivery structure, staffing, legal services and community resources.

The auditors met with the team at the conclusion of the audit to provide an overview of the results including identified themes. The auditors further met with the Team Leader and Regional Child Protection Manager to provide a detailed review of the findings. The Team Leader 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 was provided with a case

description of all files that had been audited as well as a list of those cases highlighted for the Team Leader.

3. COMMUNITY OVERVIEW

(a). Geographics

The Courtenay Assessment and Investigation (KJB) office is one of four CF&CS teams located in the Comox Valley. The office is part of the Central and Upper Vancouver Island Region. The region spans from Duncan in the south to Port Hardy at the northern tip of Vancouver Island. The Comox Valley area is easily accessible with good roads and well established transportation routes. It is a popular vacation spot for tourists in the summer and skiers in the winter.

KJB boundaries extend north towards Campbell River and south towards Qualicum Beach. The KJB catchment area includes both Denman and Hornby Islands, which are accessible by BC Ferries.

During the summer of 2000 the Courtenay Assessment and Investigation (KJB) office, in particular the Team Leader and 1 protection worker took over responsibility for Bella Bella (KMC) office. Bella Bella (KMC) office boundaries include Bella Bella, Ocean Falls, Shearwater and Klemtu. These communities are only accessible via plane or float plane.

(b). Demographics

The population of the Comox Valley is estimated at just over 60,000 people and is approximately 16% of the regional population. The population of Courtenay is estimated at 54,000 people with a blend of retired and working people. Historically, the economy has been more stable than many other parts of the province. Currently however, 9% of the population receive BC Benefits, well above the provincial average. The labour force is divided mainly between logging and forest industries; manufacturing industries; retail trade industries; government service industries and a growing representation within the hospitality and tourism industries. Shelter costs are lower than other regional communities.

Within the region, visible minorities (South Asian, Chinese and Southeast Asian) make up 4% of the population; in Courtenay, this number falls to 2.4%, the lowest in the region. Approximately 7% of the regional population are identified as Aboriginal peoples; this number falls to 2.55% within the Courtenay area. Estimates include members of the Comox Band and other North American Indians at 1.75% and Metis at .69%.

According to the Annual Regional Report for the Central/Upper Island dated May 31, 2000 rates of infant mortality is (and staff report always has been) higher than the provincial and regional averages. Crime rates are the 6th highest of regions in the province, in particular, crimes against the person. In 1998, there were 172 cases of spousal assault reported; at 2.82%, the percentage was less than most other regional areas.

(c). Service Delivery

The Central and Upper Vancouver Regional office is located in Nanaimo , approximately 120 kilometres from Courtenay. The regional management structure includes the Regional Executive Director, Child Protection Manager and Community Services Manager. Prior to the realignment and recent reorganization of the 20 MCF Regions, the KJB team was part of the Upper Vancouver Island Region and was managed out of the regional office in Courtenay. Since the amalgamation, the region has maintained an area office in Courtenay where the Managers responsible for the area are based. While responsible for Courtenay and areas north, the Regional Child Protection Consultant is located in the Courtenay district office.

The KJB Assessment and Investigation Team Leader reports to the Regional Child Protection Manager. The KJB team are located in a dedicated MCF building and are co-located with the Under 12 Family Service team, the Over 12/Youth team and the Multi-Disciplinary team (Mental health/ Alcohol and Drug). Resources report to the Under 12 Team Leader. In addition to the KJB team responsibilities, the Team Leader is responsible for the area After Hours program, the float, and Administrative Support. The KJB team has just recently assumed responsibility for providing child protection services to Bella Bella.

The KJB Assessment and Investigation Team are a specialized team of child protection workers responsible for, within the geographical area, assessing all child protection reports and some requests for services; investigating child protection reports, and when required, providing protective family services and services to children in care prior to files being transferred to the ongoing service team. The KJB team is responsible for conducting protocol investigations in the area.

The KJB team works with one RCMP Detachment, one hospital, eighteen elementary schools, and seven junior/senior secondary schools. They also work closely with military personnel at Canadian Forces Base Comox and the Quadra Cadet Camp. (This camp brings over 1700 youth into the area over the summer months).

After responding to child protection reports, the KJB child protection workers are responsible for completing up to and including Risk Decision #4. When protection concerns have been identified by way of an investigation that answers “yes” to Risk Decision #4, KJB child protection workers complete or participate in the completion of the Comprehensive Risk Assessment, Risk Decision #5. (Regional Policy Exception: The exception is when the KJB child protection worker and Team Leader determine the file should be closed after an investigation that answers “yes” to Risk Decision #4. In those cases, rationale must be well documented and forwarded to the Regional Child Protection Manager for approval).

When a decision has been made to provide ongoing protective services, the KJB team transfers files to both the Under 12 and Over 12 CF&CS Family Service teams. In cases where a new report is made on an open file, the investigation is assigned to the KJB team. Where a report is made on an open file related to non compliance of the Risk Reduction Service Plan, this remains the responsibility of the Family Service Worker.

In most cases, Requests For Non Protection Family Services and Youth Services are referred to the Family Service Teams for assessment.

(d). Resources: Residential

Residential resource services are provided by four resource social workers located in the Courtenay CF&CS district office. They report to the Under 12 team Leader. These workers are responsible for recruiting, approving and maintaining residential child care resources in the area. Staff report that appropriate resources are most often available for children admitted to care however there are occasionally times when the match between child in care and foster home may not be the best. Sibling groups are usually placed together and children usually are able to maintain their original school placements. Resources include regular and leveled homes as well as two receiving homes. The KJB Team report using primarily emergency beds as they are less likely to be involved in planned placements or moves. Placing difficult youth is reported by staff to be the most challenging resource issue.

(ii). Non-Residential/Community

The majority of services utilized by KJB are under the auspices of Comox Valley Family Services. Programs most often used include Parent-Teen Mediation, Youth Outreach, Family Advancement and Family Intervention. There is a Sexual Abuse Intervention program which offers different services for victims and offenders including a drop in clinic. Staff report a good working relationship with the local Transition House, Women's Resource Center and the Advocacy Center. Home support is well used both in crisis and teaching situations. Within the school district, MCF funds up to six Rehabilitation Worker positions which are school based. Some staff commented that the role and focus of these positions has become less clear over time and that a review of the program may be timely.

Within the community, KJB staff work with the Courtenay RCMP Detachment. The working relationship is described as strong and has been further strengthened by the involvement of the After Hours workers. When issues do arise, these are dealt with by the Team Leader and the RCMP Staff Sergeant. Based on the cases audited, it appears that the police make a significant number of reports to KJB. In particular, cases of domestic violence where children were in the home appear to be routinely reported through After Hours or KJB.

There are times when KJB staff work with the Military Police and Base Social Work personnel. KJB staff report this relationship has developed over time and both systems appear to work cooperatively. KJB work with Public Health Nurses, community clinics and St. Joseph's Hospital. There is a hospital social worker who acts as a liaison when required.

(iii). Legal Services

KJB staff reported satisfaction with the contracted legal services. Contract counsel is generally available and accessible. The firm has identified a second lawyer to back up the primary lawyer. Staff advise they are able to discuss cases with counsel prior to attending court.

The Family Court system may undergo a change in the near future. KJB staff advise they have been told that effective immediately, CF&CS court matters will be limited to one day a week,

and any variations will need to be approved by the Trial Coordinator. This practice is the norm in most areas of the province.

4. STAFFING

(a). Staff Complement/Staff Turnover (Child Protection)

The staffing complement of the Assessment and Investigation Team (KJB) includes a Team Leader and five child protection workers. This complement does not include the After Hours Worker and the child protection worker assigned to Bella Bella.

The Team Leader has supervised the KJB team since 1998. Prior to that, he supervised in another community. Of the five full time equivalent positions (FTE), one child protection worker has been with the team for ten years, one for two years, one for 1.5 years, and one joined the team during the audit. One worker who had been with the team for three years was just assigned the Bella Bella caseload. The fifth FTE is currently being filled by a child protection worker from the float team.

While the Team Leader position has been stable, with minor exceptions, the rest of KJB team has experienced fairly consistent turnover over the past three years. Some stability has been provided by the current and former KJB senior child protection workers. One worker remains on KJB, one former KJB worker was assigned to After Hours and one former KJB worker accepted the Team Leader position for the Under 12 Family Service team.

Staff report that while staffing levels have been reasonably stable, the turnover presents a different type of challenge. In spite of the team membership often being in a state of flux, KJB staff expressed strong collegiate support for one another. This was evident in the cases audited. Documentation showed child protection workers consulting with one another, and assisting each other with complex investigations.

Like many MCF offices throughout the province, KJB experiences additional staffing issues during the summer months. At times, positions are not back filled for vacation or for workers acting for the Team Leader.

(b) Staffing (Administrative Support Team)

Administratively, the Admin Support team is made up of a full time supervisor of administrative services (SAS); two Clerk 3 positions; two and one half Office Assistants (OA2); and a receptionist. These staff provide administrative support to the KJB team and the Under 12 Family Service team. There is one SPO Assistant who works primarily for the Under 12 team. The Admin Support team have been reasonably stable for the past two years. Staff report they have been able to keep up with most aspects of their work since a major “clean up the back log” project that was completed two years ago. During the audit, the file room was exceptionally well organized and files very well maintained. Filing appeared to be up to date. KJB staff report that their administrative work is completed by the Admin Support team in a timely manner. Like the rest of KJB, the Admin Support team often does not have back fill for vacancies and vacations. They do however report being well equipped although during the audit, it appeared that one staff

did not have a desk. The PCs are new and staff have completed training. The Admin Support staff present as a cohesive and well organized team.

(c). Team Leader/Child Protection Worker Education and Experience

The KJB Team Leader has a BA and a BSW. He has worked for MCF since 1975. He has completed requirements for certification in mediation. He has taken the mandated training courses including Clinical Supervision.

Of the five child protection workers currently assigned to KJB, all have BSW degrees and have completed MCF training. One worker has been employed by MCF since 1979. The others have been employed by MCF for four years, three years, and two staff were hired within the last two years.

(d). Delegation

The KJB Team Leader and all five child protection workers currently assigned have full delegation.

(e). Current Workload

Caseload Management reports obtained during the audit showed 51 cases opened to KJB. Of these, one was a child service file and one was a notepad under caseload KJB000. There were six active caseloads on KJB as staff are continuing to redistribute cases that had been held by the worker recently assigned to Bella Bella (KJB 201). The breakdown for current files open was as follows:

KJB 201: 2 files
KJB 202: 8 cases
KJB 203: 8 cases
KJB 205: 10 cases
KJB 207: 12 cases
KJB 208: 9 cases.

With the exception of KJB 201 cases, the workload appears to be equally distributed. The Team Leader indicated that caseloads typically run from 8 cases to 15 cases.

The Intake and Child Services System Integrity Report generated by Child Protection Division indicate that within the past six months (March-August 2000), 56 new intakes were received by KJB. Of these, 34 cases resulted in investigations (60%). The numbers are considerably lower than the six months prior (September 1999-February 2000) when 106 intakes were received by KJB. Of these, 53 resulted in investigations (50%).

In terms of incoming intake, the Team Leader provided documentation that recorded 510 new intakes received during the past six months; 172 cases designated as Information Only (33%); 24 cases as Requests for Youth Services (4.7%); 26 cases as Requests for Family Support Services (5%); 291 cases designated as Protection (57%). It is not known how many of those 291 cases designated as protection were cases that resulted in investigations as the case designation was determined by the caller/reporter. It is also not clear why the discrepancy between the Integrity Report and the numbers recorded at the local level.

5. PROTOCOLS

The audit was provided with a copy of the Office Manual which contained copies of protocols between MCF and Canadian Forces Base Comox and the Hospital. There are local protocols related to inter-office file transfers, Take Charge procedures, cases of third party assaults, use of After Hours and conflict resolution. There is policy related to responding to youth wanting to apply for BC Benefits while still underage. There is policy related to use of the Regional Child protection Consultation Services and for accessing supervision. There is a protocol with the Comox Valley Family Services Association and the Comox Valley Transition Society. There is a formal protocol with the Quadra Sea Cadet Camp which during the summer months, has 1700 youth pass through the program. At the time KJB was being audited, there were meetings scheduled with the hospital in order to develop a discharge planning protocol related to high risk infants and their families.

In addition to local protocols, there is written protocol titled “Trilateral Protocol Agreement Responding to Child Abuse and Neglect” with the Ministry of Attorney General, Ministry for Children and Families, Ministry of Education, and the Royal Canadian Mounted Police. There are more specific guidelines for staff of the local school district related to child protection workers seeing and interviewing children in school.

6. ABORIGINAL SERVICES

The KJB team have one First Nations community located within its geographical boundaries. The Comox First Nation Band is not delegated under the CF&CSA. There is a social worker on staff although KJB staff report minimal contact. When KJB child protection workers do have to respond to a report on reserve, they make initial contact with a Band representative whenever possible.

There is no formal protocol with the Comox Band. The Regional Child Protection Manager has included developing a protocol with the Comox Band on his current year’s work plan.

7. AUDIT SAMPLE

The audit was asked to review a minimum of 20% of intake files opened and/or closed during the past six months. The Intake and Child Services System Integrity Report recording all reports, service requests and inquires was used to determine that intake calls averaged about 9 per month. According to the district office log, 85 intake calls were received per month. Determining the numbers for an accurate audit sample was difficult due to the discrepancy in the numbers. Reviewing 20% of 56 intakes would have meant auditing 10 or 11 cases. Reviewing 20% of 510 intakes would have meant auditing 102 cases.

A manual count of all intakes closed over the past six months resulted in 168 cases. Reviewing 20% of those cases closed would have meant 33 cases. Reviewing 25% of those cases meant auditing 42 cases. The auditors reviewed 52 cases, 31% of all cases closed within the previous six months. The auditors identified the six active caseloads (past six months) and ensured that there was equal representation within the audit sample.

Of the 52 cases audited, 45 were audited to the Child Protection Standards. Of the 45, 18 cases were highlighted and referred to the Team Leader and Regional Child Protection Manager for their review.

Seven cases were audited to the Non Protection Family Service Standards. Of the 7, 1 case was highlighted and referred to the Team Leader and the Regional Child Protection Manager for their review.

8. COMPLIANCE TO CHILD PROTECTION PRACTICE

Child Protection Intake reports were audited for compliance to the Child Protection Standards, the Risk Assessment Model and Case Management policy to include:

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

Forty-five files (45) were audited from six caseloads. For the most part, of the six caseloads, five caseloads had been managed by the workers permanently assigned to KJB. There was some variation on the sixth caseload which had been managed by relief and float workers.

Files were audited based on documentation only. There was some significant variation in the levels of documentation. Some cases/investigations were exceptionally well documented. It was clear what steps had been completed. Interviews were well recorded and appeared investigative in nature. Other cases were poorly documented from the reporter's information through all of the risk decision points.

It should be noted that this audit reviewed closed files only. KJB staff have been responsible for opening and transferring a number of files to the ongoing Family Service Teams. In subsequent audits, some audit ratings will apply to work that has been completed by KJB staff.

The following provides a breakdown of the compliance ratings:

1. Protocols

Full Compliance was met in this standard at 100%.

2. Children from Aboriginal Communities

Compliance was met in 43 of 45 cases at 95% compliance. This rating should have been CA as a formal protocol with the First Nations community does not exist. In most of the cases however, the work reflected good practice. NC was found on 2 files where it was not documented if the child was Aboriginal.

3. Cultural, Racial and Religious Differences

Compliance was met in 44 of 45 cases at 97% compliance. NC was given in one case where a translator should have been involved in assisting the child protection worker assess the reported information.

4. Reportable Circumstances

The audit found one case that should have been reported as per the standard. NC was found for 0% compliance after the death of a child known to the Ministry.

5. Case Records

Compliance was met in 43 of 45 cases for 95% compliance. NC was given to cases where After Hours Memos were not documented as part of the file and where intakes were mis-filed and/or were absent.

6. Supervisory Responsibility

Compliance was met in 40 of 45 cases for 88% compliance. CA was given in 1 case when supervisory approval was obtained from the Regional Child Protection Consultant. NC was given in 4 cases where the worker acted without supervisory approval. In those cases, the audit found that written direction had been given by the supervisor however the worker did not act on it. It is unclear what level of follow up occurred prior to the supervisor subsequently signing the work off.

7. Assessment of Reports

This standard was interpreted as the quality of the information gathered and documented from the reporter, namely *Receiving the Report* as the nature of the call is typically based on the caller's opinion.

Compliance was met in 38 of 45 cases for 84% compliance. NC was given in 7 cases when the caller's information was documented in such a way it appeared the child protection worker did not ask any questions, or make attempts to clarify the information. Most of these calls were reported to have been made by an anonymous caller who did not provide a telephone number.

8. Prior Contact Check and Registration

Compliance was met in 44 of 45 cases for 97% compliance. NC was given in 1 case that appeared to go unregistered for several days resulting in confusion for the After Hours worker who received a subsequent intake.

9. Determining the Speed of Assessment

Compliance was met in 41 of 45 cases for 91% compliance. In 4 cases, NC was given when there was a significant delay (up to 30-60 days) in assessing the information. In those cases, the

reported information contained Section 13 concerns; the child protection worker had sufficient information to make Risk Decision #1.

10. Risk Decision 1: Deciding Whether to Investigate

Compliance was met in 33 of 45 cases for 73% compliance. NC was given in 8 cases where reports containing section 13 of CF&CSA concerns were not investigated.

11. Informing the Police

Compliance was met in 11 of 14 cases for 78% compliance. NC was given to cases where reports contained information that children were physically or sexually abused and reports to police were not made. In one case, the child protection worker made two attempts to call police and when calls were not returned, decided not to make further attempts.

12. Risk Decision 2: Decide Investigation Response Time

Compliance was met in 18 of 20 cases for 90% compliance. NC was given to cases where the response time was inappropriately delayed given the information was reported.

13. Initial Plan of Investigation

Compliance was met in 16 of 20 cases for 80% compliance. NC was given to cases where no investigation plan was indicated.

14. Steps Required to Complete the Investigation

(Note: This standard does not relate to interviews with children, siblings, parents and/or caregivers).

Compliance was met in 7 of 20 cases for 35% compliance. NC was given to cases where collaterals were not contacted, previous history did not appear to have been obtained and/or considered, home visits were not made, and additional available information was not obtained.

15. Seeing and Interviewing the Child

(Note: This standard relates to seeing and interviewing the subject child and other children in the household).

Full compliance was met in 7 of 19 cases for 36% compliance. One case was given NCF when the child would not cooperate with an interview. One case was rated NA after the family moved to another province and the investigation was appropriately transferred.

16. Arranging Medical Examination for the Child

Compliance was met in 1 of 2 cases for 50% compliance.

17. Seeing and Interviewing the Parent

Compliance was met in 11 of 19 cases for 57% compliance. NC was given to cases where one or both parents were not interviewed. In one case, a child had been interviewed without contact/interview with parent. One case was rated NA after the family moved to another province and the investigation was appropriately transferred.

18. Risk Decision 3: Immediate Safety Assessment

Compliance was met in 9 of 19 cases for 47% compliance. NC was given in cases where the Immediate Safety Assessment did not reflect available and documented information or cases where children and parents had not been seen. One case was rated NA after the family moved to another province and the investigation was appropriately transferred.

19. Risk Decision 4: Decide if Child Needs Protection

(Note: This standard was rated based on (i) whether or not adequate information was obtained and considered during the course of the investigation, and (ii) whether or not the investigation answered “yes” or “no” to the question: “did something happen to the child that fits the criteria as described in section 13 of CF&CSA?” and (iii) the accuracy of that determination.

Compliance was met in 3 of 19 cases for 16% compliance. NC was given in cases where an event did occur that fit the criteria as described under section 13 of the CF&CSA and the finding was “no” and/or instances where investigative steps were incomplete resulting in criteria not being met. One case was rated NA after the family moved to another province and the investigation was appropriately transferred.

20. Investigative Action - Cannot Locate Child or Family

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

21. Recording and Reporting the Investigation Results

Compliance was met in 13 of 18 cases for 72% compliance. NA was given to 2 cases where the family and/or reporter could not be located at the end of the investigation.

22. Time Limit for Investigations

Compliance was met in 14 of 16 cases for 87% compliance. NA was given in 1 case where the child protection worker changed the designation from an investigation to an Offer Support Services case during the course of the investigation. NA was given to 1 case where the family moved to another province and the investigation was appropriately transferred to another province. NA was given in 2 cases where the Team Leader approved the decision to terminate the investigation prior to all of the investigative steps being completed.

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

Note: In cases where Risk Decision #4 was found to be non compliant, Risk Decisions 5 - 9 were rated NA. This typically results in an inflated NA rating for those standards.

This standard was rated NA.

24. Risk Assessment of a Third Report

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

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

Note: In cases where Risk Decision #4 was found to be non compliant, Risk Decisions 5 - 9 were rated NA. This typically results in an inflated NA rating for those standards.

Note: This standard is typically met by the ongoing Protective Family Service Teams and will be reviewed in subsequent audits.

This standard was rated NA.

26. Supervision Orders

NA

27. Removing a Child

NA

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

Note: In cases where Risk Decision #4 was found to be non compliant, Risk Decisions 5 - 9 were rated NA. This typically results in an inflated NA rating for those standards.

Note: This standard is typically met by the ongoing Protective Family Service Teams and will be reviewed in subsequent audits.

29. Reclassify - Protective to Voluntary Family Service

NA

30. Where a Child or Family is Missing

NA

31. Transferring a Protective Family Service Case

Compliance was met in 1 of 1 case for 100% compliance.

32. Closing a Protective Family Service Case

NA

9.. COMPLIANCE TO NON PROTECTION FAMILY SERVICE PRACTICE

Non Protection Family Service cases were audited to the Voluntary Family Service and Case Management standards and policy including:

- consultation with the supervisory at key decision points
- the quality, speed and accuracy of the assessment
- the outlined service plan with clearly stated goals , objectives and time frames
- documentation to support the evaluation and review of the service plan including an evaluation of the support services provided to the family
- appropriate file transfer and closure processes where applicable.

The audit reviewed 7 Non Protection cases. Of the 7, 1 was highlighted and referred to the Team Leader and Manager for their review. As in the previous section, it should be noted that this audit reviewed closed files only. KJB staff have been responsible for opening and transferring a

number of files to the ongoing Family Service Teams. In subsequent audits, some audit ratings will apply to work that had been completed by KJB staff.

1. Protocols

Compliance was met in 4 of 4 cases for 100% compliance.

2. Children from Aboriginal Communities

Full compliance was met in 7 of 7 cases for 100% compliance.

3. Cultural, Racial & Religious Differences

Full compliance was met in 7 of 7 cases for 100% compliance.

4. Reportable Circumstances

NA

5. Case Records

Full compliance was met in 7 of 7 cases for 100% compliance.

6. Supervisory Responsibility

Full compliance was met in 7 of 7 cases for 100% compliance.

7. Initial Assessment of Referrals, Service Requests, Reports

Compliance was met in 6 of 7 cases for 86% compliance. NC was given in 1 case where domestic violence was reported and was not accepted for investigation.

8. Prior Contact Check & Registration

Full compliance was met in 7 of 7 cases for 100% compliance.

9. Determining the Speed of Assessment

Full compliance was met in 7 of 7 cases for 100% compliance.

10. Comprehensive Assessment

NA

11. Legal Documentation

NA

12. Service Plan with Goals & Time Frames

NA

13. Service Plan Monitored

NA

14. Service Plan Review/Evaluation

NA

15. Reclassifying Case from Protective FS to Voluntary FS

Full compliance was met in 1 case for 100% compliance.

16. Transferring a Family Service Case

Full compliance was met in 1 case for 100% compliance.

17. Closing a Family Service Case

Full compliance was met in 1 case for 100% compliance.

18. Recording

Full compliance was met in 3 of 3 cases for 100% compliance.

10. INTAKE AND TRACKING SYSTEMS

The KJB Team investigates all child protection reports for their defined geographic area. The Team Leader develops the Intake Schedule on a three month basis and rotates the five child protection workers through duty days. The **workers typically** follow up on the calls that come in on their duty days. There is sometimes a need for the Team Leader to reassign cases in particular, if Mondays result in significant After Hours calls being forwarded from the weekend. Child protection workers will usually be responsible for any intakes they have been involved with during the previous 30 days.

The Admin Support staff have been directed to put all Intake calls through to the assigned Duty worker. If that worker is unavailable, the receptionist will ask the caller if the matter is urgent or if they wish to leave a message on voice mail. If the caller advises the matter is urgent, or if the caller is a child or an individual who sounds distressed, the call will be put through to another worker. If the caller wishes, the matter will be forwarded to the Duty worker's voice mail. Staff report that calls are usually returned immediately. If the Duty worker has to be out of the office, it is his/her responsibility to identify a co-worker to cover Duty.

Risk Decisions #1 and #2 are usually made in consultation with the Team Leader at the morning Intake meeting. There are cases however that require a more immediate response and are discussed with the Team Leader upon receipt. The worker registers the intake on the electronic system and follows up on whatever may be required. In most cases, the Team Leader signs off the Action screen and prints a copy for himself.

The Team Leader monitors the intakes through the Intake Status Reports and the Case Management Reports. He schedules reviews every 2 to 3 weeks depending on the worker. During the review, all cases are discussed. The Team Leader maintains notes and often writes directly on the intake form.

The Team Leader is consulted and kept informed throughout the investigation. The results of the investigation are discussed with the Team Leader in particular, the decision to either close, refer or open an on-going service file. In cases where a decision is made to provide on-going protective service, the KJB worker is responsible for completing the Comprehensive Risk Assessment and preparing the file for transfer.

11. SUPERVISION/CONSULTATION

For the most part, the Team Leader provides supervision and administrative and clinical consultation with respect to the delivery of child protection services. There are times however when delivery of non-protection family service and guardianship falls under the KJB Team Leader's span of responsibility. The Team Leader has a system of providing supervision several ways. Every morning, the KJB team meets to discuss the previous day's intake calls and review risk decisions, initial plans and other related matters. The Team Leader is also available during the day for workers to consult with. Further to this, the Team Leader schedules regular supervision times with all child protection staff every 2 to 3 weeks. In the Team Leader's absence, workers may consult with other supervisors on site, with the Regional Child Protection Consultant or the Regional Child Protection Manager.

The KJB Team Leader reports to the Regional Child Protection Manager. The RCPM is reported to be easily accessible and generally available. The regional Child Protection Consultant is co-located with the KJB team and is reported to be significantly helpful in providing day to day consultation.

12. TRAINING

The Team Leader has completed the mandatory training for child protection staff including Advanced Risk Assessment, Investigative Interviewing and Clinical Supervision.

The child protection workers have completed the mandatory training including CORE, Risk Assessment and Advanced Risk Assessment, Investigative Interviewing, RAPS and other computer training. Some staff indicated a wish to participate in Time Management Training as a way of assisting them with very busy days.

The Admin Support staff indicated they had received numerous courses related to the use of computer systems. To date, they have not been included in training such as Risk Assessment and feel that this would not be of significant value.

13. RECOMMENDATIONS

1. That Regional Management ensure that any cases identified for review or attention and, any files containing non-compliant ratings are reviewed for completion of any outstanding work where appropriate and, as a means of improving child protection practice.
2. That Regional Management provide an update on plans to complete the following protocols:
 - The protocol currently underway with the hospital to develop a discharge planning protocol for high risk infants and their families

- The protocol with the Comox Band
3. That Regional Management develop a plan to improve compliance to child protection practice in the following areas:
 - #6 Supervisory Responsibility
 - #10 Risk Decision
 - #1 Deciding Whether to Investigate
 - #11 Informing the Police
 - #14 Steps Required to Complete the Investigation
 - #15 Seeing and Interviewing the Child
 - #17 Seeing and Interviewing the Parent
 - #18 Risk Decision 3: Immediate Safety Assessment
 - #19 Risk Decision 4: Decide if Child Needs Protection
 - #21 Recording and Reporting the Investigation Results
 - #24 Assessment of a Third Report
 4. That the Regional Child Protection Manager conducts a sample audit of the KJB office to determine if compliance has improved. The audit is to be conducted within six months of the manager receiving the computerized Case Practice Audit Tool (CPAT). It is anticipated that the CPAT will be available in May 2001.

Kellie Kilpatrick
Audit & Evaluation
Child Protection Division

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APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS

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

BRITISH Ministry for
COLUMBIA Children and

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

SUMMARY OF 45 CASE AUDIT(S) FOR OFFICE KJB

<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	45	100%						
10-10-020	2	Children From	43	96%			2	4%		
10-10-030	3	Cultural, Racial &	44	98%			1	2%		
10-10-040	4	Reportable					1	100%	44	
10-10-050	5	Case Records	43	96%			2	4%		
10-10-060	6	Supervisory	40	89%	1	2%	4	9%		
10-20-010	7	Assessment Of Reports	38	84%			7	16%		
10-20-020	8	Prior Contact Check And	44	98%			1	2%		
10-20-030	9	Determining The Speed	41	91%			4	9%		
10-20-040	10	Risk Decision 1:	34	76%			11	24%		
10-20-050	11	Informing The Police	11	79%			3	21%	31	
10-30-010	12	Risk Decision 2:	18	90%			2	10%	25	
10-30-020	13	Initial Plan Of	16	80%			4	20%	25	
10-30-030	14	Steps Required To	7	35%			13	65%	25	
10-30-040	15	Seeing And Interviewing	7	37%		1	5%	11	58%	26
10-30-050	16	Arranging A Medical	1	50%			1	50%	43	
10-30-060	17	Seeing And Interviewing	11	58%		1	5%	7	37%	26
10-30-070	18	Risk Decision 3:	9	47%			10	53%	26	
10-30-080	19	Risk Decision 4:	3	16%			16	84%	26	
10-30-090	20	Investigation Where	2	40%			3	60%	40	
10-30-100	21	Record & Report	13	72%			5	28%	27	
10-30-110	22	Time Limit For	14	88%			2	13%	29	
10-40-010	23	Risk Decision 5:							45	
10-40-020	24	Risk Assessment Of A					4	100%	41	
10-50-010	25	Risk Decision 6:							45	
10-50-020	26	Supervision Orders							45	
10-50-030	27	Removing A Child							45	
10-60-010	28	Risk Decisions 7, 8, 9:							45	
10-60-020	29	Reclassify Case From							45	
10-60-030	30	Where A Child Or Family							45	
10-60-040	31	Transferring A	1	100%					44	
10-60-050	32	Closing A Protective							45	

Standards in Compliance: 485 Applicable Standards: 602 Overall level of compliance: 80.56%

Compliance Definitions:

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

Note: Percentages are for non-NA values only

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Non Protective Family Service
Completed Case Reviews
For All Reviewers

BRITISH Ministry for
 COLUMBIA Children and

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

SUMMARY OF 7 CASE AUDIT(S) FOR OFFICE KJB

<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%				3	
30-10-020	2	Children From	7	100%					
30-10-030	3	Cultural, Racial &	7	100%					
30-10-040	4	Reportable						7	
30-10-050	5	Case Records	7	100%					
30-10-060	6	Supervisory	7	100%					
30-25-010	7	Initial Assessment Of	6	86%			1	14%	
30-25-020	8	Prior Contact Check &	7	100%					
30-25-030	9	Determining The Speed	7	100%					
30-35-010	10	Comprehensive						7	
30-35-020	11	Legal Documentation						7	
30-35-030	12	Service Plan With Goals						7	
30-35-040	13	Service Plan Monitored						7	
30-35-050	14	Service Plan						7	
30-60-020	15	Reclassifying A Case	1	100%				6	
30-60-040	16	Transferring A Family	1	100%				6	
30-60-050	17	Closing A Family	1	100%				6	
30-65-010	18	Recording	3	100%				4	
Standards in Compliance:			58	Applicable Standards:			59	Overall level of compliance:	98.31%

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 - 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.