

DIRECTOR'S PRACTICE AUDIT REPORT
DUNCAN CHILD PROTECTION INTAKE & INVESTIGATION TEAM
(KHD)

Field Work Completed: December 6 - December 14, 2000

**DIRECTOR’S PRACTICE AUDIT REPORT
DUNCAN CHILD PROTECTION INTAKE (KHD)**

TABLE OF CONTENTS

1. PURPOSE	3
2. METHODOLOGY	3
3. COMMUNITY OVERVIEW	4
4. STAFFING.....	6
5. PROTOCOLS.....	7
6. ABORIGINAL SERVICES.....	7
7. AUDIT SAMPLE	8
8. COMPLIANCE TO CHILD PROTECTION PRACTICE.....	8
9. COMPLIANCE TO NON-PROTECTIVE SERVICE PRACTICE	13
10. INTAKE AND TRACKING SYSTEMS.....	14
11. SUPERVISION/CONSULTATION	16
12. TRAINING	16
13. RECOMMENDATIONS.....	17

APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS

APPENDIX II: DESCRIPTION OF AUDIT STANDARDS

**DIRECTOR'S PRACTICE AUDIT REPORT
DUNCAN CHILD PROTECTION INTAKE/INVESTIGATION TEAM (KHD)**

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.

The audit of this office was a random audit, agreed upon by the Regional Child Protection Manager and the Team Supervisor on short notice, in order to provide a training opportunity for the Child Protection Audit Division. The office was previously audited in November 1998, as part of the provincial pro-active audit cycle. Pro-active 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 Duncan Intake & Investigation Team (KHD) 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 documented compliance to the Child Protection Standards and the Risk Assessment guidelines. Information was obtained from file records and from interviews with staff.

Field work was conducted from December 6 to December 14, 2000, by two auditors. 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 auditors 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 auditors 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 and Child Protection Manager for a detailed review of the findings. The Team Supervisor was provided with the compliance report for each file that had been audited.

3. COMMUNITY OVERVIEW

(a). Geographics

The Duncan Intake & Investigation office is part of the Central and Upper Vancouver Island/Central Coast Region. The region covers the geographic area from Malahat Drive to the northern end of Vancouver Island, including the islands in between. The cities and communities served include Duncan/Cowichan; Nanaimo/Ladysmith; Parksville/Qualicum; Port Alberni and the West Coast; Courtenay/Comox; Campbell River; Port Hardy.

The Duncan KHD team provides Intake & Child Protection investigation services to the City of Duncan and the surrounding communities extending south to the northern end of Malahat Drive; west to Lake Cowichan, Honeymoon Bay, and Youbou; north to Chemainus, Kuper and Thetis Islands; and including Shawnigan Lake, Mill Bay, Cobble Hill, and Cowichan Bay.

(b). Demographics

Information obtained from staff cited the population of the city of Duncan to be approximately 5000, with the area population served to be in the neighborhood of 30,000 to 40,000.

The economy of the area is resource-based: the lumber/pulp and paper industries are major employers. Employment/unemployment rates fluctuate with the economics related to these resources: a mill at Youbou is reported to be slated for closure. Staff noted a lack of employment opportunities for single female parents.

There is a large First Nations population in the geographic area served, living both on and off Reserves. The Cowichan Tribes agency, Lalum'utul'Smun'eem, is fully delegated and provides a full range of delegated services under the CF&CS Act. If a family moves off the Reserve, case responsibility is transferred to the responsible MCF office. The Central Island Nations agency, Kwumut Lelum, has partial delegation.

The client population reflects the socio-economic and ethnic/cultural diversity of the city and the communities. Staff noted that many of the families and children they work with were affected by poverty, alcohol and drug abuse, and domestic violence.

(c). Service Delivery

The Central/North Island Regional office is located in Nanaimo. Management staff includes the Regional Executive Director; two Child Protection Managers who oversee the delivery of child protection services; and Community Services Managers who oversee integrated and ongoing family, youth, and child services. Two Child Protection Consultants provide consultation to offices responsible for child and family protective services.

The service delivery structure for Duncan includes the KHD Intake & Child Protection Investigation team who receive all intake for the area, investigate all new child protection reports, and assess new requests for support services. Cases opened to provide ongoing protective services are transferred to one of the two integrated Family & Child Service offices. Cases are transferred on the basis of the ages of the children in the family: if the subject child(ren) is (are) under 12, the file is transferred to the Child & Family Services team (KDB); if the children are age 12 or older, the file is transferred to the Youth Services team (KDC). Files are transferred from the Child Protection team upon completion of Risk Decision #5, the Comprehensive Assessment of Risk.

New child protection reports on open files are investigated by either the Child Protection team or the responsible integrated F&CS team, depending on the nature of the report.

Files opened to provide a brief non-protective service are maintained on the KHD team and are managed by the two Intake social workers.

(d). Resources

(i). Residential

Child care resources for the Duncan area are managed by Resources social workers that are located with both the Child & Family Services and the Youth Services teams.

Social workers on the Child Protection team access a placement by contacting one of the resource workers, depending on the age of the child/youth. 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 in the area include family care homes; two group homes for teens; a 4-bed, short-term, emergency assessment resource for teen girls; a 4-bed emergency placement for male youth. Staff interviewed noted that children are usually placed within their own community, however matching the home to the child's needs can be difficult. The First Nations agency, Lalum'utul'Smun'eem, shares their foster homes with the other MCF offices in order to meet the needs of Aboriginal children admitted to care.

(ii). Non-Residential

There are a variety of contracted resources providing support services to families and children in Duncan and area including: the Community Options Society (providing Teen/Family Mediation, Family Counseling, parenting courses, stress and anger management counseling, a parent support group); Cowichan Family Life (providing family counseling, Child & Youth workers); Cowichan Lake Community Services who provide all support/counseling services to the Cowichan Lake area; WAVAW and Rainbows, both of whom provide a children who witness violence program; Paramed for homemaker services; Alcohol & Drug Services; Mental Health; Infant Development. The Friendship House and the Tsewultum Health Centre assist in providing services to First Nations families living off Reserve.

Staff report effective working relationships with the police, schools, the hospital social worker, the Community Health Nurses, Drug & Alcohol Services, the First Nations Agencies. Cooperation from the local medical profession was described as less consistent. Child and Youth Mental Health workers have maintained a separate identity and do not actively function as part of the CFCS teams. Youth Probation Officers are members of the Youth Family Services team.

(e). Legal Services

Staff is very satisfied with the assistance and representation provided by legal counsel. Matters move through the court system in a timely manner.

4. STAFFING

• Staff Complement/Staff Turnover

The KHD team includes the Team Supervisor and 7 social worker positions: all positions are filled with permanent staff. Two social workers left during the year: one, a long time member of the team and one worker who had been on the team for a short time. Two social workers have joined the team during the past year.

Of the 7 social workers now on the team, one has been on the team for 3 ½ years; three for 2 years; one for 1 ½ years; 2 for 4 months.

• Administrative Services Staff Complement

The Administrative Services team includes the Supervisor and one Office Assistant (OA2). The Administrative Supervisor is very experienced and, having worked in the area for a number of years, provides skilled administrative leadership to the team.

• Supervisor/Social Worker Education and Experience

The Team Supervisor has BA, BED degrees and 30 years experience with MCF, 8 years as supervisor, 4 years on this team. One social worker has a MSW degree; five social workers have a BSW degree; one social worker has a BA. Social worker experience ranges from 8 years, 6 years, 5 years, 4 years, to 2 years.

• Delegation

The Team Supervisor and all seven social workers have full delegation.

• Current Workload

Caseload Management Reports obtained at the beginning of the audit recorded 233 open files: the Intake Status Report recorded 219 open intakes. Of these 219 intakes, 84 had been opened during the months of November and December/00; 131 were opened between January and October/00; 3 were opened in 1999; 1 intake was opened in 1998. Caseloads for the investigating workers ranged from 20 to 40 open files. The two intake workers carried caseloads of 27 and 42 files.

The October 6/00 Intake & Child Services Integrity Report, the most recent report available in the office, recorded an average of 60 new intake cases per month for the previous six-month period.

5. PROTOCOLS

- (1). Trilateral Protocol Agreement: The Protocol Agreement between MCF, the School District, and the RCMP has been completed and is about to be signed.
- (2). Central Island Health Region: A Protocol between MCF, the Duncan Central Island Health Region, and Cowichan District Hospital (Duncan) has been completed and is ready for signature. (The protocol includes discharge planning for high risk infants.)
- (3). A file transfer protocol between the Child Protection, Family and Youth Services teams is in place.
- (4). Protocol agreements between the local MCF offices and both Lalum'utul'Smun'eem and Kw'umutlelum are in place. These agreements guide the working relationship with regard to the day to day work in child welfare by addressing file transfers, resource development and resource sharing as well as information sharing etc.
- (5.) The Region is awaiting the provincial template for protocol development with transition houses and once they receive this they will begin development of protocols with transition houses.

6. ABORIGINAL SERVICES

The Duncan MCF offices serve a large First Nations population. A Delegation Agreement is in place with Lalum'utul'Smun'een providing that agency with full range of delegated services under the CF&CS Act for Cowichan Tribes families living on Reserve.

There is also a DEA in place with Kwumut Lelum, Central Island. Formal protocols are not in place with other Bands within the geographic area, including the Penelakut, Malahat, and Halalt Bands.

KHD staff reported an excellent working relationship with Lalum'utul'Smun'eem. The teams keep each other informed as clients move on and off Reserve. Lalum'utul'Smun'eem is generous in sharing foster home resources for Aboriginal children in care.

Where a DEA or a formal protocol does not yet exist, KHD staff indicate they work closely with Band staff in conducting on-reserve assessments and investigations. Statistics for September/00, indicated that 45% of the cases on the KHD, KDC, and KDB teams were Aboriginal families. The families are referred to community agencies providing counseling and support services to First Nations people.

7. AUDIT SAMPLE

The audit was asked to review a minimum of 20% of the number of intake files opened and/or closed during the past six months.

The most recent available Intake & Child Services Integrity Report was used to determine the size of the audit sample. Based on 360 as the recorded number of intakes for a previous six month period, the audit was expected to review a minimum of 72 cases (20%).

The Child Protection Manager and Team Supervisor requested that non-protective services be well-represented in the audit sample. The sample therefore, included 25% of open non-protective service files.

Seventy-two (72) files were audited (47 child protection files and 25 non-protective services files). The majority of child protection files audited were closed intakes (files) in order to accurately reflect a review of the work conducted on completed investigations. A small sample of files (6 files) with intakes open beyond 60 days was included in the audit.

Files were selected randomly from current office-generated Caseload Management Reports.

No Child Service files were audited as they are not maintained on the Intake team. If a child is admitted to care, transfer of Child Service files to the Family & Child Services/Youth Services team, upon completion of the initial court hearing and opening/transfer recording, is a 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.

Forty-seven (47) Child Protection files were audited (41 closed, 6 open). In the November 1998 Audit, a sample of 54 Child Protection files was audited. Three areas of practice were identified as requiring improvement as a result of that audit: completion of Risk Decision #1; steps required to complete the investigation; and risk assessment of a third report. The recent audit of KHD shows significant improvement in all three of these areas. The findings indicate that

practice has also improved in the areas of Seeing and Interviewing the Parents, and Informing the Police.

Notable decreases in percentage compliance (from the November 1998 audit) were found in the areas of Investigation Time Limit and at Risk Decisions 3 and 4, and in documenting Supervisory Responsibility. However, upon interview staff report that while supervisor consultation may not be documented, consultation is done at the daily morning meetings, or upon receipt of intake, if an emergency, and throughout the investigation..

Files requiring follow-up were reviewed with the Team Supervisor and Child Protection Manager at the conclusion of the audit. The following provides a breakdown of compliance ratings and a comparison of the audit findings to those documented in the previous audit.

1. **Protocols**

Protocols were followed in a majority of cases. Forty-six cases (98%) were rated C. One case was rated NC where there was no information on file. (The percentage compliance rating for this standard in 1998 was also 98%.)

2. **Children from Aboriginal Communities**

42 of 47 cases were rated compliant (89%); 5 cases were rated NC (11%). In 4 cases rated NC, the families were said to be First Nations, however there was no indication on file that the Band had been involved in the investigations. In one case there was no information on file. (Previous compliance rate was 98%).

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

46 files were rated C (98%). In one file that was rated NC there was no information on file. (Previous compliance rate was also 98%.)

4. **Reportable Circumstances**

The auditors found no cases with a reportable circumstance. (Previous audit results the same.)

5. **Case Records**

Case records were found to be in the correct format in 46 cases (98%). In 1 case file rated NC, a note-pad had 'fallen off' of the system and not re-entered as an intake with an assigned control number. (No change from 1998.)

6. **Supervisory Responsibility**

Confirmation of supervisor involvement at key decision points throughout an investigation and in case planning was documented on 20 files at 43% compliance. Many of the 27 files rated NC (57%) lacked documentation of supervisor consultation at Risk Decision 1. In a majority of cases consultation was stated as part of the case plan, however was not verified. On interview, staff reported that consultation does take place particularly at the morning intake meetings. Consultation with the supervisor was rarely documented at Risk Decision 3. (This finding indicates a change in practice from the 1998 audit findings, at which time the team was shown to comply in 96% of cases.)

7. **Assessment of Reports**

Practice requirements were met in 44 of 47 cases (94%). Three files were rated NC: 2 reports should have been designated as protection reports; in 1 case there was no information on file. (Previous audit, 100% compliance.)

8. **Prior Contact Check and Registration**

A PCC was found on 45 files (96%). For 1 file rated NC, a PCC was on file, and showed that the family had a history with MCF as documented in an AO. While the worker did review the “screen history”, however there was no indication on file that the worker had requested or reviewed this history. On the other file rated NC, the PCC was completed and showed an AO and CS files that should have been called for in completing an assessment, particularly in this case as a RD 5 was done. (In 1998, those cases audited were 100% compliant.)

9. **Determining the Speed of Assessment**

The standard was completed at full compliance on 40 files (85%). 7 files (15%) were rated NC: 5 of these files indicated that the assessment was not completed within 24 hours; in 1 of these reports, the social worker did make attempts to contact the parent, but it was 27 days before the consultation was documented and a plan made to investigate. In 1 case there was no information on file. (Previous audit indicates 100% of cases were compliant.)

10. **Risk Decision 1: Deciding Whether to Investigate**

The standard was met in 43 cases at 91% compliance. In 1 case rated NC, insufficient information was documented on file to determine the appropriate response (i.e. lacking assessment information from the parent and the child about the reported situation). In 2 cases rated NC, the information indicated protection concerns and/or the action taken went beyond assessment without designating the intake an investigation; in 1 case, information was incomplete. (A significant improvement from 1998, at which time compliance was 69%.)

11. **Informing the Police**

The police were contacted as appropriate in 10 of 11 cases (91%).
(An improvement from 1998 when compliance was 71%.)

12. **Risk Decision 2: Decide Investigation Response Time**

Practice requirements were met in 36 of 41 applicable cases at 88% compliance. (Previous audit, 100% compliance.)

13. **Initial Plan of Investigation**

An initial plan was clearly documented in 39 of 41 applicable cases at 95% compliance.
(Previous audit, 100% compliance.)

14. **Steps Required to Complete the Investigation**

This standard was completed at full compliance in 30 of 38 applicable cases (79%); 8 cases were rated NC and nine were rated NA. All cases rated NC lacked documentation regarding collateral/key collateral contacts.
(Previous audit, 58% compliance.)

15. Seeing and Interviewing the Child

The standard was met in 34 of 42 applicable cases at 81% compliance. In 6 of the cases rated NC, there was insufficient documentation on file to determine if children were interviewed in person and/or one-to-one. (In 1998, 87% compliance, 4% NCF and 9% rated NC.)

16. Arranging Medical Examination for the Child

Compliance criteria were rated NA for 46 of 47 cases. 1 case was rated NCF where the children refused to be seen by a doctor.
(In 1998, 1 case was applicable and compliant.)

17. Seeing and Interviewing the Parent

The standard was met in 39 of 42 applicable cases (93% compliance). Three cases (7%) were rated NC. In 1 case, the parent was not contacted for assessment information. In 3 cases rated NC, concerns were discussed with the parent by telephone. (An improvement since 1998, when cases were 80% compliant.)

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

The child's immediate safety was appropriately assessed in a timely manner in 30 of the applicable 41 cases at a compliance rate of 73%. Eleven cases were rated NC (27%). 6 files were rated NA. Of the cases rated NC: 6 contained insufficient information to make this decision; the safety assessment on an open file was not yet completed; in one case the information in the assessment was inconsistent with intake information; three files were rated NC where there was considerable delay in beginning the investigation. (In 1998, 91% compliance.)

19. Risk Decision 4: Decide if Child Needs Protection

This standard was rated at full compliance in 24 of 37 applicable cases (65%). Thirteen files (35%) were rated NC and 10 cases were rated NA. In all cases rated NC information to arrive at the decision, as documented, was incomplete i.e. collateral information; interview with the child; interview with the parent. (Previous audit, 86% compliance.)

20. Investigative Action – Cannot Locate Child or Family

This standard was rated "NA" in all cases. (The 1998 audit showed 1 applicable case was rated C.)

21. Recording and Reporting Investigation Results

Investigation results/reporting was completed in 32 of 37 applicable cases (86%). 5 cases (14%) were rated NC: 5 lacked documentation that the reporter had been notified, and in 1 case, the children could have been notified as well. 10 cases were rated NA where the file is still open or an investigation was not completed. (Results from the 1998 audit show 100%

compliance on this standard at that time.)

22. **Time Limit for Investigations**

The standard was met in 21 of 41 cases (51%); 4 cases (10%) were rated NCF; 16 cases (39%) were rated NC; 6 cases were rated “NA”.
(Previous audit, 92% compliance.)

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

A Comprehensive Risk Assessment was completed according to standard in 4 of 5 cases (80%); 1 case (20%) was rated NC when the assessment ratings were inconsistent with information on file. (Previous audit, standard was NA in all cases.)

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

4 out of 4 cases were rated C for 100% compliance.
(A significant improvement since the 1998 audit, when 1 of 4 cases, 25%, was rated C, with 3 cases rated NC.)

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

This standard NA in all cases.

26. **Supervision Order**

This standard was NA in all cases.

27. **Removing a Child**

This standard was NA in all cases.

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

This standard was NA in all cases.

29. **Reclassify – Protective to Voluntary Family Service**

This standard was NA in all cases.

30. **Transferring a Protective Family Service Case**

This standard was NA in all cases.

31. **Closing a Protective Family Service Case**

Work related to closure was complete in 2 out of 2 applicable cases, 100% compliance.

9. COMPLIANCE TO VOLUNTARY FAMILY SERVICE PRACTICE

The KHD team receives all new requests for family and youth support services. Intakes are assessed and referrals made to appropriate community resources, and where ongoing MCF non-protective services are required, a family service file is opened. If it appears that the service will

be short-term, it is maintained on the KHD team by the Intake workers. If it is apparent the service will be long-term, the case is transferred to the Family or Youth Services team.

Twenty-five (18 open and 7 closed intake) non-protective service files, were audited for compliance to case management policy including:

- 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.
- where applicable, adequate assessment information and a documented service plan with goals and time frames

The following provides a breakdown of the compliance ratings. (The November/98 audit sample size was considerably smaller [11 files]so comparison figures are not included in the analyses.)

1. Protocols

All 25 files were rated C for full compliance.

2. Children from Aboriginal Communities

All files were rated C for full compliance.

3. Cultural, Racial & Religious Differences

All files were rated C.

4. Reportable Circumstances

All files rated were NA.

5. Case Records

20 files were rated C: 5 files were NC where electronic file information was incomplete.

6. Supervisory Responsibility

15 files were rated C: 10 files were rated NC where there was no confirmation of supervisory consultation with respect to assessment of the intake. On interview, staff reported that consultation does occur, but is not documented.

7. Initial Assessment of Referrals, Service Requests, Reports

19 cases were rated C: 6 cases were rated NC where the assessment was incomplete or incorrect. In 2 of the cases the intake had been followed up, but it was incorrectly designated.

8. Prior Contact Check & Registration

A PCC was found on all files.

9. Determining the Speed of Assessment

20 files were rated C as having been assessed within required time frames. 5 files were rated NC.

10. Comprehensive Assessment

3 files were rated C: 1 file was rated NC where assessment information was inadequate. 21 files were rated NA.

11. Legal Documentation

1 file was rated C: 1 file was rated NC where information on file indicated a child was in care by agreement but there was no supporting legal documentation. 23 files were rated NA.

12. Service Plan with Goals & Time Frames

4 files were rated C; 1 file was rated NC; 20 files were rated NA.

13. Service Plan Monitored

NA in all cases.

14. Service Plan Review/Evaluation

1 file was rated C; the standard was not applicable in 24 cases.

15. Reclassifying Case from Protective FS to Voluntary FS

NA in all cases.

16. Transferring a Family Service Case

1 file was rated C; the standard was NA in 24 cases.

17. Closing a Family Service Case

3 files were rated C: the standard was not applicable in 22 cases.

18. Recording

6 cases were rated C; 1 case NC. The standard was NA in 18 cases.

10. INTAKE AND TRACKING SYSTEMS

(a). Intake and Investigation

All new intake (child protection reports and requests for support services) for the Duncan area is directed to the KHD team for assessment and investigation. Responsibility for screening is rotated between two social workers that are the designated intake workers. Five social workers on the team are responsible for investigative work: one worker is on duty each day for emergent investigations. Duty is assigned on a rotation basis.

The intake worker documents the intake, completes a PCC, and makes an initial assessment of the intake. Intake history appearing on the screen is noted on the intake; however, if an existing file exists in the office, it is not pulled and reviewed as part of the initial assessment process. If it is apparent that the intake is an emergent protection report, the intake worker consults with the Team Supervisor if he is available, or with a senior colleague. The report is then assigned to the on-duty investigative worker.

If the intake is considered non-emergent it is brought to the intake meeting the following morning. Meetings are held each morning and intakes received the previous day are discussed. Risk Decisions 1 and 2 are reviewed and confirmed, and the intake is assigned to one of the investigative workers. Discussions are based on the information in the report and the screen history. Once the intake is assigned for investigation, the worker reviews any existing files. After Hours memos are also reviewed at the meeting.

Cases are assigned according to workload, and to some extent geographic area. The team assists in monitoring each other's workload, with the Team Supervisor making the final decision on case assignment.

Intake reports on open files made directly to the KHD team, are forwarded to the responsible Duncan Family/Youth Services office in "Notepad" form, and followed up with a telephone call and an E-Mail message to both the social worker and Team Supervisor. The Family/Youth Services Team Supervisor and case social worker discuss the intake and determine if they will ask the KHD Child Protection team to conduct the investigation. Decision criteria include whether or not the report contains new or "heightened" information. If so, the report is returned to the KHD team for investigation. If the report was initially made to the Family/Youth Service office, it is assessed and then forwarded to KHD if it is determined they should conduct the investigation.

There will be some modification to this system in the New Year. The plan is for all intake to be assessed, and Risk Decisions 1 and 2 completed, by the KHD team.

The investigating worker completes the investigation to Risk Decision #4, consulting with the Team Supervisor at key decision points throughout the investigation. Social workers consult with one another if the Team Supervisor is out of the office, or unavailable.

If the child is found in need of protection, the Child Protection worker completes Risk Decision #5, the Comprehensive Assessment of Risk.

Requests for support services are similarly documented on the Intake System and reviewed at the morning intake meeting. Where possible, an immediate referral is made to community agencies. Cases requiring short-term MCF service are maintained by the two intake workers.

Social workers on the three teams (KHD, KDB, and KDC) share responsibility for weekend After Hour calls through a rotating stand-by schedule. All After Hours memos are sent to the KHD team, as well as to the responsible Family/Youth Services team.

(b). Tracking

The Team Supervisor utilizes computer-generated Caseload Management Reports to assist him in tracking and monitoring. He also maintains a manual list of all intakes received, recording the client name, date, and nature of the intake. The list assists in providing information about the intake received by the office, but is less effective as a monitoring tool as it does not record sign-off or closure dates. The supervisor uses his Office-Vision "To-Do" list to track intakes that have

been open beyond 30 days. Worker caseload reports are reviewed with individual social workers to determine case progress. There is also some discussion/monitoring of open intakes at the morning meetings.

The supervisor signs off the intake for closure, or transfer, once the social worker has completed the documentation.

(c). Case transfer

Family Service cases are transferred from the team to the Family/Youth Services team upon completion of Risk Decision #5 and completion of opening file recording/documentation. Where a child has been admitted to care, the child care file is transferred along with the family service file. The case transfer protocol calls for file transfer upon completion of the initial court hearing. However, workers noted that in practice there is sometimes a delay in getting the necessary transfer work completed, due to workload. In that case, the KHD worker serves the notices for the protection hearing and begins some initial planning.

The KHD Child Protection social worker informs the Family/Youth Services Team Supervisor by E-Mail (with a copy to the KHD Supervisor) when a case is going to be opened for transfer to their team. There is usually some discussion of the case between the two Supervisors, and then between the social workers, once case assignment is confirmed. Case transfer meetings with the client and receiving worker do not occur consistently.

The KHD Supervisor delivers the physical file to the receiving office in person: the administrative staff completes the electronic transfer.

11. SUPERVISION/CONSULTATION

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

The Supervisor reported that he has an “open door” policy with regard to supervision. Regular supervision time with staff is not scheduled, but is in the form of case consultation on an “as needed” basis. The less experienced staff receives more frequent case direction/consultation. Experienced staff request time to discuss cases. Staff noted that group case consultation also takes place at the morning intake meeting.

Scheduled supervision was attempted for a very brief period, but according to staff, was perceived to be unworkable because of the function of the team.

In completing RD5, the Comprehensive Assessment of Risk, newer workers are expected to include the Supervisor in the assessment meeting. Senior workers may consult during the process. The worker may also consult with the Child Protection Consultant.

The Supervisor noted that his accessibility and availability to all members of the team is sometimes limited due to workload.

The Supervisor provides consultation to workers called out after hours. The workers may also consult with an Afterhours Supervisor.

The Child Protection Manager meets with the Child Protection Supervisors in her area, as a group, once every two months. She has been visiting the KHD office every two weeks to be available to the Team Supervisor for consultation on cases or specific issues. In addition, there is frequent telephone consultation with the Supervisor.

12. TRAINING

The Team Supervisor has completed the four-week Supervisor Core training and Clinical Supervisor training. He has also completed Supervisor in the Human Services training at the University of Victoria.

All social workers have completed Core Social Worker training, including Risk Assessment training. All staff but one have completed Advanced Risk Assessment training: that worker is slated for the training in the next session. All staff but one have completed the week-long Investigative Interviewing training. Some staff has attended workshops on FAS/FAE. The Team Supervisor has attended the training on Youth Agreements.

The KHD office is a designated training office for new social workers: two of the senior workers have attended Mentorship training.

Staff attends local and regional training/workshops when the opportunity is made available. They spoke very positively of the training events that have been arranged for joint attendance with the staff at Lalum'utul'Smun'eem.

13. RECOMMENDATIONS

1. That regional management ensures that any cases identified for review or attention, and any files containing non-compliance ratings, is reviewed for completion of any outstanding work.
2. That regional management provides an update on the plans that have been developed and implemented to increase child protection practice compliance in the following area:
 - Supervisory responsibility
 - Risk Decision #3
 - Risk Decision #4
 - Time Limit for Completing investigation

3. That regional management provides an update on the status of completion of the outstanding open child protection intakes.

Myrna Lowe
Audit Unit, Child Protection Division
December 22, 2000

Jennifer Bailey
Audit Unit, Child Protection Division
December 22, 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 47 CASE AUDIT(S) FOR OFFICE KHD

<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	46	98%			1	2%
10-10-020	2	Children From	42	89%			5	11%
10-10-030	3	Cultural, Racial &	46	98%			1	2%
10-10-040	4	Reportable						47
10-10-050	5	Case Records	46	98%			1	2%
10-10-060	6	Supervisory	20	43%			27	57%
10-20-010	7	Assessment Of Reports	44	94%			3	6%
10-20-020	8	Prior Contact Check And	45	96%			2	4%
10-20-030	9	Determining The Speed	40	85%			7	15%
10-20-040	10	Risk Decision 1:	43	91%			4	9%
10-20-050	11	Informing The Police	10	91%			1	9%
10-30-010	12	Risk Decision 2:	36	88%			5	12%
10-30-020	13	Initial Plan Of	39	95%			2	5%
10-30-030	14	Steps Required To	30	79%			8	21%
10-30-040	15	Seeing And Interviewing	34	81%			8	19%
10-30-050	16	Arranging A Medical				1	100%	46
10-30-060	17	Seeing And Interviewing	39	93%			3	7%
10-30-070	18	Risk Decision 3:	30	73%			11	27%
10-30-080	19	Risk Decision 4:	24	65%			13	35%
10-30-090	20	Investigation Where						47
10-30-100	21	Record & Report	32	86%			5	14%
10-30-110	22	Time Limit For	21	51%		4	10%	16
10-40-010	23	Risk Decision 5:	4	80%			1	20%
10-40-020	24	Risk Assessment Of A	4	100%				43
10-50-010	25	Risk Decision 6:						47
10-50-020	26	Supervision Orders						47
10-50-030	27	Removing A Child						47
10-60-010	28	Risk Decisions 7, 8, 9:						47
10-60-020	29	Reclassify Case From						47
10-60-030	30	Where A Child Or Family						47
10-60-040	31	Transferring A						47
10-60-050	32	Closing A Protective	2	100%				45

Standards in Compliance: 677 Applicable Standards: 806 Overall level of compliance: 84.00%

Compliance Definitions:

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

Note: Percentages are for non-NA values only
Printed: 26-Jan-2001 8:27

Non Protective Family Service Completed Case Reviews For All Reviewers

BRITISH Ministry for
COLUMBIA Children and

For the period between 1999-Jan-01 and 2001-Jan-26

SUMMARY OF 25 CASE AUDIT(S) FOR OFFICE KHD

<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	25	100%				
30-10-020	2	Children From	25	100%				
30-10-030	3	Cultural, Racial &	25	100%				
30-10-040	4	Reportable						25
30-10-050	5	Case Records	20	80%			5	20%
30-10-060	6	Supervisory	15	60%			10	40%
30-25-010	7	Initial Assessment Of	19	76%			6	24%
30-25-020	8	Prior Contact Check &	25	100%				
30-25-030	9	Determining The Speed	20	80%			5	20%
30-35-010	10	Comprehensive	3	75%			1	25%
30-35-020	11	Legal Documentation	1	50%			1	50%
30-35-030	12	Service Plan With Goals	4	80%			1	20%
30-35-040	13	Service Plan Monitored						25
30-35-050	14	Service Plan	1	100%				24
30-60-020	15	Reclassifying A Case						25
30-60-040	16	Transferring A Family	1	100%				24
30-60-050	17	Closing A Family	3	100%				22
30-65-010	18	Recording	6	86%			1	14%

Standards in Compliance: 193 Applicable Standards: 223 Overall level of compliance: 86.55%

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.