

DIRECTOR'S AUDIT REPORT
HAZELTON FAMILY AND CHILD SERVICES TEAM (QCL)

(2000Oct13)

Field Work Completed: July 24 – August 02, 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 child in care are systemically conducted according to a four year cycle.

2. METHODOLOGY

The audit of the Hazelton Family & Child Services Team (QCL) was asked to include a minimum of 20 – 25% of the number of open Family Services cases (protective and non-protective services), and 20 – 25 % of the number of open Child Services cases. A small number of files closed within the past six months was to be included in the sample. Files were audited for compliance to the Child Protection Standards, the Risk Assessment guidelines, Comprehensive Plans of Care guidelines and Case Management policy.

One auditor conducted fieldwork from July 24 to August 02, 2000. The computerized Case Audit Tool (CAT) 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 to review terms of reference for the audit. During the audit, the District Supervisor and three social workers were interviewed with respect to office systems, service delivery structure, and community resources. The auditor met with the District Supervisor at the conclusion of the audit for a detailed review of the findings, and with the team to provide an overview of the results, including identified themes and patterns. The District Supervisor was provided with the compliance report for each file that had been audited, separated in different priority categories. The auditor also met with the Regional Child Protection Manager during the course of the audit and forwarded a copy of the compliance reports given to the District Supervisor.

3. COMMUNITY OVERVIEW

a) Geographics

The Hazelton MCF office is part of the Northern Interior/North West and Peace Liard Region. The region covers the entire northern part of British Columbia from the Pacific coast to the Alberta border.

The QCL Family and Child Services team provides services to Hazelton, New Hazelton and South Hazelton communities. The District Office also serves the aboriginal communities of Kispiox (including the Kispiox Valley), Glen Vowell, Gitanmaax, Hagwilget, Kitsequecla, Kitwanga, Gitwangak, and Gitanyow.

The Hazelton area is the home of the Gitksan and Wet'su-wet'en First Nations peoples, who occupy the east side and west side of the Bulkley River respectively.

The Hazeltons are located 290 km east of Prince Rupert and 60 km Northwest of Smithers. Terrace is located halfway between Prince Rupert and the Hazeltons. The Village of Hazelton is located at the point where the Skeena and Bulkley Rivers meet.

b) Demographics

The population of the area covered by the District Office is 6,872 according to the information obtained from the 1996 Census from the Regional District of Kitimat-Stikine. Approximately 90% of the population are aboriginal. There is a small percentage of the aboriginal population living off reserve.

The three industries employing the most people in this area, according to the 1996 Census, were Educational Services, Logging and Forestry Industries, and Health and Social Services.

The average income in the Hazelton Village in 1996 was \$33,775 compared to British Columbia average of \$36,961.

The client population served by the Hazelton D.O. reflects the community population with a high number of First Nations people (90%).

Staff noted that alcohol abuse and domestic violence affected many of the families and children they work with. FAS or FAE affects all of the Continuing Custody wards under the responsibility of the Guardianship worker.

c) Service Delivery

The Northern-North West Regional office is located in Prince George, with a sub-regional office in Terrace. The management structure for the sub-regional office in Terrace includes the Child Protection Manager, the acting Community Services Manager, and the Aboriginal Services Manager. The Hazelton Family & Child Services Supervisor report administratively to the Community Services Manager located in Prince George. The Supervisor frequently consults

with the Child Protection Manager who oversees the delivery of child protection services for the Northwest area of the region. The Child Protection Consultant position for this area has only recently been filled. The Aboriginal Services Manager acts as a liaison with the Aboriginal Bands, the Manager meets with the team as required.

The service delivery structure for the Hazelton D.O. consists of one multidisciplinary team (QCL) to investigate and assess child protection reports, requests for support services and youth probation within the geographic area of responsibility.

Cases opened to provide ongoing protection and non-protection services are distributed among the three child protection social workers. The area is divided geographically with two or more aboriginal reserves to each worker. Child Services files are transferred to the Guardianship social worker of the team once the Continuing Custody order is obtained.

The screening of the calls to the District Office is done by the Supervisor, as well as, the checking for collateral information. The Supervisor assigns the cases for investigation or assessment of support services to the child protection workers.

Either the worker responsible for the file or a different worker, depending on the nature of the report and worker's availability, investigates new child protection reports on open files.

A liaison Resources social worker from Smithers attends the Hazelton D.O. every 2 or 3 weeks. Every week this worker produces a list of resources available for each weekend to be used by the social worker covering Intake (only fully delegated workers). During the week, the After-Hours calls can be directed to any fully delegated social worker in Hazelton, Smithers or Houston or to any of the Team Supervisors from the same offices.

d) Resources

- **Residential**

Childcare resources for the Hazelton area are managed from a Resources office located in Smithers. The Resources Worker liaison attends the Hazelton office every 2 or 3 weeks. Social workers on the QCL team access a placement by contacting the liaison resources worker. Once the resources worker locates an available home, the child's worker assumes responsibility for placement and for providing the caregivers with essential information (referral form or copy of snapshot) about the child.

Childcare resources utilized by the QCL team include 12 family care homes (3 of them are aboriginal) and 2 group homes: Cedar Place (4 beds for over 12) and Gitanmaax, on reserve, where MCF shares 3 of the 6 beds with the Band. Another group home, Kispiox, on reserve, was closed last year after 7 years of service. In addition, social workers use restricted foster homes and Guardianship Family Assistance (GFA) similar to the provincial Child in Home of Relative program, to accommodate placements with relatives and extended families, including children not in the care of MCF. Foster Home Recruiting was described by staff as problematic because there is a backlog for home studies and people are withdrawing applications to foster. There is a 4 week waiting list for home studies.

The resources are assessed at the time of the annual review, the Resources worker asked for feedback from the social workers. If the resource is not suitable to the needs of the child, the social worker contacts the Resources worker directly.

Staff reported that the resources available are sufficient to the needs of the team, it is not uncommon to find children in care from other offices in the Hazelton resources.

The resources are shared between the offices in Hazelton, Smithers and Houston.

- **Non-Residential**

There are several contracted resources providing support services to families and children in Hazelton area. The Hazelton Child and Youth Care Services provides Child Care Worker services. The Gitksan-Wet'suwet'en Education Society provides the following programs:

- 1) Reconnection Program: to give suitable cultural/community information to all those Gitksan-Wet'suwet'en children who are or have been in the care of MCF anywhere in the province;
- 2) Cultural summer camps, and
- 3) Unlocking Aboriginal Justice: alternative justice to small offences committed by adults and youth.

Another agency is the Community Counselling Services, which provides short and long term counselling for adults and youth, parenting, marital, drug & alcohol and victims of abuse or family violence. In addition, the agency provides mental health services for adults, youth and children. The local hospital delivers programs like pregnancy outreach, Nobody's Perfect, and Ready or Not programs. There is a psychiatric room in the hospital, but services are provided in Terrace.

The aboriginal Bands have their own social workers and Drug & Alcohol counselling. The Kitwanga reserve has a residential Drug & Alcohol treatment centre.

The Gitksan Health Authority provides mental health services for adults and youth.

In April of this year the Gitksan Child and Family Services agency was approved with a delegation level 12 for Family Services and Resources. This agency provides counselling services for aboriginal people and soon will receive the transfer of the Voluntary Family Services from the Hazelton D.O.

Homemaker's services are available from the Homemakers Society only through the Ministry of Social Development and Economic Security.

- e) **Legal Services**

Staff reports that the Legal Counsel has provided services for over 15 years. The services are rated excellent and the lawyer is described as sensitive and reasonable, who provides good advice, takes directions, provides consultation and represents well the position of the Director in court.

Court operates once a week with a rotating judge from Terrace or Smithers. Other times the social workers must present their cases in Terrace, Houston or Smithers. There are few contested cases and the Bands are usually represented in Court.

4. STAFFING

The QCL team includes an acting District Supervisor, 3 child protection social workers, a half-time guardianship social worker and one Youth Probation worker.

Smithers provides a part-time social worker responsible for Community Living Services and Special Needs Day Care, and a part-time Resources social worker, who attends the Hazelton office every 2 or 3 weeks. The Mental Health Clinician from the Smithers office supervises the child and youth therapists of the Community Counselling Services agency; supervision and case reviews are done regularly through teleconferences. In addition, she reviews the files when she visits the agency.

The FTE social work allocation for the QCL team is 4.5; all the child protection workers and the Supervisor are fully delegated. The guardianship social worker has partial delegation.

There have been several changes affecting the Hazelton office. The Team Supervisor left the office after 3 years of service in December 1999. The senior social worker of the team acted as Supervisor for a short time without coverage for his caseload, and then the team did not have a Supervisor on site for a while until the current acting Supervisor arrived on May 8, 2000. The current acting Supervisor is leaving at the end of August. A child protection worker is leaving in September. Current plans include the temporary assignment of a social worker from the Okanagan region.

At the time of the audit, the senior social worker was just returning from a 4 months paternity leave, another social worker was away on vacation for 3 weeks, and the third social worker returned to work from a 5 week medical leave during the last day of the audit.

- **Administrative Services Staff complement**

A long term Supervisor for Administrative Services (14 years) and one auxiliary OA2 provide support services to the workers.

There is a common reception area shared with the Ministry of Social Development and Economic Security as both ministries share the same building, including the filing room.

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

The acting Team Supervisor has a BSW degree and 4 years of experience with the Ministry, starting as a social worker at the Chetwyn office. In June 1997, she became the acting Supervisor in Fort St. John and later confirmed in the position in February 1998. The acting supervisor has 13 years of experience as a social worker in Alberta.

3 of the social workers, including the guardianship worker have a BSW degree; the other worker has BA in Psychology.

The child protection workers have 13.5 years, 3 years, and one year of experience each with the MCF. The guardianship worker has over one year of experience at the Hazelton office, first as an auxiliary social worker and then confirmed in a permanent position in May 2000. In addition, the guardianship worker has 6 months experience with MCF as an auxiliary social worker in 1996, plus 1 ½ year of other related experience.

- **Workload**

Total new intakes for the audit period was 114 or approximately 19 per month.

Caseload Management Reports obtained at the beginning of the audit recorded 78 open Family Services cases (62 protective services, 11 non-protective services, and 5 unclassified service files). It also recorded 41 open Child Service cases (16 supervision orders, 4 voluntary agreements, 2 interim orders, 4 temporary orders, and 15 continuing custody orders).

Of the 78 open Family Services files, 36 are open intakes (23 intakes open over 30 days).

Caseload per child protection worker is approximately 30 files. The half-time Guardianship worker has a caseload of 14 CCO files including 3 adoption files. Twelve (12) of the fifteen (15) continuing custody wards are aboriginal, seven (7) of the aboriginal children are in aboriginal homes.

The Supervisor is currently responsible for four (4) Family Services files.

The total caseload for QLC is **62** Protective Family Services files, **16** Non-Protective Family Services files (including 5 unclassified files), and **41** Child Services files for a total of **155** cases.

5. PROTOCOLS

The QLC team has several protocol agreements in place:

- Coast Mountain School District 82 and the Hazelton detachment of the Royal Canadian Mounted Police.
- Child sexual abuse with the Hazelton detachment of the Royal Canadian Mounted Police
- Gitxsan Health Authority – Justice Program
- Gitxsan Child and Family Services, which includes Gitanmaax Reserve, Glen Vowell Reserve, Kispiox Reserve, Gitanyow Reserve, and Gitwangak Reserve.
- Gitanmaax Health and Child Care Committee.
- Reconnections for Children in Care.

There are 2 reserves without protocol agreements, the Hagwilget and Kitseguella Reserves. These 2 reserves have already been contacted by the Aboriginal Services Manager to initiate the development of protocol agreements. Social workers applied the same principles of the other Bands agreements when working with these 2 Bands.

6. ABORIGINAL SERVICES

There are 7 aboriginal reserves in the Hazelton area divided into 2 Nations: Gitksan and Wet'suwet'en. Each reserve has its own social worker responsible for the delivery of the Financial Assistance program and a counsellor for Drug & Alcohol services.

There is a combined Gitksan-Wet'suwet'en Education Society which delivers the Reconnection Program, Cultural summer camps, and Unlocking Aboriginal Justice program.

The Gitksan Health Authority provides mental health services for adults and youth.

Gitksan Child and Family Services provides counselling services for aboriginal people and soon will assume responsibility for the Volunteer Family Services files from the Hazelton office as a result of the delegation authority level 12, recently approved, to provide Family Services and Resources.

Kitwanga reserve has a residential Drug & Alcohol treatment centre on reserve.

7. AUDIT SAMPLE

The audit was asked to review a minimum of 20 – 25% of the number of open Family Services files (protective and non-protective services), and 20 – 25% of the number of open Child Services files. A small sample of the cases closed within the last six months was to be included. Current Caseload Management Reports (CMR) were provided by the District Office from the MCF computer system and used to arrive at audit sample number. Twenty (20) of the sixty two (62) open Protective Family Services and five (5) of the sixteen (16) open Non-Protective Family Service files (including 5 unclassified files) were audited, for a total of twenty five (25) files, representing **32.5%** of the total number of open Family Services cases, including 2 unclassified open intakes. The audit sample included four (4) additional closed files.

Fourteen (14) Child Services files were audited, representing **34%** of the forty one (41) children in care of the MCF Hazelton office, including the Continuing Custody wards under the responsibility of the guardianship worker.

8. COMPLIANCE TO CHILD PROTECTION PRACTICE

1. Protocols

The District Office has several protocol agreements in place: tri-lateral with the Police and the Coast Mountain School District, with the RCMP regarding sexual abuse, Gitksan Health Authority-Justice Program, Gitksan Child and Family Services (5 Bands), Gitanmaax Health and Child Care Committee, and Reconnections Program.

The standard was met in 11 cases (46%) and 13 cases (54%) were rated CA, where an acceptable alternative action was found consistent with good practice.

2. Children from Aboriginal Communities

The standard was met in 17 out of 24 cases (71%). 6 cases were rated NC (25%) where the aboriginal information was not documented or the aboriginal community was not contacted.

3. Cultural, Racial and Religious Differences

The standard was met at 100% compliance.

4. Reportable Circumstances

The standard was NA in all 24 cases.

5. Case Records

The standard was met in 16 cases (67%). 8 cases were rated NC (33%) where recording was not done or it was outdated.

6. Supervisory Responsibility

The standard was met in 17 cases (71%). 7 cases were NC (29%), because there was no documentation to confirm the consultation, although it appears the supervisor had been consulted.

7. Assessment of Reports

The standard was completed at full compliance in all 24 cases.

8. Prior Contact Check and Registration

The standard was met in 23 cases (96%). One file was rated NC (4%), although it appears the file records for the Intake and the PCC had been removed and set into a separate filing system for new intakes.

9. Determining the Speed of Assessment

The standard was met in 22 cases (92%). 2 cases were rated NC (8%) where the report was not assessed within 24 hrs.

10. Risk Decision 1: Deciding Whether to Investigate

The standard was completed in 21 cases at 88% compliance; 3 cases were rated NC (13%). Two of these cases were selected to the supervisor in the priority list #1, the third case was in a file ready for closure.

11. Informing the Police

100% compliance in one case.

12. Risk Decision 2: Decide Investigation Response Time

The standard was met in 13 cases (93%). One case was NC (7%). The other 10 cases were NA.

13. Initial Plan of Investigation

The standard was met in 8 cases (57%). 6 cases were NC (43%) and were discussed with the team, concluding that all investigation plans are currently discussed with the supervisor, but were not documented as the ARR screen does not provide a special space for it and it is easy to miss entering the information. It was pointed out that in the previous Intake system there was a special section for the social worker to complete. The other 10 cases were NA.

14. Steps Required to Complete the Investigation

The standard was met in 8 cases (62%), one case was NCF (8%), and 4 cases were NC (31%). As discussed with the RCMP the steps missing were detailed in each case. The remaining 11 cases were NA.

15. Seeing and Interviewing the Child

The standard was met in 10 cases (77%). 3 cases were rated NC (23%). This matter was discussed with the team to ensure that the child and other children in the home are included in their interviews to meet the standard, as well as the need to document the information consistently. The other 11 cases were rated NA.

16. Arranging Medical Examination for the Child

100% compliance in one case.

17. Seeing and Interviewing the Parent

The standard was met in 14 cases (93%). One case was rated NC (7%), where one spouse did not get interviewed or seen by the worker. The other 9 cases were rated NA.

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

The standard was met in 13 cases (93%). One case was rated NC (7%), as the rating did not support the ISA; this file is a transfer in from Vancouver. The case was selected in the priority #1 list for the supervisor's attention. The other 10 cases were NA.

19. Risk Decision 4: Decide if Child Needs Protection

The standard was met in 13 cases (93%). One case was rated NC (7%) where the information does not support the finding; this is the same case identified above for the Supervisor's attention. The other 10 cases were NA.

20. Investigative Action - Cannot Locate Child or Family

NA

21. Recording and Reporting the Investigation Results

13 cases were rated with full compliance (100%). The other 11 cases were NA.

22. Time Limit for Investigations

Standard met in 13 cases (93%). One case rated NCF (7%) due to factors beyond the control of the worker. The other 10 cases were NA.

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

The standard was met in 5 cases (50%). 5 cases were rated NC (50%) where the CRA was not completed following a finding of in need of protection. The other 14 cases were NA.

24. Risk Assessment of a Third Report
Standard met in one case at 100% compliance. The other 23 cases were NA.
25. Risk Decision 6: Developing a Risk Reduction Plan
The standard was met in 2 cases (33%). 4 cases were rated NC (67%). This matter was discussed with the team and although the workers are aware of the standard, staff shortage and workload issues have limited the workers' ability to meet this standard. The other 18 cases were NA.
26. Supervision Orders
Standard met in 3 cases at 100% compliance. The other 21 cases were NA.
27. Removing a Child
Standard met in one case at 100% compliance. The other 23 cases were NA.
28. Risk Decisions 7, 8, 9,: Reassessing Risk
2 cases were rated NC (100%) where a CRA was not completed following a family reunification or prior to the expiry of a supervision order. The other 22 cases were NA.
29. Reclassify - Protective to Voluntary Family Service
3 cases were rated NC (100%), where the documentation on file indicates that the file should be reclassified as voluntary services. These cases were identified for the supervisor's follow up. The other 21 cases were NA.
30. Where a Child or Family is Missing
NA.
31. Transferring a Protective Family Service Case
3 cases were rated at full compliance (100%). The other 21 cases were NA.
32. Closing a Protective Family Service Case
Standard met in 2 cases (40%). 3 cases were NC (60%) where there was no documentation to confirm that MCF was providing any services to the family. These files were identified for the supervisor's follow up. The other 19 cases were NA.

9. COMPLIANCE TO CHILD SERVICE PRACTICE

The Child Service Audit sample consisted of 14 CS files, which is 34% of the total open files. Overall compliance was 64.87%.

1. Protocols
One case was fully compliant (100%). 13 cases were CA (93%) where protocols were not applicable and the work demonstrated good practice.
2. Children from Aboriginal Communities

11 cases complied with this Standard (79%). 2 cases were NCF, beyond the control of the worker and one case was NC (7%), where the information was not documented on the snapshot.

3. Cultural, Racial, Religious Differences

All 14 cases rated at full compliance (100%)

4. Reportable Circumstances

One of the 3 applicable cases rated full compliance (33%). Two cases were NC (67%): one case had a long history of AWOLS, the other file described serious behavioural incidents. Eleven cases were NA.

5. Case Records

6 cases complied with this Standard (43%). 8 cases were NC (57%) where the electronic format, snapshots, were outdated.

6. Supervisory Responsibility

In 7 cases this Standard was fulfilled (50%). 7 other cases were rated NC (50%) where there is no documentation to confirm consultation with supervisor regarding a change of legal status, orders, legal proceedings, plan to enter, terminate or extend and agreement.

7. Appropriate Legal Plan

11 cases had an appropriate legal plan (79%). 3 cases were rated NC (21%) and were identified for supervisor's follow up.

8. Legal Documentation

Appropriate legal documentation was found in all 14 cases (100%).

9. Public Trustee Notified

6 cases complied with the Standard (86%). One case was rated NC (14%); child recently became a CCO in June 2000. 7 cases were NA.

10. Admission Medical

9 cases met the Standard (64%). One case was NCF (7%). 4 cases were NC (29%).

11. Medical History Obtained and Recorded

8 cases rated Compliant (62%). One case NCF (8%). 4 cases were rated NC, as there was no documentation to confirm the Standard.

12. Ongoing Medical Needs Attended

9 cases were rated Compliant (82%). 2 cases were rated NC (18%) where medical or dental needs identified were not documented as been followed up.

13. Overall Goal Determined

14 cases at full Compliance (100%).

14. Developing a Comprehensive Plan of Care

2 cases were rated Compliant (18%). 9 cases were NC (82%) mainly due to staff shortage or new guardianship worker hired part-time. 3 cases were rated NA.

15. Plan of Care - Timely & Current

One case met this Standard (13%). 7 cases were rated NC (88%). See note above. 6 cases were NA.

16. Assessment, Planning & Views

One case full Compliance (50%), another case NC (50%). 12 cases rated NA.

17. Care Plan Reviewed

3 cases at full Compliance (100%). Other 11 cases rated NA.

18. Meet With Child

6 cases rated Compliance (55%). 4 cases were NCF (36%). Once case rated NC (9%), new guardianship worker has not met the child alone. The remaining 3 cases were NA as the auditor was unable to meet a social worker away on vacation and notes not available.

19. Rights of Children in Care

5 cases complied with the Standard (56%). 4 cases rated NC (44%). 5 cases were rated NA.

20. Preparation for Independence

All cases were NA.

21. Placement

11 cases met this Standard (92%). One case rated NC (8%) as the snapshot was outdated and auditor was unable to rate. 2 cases rated NA.

22. Resource Suitability

11 cases met this Standard (100%). 3 cases were rated NA.

23. Information to Caregiver

9 cases were rated Compliant (75%). 3 cases were NC (25%), no documentation on file. 2 cases were rated NA.

24. Continuity and Stability

12 cases rated Compliance (86%). Two cases rated NCF (14%), beyond the control of the social worker.

25. Reassessing Risk

One case rated Compliant (17%). In 5 cases this Standard was not met when a CRA or RRSP was not completed prior to the child's return. 8 cases were rated NA.

26. Missing, Lost or Runaway Child in Care

NA

27. File Transfer

2 cases were Compliance (40%). 3 cases were rated NC (60%) as they were transferred within the office without documenting the supervisor approval, no recording, no CPOC, and no documentation to confirm that a meeting with the child took place. The remaining 9 cases were rated NA.

28. File Closure

One file rated NC (100%) as most of the steps required to meet the standard were not documented: review the decision with the supervisor, meet with the family and child, advise service providers and relevant collaterals and determination of likely consequences on child safety and risk.

29. File Recording and Documentation

6 cases rated Compliance (43%). 7 cases were rated NC (50%) mainly because of lack of or outdated recording. One case was rated NA.

10. COMPLIANCE TO VOLUNTARY FAMILY SERVICE PRACTICE

The audit sample consisted of five of the 16 open Non Protective FS files (31%), including 2 files unclassified. Overall compliance was 65.31%. These files were audited for compliance to case management policy including:

- the accuracy and speed of the assessment of the report/request for services;
- consultation with supervisor regarding the assessment of the intake;
- the quality of the assessment;
- an outlined Service Plan with clearly stated goals, objectives and time frames;
- evaluation and review of the Service Plan, including an evaluation and review of the support services provided to the family, and
- the process around file transfer and closure, where applicable.

Work on the 5 files was applied to 49 standards with 32 meeting full compliance. 4 cases were rated CA, no protocols applicable, but worker followed good practice. Case records and PCC were not found in 3 cases each at 60% not compliance.

As the sample was small, a further breakdown of the compliance rating will not be provided. See the attached Office Compliance Report, Appendix 1.

11. INTAKE AND TRACKING SYSTEM

- Intake/Investigations:

All new calls for service, child protection reports and requests for voluntary services, for the Hazelton area are received by the District Supervisor, who completes the assessment and does collateral checks. The Supervisor assigns the cases for investigations and assessment of services to the social worker on duty, who completes the investigation on new reports and new issues on

an open Family Services file. Same issues on an open Family Services file are transferred to the case manager responsible for the case. The duty social worker responsibility is rotated among the protective social workers of the team.

Upon receipt on an intake, the Supervisor documents the information, completes a previous contact check and does a collateral check before assigning a protective social worker to conduct the investigation or assessment for support services. The Team Supervisor monitors both the Intake System and the Intake Status Reports, to ensure all reports have been registered in a timely manner.

The Team Supervisor is consulted throughout the investigation to completion. The files reviewed by the auditor indicate that the investigations were being completed in a timely manner in 93% of the audited cases. There was one exception beyond the control of the worker.

The After-Hours is covered jointly through a rotating stand-by schedule with the Smithers and Houston District Offices, including only the delegated social workers (6) of the geographic area. The Supervisors of these offices are available as back up. There is no stand-by schedule during the week; workers attend as called out. The social worker called out reports back to the Vancouver After-Hours office or consults with the Supervisor on duty at this office. The Vancouver After-Hours office records the information on an electronic Notepad, which is forwarded at once to the proper District Office. When an office receives a call on another office, there is communication the next working morning between the call out worker and the Intake worker of the other office.

Files transfers in and out of the office follow the transfer policy of the Ministry. Upon receipt of the physical file, the Supervisor thoroughly reviews the file prior to assigning a social worker. Cases are assigned according to workload factors and by geographic location: Hazelton/New Hazelton, Western Communities and Kispiox Valley.

- **Tracking:**

The QLC supervisor manages effectively a tracking system by utilizing all the information available in the computer system of the Ministry: To Do List, MIS, CIS, and CMR (Child Services Key Events, Intake Status, and FS/CS file listings by social worker). In addition, the supervisor has designed a 2-page spreadsheet, one containing the open intakes and the other, the closed intakes with several columns of information. Once the Intake is closed, the information is updated and transferred to the Close Intake sheet. This system allows a close monitoring of all intakes and saves the data of all closed intakes for the District Office in a chronological order.

Intake Status reports and the spreadsheet information are monitored and reviewed regularly with the social worker.

Both Family Services and Child Services files are reviewed during individual supervision, and in frequent consultation with the supervisor. The supervisor reviews regularly the Comprehensive Risk Assessments, Risk Reduction Service Plans, legal and up-coming court dates and the

Comprehensive Plans of Care. When faced with staff shortage, as it is at the present time, the Supervisor prioritizes these functions.

12 SUPERVISION/CONSULTATION

The acting Supervisor, since her arrival in May 2000, provides supervision and clinical consultation with respect to the delivery of child protection and non-protection family support, and guardianship services. The supervisor also provides supervision to the Youth Probation worker who is part of the QCL team. In addition, the Supervisor has been supervising 2 social workers in training with the Gitksan Family and Child Services agency, soon to receive the Non-Protection Family Services files from QCL

The Team Supervisor is available at all times for consultation and uses an “open door” approach for the members of the team.

Supervision is scheduled approximately every 2 weeks and on request, and more frequent for the new workers. Due to the turnover of supervisors for the last 5 years, appraisals have not been completed as required; for example, the senior worker of the team had his last appraisal done 8 years ago. The only appraisal of the Supervisor was done at the completion of the probationary period as social worker. Supervision to the supervisor has just commenced with the arrival of the new Child Protection Manager located in Terrace. There is a plan in place for monthly supervision. The Child Protection Manager is available for telephone consultation with respect to child protection matters.

The Community Services Manager is located in Prince George and is administratively responsible for the QCL team. The Manager is available for telephone consultation as needed.

The Aboriginal Services Manager is located in Terrace. He attends the team meetings on request.

13. TRAINING

The acting Team Supervisor completed the senior practitioner training in 1996 when joining the Ministry, and training in RAP, Children’s Rights, CRA and advance CRA. The last training was on the Outlook program. The supervisor has not received supervisory or clinical supervision training.

The three child protection workers of the team have taken the core training offered by the Ministry. The Guardianship social worker took the core training in 1993 while working with a private agency, the Looking After Children training, and more recently the Guardianship training in Vancouver.

The senior worker of the team received in 1997 one week of training for acting supervisors.

Staff commented that there are training opportunities available in the Region.

14. RECOMMENDATIONS

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

2. That regional management develop a plan to improve compliance with respect to the **Standards for Child Protection** in the following areas:

- The following are areas where documentation is the primary issue: Children from Aboriginal Communities; Case Records; Supervisory Responsibility;
- The following are areas where there are issues including both documentation and training: Initial Plan of Investigation; Seeing and Interviewing the Child (**see note**)
- The following are areas where the primary issue is training: Steps required to complete the investigation. Risk Decision 1: Deciding whether to Investigate; Risk Decision 5: Assess Risk of Future Abuse/Neglect; Risk Decision 6: Develop a Risk Reduction Plan; Risk Decisions 7, 8 & 9.

3. That regional management develop a plan to improve compliance and with respect to **Child Service Practice** in the following areas:

- The following are areas where documentation is the primary issue: Case Records, Supervisory Responsibility;
- The following are areas where the primary concern is training; Reportable Circumstances;
- The following are areas where there are issues including both documentation and training: Developing a Comprehensive Plan of Care; Plan of Care Timely and Current; Assessment, Planning and Views; Meet with Child; Rights of Children in Care; Reassessing Risk; File transfer.

4. That regional management develop and implement a plan covering the next 12 months, to address specific training needs and develop priorities with the goal of improving compliance and practice.

5. That Systems Services Division, as part of their regular review of the SWSMSS system, consider changing the ARR screen to provide space for the social worker to document consultation with supervisor. Consultation with the Supervisor is a very important requirement for the Initial Plan of Investigation and should be included on the electronic file.

Note: With respect to Seeing and Interviewing the Child, until the ARR screen is modified to include space to input supervisory consultation, it is expected that notation should be made in the file that consultation has occurred. Systems Services suggests that the worker print off the screen, the supervisor signs and dates it and the signed document is placed on the paper file.

Alfredo Sepulveda
Provincial Auditor
Audit Unit
August 11, 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 24 CASE AUDIT(S) FOR OFFICE QCL

| Code | Num | Short Description | C | CA | CB | NCF | NC | NA |
|-----------|-----|-------------------------|----|------|----|-----|----|------|
| 10-10-010 | 1 | Protocols | 11 | 46% | 13 | 54% | | |
| 10-10-020 | 2 | Children From | 17 | 71% | | | 1 | 4% |
| 10-10-030 | 3 | Cultural, Racial & | 24 | 100% | | | 6 | 25% |
| 10-10-040 | 4 | Reportable | | | | | | 24 |
| 10-10-050 | 5 | Case Records | 16 | 67% | | | 8 | 33% |
| 10-10-060 | 6 | Supervisory | 17 | 71% | | | 7 | 29% |
| 10-20-010 | 7 | Assessment Of Reports | 24 | 100% | | | | |
| 10-20-020 | 8 | Prior Contact Check And | 23 | 96% | | | 1 | 4% |
| 10-20-030 | 9 | Determining The Speed | 22 | 92% | | | 2 | 8% |
| 10-20-040 | 10 | Risk Decision 1: | 21 | 88% | | | 3 | 13% |
| 10-20-050 | 11 | Informing The Police | 1 | 100% | | | | 23 |
| 10-30-010 | 12 | Risk Decision 2: | 13 | 93% | | | 1 | 7% |
| 10-30-020 | 13 | Initial Plan Of | 8 | 57% | | | 6 | 43% |
| 10-30-030 | 14 | Steps Required To | 8 | 62% | | 1 | 8% | 4 |
| 10-30-040 | 15 | Seeing And Interviewing | 10 | 77% | | | 3 | 23% |
| 10-30-050 | 16 | Arranging A Medical | 1 | 100% | | | | 23 |
| 10-30-060 | 17 | Seeing And Interviewing | 14 | 93% | | | 1 | 7% |
| 10-30-070 | 18 | Risk Decision 3: | 13 | 93% | | | 1 | 7% |
| 10-30-080 | 19 | Risk Decision 4: | 13 | 93% | | | 1 | 7% |
| 10-30-090 | 20 | Investigation Where | | | | | | 24 |
| 10-30-100 | 21 | Record & Report | 13 | 100% | | | | 11 |
| 10-30-110 | 22 | Time Limit For | 13 | 93% | | 1 | 7% | 10 |
| 10-40-010 | 23 | Risk Decision 5: | 5 | 50% | | | 5 | 50% |
| 10-40-020 | 24 | Risk Assessment Of A | 1 | 100% | | | | 23 |
| 10-50-010 | 25 | Risk Decision 6: | 2 | 33% | | | 4 | 67% |
| 10-50-020 | 26 | Supervision Orders | 3 | 100% | | | | 21 |
| 10-50-030 | 27 | Removing A Child | 1 | 100% | | | | 23 |
| 10-60-010 | 28 | Risk Decisions 7, 8, 9: | | | | | 2 | 100% |
| 10-60-020 | 29 | Reclassify Case From | | | | | 3 | 100% |
| 10-60-030 | 30 | Where A Child Or Family | | | | | | 21 |
| 10-60-040 | 31 | Transferring A | 3 | 100% | | | | 24 |
| 10-60-050 | 32 | Closing A Protective | 2 | 40% | | | 3 | 60% |

Standards in Compliance: 299 Applicable Standards: 376 Overall level of compliance: 79.52%

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 14 CASE AUDIT(S) FOR OFFICE QCL

| Code | Num | Short Description | C | CA | CB | NCF | NC | NA |
|-----------|-----|--------------------------|----|------|----|-----|-----|------|
| 45-10-010 | 1 | Protocols | 1 | 7% | 13 | 93% | | |
| 45-10-020 | 2 | Children From | 11 | 79% | | 2 | 14% | 1 |
| 45-10-030 | 3 | Cultural, Racial, | 14 | 100% | | | | |
| 45-10-040 | 4 | Reportable | 1 | 33% | | | 2 | 67% |
| 45-10-050 | 5 | Case Records | 6 | 43% | | | 8 | 57% |
| 45-10-060 | 6 | Supervisory | 7 | 50% | | | 7 | 50% |
| 45-20-010 | 7 | Appropriate Legal Plan | 11 | 79% | | | 3 | 21% |
| 45-20-020 | 8 | Legal Documentation | 14 | 100% | | | | |
| 45-20-030 | 9 | Public Trustee Notified | 6 | 86% | | | 1 | 14% |
| 45-30-010 | 10 | Admission Medical | 9 | 64% | | 1 | 7% | 4 |
| 45-30-020 | 11 | Medical History | 8 | 62% | | 1 | 8% | 4 |
| 45-30-030 | 12 | Ongoing Medical Needs | 9 | 82% | | | 2 | 18% |
| 45-40-010 | 13 | Overall Goal Determined | 14 | 100% | | | | |
| 45-40-015 | 14 | Developing a | 2 | 18% | | | 9 | 82% |
| 45-40-021 | 15 | Plan Of Care - Timely | 1 | 13% | | | 7 | 88% |
| 45-40-025 | 16 | Assesment , Planning | 1 | 50% | | | 1 | 50% |
| 45-40-030 | 17 | Care Plan Reviewed | 3 | 100% | | | | |
| 45-40-040 | 18 | Meet With Child | 6 | 55% | | 4 | 36% | 1 |
| 45-40-050 | 19 | Rights Of Children In | 5 | 56% | | | 4 | 44% |
| 45-40-060 | 20 | Preparation For | | | | | | 14 |
| 45-50-005 | 21 | Placement | 11 | 92% | | | 1 | 8% |
| 45-50-010 | 22 | Resource Suitability | 11 | 100% | | | | |
| 45-50-020 | 23 | Information To Caregiver | 9 | 75% | | | 3 | 25% |
| 45-50-030 | 24 | Continuity and Stability | 12 | 86% | | 2 | 14% | |
| 45-60-010 | 25 | Reassessing Risk | 1 | 17% | | | 5 | 83% |
| 45-60-030 | 26 | Missing, lost or runaway | | | | | | 14 |
| 45-60-040 | 27 | File Transfer | 2 | 40% | | | 3 | 60% |
| 45-60-050 | 28 | File Closure | | | | | 1 | 100% |
| 45-60-060 | 29 | File Recording & | 6 | 43% | | 1 | 7% | 7 |

Standards in Compliance: 181 Applicable Standards: 279 Overall level of compliance: 64.87%

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-Feb-20

SUMMARY OF 5 CASE AUDIT(S) FOR OFFICE QCL

| <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 | 1 | 20% | 4 | 80% | | |
| 30-10-020 | 2 | Children From | 4 | 80% | | | 1 | 20% |
| 30-10-030 | 3 | Cultural, Racial & | 5 | 100% | | | | |
| 30-10-040 | 4 | Reportable | | | | | | 5 |
| 30-10-050 | 5 | Case Records | 2 | 40% | | | 3 | 60% |
| 30-10-060 | 6 | Supervisory | 5 | 100% | | | | |
| 30-25-010 | 7 | Initial Assessment Of | 4 | 80% | | | 1 | 20% |
| 30-25-020 | 8 | Prior Contact Check & | 2 | 40% | | | 3 | 60% |
| 30-25-030 | 9 | Determining The Speed | 3 | 60% | | | 2 | 40% |
| 30-35-010 | 10 | Comprehensive | 1 | 50% | | | 1 | 50% |
| 30-35-020 | 11 | Legal Documentation | 1 | 100% | | | | 3 |
| 30-35-030 | 12 | Service Plan With Goals | 1 | 50% | | | 1 | 50% |
| 30-35-040 | 13 | Service Plan Monitored | 1 | 100% | | | | 4 |
| 30-35-050 | 14 | Service Plan | | | | | | 5 |
| 30-60-020 | 15 | Reclassifying A Case | | | | | | 5 |
| 30-60-040 | 16 | Transferring A Family | | | | | | 5 |
| 30-60-050 | 17 | Closing A Family | | | | | | 5 |
| 30-65-010 | 18 | Recording | 2 | 67% | | | 1 | 33% |

Standards in Compliance: 32 Applicable Standards: 49 Overall level of compliance: 65.31%

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.