

DIRECTOR'S AUDIT REPORT
FORT ST. JAMES DISTRICT OFFICE (QCD)

Field Work Completed: June 14 - July 4, 2000

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1. PURPOSE

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

The specific purposes of the audit are:

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

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

2. METHODOLOGY

The audit was asked to examine a minimum of 25% of the Intake and Investigation files opened and/or closed within the last 12 months, as well as 25% of Family Services cases (Protective and/or Voluntary Services), and 25% of Child Service cases open to the Fort St. James District Office (QCD). Fieldwork was conducted from June 14 to July 4, 2000 by one auditor. Files were reviewed for compliance to child service policy, non protection voluntary service standards, case management policy and to risk assessment guidelines. Information for determining compliance to the standards was based on documentation. The new Child Protection Standards were used to audit the protective Family Service files. The Child Service Standards revised in April 1, 1999 were used to audit the Child Service files. The Case Audit Tool was used (on laptop computer) to collect data and generate reports, including a compliance report for each file audited.

The auditor met with the District Supervisor and with members of the team at the beginning of the audit to explain the process. During the audit, the auditor interviewed the Supervisor and social work staff with respect to office systems, community resources and barriers to the provision of service. The auditor met with the District Supervisor and the team at the conclusion of the audit to review the results. A compliance report was provided for each file audited.

3. COMMUNITY OVERVIEW

Demographics: According to the Interim Regional Operating Plan, the population of the town of Fort St. James is 2,200. The population for the surrounding rural area is estimated to be approximately 5,000. Four First Nations Bands reside within the area served by the Fort St. James District Office and comprise a large percentage of the population:

Tl'azt'en Nations, population: 1,343; 922 on reserve;
Takla Lake, population: 496; 254 on reserve
Nak'azdli, population: 1,333; 545 on reserve; and
Yekooche, population unknown.

There are also a number of people of European and East Indian descent within the area. The main industries within the area are: the forestry industry, mining exploration and tourism, therefore, employment is often seasonal.

A significant number of people served by the Fort St. James office are of aboriginal descent. Eighty-five percent of the families and children currently being served are designated as being members of First Nations Bands.

It was noted that sexual abuse was frequently identified as the reason for service in a number of cases in some of the small communities. The nature of the sexual abuse included: the sexual abuse of children by members of the immediate or extended family within and outside the household; the sexual abuse of children by older teens; and sexual activity between children.

Geographics: Fort St. James is located 60 kilometers north of Vanderhoof. Vanderhoof is 100 kilometers west of Prince George. The area served by the Fort St. James District Office includes a number of remote communities that are only accessible by logging and gravel roads. The area served extends well to the north and includes Germansen and Manson Creek which are both a four hour drive from the office on logging roads. Takla Lake, which is 160 kilometers northwest of Fort St. James, is a three hour drive on gravel roads. The Yekooche community is located 80 kilometers outside of Fort St. James in Portage, a one and a half hour drive on gravel and dirt roads. The Tl'azt'en community of Tachie is approximately a 45 minute drive from the office. Access and travel to some of the communities is frequently affected by adverse weather conditions in the winter.

Service Delivery: The Fort St. James District Office is located within the Northern Interior portion of the Northern Interior/North West and Peace Liard Region. The Northern Interior portion of the region is comprised of four urban offices in Prince George and five rural offices. The management structure for the Northern Interior includes the Child Protection Manager, the Community Services Manager, the Aboriginal Services Manager and the Child Protection Consultant. The Child Protection Manager is responsible for all child protection services provided by the office. The Community Services Manager oversees administrative functions, and all other services provided to families and children. An Aboriginal Services Manager is responsible for developing and maintaining links with the Aboriginal community in order to

ensure that there is adequate representation in the planning and delivery of services for Aboriginal people.

Fort St. James (QCD) is small rural office that utilizes a generalist model of service delivery. All Social Workers share responsibility for intake, conducting investigations and managing open Family Service and Child Service files.

Resources:

Residential

Historically, the office has never had a dedicated Resource Social Worker. The Resource Social Worker from the Vanderhoof office, who spends up to two days per month in the Fort St. James office, is responsible for conducting home studies and approving regular and leveled foster homes. Over the past six months a SPO Assistant has been utilized to coordinate, recruit and oversee resources. Requests for regional placements are directed to the Vanderhoof Resource Social Worker and requests for local placements are directed to the SPO Assistant.

In an attempt to maintain children within their home communities, foster homes are frequently recruited in consultation with the First Nations Bands. The Band is asked for assistance in identifying a potential resource or extended family member and the Child Protection Social Worker conducts an assessment to determine if the home can be approved as a restricted foster home.

* There are a limited number of regular and restricted foster homes within the immediate area. At the current time, there is a resource crisis and several children have been placed in motels with homemakers on a short-term emergency basis. It is acknowledged that since the Audit, Regional Management has addressed this issue. Several children are placed in regular or specialized leveled foster homes within the Vanderhoof and Fraser Lake areas. Regional resources located in Prince George are accessed for children presenting serious emotional and behavioural problems.

In addition to foster homes, there is one coed group home in Fort St. James, the Nak'azdli Group Home with 6 beds for children 13 years of age and older.

- Non-Residential

There are a small number of community resources and contracted services in the Fort St. James area that are utilized in providing services to MCF clients.

The Nechako Valley Community Services Society offer some counselling services for children and families, including a program for children who witness domestic violence, a Child Care Worker and a Mental Health Worker.

Fort St. James C.A.R.E.S. is utilized for homemaking services, transportation services and for the provision of supervised access visits between parents and children.

* It is acknowledged that since the Audit, Regional Management has addressed this issue.

There is a small hospital and small medical clinic within Fort St. James. There is one Public Health Nurse and there is one Speech and Language Pathologist who provide services for families and children. Fort Alcohol and Drug Services have one counsellor and one prevention worker..

The nearest women's shelter is the Omenica Safe House, which is located in Vanderhoof.

There are no specialized services available for victims of sexual abuse, offenders or non offending parents.

Legal Services: Legal counsel is provided by one firm in Prince George and two lawyers are assigned to provide all of the required services to MCF. The staff reported that the lawyers are not always readily accessible and preparation for court often takes place just prior to court hearings. One of the factors contributing to the lack of accessibility is the distance of the firm from Fort St. James. Court cases are heard one day per week in Fort St. James and it is occasionally necessary to travel to courts in other communities for presentation hearings.

4. STAFFING

The QCD Fort St. James Office has a permanent staff complement for one district supervisor, 6.5 social workers, 1 supervisor of administrative services and a .5 OA2. The supervisor reported that there has never been a full compliment of staff within the office over the past 10 years due to difficulty in recruiting and retaining staff. A number of staff leave the office in less than 2 years, either to work for other employers or transfer to different offices. Within the past 2 ½ years there have been approximately 20 different social workers who have worked in the office.

The current staff for The Fort St. James District Office (QCD) includes one district supervisor, 3 permanent social workers, one float social worker, one social worker temporarily on secondment from the lower mainland, one auxiliary SPO Assistant, one SAS and one full-time OA2.

One of the permanent social workers has been away from the office on extended sick leave since May 18, 2000 and his anticipated date of return is unknown. The social worker on secondment joined the team in March of 2000. During the course of the audit, the float social worker was replaced by another float social worker. At the conclusion of the audit, a new resource/guardianship social worker was in the process of joining the team.

The district supervisor has an incomplete degree in Communications and has worked for the ministry for 21 years. He has been the supervisor of the Fort St. James office for the past 10 years. Prior to assuming this position he worked as an itinerant supervisor for various offices in the north for approximately 5 years.

The most senior permanent social worker has a B.S.W. degree and began working for MCF in Fort St. James approximately 3 years ago. He previously worked for the Ministry of Health. He is fully delegated, however is currently away on extended sick leave.

One permanent social worker has a B.S.W. degree, began working for the ministry in February of 1999 and was fully delegated in July of 1999. The other permanent social worker has a B.S.W. degree, began working for the ministry in April of 1999 and was fully delegated in Sept. of 1999.

The float social worker has a B.S.W. degree, is fully delegated and began working for the ministry in April of 1998. She was with the QCD team from July 19, 1999 to June 23, 2000. She was replaced immediately by another float social worker who may be transferring out of the region in the near future.

The seconded social worker has a MSW degree, is fully delegated and has worked for the ministry for 15 years.

The SPO Assistant has two social service foundation diplomas and began working for the ministry in October of 1999. Prior to this, she was the foster parent coordinator for the BCFPA for 5 years.

With the high changeover of staff, social workers are usually inexperienced when they begin at the office and require mentoring and training. There has never been a full compliment of staff and coverage for vacant positions has not been available on a consistent basis. This periodically leads to the redistribution of cases to the remaining social workers and generates fluctuations in the workload demands. The ability of the office to offer ongoing services to families unless high risk protection issues have been identified is limited.

Although staff reported that they were generally supportive of one another, some of the staff indicated that they felt as if they worked in isolation from one another. In light of the frequent staffing changes, it has been difficult to develop a cohesive team and some staff expressed a desire for more team development opportunities.

5. PROTOCOLS

A protocol agreement between the Tl'azt'en Nation and the Ministry for Children and Families is under development. The latest draft was completed in June of 2000.

The protocol agreement between the Ministry for Children and Families and Carrier Sekani Family Services was just reviewed and updated in May of 2000. Carrier Sekani Family Services represents the Yekooche First Nations and the Takla Lake Band. A draft protocol was developed between the Takla Take Band and the Ministry for Children and Families in November of 1996. The protocol was never signed, however it has been followed.

A protocol agreement with the Nak'azdli Nation was developed in March of 1999 and is currently under review.

A formal written protocol was developed with the RCMP in January of 1995. There is an informal verbal protocol between the Ministry for Children and Families and the School District. There is no formal protocol in place with the hospital. The MCF staff reported that they had a

positive and cooperative working relationship with the schools and the police regarding reporting and investigating situations of suspected child abuse and neglect.

6. ABORIGINAL SERVICES

The Carrier Sekani Family Services Society represents the Burns Lake Band, Cheslatta Carrier Nations, Nadleh Whut'en First Nations, Stelat'en First Nations, Wet'suwet'en First Nations, Saik'uz First Nations, Takla Lake Band and Yekooche First Nations. Carrier Sekani Family Services has been granted partial delegation pursuant to Level 12 of the Aboriginal Agency Delegation Matrix. Under this partial delegation, Carrier Sekani Family Services has the authority to provide the following services:

- voluntary care agreements and special needs agreements;
- support services agreements; and
- development of residential resources.

Two of the Bands represented by the Carrier Sekani Family Services Society reside within the Fort St. James District Office area: Takla Lake Band; and Yekooche First Nations.

The Takla Lake Band has a Social Development Officer and a Health Nurse. The Yekooche First Nations has one individual designated as the Band Assistant and Child Care Worker.

The Nak'azdli Band has a Health Centre and provides a number of health care and counselling services to Aboriginal families including: the Brighter Futures Program; a Family Care Worker; a Mental Health Therapist; and Alcohol and Drug Counselling.

The Tl'azt'en Nation provide some of the following services: Family Care Workers; a Substance Abuse Counsellor; and a Health Nurse.

The MCF staff reported that they worked in liaison with the First Nations Bands, where ever possible, in providing services to families. The development of positive working relationships with the Bands is an evolving process. Not all Bands have professionally qualified staff. Different Bands are at various stages in working toward assuming more responsibility and autonomy in the provision of child welfare services.

7. AUDIT SAMPLE

The audit was asked to review a minimum of 25% of Intake and Investigation files opened and/or closed within the past 12 months, as well as 25% of the total number of open Family Service files, and 25% of the total number of open Child Service files. In addition, the audit was asked to review a small number of closed Family Service and Child Service files.

The most recent Intake and Child Services System Integrity Report dated March 31, 2000, indicated that a total of 186 Intake files had been opened and/or closed in the preceding 12 month period. Forty-eight (48) Intake and Investigation files that had been closed over the past

12 months were randomly selected and audited, representing 25% of volume of Intake cases managed by the office over the past year. Thirty-eight (38) files were audited for compliance to the Child Protection Standards and 10 files were audited to the Non Protection Voluntary Family Service Standards.

Computer print outs for the caseloads of the Social Workers indicated that there were a total of 46 open Family Service files. Seventeen (17) of the open Family service files were classified as Intake files and 29 files were open for the provision of family services. Fifteen (15) Family Service files were randomly selected and audited representing 32% of the total caseload or 51% of the files open for the provision of protective family services. All 15 files were audited for compliance to the Child Protection Practice Standards. Three (3) of the Family Service files audited were closed.

Printouts for the Child Service files indicated there were a total of 64 Child Service files open to the Social Workers. Thirty-three (33) of these files were for children who were living at home with a Supervision Order in place. Thirty-one (31) children were in care and located in child care resources. Fifteen (15) Child Service files were randomly selected and audited representing 45% of the total number of children in care. Three (3) of the Child Service files audited were closed.

8. COMPLIANCE TO CHILD PROTECTION PRACTICE

Fifty-three (53) Family Service files were audited for compliance to the Child Protection Services Standards. Thirty-eight (38) files were closed Intake and Investigation files. Three (3) files were closed Family Service files. The following figures provide a breakdown of the compliance ratings:

1. Protocols: 100% compliance.
2. Children from Aboriginal Communities: The appropriate protocol was followed for 52 of 53 files (98% compliance). One (1) file was considered as non compliant due to circumstances beyond the social worker's control. The family and the social worker requested that the Band Representative attend meetings, however, the Representative failed to attend.
3. Cultural, Racial and Religious Differences: Respect and recognition of differences, where required, was 100% compliant.
4. Reportable Circumstances: One (1) of the 2 files, where applicable was compliant (50% compliance). There was 1 situation where a foster father had been charged with the sexual assault of a foster child, and there was no documentation on the file to reflect that a report had been made to the Director.
5. Case Records were kept in the form required on 50 of 53 files audited (94% compliance). Pertinent family data was absent from 2 investigation reports, a prior AO was absent from 1 file and 1 original file was missing.

6. Supervisory Responsibility: Documentation reflecting consultation with a supervisor as required was evident on 32 of 53 files (60% compliance). In situations of non compliance, documentation pertaining to consultation regarding Risk Decision 1 was absent. In discussions with the staff and the supervisor, it was determined that consultation always occurred regarding Risk Decision 1, however, this process was not documented on a consistent basis.
7. Assessment of Reports: Reports were appropriately and adequately assessed on 50 of 53 files audited (94% compliance). Three (3) files were considered non compliant as there was not sufficient information documented to determine whether an investigation was required or not.
8. Prior Contact Check and Registration was rated as compliant on 48 of 53 files (91% compliance). On 4 files there was no documentation reflecting that a PCC had been conducted. On 1 other file, an intake report from After Hours was not registered.
9. Determining the Speed of Assessment: Reports were assessed within the required time frame on 51 of 53 files (96% compliance). There was a 6 week delay in the opening of 1 file and a 4-5 day delay in the assessment of another intake.
10. Risk Decision 1: Deciding Whether to Investigate was completed correctly on 51 of 53 files audited (96% compliance). In one case, where a decision was made not to investigate, the prior history had not been given adequate consideration. In the other case, a decision was made to investigate and there was no information documented to suggest that the child may have been unsafe or in need of protection.
11. Informing the Police: The police were involved appropriately on 8 of the 8 files where this standard was applicable (100% compliance).
12. Risk Decision 2: Decide Investigation Response Time: Determining and commencing an investigation within the required response time was complete on 38 of the 46 files where applicable (83% compliance). Response times were designated as required, however, in cases of non compliance, the response was delayed between 3 to 14 days beyond the designated time. It was noted that in two of these situations, the families lived in a very remote and not readily accessible community.
13. Initial Plan of Investigation: A plan was evident on 40 of the 46 files where applicable (87% compliance).
14. Steps Required to Complete the Investigation was rated as compliant on 31 of the 43 files where applicable (72% compliance). In 7 cases, the documentation did not reflect that the prior history had been reviewed and given consideration. In 4 other situations, potential collateral sources had not been contacted for information. In one case, the alleged offenders were not interviewed and the child's living circumstances were not observed.

15. Seeing and Interviewing the Child was rated as compliant on 34 of the 44 files where applicable (77% compliance). In one situation, representing 2% of the sample, arrangements were made for the Band Representative to immediately see a child in a remote community until the social worker could make arrangements to visit the community. On 1 file, the documentation did not reflect that the child was seen. In all other situations, the child who was the alleged victim of abuse was interviewed, however, all of the other children or siblings within the household were not seen or interviewed.
16. Arranging Medical Examination for the Child: Documentation reflected that medical examinations were arranged in 7 of the 9 situations where applicable (78% compliance). One (1) file, representing 11% of the sample, was rated as non compliant due to circumstances beyond the social worker's control as the parent refused to have the child examined. In 1 other situation, a child had visible injuries as a result of alleged physical abuse and a medical examination was not arranged.
17. Seeing and Interviewing the Parent was rated as compliant on 41 of the 44 files where applicable (93% compliance). One (1) file, representing 2% of the sample, was rated as non compliant due to circumstances beyond the social worker's control as the parent refused to meet the social worker. In 2 other cases, only one parent was interviewed.
18. Risk Decision 3: Assess Child's Immediate Safety was complete on 44 of the 46 files where applicable (96% compliance). In 1 situation the immediate safety assessment was not completed until 2 months after receipt of the report. In another case, not all risk factors were given sufficient consideration.
19. Risk Decision 4: Decide if Child Needs Protection was designated correctly on 33 of the 44 files where applicable (75% compliance). A number of different factors contributed to non compliance to this standard. In some situations, the documentation was brief and the rationale for finding that a child was not in need of protection was not clear. In other cases, investigations were not complete and the decision was considered premature. In other situations, investigations were not thorough, not all of the identified issues had been addressed, or not all of the information available was given adequate consideration.
20. Investigative Action - Cannot Locate Child or Family: 100% compliance.
21. Recording and Reporting the Investigation Results was rated as compliant on 29 of 46 files where applicable (63% compliance). Investigation results were always recorded, however, the documentation did not always reflect that the reporter and/or the parent had been notified of the outcome of the investigation. In discussion with social work staff, it was determined that practice was not always consistent pertaining to notifying the reporter.
22. Time Limit for Investigations: Investigations were completed within the 30-day time frame on 36 of the 45 files where applicable (80% compliance). Three (3) files, representing 7% of the sample, were rated as non compliant due to circumstances beyond the social worker's control. In other situations, investigations were usually completed between 2 and 4 months after receipt of the report.

23. Risk Decision 5: Assess Risk of Future Abuse Neglect: A Comprehensive Risk Assessment had been completed on 12 of the 14 files where required (86% compliance). In 1 case, a risk assessment was a year overdue and in another case, the initial assessment was not completed until the file was about to be closed.
24. Risk Assessment of a Third Report was completed on 2 of 5 files where required (40% compliance). Some of the non compliance to this standard was due to a misinterpretation of the standard. It was believed an assessment was required after the third investigation rather than after the third protection report.
25. Risk Decision 6: Developing a Risk Reduction Plan was complete on 12 of 15 files where applicable (80% compliance).
26. Supervision Orders were rated as compliant on 8 of 10 files where applicable (80% compliance). One (1) supervision order did not contain a term pertaining to direct and private access to the children and did not specify which terms, if not complied with, would result in removal of the children. One (1) file did not contain a copy of the supervision order, or an outline of the requested terms, therefore it could not be audited.
27. Removing a Child: In 3 of the 4 cases, where applicable, the children were removed when the parents failed to comply with the terms specified in the supervision order (75% compliance).
28. Risk Decisions 7, 8, 9: Reassessing Risk: This standard was rated as compliant on 5 of the 12 files where applicable (42% compliance). In 3 situations of noncompliance, reassessments of risk and/or reevaluations of risk reduction service plans were not completed within required time frames. In 3 other situations, children were returned home prior to the completion of a reassessment of risk. In 1 situation, a supervision order was allowed to expire prior to the completion of formal reassessment of risk
29. Reclassify - Protective to Non Protective Family Service: Not applicable.
30. Where a Child or Family is Missing: Not applicable.
31. Transferring a Protective Family Service Case: 100% compliance.
32. Closing a Protective Family Service Case: 100% compliance.

9. COMPLIANCE TO CHILD SERVICE PRACTICE

Fifteen (15) Child Service files were audited for compliance to case management policy. Three of the files were closed Child Service files. The following figures provide a breakdown of the compliance ratings:

1. Protocols: 100% compliance.

2. Children from Aboriginal Communities: 100% compliance.
3. Cultural, Racial, Religious Differences: 100% compliance.
4. Reportable Circumstances: Not applicable.
5. Case Records: 100% compliance.
6. Supervisory Responsibility: 100% compliance.
7. Appropriate Legal Plan: 100% compliance.
8. Legal Documentation was complete on 13 of 15 files (87% compliance). One (1) file was missing a copy of a continuing custody order and another file was missing a copy of a voluntary care agreement.
9. Public Trustee Notified: was documented on 5 of the 6 files where required (83% compliance).
10. Admission Medical: Completed admission medical forms were found on 13 of the 15 files where required (87% compliance). One file, representing 7% of the sample, was rated as non compliant due to circumstances beyond the social worker's control.
11. Medical History Obtained and Recorded: Pertinent medical history information was documented on 12 of the 14 files where required (86% compliance).
12. Ongoing Medical Needs Attended: Documentation reflected that ongoing medical needs were being provided for on 14 of the 14 files where applicable (100% compliance).
13. Overall Goal Determined: 100% compliance.
14. Developing a Comprehensive Plan of Care: Documentation reflecting that a plan of care meeting was utilized was evident on 4 of the 14 files where applicable (29% compliance). The use of plan of care meetings was more evident on care plans completed more recently.
15. Plan of Care - Timely & Current: A Plan of Care was documented within the required time frame on 3 of the 14 files where applicable (21% compliance). In 3 situations, representing 21% of the sample, the Plan of Care was not documented within 30 days due to circumstances beyond the social worker's control, however it was documented within a reasonable period of time. In 7 situations, children had been in care between 3 and 5 months prior to the completion of the initial Plan of Care. In 1 situation, a child was in care for 18 months prior to the completion of a Plan of Care. No Plan of Care had been developed on 1 file where the child had been in care for 2 months.

16. Assessment, Planning & Views: Five (5) of the Plans of Care reviewed were rated as compliant (36%) and 8 other Plans were rated as partially compliant (57%). Not all plans addressed all of the content areas required by policy. Some categories lacked sufficient descriptive information pertaining to current status and/or were lacking a clear determination of the child's needs. It was observed that the use of the Condensed Assessment Comprehensive Plan of Care lead to more comprehensive assessments of the child's needs. The Condensed Assessment does not provide a specific category for social and recreational activities.
17. Care Plan Reviewed: Required reviews were completed on 1 of the 11 files where applicable (9% compliance). In 5 situations, reviews had historically not been completed within required time frames. In 5 other situations, reviews remained overdue for a period of time ranging between 5 and 18 months.
18. Meet With Child: On 2 of the 12 files, where applicable, documentation reflected that the child had been seen by the social worker at least once every three months apart from the caregiver (17% compliance). The staff reported that the Condensed Assessment Comprehensive Plan of Care was currently prompting them to document meetings with the child.
19. Rights of Children in Care: Documentation, supporting that the topic of rights had been addressed with the child, was present on 9 of the 15 files where applicable (60% compliance). Again it was noted, that the Condensed Assessment Comprehensive Plan of Care was prompting social workers to document that the issue of rights had been addressed.
20. Preparation for Independence: 100% compliance.
21. Placement was rated as compliant on 11 of 15 files (73% compliance). The 4 other files, representing 27% of the sample, were rated as non compliant due to circumstances beyond the social worker's control. Usually an attempt was made to place a child with extended family or within the community. However, homes were not always available, particularly if a child had special needs.
22. Resource Suitability was rated as compliant on 15 of 15 files (100% compliance).
23. Information to Caregiver was rated as compliant on 15 of 15 files (100% compliance).
24. Continuity and Stability was rated as compliant on 8 of the 15 files audited (53% compliance). Seven (7) files, representing 47% of the sample, were rated as non compliant due to circumstances beyond the social worker's control. In many situations, placement changes were necessary due to parental instability or the caregiver's inability to cope with the child's behaviour.
25. Reassessing Risk: A reassessment of risk was completed on 2 of the 3 files where required (67% compliance). In 1 situation, a child was returned home under an order of supervision

prior to a formal reassessment of risk being completed. A reassessment of risk was completed prior to the expiration of the supervision order.

26. Missing, Lost or Runaway Child in Care: Appropriate steps were taken on 3 of the 3 files where applicable (100% compliance).
27. File Transfers: The required steps were taken on 5 of the 7 files, where applicable (71% compliance). One (1) file, representing 14% of the sample, was rated as non compliant due to staff turnover, a circumstance beyond the control of the social worker. In 1 situation, a transfer recording was not completed on the file at the transfer point.
28. File Closure: 100% compliance.
29. File Recording and Documentation had been completed as required on 8 of the 15 files audited (53% compliance). In most situations, non compliance was historical in that review recordings had not been completed within the required time frames between 1997 and 1999. In only 1 situation was a review recording currently overdue.

10. COMPLIANCE TO NON PROTECTION FAMILY SERVICE PRACTICE

Ten (10) closed Intake files were audited for compliance to the Non Protection Family Service standards. The following figures provide a breakdown of the compliance ratings:

1. Protocols: 100% compliance.
2. Children from Aboriginal Communities: 100% compliance.
3. Cultural, Racial & Religious Differences: 100% compliance.
4. Reportable Circumstances: This standard was not applicable to any of the files audited.
5. Case Records: 100% compliance.
6. Supervisory Responsibility: Documentation reflecting that required consultation occurred with a supervisor was evident on 5 of 10 files (50% compliance). Non compliance was due to a lack of documentation regarding consultation pertaining to Risk Decision 1 as opposed to a practice issue.
7. Initial Assessment of Referrals, Service Requests, Reports: Assessment of referrals was considered compliant on 8 of 10 files (80% compliance). In one situation of non compliance, a child had left home following an incident of alleged physical abuse and the matter was not investigated. In the other situation, more information was required prior to determining that an investigation was not required.
8. Prior Contact Check & Registration: 100% compliance.

9. Determining the Speed of Assessment: 100% compliance.
10. Comprehensive Assessment: Not applicable.
11. Legal Documentation: Not applicable.
12. Service Plan with Goals & Time Frames: Not applicable.
13. Service Plan Monitored: Not applicable.
14. Service Plan Review/Evaluation: Not applicable.
15. Reclassifying Case from Protective FS to Voluntary FS: Not applicable.
16. Transferring a Family Service Case: Not applicable.
17. Closing a Family Service Case: Not applicable.
18. Recording: Not applicable.

11. INTAKE AND TRACKING SYSTEMS

The Fort St. James District Office is comprised of a small group of social workers, therefore, a generalist model of service delivery is utilized. All social workers screen and respond to child protection reports, referrals or requests for service as well as manage Family Service and Child Service files. The usual practice is for all social workers on the team to rotate intake duty days. A social worker is assigned intake duty 1 to 3 days a week. All referrals and reports that are received on a given social worker's duty day are managed by that social worker. Files that are opened for ongoing services are usually retained by the social worker who conducts the intake investigation or assessment.

Between March and June of 2000, all intakes were managed by one social worker who was assigned to the office for a three and half month period of time. This social worker conducted all necessary investigations and assessments. In the event that a file was opened for ongoing service, this worker was expected to complete an opening recording and complete a comprehensive risk assessment, where required, prior to submitting the file to the supervisor for reassignment to another social worker.

Social workers reported that they immediately seek verbal consultation with the Supervisor regarding Risk Decisions 1 & 2 and later provide the Supervisor with a printed copy of the Intake Report. The Supervisor reported that he signs the Intake Reports following Risk Decisions 1 & 2, however, a copy of this report was not found on all files. The staff reported that consultation typically occurs throughout the investigative process. The Supervisor signs the action and approval section of Investigation Reports for Risk Decisions 1 through 4 upon the completion of the reports. The permanent staff reported that the supervisor would make note of any areas that they may have omitted in the investigative or documentation process. The

Supervisor would then request further action if he felt that it was necessary. If further action was not deemed necessary, social workers were reminded to address the issue in future investigations or reports. It was observed that the investigation reports completed by the current permanent staff members was generally comprehensive and indicative of compliance with the required practice standards. Reports completed by various other short-term staff was not always as comprehensive.

The Supervisor reported that he tracks Intake and Investigation files by retaining a copy of each Intake Report until the completion of the assessment or investigation. He also maintains a separate file for reports that are considered high risk. Intake, Family Service and Child Service files are reviewed with each social worker monthly and any outstanding requirements are discussed with the social worker. A plan of action is formulated and recorded by both the social worker and the Supervisor. The plans are then reviewed regarding progress at the next monthly tracking meeting. The social workers indicated that this process assisted them in prioritizing required tasks. Social workers had also developed their own tracking systems and frequently reviewed computer generated case management reports and “to do” lists in order to keep informed of required activities.

12 SUPERVISION/CONSULTATION

The Supervisor maintains an open door policy and social workers consult on an as needed basis at any time. The Supervisor was described by staff as accessible, available and supportive. The staff indicated that they felt supported regarding key risk decision points, however, some staff members felt that direction was not always as clear as they required regarding procedure and process.

Team meetings are held once weekly. The team meetings can be used as a forum for case consultation, however, it was reported by staff that this did not occur frequently. The Supervisor reported that team meetings are also utilized for the purpose of providing in service training for the social workers. For example, the Supervisor reported that he was currently reviewing social work interviewing techniques with the team.

The Supervisor has developed training packages to assist inexperienced social workers regarding the utilization of voluntary care agreements, special needs agreements, support service agreements and removals. The packages contain all of the required forms and checklists to guide the social workers.

The Supervisor is provided supervision by the Child Protection Manager regarding practice issues pertaining to child protection investigations and child protection cases. The Community Services Manager provides supervision regarding the routine management of cases and guardianship responsibilities. The Child Protection Consultant is also utilized for the purpose of consultation on complex cases.

13. TRAINING

The Supervisor has attended all phases of supervisory training offered by the ministry including personnel, leadership and clinical supervision.

The Supervisor and all social workers on the team have completed core training, risk assessment training, investigative interviewing training and computer training (SWS/MIS). All staff have also attended Step I of the new Outlook computer training. The resource/guardianship social worker, just in the process of joining the team, is currently attending Resource training.

14. RECOMMENDATIONS

1. That the Regional Child Protection Manager 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. That Regional Management develop a plan to develop or update protocols as follows:
 - Completion and signoff of the protocol with the TI'azt'en Nation.
 - Updating and signing of the protocol with the Takla Lake Band.
 - Updating and signoff of the protocol with the Nak'azdli Nation.
 - Formalizing and sign-off of the protocol with the School District
 - Development and sign-off of a protocol with the hospital.
3. That Regional Management develop and implement a plan to improve the level of compliance to child protection practice including file recording and documentation requirements. The plan should set specific target compliance goals and include particular focus in the following areas:
 - #6: Supervisory Responsibility
 - #12: Risk Decision #2: Decide Investigation Response Time;
 - #13: Initial Plan of Investigation
 - #14: Steps Required to Complete the Investigation
 - #19: Risk Decision #4: Decide if a Child Needs Protection
 - #24: Risk Assessment of a Third Report
 - #28: Risk Decisions 7, 8 & 9 Reassessing Risk
4. That Regional Management develop and implement a plan to improve the level of compliance to child service practice including file recording and documentation. The plan should set specific target compliance goals and include particular focus in the following areas:
 - #14: Developing a Comprehensive Plan of Care
 - #15: Plan of Care – Timely and Current
 - #17: Care Plan Reviewed
 - #21: Placement (to be addressed in recommendation # 5)
 - #24 Continuity and Stability (to be addressed in recommendation # 5)
5. That regional management develop a plan to address the lack of appropriate resources available for the placement of children.

6. That Regional Management develop a plan to address the lack of sexual abuse treatment programs with contracted agencies.
7. That Regional Management develop a plan to address staff need for specialized sexual abuse training for staff.
8. That Regional Management provide an update on the status of the above recommendations within 90 days of receipt of this report.
9. There is no recommendation for a re-audit at this time. However, a decision to re-audit may be considered following receipt of the follow-up report and further discussion with regional management.

Shirley Ham, M.S.W., R.S.W.
Audit Unit
July 14, 2000

APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS

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

BRITISH Ministry for
COLUMBIA Children and

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

SUMMARY OF 53 CASE AUDIT(S) FOR OFFICE QCD

<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	53	100%				
10-10-020	2	Children From	52	98%		1	2%	
10-10-030	3	Cultural, Racial &	53	100%				
10-10-040	4	Reportable	1	50%			1	50%
10-10-050	5	Case Records	50	94%			3	6%
10-10-060	6	Supervisory	32	60%			21	40%
10-20-010	7	Assessment Of Reports	50	94%			3	6%
10-20-020	8	Prior Contact Check And	48	91%			5	9%
10-20-030	9	Determining The Speed	51	96%			2	4%
10-20-040	10	Risk Decision 1:	51	96%			2	4%
10-20-050	11	Informing The Police	8	100%				45
10-30-010	12	Risk Decision 2:	38	83%			8	17%
10-30-020	13	Initial Plan Of	40	87%			6	13%
10-30-030	14	Steps Required To	31	72%			12	28%
10-30-040	15	Seeing And Interviewing	34	77%	1	2%	9	20%
10-30-050	16	Arranging A Medical	7	78%		1	11%	1
10-30-060	17	Seeing And Interviewing	41	93%		1	2%	2
10-30-070	18	Risk Decision 3:	44	96%			2	4%
10-30-080	19	Risk Decision 4:	33	75%			11	25%
10-30-090	20	Investigation Where	1	100%				52
10-30-100	21	Record & Report	29	63%			17	37%
10-30-110	22	Time Limit For	36	80%		3	7%	6
10-40-010	23	Risk Decision 5:	12	86%			2	14%
10-40-020	24	Risk Assessment Of A	2	40%			3	60%
10-50-010	25	Risk Decision 6:	12	80%			3	20%
10-50-020	26	Supervision Orders	8	80%			2	20%
10-50-030	27	Removing A Child	3	75%			1	25%
10-60-010	28	Risk Decisions 7, 8, 9:	5	42%			7	58%
10-60-020	29	Reclassify Case From						53
10-60-030	30	Where A Child Or Family						53
10-60-040	31	Transferring A	6	100%				47
10-60-050	32	Closing A Protective	3	100%				50

Standards in Compliance: 834 Applicable Standards: 970 Overall level of compliance: 85.98%

Compliance Definitions:

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

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

BRITISH Ministry for
COLUMBIA Children and

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

SUMMARY OF 15 CASE AUDIT(S) FOR OFFICE QCD

<u>Code</u>	<u>Num</u>	<u>Short Description</u>	<u>C</u>	<u>CA</u>	<u>CB</u>	<u>NCF</u>	<u>NC</u>	<u>NA</u>
45-10-010	1	Protocols	15	100%				
45-10-020	2	Children From	15	100%				
45-10-030	3	Cultural, Racial,	15	100%				
45-10-040	4	Reportable						15
45-10-050	5	Case Records	15	100%				
45-10-060	6	Supervisory	15	100%				
45-20-010	7	Appropriate Legal Plan	15	100%				
45-20-020	8	Legal Documentation	13	87%			2	13%
45-20-030	9	Public Trustee Notified	5	83%			1	17%
45-30-010	10	Admission Medical	13	87%		1	7%	
45-30-020	11	Medical History	12	86%			2	14%
45-30-030	12	Ongoing Medical Needs	14	100%				1
45-40-010	13	Overall Goal Determined	15	100%				
45-40-015	14	Developing a	4	29%			10	71%
45-40-021	15	Plan Of Care - Timely	3	21%		3	21%	8
45-40-025	16	Assesment , Planning	5	36%		8	57%	1
45-40-030	17	Care Plan Reviewed	1	9%			10	91%
45-40-040	18	Meet With Child	2	17%			10	83%
45-40-050	19	Rights Of Children In	9	60%			6	40%
45-40-060	20	Preparation For	1	100%				14
45-50-005	21	Placement	11	73%		4	27%	
45-50-010	22	Resource Suitability	15	100%				
45-50-020	23	Information To Caregiver	15	100%				
45-50-030	24	Continuity and Stability	8	53%		7	47%	
45-60-010	25	Reassessing Risk	2	67%			1	33%
45-60-030	26	Missing, lost or runaway	3	100%				12
45-60-040	27	File Transfer	5	71%		1	14%	1
45-60-050	28	File Closure	3	100%				12
45-60-060	29	File Recording &	8	53%			7	47%

Standards in Compliance: 257 Applicable Standards: 341 Overall level of compliance: 75.37%

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

**Non Protective Family Service
Completed Case Reviews
For All Reviewers**

BRITISH Ministry for
COLUMBIA Children and

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

SUMMARY OF 10 CASE AUDIT(S) FOR OFFICE QCD

<u>Code</u>	<u>Num</u>	<u>Short Description</u>	<u>C</u>	<u>CA</u>	<u>CB</u>	<u>NCF</u>	<u>NC</u>	<u>NA</u>
30-10-010	1	Protocols	10	100%				
30-10-020	2	Children From	10	100%				
30-10-030	3	Cultural, Racial &	10	100%				
30-10-040	4	Reportable						10
30-10-050	5	Case Records	10	100%				
30-10-060	6	Supervisory	5	50%			5	50%
30-25-010	7	Initial Assessment Of	8	80%			2	20%
30-25-020	8	Prior Contact Check &	10	100%				
30-25-030	9	Determining The Speed	10	100%				
30-35-010	10	Comprehensive						10
30-35-020	11	Legal Documentation						10
30-35-030	12	Service Plan With Goals						10
30-35-040	13	Service Plan Monitored						10
30-35-050	14	Service Plan						10
30-60-020	15	Reclassifying A Case						10
30-60-040	16	Transferring A Family						10
30-60-050	17	Closing A Family						10
30-65-010	18	Recording						10

Standards in Compliance: 73 Applicable Standards: 80 Overall level of compliance: 91.25%

Compliance Definitions:

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

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