

DIRECTOR'S PRACTICE AUDIT REPORT
FRASER CASCADES INTAKE AND ASSESSMENT TEAM (FFE)

Field Work Completed: January 08 – 18, 2001

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1. PURPOSE

The purpose of the audit is to improve and support child protection, child service and non-protective 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, non-protective family services, guardianship services and resources for child in care are systematically conducted according to a four year cycle.

2. METHODOLOGY

The audit of the Fraser Cascades Intake and Assessment Team (FFE) was asked to include a minimum of 20% to 25% of the number of Child Protection Intake and Investigations files opened and/or closed during the past six months. Files were audited for compliance to the Child Protection Standards and the Risk Assessment guidelines.

One auditor conducted the field work from January 8 to January 18, 2001. The new computerized Case Practice Audit Tool (CPAT) was used to collect the data and generate office summary compliance reports and a compliance report for each file audited. The auditor met initially with the Team Supervisor and then with the members of the team to review terms of reference for the audit. During the audit, the Team Supervisor and the three social workers of the team were interviewed with respect to office systems, service delivery structure, and community resources. The auditor met with the team at the conclusion of the audit to provide an overview of the results, including identified themes and patterns, and with the Team Supervisor for a detailed review of the findings.

The Team Supervisor was provided with the compliance report for each file that had been audited, including the files set aside for further review. A copy of the same material was provided to the Regional Child Protection Manager.

3. COMMUNITY OVERVIEW

(a) Geographics

The Fraser Cascades Intake and Assessment team (FFE) provides services to an extensive geographic area that includes the District of Hope, the District of Kent, the Village of Harrison Hot Springs and other unincorporated areas such as: Port Douglas on the northwest side of Harrison Lake, Yale, Spuzzum, and Boston Bar/North Bend on the Fraser Canyon highway #1, the Coquihalla Highway #5 until the toll plaza, and the highway #3 until the border of Manning Park.

The District Office is located in Agassiz, which is the largest community within the District of Kent and is the principal commercial and industrial centre of the Municipality and immediate trading area.

Hope in the District of Hope is the largest city of the Fraser Cascades. The Multidisciplinary team FHB is located in Hope and is responsible for family and guardianship services for the Fraser Cascades area.

The Fraser Cascades area is located in the Upper Fraser Valley Region of the Lower Mainland, within the southwestern corner of British Columbia and the south border of the area is 127 km north of Vancouver. The natural south boundary is Chilliwack and Mission.

The Fraser Cascades Intake and Assessment Team is part of the Upper Fraser Region. The region covers the Fraser Valley, east of Maple Ridge on the north side of the Fraser River and east of Aldergrove on the south side of the Fraser River up to Boston Bar, Toll Plaza, and Manning Park.

(b) Demographics

The population of the Fraser Cascades is projected to reach 20,000 in the year 2001 according to both Districts of Kent and Hope estimates from the 1996 census.

Fraser Cascades has a large aboriginal population as well as a strong core of persons from Germany, USA, United Kingdom and Netherlands descent in the community, as well as of Japan and Korea descent.

The District of Kent is often referred to as “The Corn Capital of B.C.” The District of Hope is often referred to as “Chainsaw Carving Capital of B.C.”

The main source of employment is primary industries, which include agriculture, forestry, mining and fishing, however, this is changing and the local economy is diversifying. Government services employ 14% of the labour force. The Federal Government has a strong presence within the District of Kent, which includes major employers such as Corrections Canada (Kent and Mountain Institute), and the Pacific Agriculture Research Centre.

The client population of the MCF office is estimated by the Team Supervisor to be a mixed clientele, which reflects the community's diverse population. The supervisor estimates that 30% of the clientele are Aboriginals. There are several First Nations in the area, the Sto:lo Nation has the following member bands: Cheam, Shxw'ow'hamel, Chawathil, Popkum, Scowlitz, Seabird Island, and Yale. In addition the area is home to Chehalis, Chemil, Spuzzum, Boston Bar, Boothroyd, Port Douglas, Lukseetissum, Tseatah, and Wahleach Island reserves.

Staff report that the social profile of the MCF clientele presents the following issues: alcohol/drugs, family violence, parent-teen conflict, custody disputes, and blended families.

The unemployment rate for the area is 10.7%. The unemployment rate for the province of British Columbia is 9%.

(c) Service Delivery

The Upper Fraser Regional office is located in Abbotsford. The management structure for the Regional office includes the Regional Executive Director, Child Protection Manager, Resources Manager, and four Community Services Managers (one of them, responsible for Aboriginal services). There is an acting Quality Assurance Consultant in a short term assignment.

The Child Protection Manager is located in Chilliwack and oversees the delivery of child protection services for the whole region and is responsible for the Fraser Cascades Intake and Assessment team (FFE).

The service delivery structure for Fraser Cascades provides for a Child Protection Intake and Assessment team (FFE) to assess and investigate new child protection reports and requests for support services within the geographic area of responsibility. Cases opened to provide ongoing protective services are transferred to the Hope Multidisciplinary team (FHB), located in Hope, which delivers services to families and children.

Youth probation services are provided through split responsibilities between the district offices in Agassiz and Hope. A youth probation worker delivers services twice a week at FFE. D.O. Mental health staff for children and youth is allocated in Hope and Chilliwack and a contracted agency, Agassiz/Harrison Community Services, provides services for the Kent District and Harrison. Drug and alcohol service is delivered through contracted community agencies in Agassiz and Hope.

There is a Community Service Manager located in Chilliwack, who is administratively responsible for the Ministry staff delivering services in Agassiz.

The Fraser Cascades Intake and Assessment team (FFE) investigates new child protection reports. Where there is a need for ongoing child protective services, files are transferred from the FFE team upon completion of the Comprehensive Risk Assessment Risk Decision #5, together with a Risk Reduction Service Plan, Risk Decision #6. Requests for non-protective family services are dealt with by the social worker on duty, who receives the call, records the information on a Notepad or FS Intake, and makes a referral to community resources or completes an assessment for services.

The FFE team carries MCF community liaison responsibilities through its team members, including the team supervisor. In addition, the social workers of the team conduct Protocol Investigations for Foster Homes (2 in the last 6 months), home studies, out of region requests for brief services (i.e. serving court notices), and initial court procedures following interventions pursuant to the CF&CSA. In addition, staff commented that some of these tasks are not being accounted for in the statistics. This matter was discussed in the debriefing meeting with the team, temporary electronic control of files instead of notepads was recommended.

The Resources team is located in Chilliwack & the placement resources are shared through the Region. The Child Protection Consultant is located in Chilliwack and is responsible for training and is also available to help social workers complete Comprehensive Risk Assessments.

(d) Resources

(i) Residential

Child care resources for the Fraser Cascades area are managed from the Resources office located in Chilliwack. One resource social worker from that office is responsible for the development and maintenance of residential child care resources in the Fraser Cascades area. Social workers on the Intake and Assessment team (FFE) access a placement by contacting the resource team. 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. A new liaison resources worker has been assigned to the team and is expected to attend a team meeting at the FFE office once a month.

The resource list of foster homes out of the resources team in Chilliwack includes levels homes, regular, and restricted homes and the same applies to Fraser Cascades . There is one receiving home in Chilliwack for children under 12. There are 5 aboriginal foster homes, 3 of them on the Chehalis reserve. From the total list of foster homes, 23 are located in the Fraser Cascades area. There are no resources available north of Hope; social workers commented on the need to develop resources in this part of the geographic area.

There is one contractor with 2 satellite homes in the Fraser Cascades area with a capacity of 4 beds. There are 5 contractors in the region. The Fraser Cascades Intake and Assessment team, like any district office, has access to all regional resources, including 5 group homes located in Abbotsford, Chilliwack, and Hope (1) for a total of 23 beds.

(ii) Non-Residential

There are a variety of contracted resources providing support services to families and children in Agassiz and Hope. The main contractors are:

- Agassiz-Harrison Community Services who provides a variety of services: family support workers, drug and alcohol services, mental health counselling, parent-teen conflict, a drop-in for parents with young children, and a youth centre with a youth worker.
- Hope Community Services provides family support workers (1.5 days a week in Boston Bar), suicide prevention, sexual abuse counselling, drug and alcohol services, family place, parent-teen conflict, Reconnect program, facilitates support groups, and provides youth outreach through a youth worker
- Aurora Counselling Services for battered women
- We Care Society in Chilliwack: homemaker services
- Hope Transition House and Chilliwack Transition House.
- Surrey Memorial Hospital and BC Children's Hospital: sexual abuse
- Xyolhemeylh Family and Child Services and Chehalis Health and Family Services provide a variety of services to their members such as family support workers, Rediscovery program, addiction services, community health, family counselling, home support, and child and youth counsellor. There are some aboriginal schools on reserve (Chehalis and Seabird).

Other resources include: University-College of the Fraser Valley, Agassiz and Hope Campuses.

There is one hospital in the District of Hope, Fraser Canyon Hospital.

Other Provincial Government Services include Public Health Unit, Corrections Branch, and Ministry of Social Development & Economic Security. The Provincial Court House is located in Hope.

There are two federal prisons, Kent Institution and Mountain Institution, and a provincial prison, Elbow Lake, in the geographic area.

Staff commented on the lack of foster homes in the northern part of the region, lack of resources for youth, parent-teen conflict, and limited family mediation services. Currently there are waiting lists for Aurora Counselling and family support workers in Agassiz and Hope. There are no alcohol/drug treatment centers or Detox facilities in the area. In addition, staff commented on the limited resources for suicidal teenagers and the lack of resources such as short-term crisis intervention, services for sexually intrusive children, and child care workers. Also lacking in the area is family counselling.

(e) Legal Services

Staff are satisfied with the assistance and representation provided by two experienced legal counsels provided by the same law firm rotating duties. Both of them, according to staff, represent MCF fairly well. There is limited time devoted to preparation for contested court hearings. Legal counsel follows worker's directions and provides good advice.

A concern identified by staff is the court backlog and current approach by defence lawyers to contest removals at the presentation hearings, which further impacts the workers' ability to transfer files quickly to the Multidisciplinary team.

One staff member commented on the effectiveness of one court conference resolved by the judge with the participation of all parties present.

4. STAFFING

- **Staff Complement/Staff Turnover**

The current FFE team was created in 1999 when the Hope District Office was divided in two and the Intake and Assessment function was moved to Agassiz. An acting supervisor was assigned temporarily to the new team until the current supervisor assumed responsibilities in February 2000.

During the summer the FFE team had extra support from an auxiliary S.P.O. assistant.

The FFE team includes the Team Supervisor and 3 social worker positions. One social worker has been part of the team from the beginning. In February 2000 and June 2000, the 2 social workers from the float replaced the 2 social workers who left the team. At the beginning of the audit, one of the social workers from the float left the team for a secondment to assist the Abbotsford Child Protection Intake team. No date has been set for the return, thus leaving FFE with 66% of the required social work staff to deliver services.

A Youth Probation worker comes from Hope to provide services in Agassiz two times per week.

The regional practice to put experienced social workers from other regions into the regional float is seen by staff as a barrier to attract social workers to the region. Similar comments have been made to the auditor by staff from other district offices in the region.

It should be noted that in the fall and winter of 1998/99 the Fraser Cascade experienced a severe staffing shortage when all of the professional staff were off on short term illness at the same time. Regional staff were deployed to the office and, with the assistance of the newly formed Provincial Response Team, were able to maintain service delivery until more long-term strategies could be developed. The longer term strategies included the creation of the current service delivery model (Intake and Investigation in Agassiz and ongoing Family Service located in Hope) and the infusion of additional FTE's to the Fraser Cascade community.

- **Administrative Services Staff Complement**

The FFE Intake and Assessment team shares the building with the Ministry for Social Development and Economic Security (MSDES), Adult Probation services, and a private family counsellor from Aurora Counselling Services. MCF is on one side of the building and the others are on the opposite side. They all share the reception area; however, the only full time

administrative support staff available is the MCF OA2 person. The MSDES only provides a half-time OA2 staff, when there is no support staff available, there is a sign for the clients advising to return another day or to call to a telephone number connected directly to the Financial Assistant Worker in case of emergency. The reality is that the MSDES clientele approaches the MCF support staff regardless of the signs; many times these are the same clients from MCF.

The Adult Probation Officer has a direct buzzer in the waiting room, but if the worker is not available for any reason, the clients will approach the reception area for information, usually contacting the MCF support staff. A similar situation applies to the family counsellor's clients, they are to knock on the door at their side of the building, but if there is no response, these clients also approach the MCF support staff.

The above situation is seen as problematic for the team supervisor and staff. As MCF support staff have no mandate or the necessary knowledge to respond to most requests, this is less than ideal. However, because of the co-location of more than one Ministry within the building, they work to ensure clients are provided with the information they need to access the appropriate service and they provide simple administrative tasks when requested.

There is a .325 FTE for a Supervisor of Administrative Services (Office Coordinator) and one FTE OA2 at the FFE team. There is an acting Office Coordinator shared with the Hope Multidisciplinary team, but only works at FFE one day every two weeks, which is far below the FTE allotment for the team. This matter was discussed with the team supervisor during the audit and the team supervisor is working on this matter. A permanent Office Coordinator is expected in February 2001. The OA2 position has been covered by an auxiliary worker from the float, since the beginning of 2001.

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

The Team Supervisor has been in Agassiz since February 2000. Previously, the supervisor was supervising the Williams Lake District Office for 5 years. She joined the Ministry in July 1989 as a social worker in 100 Mile House, then moved to Merritt and Victoria, before becoming the supervisor in Williams Lake. The supervisor holds a BA degree in psychology and a Social Services Diploma.

The senior social worker at FFE has four and a half years of experience with the Ministry. This worker started in Abbotsford for 6 months, then moved to Hope before joining FFE in 1999. She holds a BSW degree. One worker has a MSW and BSW degrees; this worker was hired in June 1993 and spent several years at the Vancouver After-Hours office before joining the FFE team in June 2000 as an auxiliary float social worker. The junior worker has a BSW degree and started in Chilliwack in January 1999 before joining the FFE team in February 2000 as an auxiliary float social worker.

- **Delegation**

The Team Supervisor and all social workers have full delegation. The senior social worker is in the process of being re-classified as SPO 4 and the 2 auxiliary social workers are classified as SPO 4 and SPO 3 respectively.

5. PROTOCOLS

The following are the protocols related to the FFE Intake and Assessment team:

- Regional Child Protection Interface Agreement (June 30, 1999).
- Draft protocol with the Xyolhemeylh Child and Family Services.
- Chehalis Health and Family Services
- Metis Family Services, Surrey (February 16, 1999)
- MCF province-wide protocol with the physicians dated September 1997 and Medical Services Commission dated September 1999 (MSP of BC)
- MCF and ICBC
- MCF and the Office of the Chief Coroner
- MCF and MSDES draft protocol dated December 1999

There are no protocols with the RCMP (3 detachments), the School District # 78, the Fraser Canyon Hospital or the Hope Transition House. The Regional Child Protection Consultant has the development of these protocols on their 2001 workplan.

Staff report that they have good working relationships the schools and the hospital, and with the police in Agassiz and Boston Bar. In Hope this has been problematic as confidentiality has become an issue. The Team Supervisor is meeting with the Hope RCMP to address this issue.

6. ABORIGINAL SERVICES

The Xyolhemeylh Child and Family Service agency of the Sto:lo Nation has full delegation under the CF&CS Act. This agency, which is located in Chilliwack, provides all child protection services and a range of family services, including family support workers, foster homes, counselling, homemakers and drug/alcohol services.

The relationship with the aboriginal agency was reported by staff to be in need of improvement. For example, Xyolhemeylh is not accepting referrals or file transfers from MCF. It appears that this agency is expecting to get 14 FTE's from the region. The region is aware of this matter and is dealing with it.

The supervisor and staff commented that files transferred to MCF from this agency are not meeting MCF standards. The Region indicated that the Aboriginal Services Manager becomes involved in these matters.

Chehalis Health and Family services provides a full range of services to its members such as public health, family support, Rediscovery program, addiction services, family counselling, home support and child and youth counselling. This agency is not delegated by MCF.

The relationship with this agency was reported by staff as very effective. Both FFE and FHB have assigned the caseloads to specific social workers as requested by the Band.

Two First Nations schools operate on Indian Reserves.

7. AUDIT SAMPLE

The audit was asked to review a minimum of 20% to 25% of the number of intake files opened and/or closed between July 2000 and December 2000.

The Integrity Report, Caseload Report for closed files and the supervisor's tracking system were used to arrive at a sample number of 101 intakes for the months July through December 2000. Of the 101 intakes, 58% of the cases were designated Protection (58 files) and 43 cases were designated Request for Family Support Service and Request for Youth Services. Based on a total number of 101, the audit was expected to review a minimum of 20 to 25 cases.

In the same period of time, July to December 2000, FFE closed 105 (*) family services files and transferred 36 family services files and 7 child services files to the Multidisciplinary Team in Hope (FHB).

The average intake for FFE is 17 cases per month, which is 6 intakes per worker per month without taking into account other tasks like foster homes protocol investigations, serving court documents or checking families as requested by other offices or other provinces, and community liaison responsibilities.

Forty five (45) files were audited (30 child protection files and 15 non-protective service files), representing **45%** of the total number of intakes during the designated period.

All the files audited were closed intakes (45files) in order to accurately reflect a review of the work conducted on completed investigations and assessments. Caseload Management Reports obtained at the beginning of the audit reported 17 open CP intakes and 2 child services files.

Files were selected randomly from current office-generated Caseload Management Reports. 10 CP family services files and 5 NP family services files per worker were selected for the audit. Completed intake files transferred to the Family Service team were not included in this audit.

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

(*) There is a special caseload #000 at FFE. 262 closed files from FHB which were physically and electronically transferred to FFE, thus affecting the provincial statistics and the numbers provided in this report. The Supervisor is made aware of these transfers, however, 8 files were transferred in the last 6 months without the FFE Supervisor's knowledge. The Supervisor has addressed this matter. Management indicated this regional procedure is part of the Regional Child Protection Interface Agreement. The auditor believes this practice is contrary to MCF policies on management records and storage of files, BC archive systems and Systems Services Division.

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.

Thirty (30) Child Protection files were audited. The following provides a breakdown of compliance ratings. In some cases, for example Supervisor Consultation, the compliance rating reflects documentation rather than practice.

The overall compliance for the 30 files audited was assessed at **77.64%**. Because of low ratings in key parts of the intake process, the debriefing session with the team and the supervisor was used as a training session to review step by step the whole documentation and choices available to the workers.

1. Protocols:

Protocols were followed in 1 of 30 applicable cases (3%); all the remaining cases (29 files) were rated CA, not applicable and demonstrated good practice.

2. Children from Aboriginal Communities:

Standard criteria were met in 29 of the 30 files (97%). One file rated NC (3%) as the band was not identified.

3. Cultural, Racial and Religious Differences:

Staff demonstrated good practice in all 30 files (100% compliance).

4. Reportable Circumstances:

The 30 cases were rated N/A.

5. Case Records:

Case records met standard criteria in all 30 files (100% compliance).

6. Supervisory Responsibility:

Standard criteria were appropriately met in 19 of 30 files (63%). There was no record of DS consultation at one or more Risk Decision points in the remaining 11 files (37%). This omission of information was discussed with the Supervisor and the team. It appears that in

fact the workers have discussed and consulted at all decisions points with the supervisor, but the information was not recorded.

7. Assessment of Reports:

This standard was completed satisfactorily in 29 files (97%). One case was rated NC as the worker did not contact the MCF counterparts in Alberta and Saskatchewan to clarify the report sent by a fax.

8. Prior Contact Check and Registration:

Standard criteria were met in 28 of 30 files (93%). Two files were rated non-compliance (7%), as the document was not incorporated into the file; in some cases the recording indicated that the social worker had done an electronic PCC.

9. Determining the Speed of Assessment:

Standard criteria were met in all 30 files (100% compliance).

10. Risk Decision 1: Deciding Whether to Investigate:

The appropriate decision was made in all 30 files (100%).

11. Informing the Police:

The police were appropriately involved in 2 of applicable files (100%). In 28 of 30 files this standard was not applicable.

12. Risk Decision 2: Decide Investigation Response Time:

Practice requirements were met in 29 files (97% compliance). One file (3%) was rated NC, where the worker established the response time, but the investigation was delayed beyond the standard requirements.

13. Initial Plan of Investigation:

An appropriate plan for investigation had been developed for 21 of 30 applicable files (70%). Nine (9) files contained no documentation to confirm the initial plan.

14. Steps Required to Complete the Investigation:

Relevant necessary steps were carried out in 14 of 30 files (48%). In 14 files (48%) one or more of the required steps did not appear to have been completed. One case (3%) was rated beyond the control of the worker. In one situation (3%) the rating was NA as the worker and supervisor determined that the report was bogus and the investigation was stopped.

15. Seeing and Interviewing the Child:

Standard criteria were met in 17 of 30 applicable files (59%). There was insufficient documentation to indicate that the child or other children in the household were seen or interviewed in 9 cases (31%). Two cases were beyond the control of the worker (7%) and one case (3%) was NA. As requested by the workers, these files were identified for the supervisor to review with them.

16. Arranging Medical Examination for the Child:

All cases (30 files) were rated NA.

17. Seeing and Interviewing the Parent:

Confirmation that the parent (s) were seen and interviewed was found in 20 of 30 applicable files (69%). The parent was not available in 2 cases (7%). Seven (7) files (24%) contained insufficient information to determine whether one or both parents were seen and interviewed in person. One situation was assessed as NA (see #14 comments).

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

The child's immediate safety was correctly assessed in 29 of 30 applicable files (97%). One (1) case was rated NC (3%) as the assessment was delayed over 6 weeks.

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

Appropriate protection decisions were made in 28 of 30 applicable files (93%). Two (2) cases were rated NC (7%) where there was evidence to confirm the findings under section 13 of the CF&CSA, but were rated incorrect and the finding in need of protection was inaccurate. This matter was discussed with the team and the supervisor. These files were set aside for review by the supervisor and the Child Protection Manager.

20. Investigative Action - Cannot Locate Child or Family:

Two files (100% compliance) of the audited files contained issues related to this standard. The other 28 files were rated N/A.

21. Recording and Reporting the Investigation Results:

Practice was appropriate in 19 of 30 files (63%) where investigative action was initiated. There was no indication that the reporter had been contacted in the 11 remaining files (37%). This matter was discussed with the team and the supervisor.

22. Time Limit for Investigations:

Investigations were completed within the required time frame in 15 of 30 applicable files (50%). Two (2) investigations were delayed due to factors beyond the control of the worker (7%). Thirteen (13) files (43%) were rated NC, over 30 days. Discussed with the team documenting the reasons for the delay in the intake format.

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

The assessment was complete in one of three applicable cases (33%). In two situations (67%) where the child was found in need of protection there was no CRA on file. The remaining 27 files were NA.

24. Risk Assessment of a Third Report:

The assessment was complete in one of three applicable cases (33%). In two situations (67%) the standard was NC. The remaining 27 files were rated NA.

25. Risk Decision 6: Developing a Risk Reduction Plan

N/A

26. Supervision Orders

N/A

27. Removing a Child

N/A

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

N/A

28. Reclassify - Protective to Voluntary Family Service

N/A

29. Where a Child or Family is Missing

N/A

31. Transferring a Protective Family Service Case

N/A

32. Closing a Protective Family Service Case:

Standard criteria were met in 24 of 30 applicable files (80%). Six cases were assessed as closed prematurely, before a thorough investigation was completed, the RD4 was rated as inadequate or closure took place at the point of signing a Support Services Agreement for 6 months.

9. COMPLIANCE TO NON PROTECTIVE FAMILY SERVICE PRACTICE

The FFE team receives all new incoming calls for the Fraser Cascades area, including requests for family and youth support services. Intakes are assessed and referrals made to appropriate community resources.

Fifteen (15) Request for Service intake files were audited for compliance to:

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

1. Protocols

There were protocols applicable to 2 of 15 cases (100% compliance).

2. Children from Aboriginal Communities

This standard was correctly assessed in all 15 files (100%).

3. Cultural, Racial & Religious Differences

All files (15) rated C at full compliance.

4. Reportable Circumstances

All files (15) rated N/A.

5. Case Records

All files (15) rated C at full compliance.

6. Supervisory Responsibility

Standard met in all 15 cases (100% compliance).

7. Initial Assessment of Referrals, Service Requests, Reports

Eleven (11) cases were rated C (73% compliance). Four (4) cases were rated NC (27%) where the Risk Decision 1 and identifying section 13 concerns were not rated properly when dealing with parent-teen conflict and sexually intrusive behaviours. This standard was discussed with the team and the supervisor.

The four (4) cases were identified for review by the team supervisor and child protection manager.

8. Prior Contact Check & Registration

A PCC was found in 9 of 15 applicable files (60% compliance). The other 6 files were rated NC (40%).

9. Determining the Speed of Assessment

All the 15 files (100%) had been assessed within required time frames.

10. Comprehensive Assessment

This standard was found applicable in 3 files (100% compliance). The other 12 cases were rated NA.

11. Legal Documentation

N/A

12. Service Plan with Goals & Time Frames

N/A

13. Service Plan Monitored

N/A

14. Service Plan Review/Evaluation

N/A

15. Reclassifying Case from Protective FS to Voluntary FS

NA

16. Transferring a Family Service Case

N/A

17. Closing a Family Service Case

Fourteen (14) of 15 files (93%) were rated with compliance. One case (1) was rated NC (7%) as it was considered the file was closed prematurely, before waiting for confirmation that the child's dental needs had been met.

18. Recording

N/A in all cases.

10. INTAKE AND TRACKING SYSTEMS

(a). Intake and Investigation

All new calls for service - child protection reports and requests for non protective family service - for the Fraser Cascades area are directed to the FFE Intake and Assessment team for assessment and investigation.

The intake function is rotated among the 3 workers of the team as well as back up duties. Because of the current reduction (January 2001) of social work staff to 2 workers, the team supervisor is now part of the back up monthly team schedule

The intake social worker screens all the calls and documents protection reports and requests for support services on the MIS system, completes a visual Prior Contact Check (PCC) and incorporates a copy of the PCC into the file. In cases requiring an investigation, the worker completes RD1, RD2 and an initial plan of action, and prints a copy of the intake for the supervisor's review and approval. In some requests for support services, the intake worker will assess the request for services and will complete referrals and close the files or will consult with the supervisor regarding the course of action and the RD1. The supervisor assigns the case to the intake worker to complete the assessment and referral or to initiate an investigation. If an investigation is required, the worker completes Risk Decisions #3 and #4. When the investigation or the assessment is completed the intake social worker provides the file to the supervisor who reviews and approves the outcome of the intake.

When there is an open file, the intake worker enters the information on a notepad and forwards the information to the social worker involved on the Multidisciplinary team (FHB) or Intake and Assessment Team (FFE). If the call is urgent, the intake worker may follow the information with a phone call. If it is a different report to the matters of the file, the investigation remains with the Intake team, if it is a similar report, the investigation goes to the social worker responsible for the file, the supervisors of both teams decide who will conduct the investigation.

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

The intake worker completes the investigation to Risk Decision #6, consulting with the Team Supervisor at key decision points throughout the investigation. Social workers consult with the FFE Supervisor, other Supervisors in the region or Child Protection Manager if the Team Supervisor is unavailable. If the child is found in need of protection, the FFE worker completes Risk Decision #5, the Comprehensive Assessment of Risk and a Risk Reduction Plan, Risk Decision #6. If the child is found not in need of protection, the file may be closed or the family may be offered support services or be referred to community agencies.

The After Hours is managed through a satellite office of the Vancouver After Hours located in Chilliwack, with 2 social workers alternating duties. During the weekends this office provides 8 hours of daily coverage. There is a call out volunteer list with delegated workers from various offices in the region to back up the after-hours worker in case of emergency. The main Vancouver After Hours office covers vacation and other leave of these two workers.

Staff commented on the shortcomings of the Interface Regional Protocol regarding the lack of clarity on how to respond to intakes on closed files, as they are knowledgeable of provincial policies in this regard where intakes on files closed in the last 3 months go to the last worker involved with the family unless it is a new issue. If it is the latter, then the matter is investigated by the intake team.

(b). Tracking

The Team Supervisor maintains a tracking system based mainly in the ministry computer system. She utilizes the available Integrity Reports, Caseload Management Reports and the Intake Status Report for each worker as tools to assist her in tracking and monitoring the open cases in the FFE team. Copies of these reports are given regularly to the social workers at the weekly team meetings.

Open cases are reviewed regularly with the social workers through ongoing individual consultation. The supervisor is aware of all the cases, the social workers keep her informed at each step of the investigation. The individual caseloads are reviewed regularly at the weekly team meetings or during case consultations, both the supervisor and the worker take notes of the consultation and directions.

The FFE team supervisor has developed a tracking system to monitor the intakes. One binder, the Intake Check List contains the names and dates of intakes and notepads. The other binder is managed by the intake worker to record all contacts not put in the system. The notepads drop out of the MIS system in 30 days. Both binders are currently under review by the supervisor to better reflect the volume activity of the team.

The administrative support staff keeps a chronological logbook to track down the transfers in and out of office files.

(c). Case transfer

Family Service cases are transferred from the FFE team to the Multidisciplinary team (FHB) upon completion of Risk Decision #5 and completion of Risk Decision #6. Child Services files are transferred following the initial court hearing.

The transfer of protection files from the FFE Intake and Assessment team to the Multidisciplinary team (FHB), follows the Regional Intake and Family Service Interface Protocol. The transfer is done from Supervisor to Supervisor once the FS and CS computer screens have been updated. The social worker from the FFE team arranges a meeting with the clients and the new worker at FHB to introduce the new worker to the family. Staff commented that they have to do this work because of the shortage of administrative support. In Hope, this meeting is arranged by the clerical staff.

11. SUPERVISION/CONSULTATION

The Team Supervisor has the authority, accountability, and responsibility for supervision and decision-making with respect to child protection and non-protection family support practice.

The Child Protection Manager oversees the work of the FFE Supervisor, providing consultation as necessary.

The Team Supervisor has full time supervisory responsibilities on the child protection team. There is supervision on request to the social workers; there is no formal supervision for the Team Supervisor, although there is frequent consultation with the Child Protection Manager. Staff appreciates the accessibility and availability of the supervisor, especially phone access when in the field. The supervisor assumed the responsibility of the FFE team in February 2000. She has plans to establish monthly supervision sessions with the workers.

There are monthly meetings of the intake teams' supervisors and the Regional Child Protection Manager.

Staff appraisals on the team have not been done lately since the supervisor joined the team less than a year ago; however, the supervisor is in the process of completing the first appraisal. The Team Supervisor has received 3 or 4 appraisals as a social worker between 1989 and 1995. As a supervisor in Williams Lake the supervisor had 2 appraisals. The senior worker had one appraisal done while working in Hope. The worker transferred from After-Hours also had one appraisal done. The junior worker has not had an appraisal done since joining the MCF in January 1999.

12. TRAINING

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

training, comprehensive risk assessment and advanced risk assessment, Staffing in the Public Service, Looking After Children (LAC) and Outlook training. The supervisor confirmed the need for investigative interviewing training and plans to take this training in the Spring 2001.

All social workers have completed core social worker training, comprehensive risk assessment (CRA), advanced CRA training, investigative interviewing training and aboriginal awareness training. Staff have received new computers and have attended the Outlook training.

Training opportunities for staff are available, but due to heavy caseloads and lack of coverage, it is not realistic. From time to time social workers do attend training and the supervisor covers the caseload. Because of the same reasons as above and budget limitations, staff feel that outside training is less feasible for them.

Regarding career enhancement opportunities, the supervisor stated that opportunities are limited due to lack of coverage, but it is too soon for her to comment regarding acting opportunities in managerial responsibilities because she has been for less than a year in the region. It appears that career enhancement opportunities may be limited due to regional decision to use the 2 child protection consultants (SPO5) to cover for managers, thus limiting the opportunity for the supervisor to act as manager and line workers to act as supervisor.

Social workers confirmed the comments of the supervisor regarding their reduced opportunities because child protection consultants in this region are used to act for supervisors.

13. RECOMMENDATIONS

1. That regional management ensure that any cases identified for review or attention, and any files containing non-compliance ratings, are reviewed for completion of any outstanding work.
2. That regional management provide an update on the status of development, including timeframes, of protocols with the RCMP, schools, hospitals and Hope transition house.
3. That Child Protection Division – Policy Branch and Child Protection Division- Aboriginal Services review the need to develop file documentation policies when files are transferred between delegated Aboriginal Agencies and MCF District Offices.
4. That regional management provide an update on the plan developed and implemented to improve compliance in documentation and/or practice requirements in **child protection practice** in the following areas:
 - Supervisory Responsibility
 - Initial Plan of Investigation
 - Completing the required Steps in the Investigation
 - Seeing and Interviewing the Child
 - Recording/Reporting Investigation Results

- Time Limit for Completing Investigation
- Rule of the Third Report

Alfredo Sepulveda, MSW
Provincial Auditor
Audit Unit, Child Protection Division
January 26, 2001

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-Jan-31

SUMMARY OF 30 CASE AUDIT(S) FOR OFFICE FFE

<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	1	3%	29	97%					
10-10-020	2	Children From	29	97%			1	3%			
10-10-030	3	Cultural, Racial &	30	100%							
10-10-040	4	Reportable						30			
10-10-050	5	Case Records	30	100%							
10-10-060	6	Supervisory	19	63%			11	37%			
10-20-010	7	Assessment Of Reports	29	97%			1	3%			
10-20-020	8	Prior Contact Check And	28	93%			2	7%			
10-20-030	9	Determining The Speed	30	100%							
10-20-040	10	Risk Decision 1:	30	100%							
10-20-050	11	Informing The Police	2	100%				28			
10-30-010	12	Risk Decision 2:	29	97%			1	3%			
10-30-020	13	Initial Plan Of	21	70%			9	30%			
10-30-030	14	Steps Required To	14	48%		1	3%	14	48%	1	
10-30-040	15	Seeing And Interviewing	17	59%	1	3%	2	7%	9	31%	1
10-30-050	16	Arranging A Medical								30	
10-30-060	17	Seeing And Interviewing	20	69%		2	7%	7	24%	1	
10-30-070	18	Risk Decision 3:	29	97%			1	3%			
10-30-080	19	Risk Decision 4:	28	93%			2	7%			
10-30-090	20	Investigation Where	2	100%						28	
10-30-100	21	Record & Report	19	63%			11	37%			
10-30-110	22	Time Limit For	15	50%		2	7%	13	43%		
10-40-010	23	Risk Decision 5:	1	33%			2	67%		27	
10-40-020	24	Risk Assessment Of A	1	33%			2	67%		27	
10-50-010	25	Risk Decision 6:								30	
10-50-020	26	Supervision Orders								30	
10-50-030	27	Removing A Child								30	
10-60-010	28	Risk Decisions 7, 8, 9:								30	
10-60-020	29	Reclassify Case From								30	
10-60-030	30	Where A Child Or Family								30	
10-60-040	31	Transferring A								30	
10-60-050	32	Closing A Protective	24	80%			6	20%			

Standards in Compliance: 448 Applicable Standards: 577 Overall level of compliance: 77.64%

Compliance Definitions:

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

Note: Percentages are for non-NA values only
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Non Protective Family Service Completed Case Reviews For All Reviewers

BRITISH Ministry for
COLUMBIA Children and

For the period between 2000-Jan-01 and 2001-Jan-31

SUMMARY OF 15 CASE AUDIT(S) FOR OFFICE FFE

<u>Code</u>	<u>Num</u>	<u>Short Description</u>	<u>C</u>	<u>CA</u>	<u>CB</u>	<u>NCF</u>	<u>NC</u>	<u>NA</u>
30-10-010	1	Protocols	2	100%				13
30-10-020	2	Children From	15	100%				
30-10-030	3	Cultural, Racial &	15	100%				
30-10-040	4	Reportable						15
30-10-050	5	Case Records	15	100%				
30-10-060	6	Supervisory	15	100%				
30-25-010	7	Initial Assessment Of	11	73%			4	27%
30-25-020	8	Prior Contact Check &	9	60%			6	40%
30-25-030	9	Determining The Speed	15	100%				
30-35-010	10	Comprehensive	3	100%				12
30-35-020	11	Legal Documentation						15
30-35-030	12	Service Plan With Goals						15
30-35-040	13	Service Plan Monitored						15
30-35-050	14	Service Plan						15
30-60-020	15	Reclassifying A Case						15
30-60-040	16	Transferring A Family						15
30-60-050	17	Closing A Family	14	93%			1	7%
30-65-010	18	Recording						15

Standards in Compliance: 114 Applicable Standards: 125 Overall level of compliance: 91.20%

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 - 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.