

DIRECTOR'S AUDIT REPORT
KITIMAT FAMILY & CHILD SERVICES TEAM (QMC)

Field Work Completed: July 4 – July 12, 2000

**DIRECTOR'S AUDIT REPORT
KITIMAT FAMILY & CHILD SERVICES TEAM (QMC)**

TABLE OF CONTENTS

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

APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS

APPENDIX II: DESCRIPTION OF AUDIT STANDARDS

**DIRECTOR'S AUDIT REPORT
KITIMAT FAMILY & CHILD SERVICES TEAM (QMC)**

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 objectives of the audit are:

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

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

2. METHODOLOGY

The audit of the Kitimat Family & Child Services Team (QMC) 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, and Case Management policy.

Field work was conducted from July 04 to July 12, 2000, by one auditor. The computerized Case Audit Tool was used to collect the data and generate office summary compliance reports and a compliance report for each file audited. The auditor met initially with the team to review terms of reference for the audit. During the audit, the District Supervisor and two 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. The auditor was unable to meet with the Child Protection Manager during the course of the audit, but exchanged electronic information, and forwarded a copy of the compliance reports.

3. COMMUNITY OVERVIEW

a) Geographics

The Kitimat 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 QMC Family and Child Services team provides services to the district of Kitimat the adjacent Kitimaat Village Council, Kemavo. The District Office also serves the small community of Kemano (250), accessible by boat only

Kitimat lies on the north coast of BC about 650 km Northwest of Vancouver, 56 km south of Terrace and 110 km east of Prince Rupert. Kitimat sits at the head of Kitimat Arm extending from the Douglas Channel.

b) Demographics

The population of the District of Kitimat is 11,765 according to the last census information obtained from the office of Community Planning and Development from the District of Kitimat. In addition, there are approximately 700 residents at the Kitimaat Village Council, located about 3 km from the District boundary, 13 km from Kitimat.

The immigrant population, mainly Portuguese, came with the opening of the Aluminum Company of Canada (Alcan) in 1950. More recent immigrant population include German and South Asia; there is a small population of First Nations people living off-reserve, estimated at 355. About 16% of the statistics indicating Portuguese origin are likely to be the first generation of the actual residents; the following generations of this ethnic group are part of the general population.

The economy of the District is industrial dependent: Alcan, Methanex Corporation, and Eurocan Pulp and Paper Co. 33.9% of the population has an average income of over \$70,000 compared to BC 22.0% and Canada 21.3%. Poverty in this area is not as significant as other parts of the province.

The client population of MCF reflects a high proportion of Aboriginal clients. The Portuguese community seems to be self-sufficient and their family system seems to take care of their own social issues. Staff noted that many of the families and children they work with were affected by alcohol and drug abuse, and domestic violence.

The isolation of the area appears to have an effect on mental health issues, particularly depression and seasonal depression.

c) Service Delivery

The Northern-Northwest Regional office is located in Prince George, with a sub-regional office in Terrace. The management structure for the Northwest includes the Child Protection Manager, the Community Services Manager, and the Aboriginal services Manager. The Kitimat Family and Child Services Team Supervisor report administratively to the Community Services Manager. 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 individual Bands, he meets with the team as required.

The managers and the consultant are located in Terrace.

The service delivery structure for Kitimat consists of one multidisciplinary team (QMC) to investigate and assess new child protection reports and requests for support services, mental health and youth probation within the geographic area of responsibility

Cases opened to provide ongoing protection and non-protection services are distributed among the team members. The non-protection services are managed by the SPO Assistant under direct and intensive supervision of the Team Leader.

New child protection reports on open files are investigated by either the worker responsible for the file or a different worker, depending on the nature of the report. The decision regarding investigation responsibility is made in consultation with the team supervisor.

Child Services files are transferred to the Guardianship worker in Terrace once the Continuing Custody Order is obtained.

The resources social worker issues every Friday a weekly list of resources available for each weekend to be used by the social worker covering Intake. During the week the After-Hours call can reach any delegated social worker in Kitimat or Terrace. The distance between the 2 cities is 58 km, approximately one hour drive in summer time.

d) Resources

- Residential

Childcare resources for the Kitimat area are managed from a Resources office located in Terrace. The Resources Worker liaison attends the Kitimat office twice a week. Social workers on the QMC team access a placement by contacting the liaison worker. Once the resource worker locates an available home, the child's worker assumes responsibility for placement and providing the caregivers with essential information (referral form) about the child.

The resources worker has developed a system whereby all the resources are set on a board describing the type and capability with a pocket containing tags with the names of the children in the resource. This system is reviewed and updated weekly.

Childcare resources utilized by the QMC team include family care homes and one group home for teenagers. Restricted foster homes are often identified by the social worker and referred to the resources worker for a home study for an individual child. In some cases, out-of-community, but within-region resources are used in Terrace, Prince Rupert or Prince George, depending on the child's needs. It has also been necessary to place children and youth with special needs in out-of-region resources in the Lower Mainland.

Staff reported that in general the resources available are sufficient to the needs of the team; however, the resources for teenagers are limited.

- Non-Residential

There are a variety of contracted resources providing support services to families and children in the district of Kitimat. The Child Development Centre manages a number of programs including: child and youth care workers, child care workers for special needs children, infant development program, Audiology services, Speech and Language, Nobody's Perfect program, and Ready or Not, a program for children age 6 to 12.

Another contracted agency is the Kitimat Home Support Services which provides: Life Skills workers, supervised access, homemakers, Children who Witness Violence program, Reach for a Sunbeam, a program for under 12, and play and art therapy.

Other agencies accessed are Kitimat Community Services; Bread and Roses Women Centre, who run the Transition House; Northwest Addictions Services; Victim Services; Family Court Counsellor; Kitimaat Village Resources located on reserve, which provides drug and alcohol counselling and residential services, these services are available to the members living off-reserve; Employee Assistance Program offered through Alcan and Eurocan which provide psychology and psychiatric services to their employees; Northwest Community Health Services Society. In Terrace the workers access the K'San House – Sexual Assault Centre.

Staff report effective relationships with the police, the schools, the local hospital, Community Health nurses, Mental Health, Drug and Alcohol Services, and Adult Probation. Child and Youth Mental Health worker is part of the team and readily accessible for consultation. The Kitimaat Village Resources is also accessible to the workers with effective relationships, particularly with the Band social worker.

e) Legal Services

The regular legal counsel recently passed away and the partner (District Mayor) from the firm has taken over the responsibility. This new counsel is in the process of self-training

in family law and the CF&CSA, he takes direction well. There are no difficulties with the court.

4. STAFFING

The QMC team includes a District Supervisor, 4 child protection social workers, one SPO Assistant responsible for the non-protection Family Services files under the direct and intensive supervision of the supervisor, 1.5 Child and Youth Mental Health Clinicians, and one Probation Interviewer (administrative in 1 ½ year secondment). The Youth Probation Officer position remains vacant.

Terrace provides .5 Child & Youth Mental Health Clinician, a part-time (2 day per week) social worker responsible for Community Living and Special Needs Day Care, and a part-time (2 days per week) Resources social worker.

Last year all Child Service files with Continuing Custody wards were transferred to the Guardianship worker in Terrace (15 files). Two years ago the Probation and Youth Mental Health workers co-located with the QMC office.

- **Administrative Services Staff Complement**

A Supervisor for Administrative Services (SAS), one clerk 3 and one 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 Team Supervisor has a BA in Psychology and 11 years of experience with the Ministry, including 8 years as supervisor in Kitimat. She is fully delegated.

3 social workers have a BSW and the other one has a BA in Psychology. The SPO assistant has a Criminology Diploma currently working on her BSW.

The FTE social work allocation for the QMC team is 6; however the team has never had the full complement of delegated workers. 3 of the delegated social workers resigned in August, September 1999 and January 2000. The current complement will be down again in July and August of this year following the resignation of 2 social workers. One of the social workers leaving has 19 years of experience in Alberta and is fully delegated; the other worker leaving has 1 year 2 months of experience with the MCF and is also fully delegated. This change on the staff complement will leave QMC with one social worker fully delegated, with 4 years of experience with the MCF and 6 years of related experience, and a partially delegated worker who started with the MCF in May 2000 and has 8 years of Family Service experience in Quebec.

- **Workload**

Total new intake for the audit period was 57 or approximately 12 per month.

Caseload management Reports obtained at the beginning of the audit recorded 47 open Family Services cases (36 protective service and 11 non-protective service), and 21 open Child Service cases (4 cases where the child was returned to family with a Supervision Order in effect and 17 children in care in a MCF resource). Because of the upcoming departure of 2 workers, several files were in transition from caseloads within the team, except for the non-protective family services files (11) assigned to the SPO assistant. The Team Supervisor does not carry any caseload, although she is responsible for the non-protective family service cases; this situation may change once the 2 workers leave the office by August of this year.

5. PROTOCOLS

The QMC has set up a Protocol binder for the office, it contains a draft copy of the protocol with the Northwest Inter-Nation Family and Community Services which is currently in use with the Kitimaat Village Council (Haisla Tribe), a trilateral agreement with the Coast Mountain School District 82 and the Kitimat detachment of the Royal Canadian Mounted Police. In addition, the office uses the protocol contained in the Inter-Ministry Child Abuse Handbook (1988 edition) in its dealing with the Hospital and health care providers.

6. ABORIGINAL SERVICES

There is one Aboriginal band in the Kitimat area, the Kitimaat Village Council, which belongs to the Haisla Tribe. The Band has their own resources, Kitimaat Village Resources, which are also available to the members off-reserve and other aboriginal families residing in Kitimat.

The Kitimat D.O. social workers work directly with the Band social worker where removals and short/long term service or placements needs are anticipated. In addition the Band social worker is invited to the Comprehensive Plan of Care meetings when there are aboriginal children involved.

The services provided by the Kitimaat Village Resources include: social development, drug/alcohol counselling and residential treatment, youth centre, health centre, rediscovery program, police, outreach worker, and education administrator.

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 printed from the MCF computer system and used to arrive at an audit sample number. Fifteen (15) of the thirty six (36) open Protective Family Services files and four (4) of the eleven (11) open Non-Protective Family Service files

were audited, for a total of 19 files , representing **44.2%** of the total number of open Family Service cases. The audit sample included one closed file.

Eight Child Services files were audited for children living in a Ministry resource, representing **38.9%** of the 21 children in care of the Ministry. Planning for 2 of the 4 children (50%) living at home with a Supervision Order in place, was reviewed when the Family Services file was audited. The other 2 children were siblings of one of the other child in care. Sibling groups were predominant in the total number of children in care.

The average Child Protection and Investigation Intake reports received in the last six months was 12 cases.

8. COMPLIANCE TO CHILD PROTECTION PRACTICE

- Protocols

The District Office has a tri-lateral protocol with the Coast Mountain School District # 82 and the Kitimat detachment of the Royal Canadian Mounted Police. With the Kitamaat Village Council, they use the draft agreement with the Northwest Inter-Nation Family and Community Services. With the local hospital they use the protocol contained in the Inter-Ministry Child Abuse Handbook, 1988 edition.

The standard was met in 14 cases (88%), one case used an acceptable alternative, and one case was rated NC.

- Children from Aboriginal Communities

The standard was in 15 out of 16 cases (94%). One case was rated NC as there was no documentation to confirm that the aboriginal community was contacted.

- Cultural, Racial and Religious Differences

The standard was met at 100% compliance.

- Reportable Circumstances

The standard was NA in 15 cases. One case was rated NC where there was a long history of AWOLS without any documentation (Terrace file) to confirm the reporting to the Child Protection Division. However, this case was transferred from another office and the lack of documentation occurred prior to the transfer to this office.

- Case Records

The standard was met in 15 cases (94%). One file was rated NC for an old file opened in 1997 and again in 1999.

- Supervisory Responsibility

The standard was met in 13 cases (81%). 3 files were NC (19%), because it was not documented on the file, although the supervisor was consulted.

- Assessment of Reports

The standard was completed at full compliance in 15 cases (94%). One file was rated NC.

- Prior Contact Check and Registration
The standard was met in 11 cases (69%). 5 cases were NC as there were no PCC found on file or the PCC was delayed over 30 days. As discussed with the supervisor and a social worker, the PCC is done at the time of the intake, but some social workers were either reading the computer or destroying the print out of the PCC; consequently, the admin support staff were printing the PCC at the time of closure. The filing procedure will be rectified and corrected.
- Determining the Speed of Assessment
100% compliance.
- Risk Decision 1: Deciding Whether to Investigate
The standard was completed in 15 cases at 94% compliance; one file was rated NC. This particular case was discussed with the supervisor and concluded it was a matter of interpretation of the standard. The auditor's view is that when the worker start to contact others, the investigation has commenced. The outcome of the report was correct.
- Informing the Police
The standard was met in 2 cases (100%). The other 14 cases were NA.
- Risk Decision 2: Decide Investigation Response Time
The standard was met in 13 cases (100%). The other 3 cases were NA.
- Initial Plan of Investigation
The standard was met in 9 cases (69%). 4 cases were NC (31%) and were discussed with the supervisor, concluding that all reports are consulted with the supervisor, but these cases were not documented. The remaining 3 cases are NA.
- Steps Required to Complete the Investigation
The standard was met in 11 cases (85%). 2 cases were NC (15%), this is matter of documentation, which was discussed with the team. The other 3 cases were NA.
- Seeing and Interviewing the Child
The standard was met in 8 cases (62%). 5 cases were rated NC (38%). This matter was discussed with the team to include the child and other children in the home, and to document the information consistently. The other 3 cases were NA.
- Arranging Medical Examination for the Child
100% compliance, one case; the other cases were NA.
- Seeing and Interviewing the Parent
100% compliance in 13 cases. The other 3 cases were NA.
- Risk Decision 3: Assess Child's Immediate Safety
100% compliance in 13 cases. The other 3 cases were NA.

- Risk Decision 4: Decide if Child Needs Protection
100% compliance in 13 cases. The other 3 cases were NA.
- Investigative Action - Cannot Locate Child or Family
Not rated.
- Recording and Reporting the Investigation Results
100% compliance in 12 cases. The other 4 cases were NA.
- Time Limit for Investigations
Standard met in 11 cases (85%). 2 cases were rated NCF (15%), beyond the control of the social worker. The other 3 cases were NA.
- Risk Decision 5: Assess Risk of Future Abuse Neglect
The standard was met in 8 cases (80%). 2 cases were NC (20%). The other 6 cases were NA.
- Risk Assessment of a Third Report
Standard met in 2 cases (50%). 2 cases were rated NC (50%), which belong to files transfer-in from other offices. The supervisor will review these 2 cases to determine whether the reports were old or recent, and will decide if we can adequately meet the standard now. The other 12 cases were NA.
- Risk Decision 6: Developing a Risk Reduction Plan
Standard met in 7 cases (78%). 2 cases were NC (22%). The other 7 cases were NA.
- Supervision Orders
100% compliance in one case. The other 15 files were rated NA.
- Removing a Child
NA.
- Risk Decisions 7, 8, 9,: Reassessing Risk
NA.
- Reclassify - Protective to Voluntary Family Service
One case rated NC (100%); following consultation with the supervisor, the file had been correctly closed. The other 15 files were NA.
- Where a Child or Family is Missing
NA.
- Transferring a Protective Family Service Case
One case was rated NCF (100%), beyond the control of the worker. The other 15 files were NA.
- Closing a Protective Family Service Case

Standard met in one case (50%). The other case was rated NC (50%) as there was no documentation on file to confirm that the social worker met the family and notified service providers of the closure, or completed a Risk Assessment. As consulted with the supervisor, this family moved unexpectedly out of the province. There is an Alert on the system. The supervisor will follow up with a referral to Alberta Social Services.

9. COMPLIANCE TO CHILD SERVICE PRACTICE

- Protocols
4 files were rated compliance (50%); 4 files were rated CA (50%).
- Children from Aboriginal Communities
100% compliance.
- Cultural, Racial, Religious Differences
100% compliance.
- Reportable Circumstances
One case with full compliance (100%); 7 cases were rated NA.
- Case Records
100% compliance.
- Supervisory Responsibility
5 cases were rate full compliance (63%). 3 cases were rated NC as there was no documentation on file, although the supervisor had been consulted.
- Appropriate Legal Plan
100% compliance.
- Legal Documentation
100% compliance.
- Public Trustee Notified
2 cases with full compliance (100%). Other 6 files were rated NA.
- Admission Medical
7 files rated full compliance (88%). One file was rated NCF; the supervisor will review this file to determine the feasibility of meeting this standard.
- Medical History Obtained and Recorded
100% full compliance.
- Ongoing Medical Needs Attended
100% full compliance.

- Overall Goal Determined
7 cases full compliance (88%). One NC incorrectly rated, discussed with supervisor.
- Developing a Comprehensive Plan of Care
100% compliance.
- Plan of Care - Timely & Current
100% compliance.
- Assessment, Planning & Views
100% compliance. Suggestions made to the team for improvement.
- Care Plan Reviewed
5 cases rated 100% compliance. 3 cases rated NA.
- Meet With Child
7 cases with full compliance (88%). One case rated NCF as child is placed on the Lower Mainland. The supervisor will follow up to ensure that the liaison social worker from the Surrey Youth Services meet regularly with the child in care to meet the Guardianship standard and reports back to QMC.
- Rights of Children in Care
4 cases rated with compliance ((67%). 2 cases were rated NC as social workers had difficulties applying the standards in unique circumstance when a young child with limited capacity is placed with relatives, as Guardianship standard # 16 – Assisting and supporting the child. This standard does not allow the caregiver of the child to explain the rights to the child. The supervisor will find a reasonable and acceptable alternative to meet this standard.
- Preparation for Independence
NA.
- Placement
100% compliance.
- Resource Suitability
100% compliance.
- Information to Caregiver
100% compliance.
- Continuity and Stability
100% compliance.
- Reassessing Risk

3 files at full compliance (75%). One case rated as NC as a CRA is required following the removal in May 2000.

- Missing, Lost or Runaway Child in Care
NA.
- File Transfer
NA.
- File Closure
100% compliance on one case.
- File Recording and Documentation
100% compliance.

10. COMPLIANCE TO NON- PROTECTION FAMILY SERVICE PRACTICE

Four of the 11 files designated as Non-Protective Family Services 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 4 files audited was applied to 49 standards with 42 meeting full compliance (85.71%). 2 standards were rated CA, unable to follow protocols, but documented confirming good practice; in 2 cases the PCC was not done properly; and in one case the consultation with the supervisor was not documented.

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 SYSTEMS

a) Intake/Investigations:

All new calls for service, child protection reports and requests for voluntary services, for the Kitimat area are received by the social worker on duty, who completes the assessment and investigation on new reports and new issues on an open Family Services file. Same issues on an open family service file are transferred to the case manager responsible for the case. The duty social worker responsibility is rotated among the social workers of the team.

Upon receipt of an intake, the social worker on duty documents the information, completes a previous contact check and immediately consults with the supervisor, who makes the decision about the call and assign the case as appropriate, as well as Risk Decision 1 and 2. The Team Supervisor monitors the Intake System and Intake Status Reports, to ensure all reports have been registered in a timely manner.

The Team Supervisor is consulted throughout the investigation to completion. Intake Status reports are monitored and reviewed regularly with the social worker. Status reports reviewed by the auditor indicated that investigations were being completed in a timely manner, except for one case, which was beyond the control of the social worker.

The After-Hours is covered jointly with the Terrace District Office, including only the delegated social workers, through a rotating stand-by schedule. There is no stand-by schedule during the week, workers attend as called out. When one office receives a call on the other office, there is direct communication the next working day between the two supervisors. Due to the extensive territory to be covered, MCF is working some protocols with the Royal Canadian Mounted Police to allow for a “take charge” and placement in emergency resources while the social worker arrives.

Transfer of files in and out 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 mainly according to workload factors.

b) Tracking:

The QMC supervisor manages effectively a tracking system by utilizing all the information available in the computer system of the Ministry: To Do list, MIS, CIS, CMR reports, Key Events reports, Intake Status reports, and FS/CS listings by social worker. The supervisor maintains a binder for each social worker of the team, case discussion notes for each family are filed in this binder and a photocopy is provided to the social worker for follow up.

Both Family Services and Child Services files are reviewed in individual supervision, and in frequent consultation with the supervisor. The supervisor reviews regularly the risk assessment, risk reduction planning, legal and up-coming court dates, and the Comprehensive Plans of Care.

12. SUPERVISION/CONSULTATION.

The team Supervisor provides supervision and clinical consultation with respect to the delivery of child protection and non-protection family support, and guardianship services. In addition, she provides supervision to the Probation Interviewer who is part of the QMC team. The 1.5 Mental Health Clinicians are supervised regionally, but are administratively supervised by the team Supervisor.

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 on a monthly basis and on request. Social workers appraisals have been completed on a yearly basis. The last appraisal of the Supervisor was completed in 1996. 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 Acting Community Services Manager is also located in Terrace and is administratively responsible for the QMC team. She is available for telephone consultation as needed.

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

13. TRAINING

The team supervisor completed core and all Ministry-provided mandatory training as a social worker, including Risk Assessment and Investigative Interviewing training together with the R.C.M.P. Since becoming a supervisor, she has completed the core training for supervisors, Clinical Supervisor training, Comprehensive Plans of Care training, Volunteer Care and Special Needs Agreements training, Youth Agreements training, and Risk Assessment advance training.

Three social workers of the team have taken the core training offered by the Ministry, one of them took part of this training due to her extensive experience as a protection worker in a different province. The fourth worker completed the pre-employment training ending in April of this year. Other training received by the social workers include Comprehensive Plans of Care, Risk Assessment Model, Investigative Interviewing, Youth Suicide training, and more recently Outlook computer program.

The Risk Assessment advance training will be offered to the social workers in the fall.

14. RECOMMENDATIONS

1. That the Regional Child Protection Manager ensure that any cases identified for review or attention, and any files containing non-compliance ratings, are reviewed for completion of any outstanding work.
2. That Regional Management develop and implement a plan to improve compliance to recording and documentation in **child protection practice** in the following areas:
 - Supervisory Responsibility
 - Prior Contact Check and Registration
 - Initial Plan of Investigation

- Seeing and Interviewing the Child
 - Closing a Protective Family Service File
3. That Regional Management develop and implement a plan to improve the level of compliance to **child service practice** including file recording and documentation, in the following areas:
 - Supervisory Responsibility (documentation requirements)
 - Rights of Children in Care (clarification of the application of this standard)
 4. That Regional Management arranges for all staff to take Advanced Risk Assessment Training as soon as the training can be arranged.
 5. That the Director of Child Protection send a letter of commendation to each member of the QMC team in recognition of the high level of compliance to standards found during this audit.
 6. That Regional Management provide an update on the status of the above recommendations within 90 days of receipt of this report.

Alfredo Sepulveda
Provincial Auditor
Audit Unit, Child Protection Division
July 20, 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 16 CASE AUDIT(S) FOR OFFICE QMC

<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	14	88%	1	6%	1	6%
10-10-020	2	Children From	15	94%			1	6%
10-10-030	3	Cultural, Racial &	16	100%				
10-10-040	4	Reportable					1	100%
10-10-050	5	Case Records	15	94%			1	6%
10-10-060	6	Supervisory	13	81%			3	19%
10-20-010	7	Assessment Of Reports	15	94%			1	6%
10-20-020	8	Prior Contact Check And	11	69%			5	31%
10-20-030	9	Determining The Speed	16	100%				
10-20-040	10	Risk Decision 1:	15	94%			1	6%
10-20-050	11	Informing The Police	2	100%				14
10-30-010	12	Risk Decision 2:	13	100%				3
10-30-020	13	Initial Plan Of	9	69%			4	31%
10-30-030	14	Steps Required To	11	85%			2	15%
10-30-040	15	Seeing And Interviewing	8	62%			5	38%
10-30-050	16	Arranging A Medical	1	100%				15
10-30-060	17	Seeing And Interviewing	13	100%				3
10-30-070	18	Risk Decision 3:	13	100%				3
10-30-080	19	Risk Decision 4:	13	100%				3
10-30-090	20	Investigation Where						16
10-30-100	21	Record & Report	12	100%				4
10-30-110	22	Time Limit For	11	85%		2	15%	3
10-40-010	23	Risk Decision 5:	8	80%			2	20%
10-40-020	24	Risk Assessment Of A	2	50%			2	50%
10-50-010	25	Risk Decision 6:	7	78%			2	22%
10-50-020	26	Supervision Orders	1	100%				15
10-50-030	27	Removing A Child						16
10-60-010	28	Risk Decisions 7, 8, 9:						16
10-60-020	29	Reclassify Case From					1	100%
10-60-030	30	Where A Child Or Family						16
10-60-040	31	Transferring A				1	100%	15
10-60-050	32	Closing A Protective	1	50%			1	50%

Standards in Compliance: 255 Applicable Standards: 292 Overall level of compliance: 87.33%

Compliance Definitions:

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

Note: Percentages are for non-NA values only

Printed:

20-Feb-2001 8:08

Page 1

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 8 CASE AUDIT(S) FOR OFFICE QMC

<u>Code</u>	<u>Num</u>	<u>Short Description</u>	<u>C</u>	<u>CA</u>	<u>CB</u>	<u>NCF</u>	<u>NC</u>	<u>NA</u>
45-10-010	1	Protocols	4	50%	4	50%		
45-10-020	2	Children From	8	100%				
45-10-030	3	Cultural, Racial,	8	100%				
45-10-040	4	Reportable	1	100%				7
45-10-050	5	Case Records	8	100%				
45-10-060	6	Supervisory	5	63%			3	38%
45-20-010	7	Appropriate Legal Plan	8	100%				
45-20-020	8	Legal Documentation	8	100%				
45-20-030	9	Public Trustee Notified	2	100%				6
45-30-010	10	Admission Medical	7	88%		1	13%	
45-30-020	11	Medical History	8	100%				
45-30-030	12	Ongoing Medical Needs	8	100%				
45-40-010	13	Overall Goal Determined	7	88%			1	13%
45-40-015	14	Developing a	8	100%				
45-40-021	15	Plan Of Care - Timely	8	100%				
45-40-025	16	Assesment , Planning	8	100%				
45-40-030	17	Care Plan Reviewed	5	100%				3
45-40-040	18	Meet With Child	7	88%		1	13%	
45-40-050	19	Rights Of Children In	4	67%			2	33%
45-40-060	20	Preparation For						8
45-50-005	21	Placement	8	100%				
45-50-010	22	Resource Suitability	8	100%				
45-50-020	23	Information To Caregiver	8	100%				
45-50-030	24	Continuity and Stability	8	100%				
45-60-010	25	Reassessing Risk	3	75%			1	25%
45-60-030	26	Missing, lost or runaway						8
45-60-040	27	File Transfer						8
45-60-050	28	File Closure	1	100%				7
45-60-060	29	File Recording &	8	100%				

Standards in Compliance: 166 Applicable Standards: 179 Overall level of compliance: 92.74%

Compliance Definitions:

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

Note: Percentages are for non-NA values only
Printed: 20-Feb-2001 8:22

Page 1

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 4 CASE AUDIT(S) FOR OFFICE QMC

<u>Code</u>	<u>Num</u>	<u>Short Description</u>	<u>C</u>	<u>CA</u>	<u>CB</u>	<u>NCF</u>	<u>NC</u>	<u>NA</u>
30-10-010	1	Protocols	2 50%	2 50%				
30-10-020	2	Children From	4 100%					
30-10-030	3	Cultural, Racial &	4 100%					
30-10-040	4	Reportable						4
30-10-050	5	Case Records	4 100%					
30-10-060	6	Supervisory	3 75%				1 25%	
30-25-010	7	Initial Assessment Of	4 100%					
30-25-020	8	Prior Contact Check &	2 50%				2 50%	
30-25-030	9	Determining The Speed	3 75%				1 25%	
30-35-010	10	Comprehensive	3 100%					1
30-35-020	11	Legal Documentation	4 100%					
30-35-030	12	Service Plan With Goals	3 75%				1 25%	
30-35-040	13	Service Plan Monitored	2 100%					2
30-35-050	14	Service Plan						4
30-60-020	15	Reclassifying A Case						4
30-60-040	16	Transferring A Family						4
30-60-050	17	Closing A Family						4
30-65-010	18	Recording	4 100%					

Standards in Compliance: 42 Applicable Standards: 49 Overall level of compliance: 85.71%

Compliance Definitions:

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

Note: Percentages are for non-NA values only
Printed: 20-Feb-2001 8:25

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.