

DIRECTOR'S AUDIT REPORT

Courtenay Under 12 Team (KKC)

Field Work Completed: October 2, - October13, 2000

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DIRECTOR'S AUDIT REPORT

Courtenay Under 12 Team (KKC)

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

2. METHODOLOGY

The audit of the Courtenay Under 12 Team (KKC) was asked to review a minimum of 25% of open Family Services cases (Protective and/or Voluntary Services) and 25% of open Child Services cases. A small number of files closed within the last six months were also reviewed. Files were audited for compliance to the Child Protection Practice Standards, the Risk Assessment Model, Child Service Standards, Case Management policy relating to both Voluntary Family Service files and Child Service files. In the case of Child Service files, detailed audits of current Comprehensive Plan of Care were completed.

Two auditors conducted the fieldwork. 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 Courtenay Under 12 Team (KKC), initially to review the terms of reference and audit procedures. During the audit, interviews were conducted with the Team Leader, one Child Protection Worker and one Resource Worker. As the previous audit (conducted Sept 11-22/00 on Assessment and Investigation Team (KJB)) had already gathered information from interviews with the Regional Child Protection Consultant and an Office Assistant (OA2) these interviews were not repeated for the Courtenay Under 12 Team

(KKC) audit. The staff members interviewed 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. One auditor met with the Team Leader 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. A package for the Regional Child Protection Manager and Acting Community Services Manager was left with the Team Leader. The Managers were 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

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, 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. Housing costs are lower than other regional communities on the island.

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.

Rates of infant mortality is (and staff report always has been) higher than the provincial and regional averages. Crime rates are the 6th highest in the province (of 20 regions), 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.

With respect to confirmed cases of child abuse or neglect, the region recorded 611 cases for the 1999-2000 fiscal year, approximately, 10% of the provincial totals. The region had the third highest percentage of provincial totals behind the North and Vancouver regions.

Geographics-

The Courtenay Under 12 Team (KKC) 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.

The Courtenay Under 12 Team (KKC) boundaries extend north towards Campbell River and south towards Qualicum Beach. The KKC catchment area includes both Denman and Hornby Islands, which are accessible by BC Ferries.

Service Delivery –

The Central and Upper Vancouver Regional office is located in Nanaimo, approximately 100 kilometers south of Courtenay. The regional management structure includes the Regional Executive Director, Child Protection Manager and Community Services Manager. The Regional Child Protection Consultant is located in the Courtenay district office.

The Courtenay Under 12 Team (KKC) Team Leader reports to the Acting Community Services Manager. The Courtenay Under 12 Team (KKC) is located in a dedicated MCF building and is co-located with the Over12/Youth Team, Assessment and Investigation Team (KJB) and the Multi-Disciplinary Team (Mental health, Alcohol and Drug, and Probation). The Resource Team also reports to the Courtenay Under 12 Team (KKC) Team Leader. The Courtenay Under 12 Team (KKC) has just assumed responsibility for providing ongoing child protection services to Bella Bella in October of 2000.

The Courtenay Under 12 Team (KKC) are a specialized team responsible for providing ongoing protective and voluntary family service; and ensuring guardianship services are provided to children in temporary and continuing custody care for children under the age of 12. The Courtenay Under 12 Team (KKC) works with one RCMP detachment, one hospital, eighteen elementary schools and seven junior/senior secondary schools.

The Assessment and Investigation Team (KJB) is responsible for responding to all investigations and maintains file responsibility up to and including the completion of the Comprehensive Risk Assessment. After the case is transferred to the Courtenay Under 12 Team (KKC) it is that team's responsibility to provide ongoing protective services. In cases where a new report is made on an open file, the investigation is assigned to the Assessment and Investigation Team (KJB). Where a report is made on an open file related to non-compliance of the Risk Reduction Service Plan, that report remains the responsibility of the Courtenay Under 12 Team (KKC).

The Courtenay Under 12 Team (KKC) primarily provides service to families with children under the age of 12. As the MCF building is also the home of the Over 12 Team a decision is made between the two teams where the file will remain when dealing with sibling groups that include children under and over the age of 12. In most cases, Requests for Voluntary Family Services, are referred to the appropriate Family Service Team for assessment from the Assessment and Investigation Team (KJB).

Resources –

- (a) Residential—Residential resource services are provided by four resource social workers located in the Courtenay CF&CS district office. These workers report to the Courtenay Under 12 Team (KKC) Team Leader. These workers are responsible for recruiting, approving, and maintaining residential childcare resources in the area. Staff report that appropriate resources are most often available for children admitted to care. Sibling groups are usually placed together and children usually are able to maintain their original school placements. Resources include regular and level homes as well as two receiving homes. Placing difficult youth is reported by staff to be the most challenging resource issue. This is particularly true for youth

- (b) Non-Residential Resources – Courtenay was described as a stable community by both child protection staff and the resource staff. The city of Courtenay has taken an active part in working with the various agencies to meet the needs of the community. The Courtenay Under 12 Team (KKC) utilizes both the John Howard Society and Comox Valley Family Services. Programs that are most often used include Family Advancement and Family Intervention. The Sexual Abuse Intervention program offers services for victims and offenders. Staff report a good working relationship with the Transition House, Women’s Resource Center and the Advocacy Center. Home support is well used both in crisis and teaching situations. During the interview, one staff member commented that global contracts might be more efficient than the current practice of developing individual contracts for service.

There is a substantial Under 12 Resource Network that meets on a bi-monthly or monthly basis to provide support, discuss trends and provide workshops. One area that has been reinstated is the “buddy” system whereby a more “seasoned” foster parent is paired with a newer foster parent.

Legal Services –

The Courtenay Under 12 Team (KKC) staff report a 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 advised they are able to discuss cases with counsel prior to attending court.

4. STAFFING

Staff complement/Staff Turnover

The Courtenay Under 12 Team (KKC) has a complement of a Team Leader, five child protection workers (one currently in Port Hardy due to return January 2001) and one SPO Assistant.

The Courtenay Under 12 Team (KKC) has gone through and continues to be in transition due to staff turnover. The long term Team Leader retired in May of 2000 and until approximately the end of August the position was filled with Acting Team Leaders. Two workers, one child protection worker and one resource worker shared the position of Acting Team Leader with neither having backfill. The Courtenay Under 12 Team (KKC) is utilizing this period of transition to make other changes within the team. One worker will be

dedicated to a guardianship caseload and he will also be the Family Service worker for Bella Bella. A worker with 1.5 year's experience will be joining the team in November while another worker will be leaving in the New Year. However, it is anticipated that the worker who is currently on "loan" to Port Hardy will also be returning in the New Year.

The current Team Leader commenced on a permanent basis at the end of August 2000. He has been with MCF for the past 14 years. Of the 5 full time equivalent positions 1 worker has 3 years experience, 2 years in a permanent position and 1 year as an auxiliary. Another worker has been with the team for 2 years and she will be leaving the unit in the New Year. Another worker has recently transferred from Campbell River with 11 years experience. Another worker worked as an auxiliary from 1993 until 1996 at which time she attained permanent status. The worker who is currently in Port Hardy has been with MCF for 9 years and on the Courtenay Under 12 Team (KKC) for 2 years. The SPO assistant has had 6 months experience and she assists both the Courtenay Under 12 Team (KKC) and the Resource Team.

The transition in staffing both in the front line and Team Leader position has resulted in a decrease in caseload numbers over the last 4-5 months. Staff indicate this is due to workers reviewing their caseloads prior to leaving the Courtenay Under 12 Team (KKC). The caseload reviews resulted in some cases being closed rather than transferred. The Courtenay Under 12 Team (KKC) is taking this opportunity to again review the caseloads to ensure that work is distributed equitably between workers. Further, this review should restore the level of caseload stability seen prior to the spring and summer of 2000. The average caseload size at the time of the audit for the Courtenay Under 12 Team (KKC) was 15.

Staff indicate that the changes, including the appointment of an Acting Community Services Manager, have added new dynamics to the Courtenay Under 12 Team (KKC). The Community Service Manager who is currently on extended sick leave was very familiar with the office and community.

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 provides administrative support to the Courtenay Under 12 Team (KKC) as well as the Assessment and Investigation Team (KJB). The Admin Support Team has 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 Courtenay Under 12 Team (KKC) audit and Assessment and Investigation Team (KJB) audit (Sept 11-22/00), the file room was exceptionally well organized and files very well maintained. Filing appeared to be up to date. The Courtenay Under 12 Team (KKC) staff report that their administrative work is completed by the Admin Support Team in a timely manner. Like the Courtenay Under 12 Team (KKC) and the Assessment and Investigation Team (KJB), the Admin Support Team often does not have back fill for vacancies and vacations. They do however report being well equipped with new PCs and staff has completed training. The Admin Support staff present as a cohesive and well-organized team.

Team Leader/Child Protection Worker Education and Experience

The Courtenay Under 12 Team (KKC) Team Leader has a BA Psychology degree and has worked for MCF for the past 14 years. He has completed all mandatory training as well as Personnel & Labour Relations and “Moving up to Supervision”. He is planning to take supervisor training as soon as it can be arranged. All staff have a minimum of a BSW. One worker has her MSW and another is working towards his MSW.

Delegation--

The Courtenay Under 12 Team (KKC) Team Leader and all guardianship workers have full delegation. The worker who is presently in Port Hardy and will be returning to the Courtenay Under 12 Team (KKC) in January 2001 also has full delegation.

5. PROTOCOLS

The auditors were 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 a 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 Consultant 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 Quadra Sea Cadet Camp which during the summer months, has 1700 youth pass through the program. Last month, during the Assessment and Investigation Team (KJB) audit, 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 SERVICE

The Courtenay Under 12 Team (KKC) has one First Nation’s community located within its geographical boundaries. The Comox First Nation Band is not delegated under the CF&CSA. 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.

For the purpose of this audit files were given compliance rating if there was documentation that the spirit of a protocol agreement was followed.

7. AUDIT SAMPLE

The audit was asked to review a minimum of 25% of open Family Service cases (Protective and/or Voluntary Services) and 25% of open Child Service cases. A small number of files, which were closed during the previous six months, were also audited. The Caseload Reports for both open and closed Family Service and Child Service files were used to obtain the numbers for an accurate audit sample.

Out of 5 caseloads there were 37 Family Service files and 38 Child Service files open during the time of the audit. A total of 32 Family Service files were audited with a small number (11) from the closed files. A total of 15 Child Service files were audited and a very small number (5) were chosen from closed files. The auditors ensured that there was equal representation of the 5 caseloads within the audit sample.

Of the 32 Family Service files 16 were audited to the Child Protection Standards. Of the 16 cases only 1 was highlighted and referred to the Team Leader's immediate review. The 1 case was also highlighted and left in the package for the Regional Child Protection Manager and Acting Community Service Manager.

Sixteen cases were audited to the Voluntary Family Service Standards. Of the 16 cases, 1 case was highlighted and brought to the Team Leader's immediate review and 3 other cases were also highlighted for his review. All 4 cases were highlighted and left in the package for the Regional Child Protection Manager and Acting Community Service Manager.

There were a total of 15 Child Service files audited and of them, 1 was highlighted and brought to the immediate review of the Team Leader and 1 other case was highlighted for his review. Both cases were highlighted and left in the package for the Regional Child Protection Manager and Acting Community Service Manager.

8. COMPLIANCE TO CHILD PROTECTION PRACTICE

Protective Family Service files were audited for compliance to the Child Protection Standards, the Risk Assessment Model and Case Management policy to include:

- Quality of the risk reduction plan
- Clarity of stated goals along with time frames
- The involvement of family and community partners
- Nature of monitoring and evaluation of the service provided
- Goals and monitoring of supervision orders
- Reassessment of risk at critical points throughout the case management process
- The process around file transfer and closure as applicable.

Sixteen files were audited from 5 caseloads including a small number (5) of closed files. Although there were 5 caseloads only 4 were actively being managed by guardianship workers, while the fifth caseload was smaller and was being monitored by the SPO Assistant under the direct supervision of the Team Leader.

Files were audited based on documentation only. Overall there was good documentation although Risk Reduction Plans could have benefited by information documented on the Comprehensive Risk Assessment.

It should be noted that this audit captured much of the investigative work completed by the Assessment and Investigation Team (KJB) and transferred to the Courtenay Under 12 Team (KKC). The majority of the compliance ratings seen between risk decision 1 and 5 relate to work completed by the Assessment and Investigation Team (KJB).

The following provides a breakdown of the compliance ratings:

- Protocols
All 16 applicable cases complied with this standard for 100%.
- Children from Aboriginal Communities
All 16 applicable cases complied with this standard for 100%. This rating should have been CA, as a formal protocol with the First Nations community does not yet exist.
- Cultural, Racial and Religious Differences
All 16 applicable cases complied with this standard for 100%.
- Reportable Circumstances
Compliance was not met in 2 out of 2 applicable cases for 0%. A NC was assigned to 2 cases. In 1 case, a child in care was involved in an accident and in the 2nd case, involved a child's death that was known to the Ministry.
- Case Records
All 16 applicable cases complied with this standard for 100%.
- Supervisory Responsibility
Compliance was met in 15 out of 16 applicable cases for 94%. The 1 case that was rated NC had been transferred in from another office and the supervisor had not been consulted at all risk decision points.
- Assessment of Reports
Compliance was met in 15 out of 16 applicable cases for 94%. A NC was assigned to the 1 case noted above.
- Prior Contact Check and Registration
All 16 applicable cases complied with this standard for 100%.
- Determining the Speed of Assessment
All 16 applicable cases complied with this standard for 100%.
- Risk Decision 1: Deciding Whether to Investigate

All 16 applicable cases complied with this standard for 100%.

- Informing the Police
All 2 applicable cases complied with this standard for 100%.
- Risk Decision 2: Decide Investigation Response Time
All 16 applicable cases complied with this standard for 100%.
- Initial Plan of Investigation
Compliance was met in 15 out of 16 applicable cases for 94%. ANC was assigned to 1 case transferred in from another office, as there was no plan documented.
- Steps Required to Complete the Investigation
Compliance was met in 15 out of 16 applicable cases for 94%. The 1 case assigned NC was a case transferred from another office and the investigations from that office on the case were incomplete.
- Seeing and Interviewing the Child
Compliance was met in 15 out of 16 applicable cases for 94%. The 1 case assigned NC was a case transferred in from another office.
- Arranging Medical Examination for the Child
Compliance was met in 6 out of 7 applicable cases for 86%. The 1 case assigned NC was a case transferred in from another office.
- Seeing and Interviewing the Parent
All 16 applicable cases complied with this standard for 100%.
- Risk Decision 3: Assess Child's Immediate Safety
Compliance was met in 15 out of 16 applicable cases for 94%. The 1 case assigned NC was a case transferred in from another office.
- Risk Decision 4: Decide if Child Needs Protection
All 16 applicable cases complied with this standard for 100%.
- Investigative Action - Cannot Locate Child or Family
All 3 applicable cases complied with this standard for 100%.
- Recording and Reporting the Investigation Results
Compliance was met in 15 out of 16 applicable cases for 94%. The 1 case assigned NC was a case transferred in from another office.
- Time Limit for Investigations
All 16 applicable cases complied with this standard for 100%.

- Risk Decision 5: Assess Risk of Future Abuse Neglect
Compliance was met in 14 out of 15 applicable cases for 93%. The 1 case assigned NC was a case transferred in from another office.
- Risk Assessment of a Third Report
Compliance was met in 1 case out of 4 applicable cases for 25%. A NC was assigned for 3 cases, 1 case was the case transferred in from another office.
- Risk Decision 6: Developing a Risk Reduction Plan
Compliance was met in 9 out of 13 applicable cases for 69%. A NC was assigned on 4 cases, 1 being the case transferred from another office. Those assigned a NC were due to the RRP requiring more specific goals and/or time frames.
- Supervision Orders
All 5 applicable cases complied with this standard for 100%.
- Removing a Child
All 3 applicable cases complied with this standard for 100%.
- Risk Decisions 7, 8, 9.: Reassessing Risk
Compliance was met in 6 out of 13 applicable cases for 46%. A NC was assigned on 7 cases. Of 7 cases, 2 were assigned NC based on work from another office, 3 cases required updated assessments, 1 case requires a reassessment and, 1 case was not completed as it was before the court at the time of the audit.
- Reclassify - Protective to Voluntary Family Service
All 3 applicable cases complied with this standard for 100%.
- Where a Child or Family is Missing
Compliance was met in 2 out of 3 applicable cases for 67%. The 1 case assigned NC was transferred in from another office.
- Transferring a Protective Family Service Case
Compliance was met in 11 out of 13 applicable cases for 85%. A NCF was assigned to 1 case transferred from another office that had workload and staffing issues. The 1 case that was assigned NC was on the caseload that had not been reassigned or redistributed.
- Closing a Protective Family Service Case
All 5 applicable cases complied with this standard for 100%.

9. COMPLIANCE TO CHILD SERVICE PRACTICE

Fifteen files were audited from 5 caseloads and included a small number (5) of closed files. Although there were 5 caseloads only 4 were actively being managed by guardianship workers,

while the fifth caseload was smaller and was being monitored by the SPO Assistant under the direct supervision of the Team Leader. Files were audited based on documentation.

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

- Quality and adequacy of plan of care
- Frequency and adequacy of care plan review
- Appropriate use of care agreements and the quality of the agreement made
- Level of contact with the child
- Suitability of resource for the child
- Degree of stability and continuity provided to the child while in care
- The Rights of Children in Care
- The process around file transfer and closure, where appropriate.

- Protocols
All 9 applicable cases complied with this standard for 100%.

- Children from Aboriginal Communities
All 15 applicable cases complied with this standard for 100%.

- Cultural, Racial, Religious Differences
All 15 applicable cases complied with this standard for 100%.

- Reportable Circumstances
All 1 applicable cases complied with this standard for 100%.

- Case Records
Compliance was met in 14 of 15 applicable cases for 93%.

- Supervisory Responsibility
Compliance was met in 13 of 15 applicable cases for 87%. A NC was assigned on 2 cases where there was no documentation indicating the Team Leader had been part of the decision making process.

- Appropriate Legal Plan
Compliance was met in 13 of 15 applicable cases for 87%. A NC was assigned on 2 cases where VCA's were used inappropriately or the legal plan is unclear.

- Legal Documentation
All 15 applicable cases complied with this standard for 100%.

- Public Trustee Notified
All 2 applicable cases complied with this standard for 100%.

- Admission Medical
Compliance was met in 14 of 15 applicable cases for 93%. A NCF was assigned on 1 case.

- Medical History Obtained and Recorded
All 14 applicable cases complied with this standard for 100%.
- Ongoing Medical Needs Attended
All 14 applicable cases complied with this standard for 100%.
- Overall Goal Determined
Compliance was met in 13 of 15 applicable cases for 87%. A NC was assigned on 2 cases as a result of the uncertainty who the child should return to and the other case due to MCF not determining how to proceed.
- Developing a Comprehensive Plan of Care
Compliance was met in 10 of 13 applicable cases for 77%. A NC was assigned on 3 cases as there was no CPOC on file in 2 cases and the 3rd was not completed in a timely manner.
- Plan of Care - Timely & Current
All 10 applicable cases complied with this standard for 100%.
- Assessment, Planning & Views
Compliance was met in 9 of 10 applicable cases for 90%. A NCF was assigned on 1 case.
- Care Plan Reviewed
Compliance was met in 6 of 7 applicable cases for 86%. A NC was assigned on 1 case.
- Meet With Child
All 15 applicable cases complied with this standard for 100%.
- Rights of Children in Care
All 15 applicable cases complied with this standard for 100%.
- Preparation for Independence
NA
- Placement
All 15 applicable cases complied with this standard for 100%.
- Resource Suitability
Compliance was met in 14 of 15 applicable cases for 93%. A NCF was assigned on 1 case.
- Information to Caregiver
All 15 applicable cases complied with this standard for 100%.
- Continuity and Stability

Compliance was met in 12 of 15 applicable cases for 80%. A CB was assigned on 1 case and 2 cases were assigned NCF.

- Reassessing Risk
All 4 applicable cases complied with this standard for 100%.
- Missing, Lost or Runaway Child in Care
NC was assigned to 1 applicable case for 0%.
- File Transfer
Compliance was met in 6 of 7 applicable cases for 86%. A NCF was assigned on 1 case.
- File Closure
All 5 applicable cases complied with this standard for 100%.
- File Recording and Documentation
Compliance was met in 13 of 15 applicable cases for 87%. A NC was assigned on 2 cases.

10. COMPLIANCE TO NON- PROTECTION FAMILY SERVICE PRACTICE

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

- Consultation with the supervisor 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 process where applicable

The audit reviewed 16 Voluntary Family Service cases. Of the 16, 4 were highlighted and referred to the Team Leader and Manager for their review. As in the Child Protection section, some audit ratings reflect the Assessment and Investigation Team's (KJB) work on opening and transferring of Voluntary cases.

- Protocols
All 10 applicable cases complied with this standard for 100%.
- Children from Aboriginal Communities
All 16 applicable cases complied with this standard for 100%.
- Cultural, Racial & Religious Differences
All 16 applicable cases complied with this standard for 100%.
- Reportable Circumstances
NA

- Case Records
All 16 applicable cases complied with this standard for 100%.
- Supervisory Responsibility
Compliance was met in 15 of 16 applicable cases for 94%.
- Initial Assessment of Referrals, Service Requests, Reports
Compliance was met in 13 of 16 applicable cases for 81%. A NC was assigned on 3 cases, 2 cases should have been referred for investigation and 1 case referred to “risk issues” in the Initial Assessment and was managed as a Voluntary case.
- Prior Contact Check & Registration
All 16 applicable cases complied with this standard for 100%.
- Determining the Speed of Assessment
Compliance was met in 15 of 16 applicable cases for 94%.
- Comprehensive Assessment
Compliance was met in 8 of 11 applicable cases for 73%. A NC was assigned on 3 cases. On 1 case a Comprehensive Assessment was not done, 1 case was not completed in a timely manner and identified risks and 1 case did not document the previous information.
- Legal Documentation
Compliance was met in 4 of 9 applicable cases for 44%. A NC was rated on 5 cases, 2 cases had no agreement on file, 1 case had been open for 3 months with no agreement, and 1 case had no agreements on file for over a year and 1 case the agreement had expired.
- Service Plan with Goals & Time Frames
Compliance was met in 8 of 11 applicable cases for 73%. A NC was assigned on 2 cases, as the service plan was not adequate to meet the needs of the family. A NCF was assigned on 1 case.
- Service Plan Monitored
Compliance was met in 6 of 8 applicable cases for 75%. A NC was assigned on 1 case, as the case required a review and 1 case was assigned NCF.
- Service Plan Review/Evaluation
Compliance was met in 6 of 8 applicable cases for 75%. A NC was assigned on 1 case, as the case required a review and 1 case was assigned NCF.
- Reclassifying Case from Protective FS to Voluntary FS
NA
- Transferring a Family Service Case

All 3 applicable cases complied with this standard for 100%.

- Closing a Family Service Case
All 2 applicable cases complied with this standard for 100%.
- Recording
Compliance was met in 10 of 12 applicable cases for 83%.

11. INTAKE AND TRACKING SYSTEMS

The Courtenay Under 12 Team (KKC) Team Leader is responsible for tracking systems related to Child Protection Family Service, Voluntary Family Service and Child Services for their defined geographic area.

The Courtenay Under 12 Team (KKC) Team Leader utilizes the electronic system by producing the relevant Case Management Reports every two weeks. He also obtains caseload printouts on a weekly basis. Child Services Key Events, Family Service Open Files, and Child Service Open Files reports are also printed by the Team Leader. He utilizes these reports in addition to supervision.

12. SUPERVISION/CONSULTATION

As stated, the Courtenay Under 12 Team (KKC) Team Leader's formal supervision with staff is a work in progress. He has been in the permanent position for 6 weeks. He has a hand on approach with an open door style. He is willing to be involved with families and situations as required or requested by the child protection worker. The Team Leader promotes collegial team supervision model. He invites and encourages team discussion so those on the team with more senior experience are seen as available and capable of consultation for those with less experience.

The team has weekly team meetings, which incorporates office business, case discussion, case direction and other issues that arise. He also provides individual supervision with staff as the need arises. The Team Leader also encourages and receives feedback from the team.

The Courtenay Under 12 Team (KKC) Team Leader reports to the Acting Community Services Manager. He indicates the manager is available by phone, e-mail and in person. There are two other Team Leaders in the building that the Courtenay Under 12 Team (KKC) Team Leader can consult with when necessary. As well the Child Protection Consultant is co-located thus is utilized when needed.

13. TRAINING

The Courtenay Under 12 Team (KKC) Team Leader has completed the mandatory training for child protection staff, including Advanced Risk Assessment and Investigative Interviewing.

The guardianship workers have completed the mandatory training including CORE, Risk Assessment and Advanced Risk Assessment, Investigative Interviewing, RAP, Outlook and

other computer training. Some staff have indicated that more specific training regarding substance abuse on families and how to work with them, would be of benefit.

14. 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 complete development of and implement the following protocols;
 - Protocol with the local hospital, with particular focus on discharge planning with high-risk infants and children and their families.
 - Protocol with the Comox Band.
3. That regional management develop and implement a plan to improve compliance in documentation and/or practice requirements in **child protection practice** in the following areas:
 - Risk Assessment of a Third Report:
 - Risk Decision #6: Developing a Risk Reduction Plan:
 - Risk Decisions 7, 8 & 9 : Reassessing Risk:
4. That Regional Management develop and implement a plan to improve compliance in documentation and/or practice requirements in **child service practice** in the following areas:
 - Developing a Comprehensive Plan of Care
 - Missing, Lost or Runaway Child in Care
5. That Regional Management develop and implement a plan to improve compliance in documentation and/or practice requirements in **Non-Protection Family Service Practice** in the following areas:
 - Comprehensive Assessment
 - Legal Documentation
 - Service Plan with Goals and Time Frames
6. That regional management continues with the training plan currently in progress. This plan includes:
 - The team leader completing supervisory training by the end of December 2000.
 - All staff will have taken the Looking After Children training within the next three months.
7. That Regional Management provide an update on the status of the above recommendations within 90 days of receipt of this report.

Report written by: Cheryl Lacharity
Provincial Auditor
Audit & Evaluation
Child Protection Division

Training Auditor: Kellie Kilpatrick
Audit & Evaluation
Child Protection Division

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 KKC

<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	16	100%				
10-10-020	2	Children From	16	100%				
10-10-030	3	Cultural, Racial &	16	100%				
10-10-040	4	Reportable					2	100%
10-10-050	5	Case Records	16	100%				14
10-10-060	6	Supervisory	15	94%			1	6%
10-20-010	7	Assessment Of Reports	15	94%			1	6%
10-20-020	8	Prior Contact Check And	16	100%				
10-20-030	9	Determining The Speed	16	100%				
10-20-040	10	Risk Decision 1:	16	100%				
10-20-050	11	Informing The Police	2	100%				14
10-30-010	12	Risk Decision 2:	16	100%				
10-30-020	13	Initial Plan Of	15	94%			1	6%
10-30-030	14	Steps Required To	15	94%			1	6%
10-30-040	15	Seeing And Interviewing	15	94%			1	6%
10-30-050	16	Arranging A Medical	6	86%			1	14%
10-30-060	17	Seeing And Interviewing	16	100%				9
10-30-070	18	Risk Decision 3:	15	94%			1	6%
10-30-080	19	Risk Decision 4:	16	100%				
10-30-090	20	Investigation Where	3	100%				13
10-30-100	21	Record & Report	15	94%			1	6%
10-30-110	22	Time Limit For	16	100%				
10-40-010	23	Risk Decision 5:	14	93%			1	7%
10-40-020	24	Risk Assessment Of A	1	25%			3	75%
10-50-010	25	Risk Decision 6:	9	69%			4	31%
10-50-020	26	Supervision Orders	5	100%				11
10-50-030	27	Removing A Child	3	100%				13
10-60-010	28	Risk Decisions 7, 8, 9:	6	46%			7	54%
10-60-020	29	Reclassify Case From	3	100%				13
10-60-030	30	Where A Child Or Family	2	67%			1	33%
10-60-040	31	Transferring A	11	85%		1	8%	3
10-60-050	32	Closing A Protective	5	100%				11

Standards in Compliance: 351 Applicable Standards: 379 Overall level of compliance: 92.61%

Compliance Definitions:

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

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

BRITISH Ministry for
COLUMBIA Children and

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

SUMMARY OF 15 CASE AUDIT(S) FOR OFFICE KKC

<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	9	100%				6
45-10-020	2	Children From	15	100%				
45-10-030	3	Cultural, Racial,	15	100%				
45-10-040	4	Reportable	1	100%				14
45-10-050	5	Case Records	14	93%			1	7%
45-10-060	6	Supervisory	13	87%			2	13%
45-20-010	7	Appropriate Legal Plan	13	87%			2	13%
45-20-020	8	Legal Documentation	15	100%				
45-20-030	9	Public Trustee Notified	2	100%				13
45-30-010	10	Admission Medical	14	93%		1	7%	
45-30-020	11	Medical History	14	100%				1
45-30-030	12	Ongoing Medical Needs	14	100%				1
45-40-010	13	Overall Goal Determined	13	87%			2	13%
45-40-015	14	Developing a	10	77%			3	23%
45-40-021	15	Plan Of Care - Timely	10	100%				5
45-40-025	16	Assesment , Planning	9	90%		1	10%	5
45-40-030	17	Care Plan Reviewed	6	86%			1	14%
45-40-040	18	Meet With Child	15	100%				8
45-40-050	19	Rights Of Children In	15	100%				
45-40-060	20	Preparation For						15
45-50-005	21	Placement	15	100%				
45-50-010	22	Resource Suitability	14	93%		1	7%	
45-50-020	23	Information To Caregiver	15	100%				
45-50-030	24	Continuity and Stability	12	80%	1	7%	2	13%
45-60-010	25	Reassessing Risk	4	100%				11
45-60-030	26	Missing, lost or runaway					1	100%
45-60-040	27	File Transfer	6	86%		1	14%	8
45-60-050	28	File Closure	5	100%				10
45-60-060	29	File Recording &	13	87%			2	13%

Standards in Compliance: 301 Applicable Standards: 322 Overall level of compliance: 93.48%

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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Page 1

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 16 CASE AUDIT(S) FOR OFFICE KKC

<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	10	100%				6
30-10-020	2	Children From	16	100%				
30-10-030	3	Cultural, Racial &	16	100%				
30-10-040	4	Reportable						16
30-10-050	5	Case Records	16	100%				
30-10-060	6	Supervisory	15	94%			1	6%
30-25-010	7	Initial Assessment Of	13	81%			3	19%
30-25-020	8	Prior Contact Check &	16	100%				
30-25-030	9	Determining The Speed	15	94%			1	6%
30-35-010	10	Comprehensive	8	73%			3	27%
30-35-020	11	Legal Documentation	4	44%			5	56%
30-35-030	12	Service Plan With Goals	8	73%		1	9%	2
30-35-040	13	Service Plan Monitored	6	75%		1	13%	1
30-35-050	14	Service Plan	6	75%		1	13%	1
30-60-020	15	Reclassifying A Case						
30-60-040	16	Transferring A Family	3	100%				
30-60-050	17	Closing A Family	2	100%				
30-65-010	18	Recording	10	83%			2	17%

Standards in Compliance: 164 Applicable Standards: 186 Overall level of compliance: 88.17%

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 11: COMPARISONS BETWEEN OFFICE COMPLIANCE SUMMARY
REPORTS**

AND

PROVINCIAL AVERAGES COMPLIANCE SUMMARY REPORTS

**CHILD PROTECTON STANDARDS: AUDITED OFFICE COMPLIANCE SUMMARY
REPORT AND PROVINCIAL AVERAGE COMPLIANCE SUMMARY REPORT**

Standard	Short Description	KKC Percentage Compliance	Provincial Average Compliance	Change + = Increase - = Decrease
10-10-010	Protocols	100%	51%	+ 49 %
10-10-020	Children from Aboriginal	100%	78%	+ 22 %
10-10-030	Culture/Race/ Religion	100%	98%	+ 2%
10-10-040	Reportable Circumstances	0%	61%	- 61 %
10-10-050	Case Records	100%	90%	+ 10 %
10-10-060	Supervisor Responsibility	94%	78%	+ 16 %
10-20-010	Assessment of Records	94%	96%	- 2 %
10-20-020	PCC and Registration	100%	91%	+ 6 %
10-20-030	Speed of Assessment	100%	96%	+ 4 %
10-20-040	Rick Decision 1	100%	93%	+ 7 %
10-20-050	Inform the Police	100%	93%	+ 7 %
10-30-010	Risk Decision 2	100%	90%	+ 10 %
10-30-020	Initial Investigation Plan	94%	89%	+ 5 %
10-30-030	Required Investigation Steps	94%	73%	+ 21 %
10-30-040	See & Interview Child	94%	80%	+ 13 %
10-30-050	Arrange Child Medical	86%	78%	+ 12 %
10-30-060	See & Interview Parents	100%	85%	+ 15 %
10-30-070	Risk Decision 3	94%	87%	+ 7 %
10-30-080	Risk Decision 4	100%	80%	+ 20 %
10-30-090	Missing Child/Fam – invest	100%	80%	+ 20 %
10-30-100	Rcrd/Rpt. Investigation Result	94%	81%	+ 13 %
10-30-110	Investigation Time Limit	100%	82%	+ 18 %
10-40-010	Risk Decision 5	93%	61%	+ 32 %
10-40-020	Risk Assessment 3 rd Report	25%	41%	- 16 %
10-50-010	Risk Decision 6	69%	49%	+ 20 %
10-50-020	Supervision Orders	100%	80%	+ 20 %
10-50-030	Removing a Child	100%	84%	+ 16 %
10-60-010	Risk Decision 7,8,9	46%	30%	+ 16 %
10-60-020	Reclassify Prot//FS Case	100%	48%	+ 52 %
10-60-030	Missing Child/Fam-prot FS	67%	80%	- 13 %
10-60-040	Transfer Protection FS Case	85%	88%	+ 3 %
10-60-050	Close Protection FS	100%	78%	+ 22 %
	Overall Level of Compliance	92.61%	82.37%	+ 10. 24 %

CHILD SERVICES STANDARDS: OFFICE COMPLIANCE SUMMARY REPORT AND PROVINCIAL AVERAGE COMPLIANCE SUMMARY REPORT

Standard	Short Description	KKC Percentage Compliance	Provincial Average Compliance	Difference + = Increase - = Decrease
45-10-010	Protocols	100%	46%	+ 44 %
45-10-020	Children from Aboriginal	100%	80%	+ 20 %
45-10-030	Respect Differences	100%	98%	+ 2 %
45-10-040	Reportable Circumstances	100%	85%	+ 15
45-10-050	Case Records	93%	87%	+ 6 %
45-10-060	Supervisor Responsibility	87%	88%	- 1 %
45-20-010	Appropriate Legal Plan	87%	96%	- 9 %
45-20-20	Legal Documentation	100%	92%	+ 8 %
45-20-030	Public Trustee Notified	100%	73%	+ 27 %
45-30-010	Admission Medical	93%	76%	+ 17 %
45-30-020	Medical History Obtained	100%	55%	+ 45 %
45-30-030	Ongoing Medical Needs	100%	90%	+ 10 %
45-40-010	Overall Goal Determined	87%	96%	- 9 %
45-40-015	Developing a CPOC	77%	45%	+ 37 %
45-40-021	CPOC – Current & Timely	100%	27%	+ 73 %
*45-40-025	CPOC- Assessment & Plan	90%	28%	+ 62 %
45-40-030	Care Plan Reviewed	86%	62%	+ 24 %
45-40-040	Meet with Child	100%	74%	+ 26 %
45-40-050	Rights – Children in Care	100%	66%	+ 34 %
45-40-060	Prepare for Independence	N/A	85%	N/A
45-50-005	Placement of CIC	100%	97%	+ 3 %
45-50-010	Resource Suitability	93%	95%	- 2 %
45-50-020	Information to Caregiver	100%	81%	+ 19 %
45-50-030	Continuity and Stability	80%	77%	+ 3 %
45-60-010	Reassessing Risk	100%	53%	+ 47 %
45-60-030	Missing, Lost, Runaway	0%	94%	- 94 %
45-60-050	File Transfer	86%	70%	+ 4 %
45-60-050	File Closure	100%	79%	+ 21 %
45-60-060	Record/document file	87%	58%	+ 29 %
	Overall Level of Compliance	93.48 %	74.05%	+ 19.43 %

**VOLUNTARY FAMILY SERVICE : AUDITED OFFICE COMPLIANCE SUMMARY REPORT AND
PROVINCIAL AVERAGE COMPLIANCE SUMMARY REPORT**

Standard	Short Description	KKC Percentage Compliance	Provincial Average Compliance	Change + = Increase - = Decrease
30-10-010	Protocols	100%	61%	+ 39 %
30-10-020	Children from Aboriginal	100%	91%	+ 9 %
30-10-030	Cultural, Racial, Religious	100%	100%	Same
30-10-040	Reportable Circumstances	N/A	71%	N/A
30-10-050	Case Records	100%	93%	+ 7 %
30-10-060	Supervisor Resp.	94%	84%	+ 10 %
30-25-010	Initial Assess. Ref.	81%	87%	- 6 %
30-25-020	Pcc & Registration	100%	87%	+ 13 %
30-25-030	Deter. Speed of Assess.	94%	93%	+ 1 %
30-35-010	Comprehensive Assess.	73%	74%	- 1 %
30-35-020	Legal Document	44%	86%	- 42 %
30-35-030	Service Plan with Goal &	73%	61%	+ 12 %
30-35-040	Service Plan Monitored	75%	73%	+ 2 %
30-35-050	Plan Review/Evaluatio n	75%	52%	+ 23 %
30-60-020	Reclass. From Pfs to Vfs	N/A	50%	N/A
30-60-040	Transferring FS file	100%	84%	+16 %
30-60-010	Closing a Family Service	100%	81%	+ 19 %
30-65-010	Recording	83%	67%	+ 24 %
	Overall Level of Compliance	88.17%	81.91%	+ 6.26 %

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.

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.