

**DIRECTOR'S AUDIT REPORT**  
**CRANBROOK CHILD PROTECTION INTAKE TEAM (AHB)**

**Field Work Completed: September 25 – October 04, 2000**

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**TABLE OF CONTENTS**

**1. PURPOSE .....**

**2. METHODOLOGY .....**

**3. COMMUNITY OVERVIEW.....**

**4. STAFFING.....**

**5. PROTOCOLS.....**

**6. ABORIGINAL SERVICES.....**

**7. AUDIT SAMPLE .....**

**8. COMPLIANCE TO CHILD PROTECTION PRACTICE .....**

**9. COMPLIANCE TO VOLUNTARY FAMILY SERVICE PRACTICE.....**

**10. INTAKE AND TRACKING SYSTEMS.....**

**11. SUPERVISION/CONSULTATION.....**

**12. TRAINING .....**

**13. RECOMMENDATIONS.....**

**APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS**

**APPENDIX II: DESCRIPTION OF AUDIT STANDARDS**

# **DIRECTOR'S AUDIT REPORT CRANBROOK CHILD PROTECTION INTAKE TEAM (AHB)**

## **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 child in care are systemically conducted according to a four year cycle.

## **2. METHODOLOGY**

The audit of the Cranbrook Child Protection Intake Team (AHB) was asked to include a minimum of 20% of the number of Child Protection Intake and Investigation files opened and/or closed during the past six months. Files were audited for compliance to the Child Protection Standards and the Risk Assessment guidelines.

One auditor conducted field work from September 25 to October 04, 2000. The computerized Case Audit Tool was used to collect the data, and generate office summary compliance reports and a compliance report for each file audited. The auditor met with the team initially to review terms of reference for the audit. During the audit, the Team Supervisor and two social workers were interviewed with respect to office systems, service delivery structure, and community resources. The auditor met with the team at the conclusion of the audit to provide an overview of the results, including identified themes and patterns, and with the Team Supervisor for a detailed review of the findings. The Regional Child Protection Manager attended both meetings. The Team Supervisor was provided with the compliance report for each file that had been audited, marked in different priority categories.

## **3. COMMUNITY OVERVIEW**

### **(a). Geographics**

The Cranbrook Child Protection Intake Team office is part of the East and West Kootenay Region. The region covers the Kootenays in the South East corner of the province of British Columbia to the Alberta border. Kimberley is the highest city in Canada at an elevation of 1,100 meters above sea level.

The AHB Child Protection Intake Tteam provides services to the city of Cranbrook and the adjacent city of Kimberley, and several small communities included within the following limits: North to Skookumchuck, South to Moyie, East to Wardner, and West to Moyie. Some of the communities in this jurisdiction are: Fort Steele, Wasa, Marysville, Wycliffe, Ta-Ta Creek, and Bull River.

The St. Mary's aboriginal reserve and the Ktunaxa-Kinbasket Tribal Council are located in the city of Cranbrook.

### **(b). Demographics**

The population of the city of Cranbrook is 18,327 and the city of Kimberley is 6,738 according to the 1996 census. The total estimated population for the Cranbrook area covered by the AHB MCF office is 30,000

The regional economic base is Mining, Forestry, Manufacturing (mineral processing and secondary forest processing), and Tourism.

The main employers of the area are: Cominco, Crestbrook Forest Industries, Westar Mining and Fording Coal, Kimberley Alpine Resort, and the Rocky Mountain School District #6.

The unemployment rate for the area is 6.5%. The unemployment rate for the province of British Columbia is 9%

The client population of the MCF office is a mixed clientele. Staff reports that the majority of the MCF clientele are single parents. The social profile of the MCF clientele presents the following issues: alcoholism, domestic violence, parent-teen conflict and poverty.

### **(c). Service Delivery**

The East and West Kootenay Regional office is located in Cranbrook. The management structure for the Regional office includes the Regional Executive Director, Child Protection Manager, Community Services Manager, and Complaints Manager.

The Child Protection Manager oversees the delivery of child protection services for the whole region and is responsible for the Intake team.

The service delivery structure for Cranbrook provides for a Child Protection team (AHB) to assess and investigate new child protection reports and requests for support services within the geographic area of responsibility. Cases opened to provide ongoing protective services are

transferred to either of the two Family & Child Services offices (AFB or AFC) who deliver services to families with children under or over the age 12, located in the same work-site.

Youth Probation office is at the Family Court building. Mental health for children and youth is provided through the local mental health office. Drug and Alcohol service is delivered through a contracted community agency. Adoption services is provided by a social worker located at the Creston office. Clinical supervision is provided by the respective agency or service. The Community Service Manager is administratively responsible for the Ministry staff delivering these services.

The Community Services Manager is responsible for the direct supervision of the Family Services teams

New child protection reports are investigated by the Cranbrook Child Protection Intake team (AHB). Where there is a need for ongoing child protective services, files are transferred from the Child Protection team (AHB) upon completion of Risk Decision #5, the Comprehensive Assessment of Risk, together with a short-term Risk Reduction Service Plan. The region has its own policy to not deliver voluntary services. Requests for voluntary services are dealt by the Screener of the calls, who completes the assessment and makes a referral to community resources.

The Resources team is located in the same building as the Regional office. The Child Protection Consultant is also located in the same building. The Child Protection Consultant is responsible for training and is also available to help social workers on the completion of the Comprehensive Risk Assessments.

#### **(d). Resources**

##### **(i). Residential**

Child care resources for the Cranbrook area are managed from the Resources office located in the regional office in Cranbrook. Two resource social workers from that office are responsible for the development and maintenance of child care resources in the Cranbrook area. Social workers on the Child Protection team (AHB) access a placement by contacting one of the two resource workers. Once the resource worker locates an available home, the child's worker assumes responsibility for placement and providing the caregivers with essential information about the child.

Child care resources utilized by the Child Protection Intake team (AHB) include family care homes. Restricted homes are often studied for an individual child. In a few instances, it has been necessary to access a resource in other parts of the region, depending on the child's needs. All attempts are made to place siblings together, however, locating a home for a large sibling group is not always possible.

The resource list includes 54 foster homes including levels homes, regular, restricted homes, and an emergency home exclusively for males.

## **(ii). Non-Residential**

There are a variety of contracted resources providing support services to families and children in the Cranbrook area including:

- Child Care Society for the East Kootenay mandated to provide services such as special services to children, family advancement program, sexual abuse intervention; this society runs the Family Centres located in Kimberley and Cranbrook
- Cranbrook Family Centre which offers Family Counselling, Parenting Classes, Parent/Youth Intervention Services, Sexual Assault/Domestic Abuse Counselling, School/Family Support Program, and child counselling.
- The Kimberley Family Centre which offers Family Counselling, Parent/Youth Intervention, Women's Counselling, Parenting Classes, Special Services to Children, and Family Advancement Program.
- Kootenay Haven Transition House
- East Kootenay Alcohol and Drug Counselling in Cranbrook and Kimberley
- Canadian Mental Health Association for the East Kootenay, which among others offer the Reconnect Youth Program and Youth Outreach Program.
- Infant Development Program
- Child Care Resource & Referral
- Mental Health Centre
- Nobody's Perfect Parenting Program

There are 2 hospitals in the Cranbrook area, the Cranbrook Regional Hospital and the Kimberley & District Hospital.

Other Provincial Government Services include: Health Unit, Corrections Branch, Probation and Family Court, Ministry of Social Development & Economic Security, Women's Equality, and Worker's Compensation Board.

## **(e). Legal Services**

Staff are very satisfied with the assistance and representation provided by legal counsel. Adequate time is devoted to preparation well in advance for contested court hearings, and at times legal counsel comes to the District Office. Legal counsel follows directions and provides good advice. Of concern, is the delay in resolving contested matters, including the initial hearing, due to the number of adjournments.

There are two Court Houses, one in Cranbrook and one in Kimberley.

## **4. STAFFING**

### **• Staff Complement/Staff Turnover**

The current AHB team includes the Team Supervisor and 5 social worker positions: 4 of the 5 positions are filled with permanent staff; one position is currently vacant. The social worker

occupying this position is on temporary assignment as supervisor on one of the family service teams. At the time of the audit one social worker from the Fernie District Office joined the AHB team for one week to cover this position. One of the FTE social work positions in this team is a social worker float for the region.

The social worker with the longest child protection experience (8 years), transferred from the Williams Lake office to the Cranbrook team in March 2000.

For the past year, due to a lack of social work backfill and staff shortages in the region, the AHB team has fluctuated from 2 to 4 social workers depending on vacation and training time taken by the workers. Because of the current Intake Screening format, where one worker only does the screening and the lack of backfill, there is a direct impact on the number of workers available to do the investigations.

There have been considerable supervisory changes on the AHB team during the past years. As of August 1999, the Team Supervisor assumed responsibility for the Child Protection team. Prior to that, she acted as supervisor of the same team for one year from November 1997 to November 1998.

The 3 teams (AHB, AFB and AFC) moved to the current building in the summer 1999; there are still further building structural adjustments that need to be done before the end of the fiscal year, including a larger size file room.

The downside of the move, according to staff, is that the Resources team is now located at the Regional office in a different building.

The Team Supervisor is planning to take maternity leave in December 2000. There are plans in place to have an acting Team Supervisor, but the staff back-filling has not been determined at the time of the audit.

- **Administrative Services Staff Complement**

The AHB Intake team and the 2 Family Service teams share the reception and the administrative support staff. There is one Supervisor of Administrative Services, 3 Office Assistants (OA2), and one acting Team Assistant for the Family Service teams. This last auxiliary position will be terminated at the end of October 2000. In addition there are 3 auxiliary-rotating OA2.

The Supervisor of Administrative Services transferred from the former Ministry of Human Resources seven years ago as OA2 and took over her current position 2 years ago. The OA2's have 2 to for 4 years of experience with the Ministry.

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

All the social workers and the Team Supervisor have BSW degrees.

The supervisor has 6 years of experience with MCF, starting as social worker in the Fernie District Office, before moving to the current position.

Social worker experience ranges from 8 years, 5 years, and 4 years.

- **Delegation**

The Team Supervisor and all five social workers have full delegation. All the social workers are classified as SPO 4.

## **5. PROTOCOLS**

The following are the protocols related to the MCH Intake team:

Intake and Family Service Interface protocol between the teams AHB, AFB and AFC.

Investigation of Child Abuse in Licensed Day Care.

MCF province-wide protocol with the physicians dated September 1997.

The current protocol with the St. Mary's Band is under review to be included into the new protocol with the Knutaxa-Kinbasket Tribal Council and its new agency, the Knutaxa-Kinbasket Family and Child Services.

The current protocol with the Maternity Ward of the Cranbrook Regional Hospital will be incorporated into a new protocol with the Hospital.

There is an almost completed trilateral protocol with Attorney General, Education and RCMP.

There is a Memorandum of Understanding with the local RCMP, with a locally designed form, to obtain criminal record information on MCF clients.

Staff reports they have good working relationships with the police, the schools and the hospitals. There are only a few physicians in the area. The doctors do report as required by are also conscious of doctor/patient confidentiality issues.

## **6. ABORIGINAL SERVICES**

The Knutaxa- Kinbasket Child and Family Service agency currently has Level 11 delegation.

This agency provides teaching homemakers and in home support to people on reserve. The agency has an Alcohol & Drug counsellor for adults and youth, a community health nurse, and justice worker. The agency is in the process of hiring a social worker.

## **7. AUDIT SAMPLE**

The audit was asked to review a minimum of 20% of the number of intake files opened and/or closed between March 2000 and August 2000.

The Intake & Child Services System Integrity Reports covering part of the period, the Caseload Report for closed files, and the supervisor's tracking system were used to arrive to sample number of 273 intakes for the months March 2000 through August 2000. Of these, 209 were designated Protection, 64 were designated Request for Family Support Service and Request for



Youth Services. Based on a total number of 273, the audit was expected to review a minimum of 55 cases (20%).

Sixty-eight (68) files were audited (50 child protection files and 18 non-protective service files), representing 25% of the total number of intakes closed during the designated period.

All the files audited were closed intakes (68 files) in order to accurately reflect a review of the work conducted on completed investigations and assessments. Caseload Management Reports obtained at the beginning of the audit reported 48 open files. A majority of these files had been opened in the past 3 weeks. 17 files had been open for over 30 days.

Files were selected randomly from current office-generated Caseload Management Reports. Completed intake files transferred to the Family Service teams were not included in this audit.

No Child Service files were audited, as they are not maintained on the Intake team. If a child is admitted to care, prompt transfer of Child Service files to the Family Service team, upon completion of the initial court hearing, Comprehensive Risk Assessment and short-term Risk Reduction Service Plan, is a high priority.

## **8. COMPLIANCE TO CHILD PROTECTION PRACTICE**

Child Protection Intake files were audited for compliance to the Child Protection Standards, the Risk Assessment guidelines, and case management policy to include:

- the quality of the investigation
- compliance with utilization of the risk assessment model
- quality of assessments and the decisions made
- appropriate use of removal and court intervention, where applicable.

Fifty (50) Child Protection files were audited. The following provides a breakdown of compliance ratings. In some cases, for example Supervisor Consultation, the compliance rating reflects documentation rather than practice.

The overall compliance for the 50 files audited was assessed at **82.81%**.

### **1. Protocols:**

Protocols were followed in 16 of the 17 applicable cases (32% compliance. Thirty three (33) files were not applicable and demonstrated good practice (66%). One case was rated N/C (2%) where information about agency involvement was incomplete.

### **2. Children from Aboriginal Communities:**

Standard criteria were met in 46 of 50 files (92%). One (1) file (2%) was rated NCF, beyond the control of the worker. The remaining 3 cases (6%) were rated non-compliant, where the information was not recorded to identify the Aboriginal community, likely from the province of Alberta, and/or there was no confirmation of Band involvement.

3. **Cultural, Racial and Religious Differences:** Staff demonstrated strong practice in all 50 files (100% compliance).
4. **Reportable Circumstances:**  
One file of the 50 audited cases met this standard (100% compliance). The other 49 cases were rated N/A.
5. **Case Records:**  
Case records met standard criteria in all 50 files (100% compliance).
6. **Supervisory Responsibility:**  
Standard criteria were appropriately met in 29 of 50 files (58%). There was no record of DS involvement at one or more Risk Decision points in the remaining 21 files (42%). This omission of information was discussed with the RCPM, the Supervisor and the team. It appears that in fact the workers have discussed and consulted at all decisions points with the supervisor, but the information was not recorded.
7. **Assessment of Reports:**  
This standard was completed satisfactorily in all 50 files (100%).
8. **Prior Contact Check and Registration:**  
Standard criteria were met in all 50 files (100%).
9. **Determining the Speed of Assessment:**  
Standard criteria were met in all 50 files (100%).
10. **Risk Decision 1: Deciding Whether to Investigate:**  
The appropriate decision was made in all 50 files (100%).
11. **Informing the Police:**  
The police were appropriately involved in 5 of applicable files (100%). In 45 of 50 files this standard was not applicable.
12. **Risk Decision 2: Decide Investigation Response Time:**  
Practice requirements were met in all 50 files (100%).
13. **Initial Plan of Investigation:**  
An appropriate plan for investigation had been developed for 44 of 50 applicable files (88%). Six (6) files contained no documentation to confirm the initial plan.
14. **Steps Required to Complete the Investigation:**  
Relevant necessary steps were carried out in 26 of 50 files (52%). In 24 files (48%) one or more of the required steps did not appear to have been completed. In a majority of the cases rated NC, key collateral information was missing. This matter was discussed in the meeting with the team, the supervisor, and the Child Protection Manager.
15. **Seeing and Interviewing the Child:**

Standard criteria were met in 32 of 48 applicable files (67%). There was insufficient documentation to indicate that the child or other children in the household were seen or interviewed in 12 files (25%). These files were identified for the supervisor and the Child Protection Manager. The other 2 cases were rated N/A.

**16. Arranging Medical Examination for the Child:**

Compliance criteria were met in one (1) of 4 applicable files (25%). Three (3) files (75%) lacked sufficient information to confirm that the sibling of a child suspected of sexual abuse was medically examined.

**17. Seeing and Interviewing the Parent:**

Confirmation that the parent (s) were seen and interviewed was found in 35 of 49 applicable files (71%). The parent was not available in 2 cases (4%). 12 files (24%) contained insufficient information to determine whether one or both parents were seen and interviewed in person.

**18. Risk Decision 3: Assess Child's Immediate Safety:**

The child's immediate safety was correctly assessed in 42 of 50 applicable files (84%). However, most of these cases lacked any rating although the information has been entered implying a misunderstanding with policy. This matter was discussed and clarified in the team meeting together with the supervisor and the Child Protection Manager. Eight (8) of 50 applicable files (16%) were rated NC where it appeared the assessment was inaccurate or the delay in the investigation negated the immediacy of the assessment.

**19. Risk Decision 4: Decide if Child Needs Protection:**

Appropriate protection decisions were made in 39 of 50 applicable files (78%). Eleven (11) files (22%) were rated NC where the decision appeared to be based on incomplete information. These files were identified for the Supervisor and the Child Protection Manager.

**20. Investigative Action - Cannot Locate Child or Family:**

One file (100% compliance) of the audited files contained issues related to this standard. The other 49 files were rated N/A.

**21. Recording and Reporting the Investigation Results:**

Practice was appropriate in 48 of 50 files (98%) where investigative action was initiated. There was incomplete recording of investigation results or indication that the reporter had been contacted in one (1) file (2%).

**22. Time Limit for Investigations:**

Investigations were completed within the required time frame in 34 of 50 applicable files (68%). One (1) investigation was delayed due to factors beyond the control of the worker (2%). Fifteen (15) files (30%) were rated NC where there was considerable delay in completing the investigation.

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

The assessment was complete in one of one applicable file (100%). The remaining 49 files were rated N/A.

**24. Risk Assessment of a Third Report:**

The assessment was completed in 2 files of 2 applicable files (100%). The standard was NA for the remaining 44 files.

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

The service plan was N/A in all 50 files.

**26 to 31. There were no applicable cases.**

**32. Closing a Protective Family Service Case:**

Standard criteria was met in 41 of 50 applicable files (82%). There was insufficient documentation to indicate whether or not the closure was discussed with the family or if relevant agencies were informed or there was an appropriate investigation to support an accurate finding of in need of protection to proceed to file closure.

**9. COMPLIANCE TO VOLUNTARY FAMILY SERVICE PRACTICE**

The AHB team receives all new incoming calls for the Cranbrook area, including requests for family and youth support services. Intakes are assessed and referrals made to appropriate community resources. The AHB team does not provide non-protective family services.

Eighteen (18) Request for Service intake files were audited for compliance to:

- the accuracy of the assessment of the report/request for service
- speed of assessment
- appropriateness of the referral or outcome of the request for service.

The overall compliance for Voluntary Family Service file was assessed at **94.16%**

**1. Protocols**

Two (2) files of the 4 applicable cases were compliant (50%). The other 2 files were rated CA, beyond the control of the worker. The remaining 14 files were rated N/A.

**2. Children from Aboriginal Communities**

All files (18) rated C at full compliance.

**3. Cultural, Racial & Religious Differences**

All files (18) rated C at full compliance.

**4. Reportable Circumstances**

All files (18) rated N/A.

**5. Case Records**

All files (18) rated C at full compliance.

**6. Supervisory Responsibility**

All files (18) rated C at full compliance.

**7. Initial Assessment of Referrals, Service Requests, Reports**

Fifteen (15) cases were rated C (83% compliance); three (3) cases were rated NC (17%).

**8. Prior Contact Check & Registration**

A PCC was found on all files (18) (100% compliance).

**9. Determining the Speed of Assessment**

Seventeen (17) of the eighteen (18) applicable files had been assessed within required time frames (94%). One (1) case rated NC (6%)

**10. Comprehensive Assessment**

Four (4) files of the 6 applicable cases were rated C (67%); two (2) files were rated NC as the assessment appears incomplete by missing information like: collateral sources, family and social history, needs, strengths, circumstances of family members, history of previous services and previous assessments. Twelve (12) files were rated N/A.

**11. Legal Documentation**

All files (18) were rated N/A.

**12. Service Plan with Goals & Time Frames**

N/A in all cases.

**13. Service Plan Monitored**

N/A in all cases.

**14. Service Plan Review/Evaluation**

N/A in all cases.

**15. Reclassifying Case from Protective FS to Voluntary FS**

N/A in all cases.

**16. Transferring a Family Service Case**

All files N/A in all cases.

**17. Closing a Family Service Case**

Seventeen (17) files were rated C (94%). One (1) case was rated NC (6%), because the closure appears premature considering that the assessment to evaluate services is incomplete.

**18. Recording**

All files N/A in all cases.

**10. INTAKE AND TRACKING SYSTEMS**

**(a). Intake and Investigation**

All new calls for service - child protection reports and requests for voluntary service - for the Cranbrook area are directed to the AHB Child Protection team for assessment and investigation. Responsibility for screening has been assigned temporarily since August 2000 to one worker; otherwise this responsibility is rotated on the team according to a monthly schedule.

The Screener documents the protection report, completes a Prior Contact Check (PCC), opens the file, completes Risk Decisions #1 and #2, and the investigation plan if applicable, and immediately provides the Team Supervisor with two copies of the intake. If it is emergent, the Team Supervisor immediately assigns one of the workers on the team to begin the investigation. The Team Supervisor makes the final decision on case assignment, based on workload and workers availability.

The Team Supervisor signs one copy of the Intake which is given to the investigating social worker, the other control copy is entered into the social worker's folder until completion, at which time the control copy is removed from this folder and placed into the completed intakes annual filing system.

Service requests are similarly documented on the Intake System and referred to appropriate agencies.

Where a previous record exists and a community professional is calling with a report, the Screener forwards the call to the social worker involved from the Intake team or any of the two Family Service teams. If the worker of the Family Service team is not available, the call is forwarded to the worker on duty on the Family Service team. The Screener may complete some initial collateral contacts on request.

If the call is from the community on an open file, the Screener enters the information on a Notepad and prints copies for the social worker of the case, the Family Services supervisor and the Intake supervisor. If the call is urgent, the Screener takes the copy of the Notepad directly to the supervisor. The Screener accepts collect calls.

The administrative support staff opens the physical file and call for any existing files in other offices.

The investigating worker completes the investigation to Risk Decision #6, consulting with the Team Supervisor at key decision points throughout the investigation. Social workers consult with the AHB Supervisor, other Supervisors in the building or Child Protection Manager if the Team Supervisor is unavailable. If the child is found in need of protection, the AHB worker completes Risk Decision #5, the Comprehensive Assessment of Risk and a short-term Risk Reduction Plan, Risk Reduction #6.

When it is required that a specialized investigation be undertaken, such as Section 13 Protocol Investigations of Family Care Homes, School District investigations or investigations on Day Care or Licensed Residential Facilities, the Regional Child Protection Manager may opt for any

social worker of the 3 teams to conduct the investigation. This decision is taken in consultation with the 3 supervisors and Community Services Manager.

Social workers on the AHB, AFB and AFC teams share responsibility for weekend After Hour calls through a rotating stand-by schedule. There is no stand-by schedule during the week, workers attend as called out. The social worker called out assesses and/or investigates the call, consult with the After Hours supervisor and completes either the assessment or investigation. At the end of the involvement, the worker reports back to After Hours. The After Hours office enters the information and send a memorandum to the Intake team or the office responsible for the file.

### **(b). Tracking**

The Team Supervisor maintains an effective tracking system. She utilizes the available Caseload Management Reports and the Intake Status Report for each worker as tools to assist her in tracking and monitoring the open cases in the AHB team. In addition, the team supervisor utilizes the quarterly Integrity Reports produced by the Child Protection Division.

Open cases are reviewed regularly with the social workers through ongoing individual consultation. The supervisor is very knowledgeable about the cases and the social workers keep her informed at each step of the investigation.

The Team Supervisor maintains a separate system for open intakes filed according to month, that includes date opened, name of the client, nature of intake (investigation, support or no further action/notepad transfer), assigned social worker, and date closed (or transferred).

### **(c). Case transfer**

Family Service cases are transferred from the AHB team to the AFB or AFC Family Services team upon completion of Risk Decision #5 and completion of a short-term Risk Decision #6. Child Services files are transferred following the initial court hearing.

The transfer of protection files from the AHB Intake team to the Family Service teams follow the Intake and Family Service Interface Protocol. The transfer is done from Supervisor to Supervisor once the FS and CS computer screens have been updated.

## **11. SUPERVISION/CONSULTATION**

The Team Supervisor has the authority, accountability, and responsibility for supervision and decision-making with respect to child protection and non-protection family support practice. The Child Protection Manager oversees the work of the Child Protection Intake Supervisor, providing consultation as necessary.

The Team Supervisor has been able to devote full time to supervisory responsibilities on the Child Protection team since August 1999. There is no formal supervision to the social workers or the Team Supervisor, although there is frequent consultation. Staff noted that the supervisor is

very accessible and available, and well informed about their cases. The AHB Supervisor is also responsible for supervising the Administrative Support staff.

At the time of the audit, the AHB team started to have weekly team meetings. There are monthly building meetings including the 3 teams and the administrative support staff.

Staff appraisals on the team are fairly up to date, including the Team Supervisor.

There is ongoing consultation with the Team Supervisor by the social workers and regular consultation with the Regional Child Protection Manager by the Team Supervisor.

## 12. TRAINING

The Team Supervisor completed all core and mandatory training as a social worker. Since becoming a supervisor, she has completed the Clinical Supervisor training.

All social workers have completed core social worker training, including Risk Assessment training. The advanced Investigative Interviewing training has not yet been made available to the team. Staff has just received new computers and has attended the Outlook computer training, except for one worker. The advance Risk Assessment training will be offered to the team members in October or November of this year. Staff reported that it is difficult to attend training events as there is no back up available to the team.

## 13. RECOMMENDATIONS

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

2. Regional management continue with the plan they have developed and implemented to improve compliance in documentation and/or practice requirements in **child protection practice** in the following areas:

- #6. Supervisory Responsibility
- #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
- #22 Time Limit for Investigations
- #24: Risk Assessment of a Third Report



3. Regional management continue with the plan they have developed and implemented to improve compliance in documentation and/or practice requirements in **Voluntary Family Service Practice** in the following areas:

- Comprehensive Assessment

Alfredo Sepulveda, MSW  
Provincial Auditor  
Audit Unit, Child Protection Division  
October 13, 2000

**APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS**

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

BRITISH Ministry for  
COLUMBIA Children and

### SUMMARY OF 50 CASE AUDIT(S) FOR OFFICE AHB

<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	32%	32	64%	2	4%		
10-10-020	2	Children From	48	96%		1	2%			
10-10-030	3	Cultural, Racial &	50	100%						
10-10-040	4	Reportable	1	100%				49		
10-10-050	5	Case Records	50	100%						
10-10-060	6	Supervisory	29	58%			21	42%		
10-20-010	7	Assessment Of Reports	50	100%						
10-20-020	8	Prior Contact Check And	50	100%						
10-20-030	9	Determining The Speed	50	100%						
10-20-040	10	Risk Decision 1:	50	100%						
10-20-050	11	Informing The Police	5	100%				45		
10-30-010	12	Risk Decision 2:	50	100%						
10-30-020	13	Initial Plan Of	44	88%			6	12%		
10-30-030	14	Steps Required To	26	52%			24	48%		
10-30-040	15	Seeing And Interviewing	32	67%		4	8%	12	25%	2
10-30-050	16	Arranging A Medical	1	25%			3	75%	46	
10-30-060	17	Seeing And Interviewing	35	71%		2	4%	12	24%	1
10-30-070	18	Risk Decision 3:	42	84%			8	16%		
10-30-080	19	Risk Decision 4:	39	78%			11	22%		
10-30-090	20	Investigation Where	1	100%					49	
10-30-100	21	Record & Report	48	98%			1	2%	1	
10-30-110	22	Time Limit For	34	68%		1	2%	15	30%	
10-40-010	23	Risk Decision 5:	1	100%					49	
10-40-020	24	Risk Assessment Of A	2	50%			2	50%	46	
10-50-010	25	Risk Decision 6:							50	
10-50-020	26	Supervision Orders							50	
10-50-030	27	Removing A Child							50	
10-60-010	28	Risk Decisions 7, 8, 9:							50	
10-60-020	29	Reclassify Case From							50	
10-60-030	30	Where A Child Or Family							50	
10-60-040	31	Transferring A							50	
10-60-050	32	Closing A Protective	41	82%			9	18%		

**Standards in Compliance: 795      Applicable Standards: 962      Overall level of compliance: 82.64%**

**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

### SUMMARY OF 18 CASE AUDIT(S) FOR OFFICE AHB

<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	2	50%	2	50%		14
30-10-020	2	Children From	18	100%				
30-10-030	3	Cultural, Racial &	18	100%				
30-10-040	4	Reportable						18
30-10-050	5	Case Records	18	100%				
30-10-060	6	Supervisory	18	100%				
30-25-010	7	Initial Assessment Of	15	83%			3	17%
30-25-020	8	Prior Contact Check &	18	100%				
30-25-030	9	Determining The Speed	17	94%			1	6%
30-35-010	10	Comprehensive	4	67%			2	33%
30-35-020	11	Legal Documentation						18
30-35-030	12	Service Plan With Goals						18
30-35-040	13	Service Plan Monitored						18
30-35-050	14	Service Plan						18
30-60-020	15	Reclassifying A Case						18
30-60-040	16	Transferring A Family						18
30-60-050	17	Closing A Family	17	94%			1	6%
30-65-010	18	Recording						18

**Standards in Compliance: 145      Applicable Standards: 154      Overall level of compliance: 94.16%**

**Compliance Definitions:**

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

## **APPENDIX II: DESCRIPTION OF AUDIT STANDARDS**

## PRACTICE AUDIT STANDARDS for Child Protection Practice

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

### Practice Standards Compliance Measurement

**Compliance Definitions:**

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

## PRACTICE AUDIT STANDARDS - CHILD SERVICE

Revised April 1, 1999

- 1. 45-10-010 PROTOCOLS**  
Standard relates to the existence of protocols with police, Aboriginal Bands, etc., and carrying out practice according to the protocol.
- 2. 45-10-020 CHILDREN FROM ABORIGINAL COMMUNITIES**  
Was it established if the child was from an Aboriginal community and was that community contacted and involved in the planning for the child?
- 3. 45-10-030 CULTURAL, RACIAL, RELIGIOUS DIFFERENCES**  
Standard relates to sensitivity, respect for differences, ensuring an interpreter is obtained if social worker cannot communicate with the child in it's language.
- 4. 45-10-040 REPORTABLE CIRCUMSTANCES**  
Critical incidents reported to the Director as defined by policy.
- 5. 45-10-050 CASE RECORDS**  
Are case records and confidential file information stored in a secure file room, etc.?
- 6. 45-10-060 SUPERVISORY RESPONSIBILITY**  
Supervisor is consulted according to policy.
- 7. 45-20-010 APPROPRIATE LEGAL PLAN**  
Appropriate use of care agreements; was removal appropriate; was extension appropriate, etc.?
- 8. 45-20-020 LEGAL DOCUMENTATION**  
Agreements; court documents; orders on file.
- 9. 45-20-030 PUBLIC TRUSTEE NOTIFIED**  
As defined in policy.
- 10 45-30-010 ADMISSION MEDICAL**  
Completed and on file.
- 11. 45-30-020 MEDICAL HISTORY OBTAINED AND RECORDED**  
Information gathered and records clearly identifiable on file.
- 12. 45-30-030 ONGOING MEDICAL NEEDS ATTENDED**  
Child's medical/dental needs followed up.
- 13. 45-40-010 OVERALL GOAL DETERMINED**  
As defined in policy
- 14. 45-40-015 DEVELOPING A COMPREHENSIVE PLAN OF CARE**  
Plan of care meeting occurs where possible and appropriate.
- 15. 45-40-021 PLAN OF CARE - TIMELY & CURRENT**  
Completed according to time frames.
- 16. 45-40-025 ASSESSMENT, PLANNING & VIEWS**  
Assessment and planning is appropriate to child's needs.
- 17. 45-40-030 CARE PLAN REVIEWED**  
Care plan reviews completed according to policy.

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



## **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.