BRITISH COLUMBIA

Ref #: 219746
Date: October 2014

SUMMARY: FILE REVIEW
Of a Critical Injury of a Youth Known to the Ministry

A. INTRODUCTION

The Ministry of Children and Family Development (the Ministry) conducted the File Review (FR) to examine case practice regarding the subject youth (the youth) of the FR. The purpose of the FR was to: examine and analyze the case practice in relation to legislation, policy, and standards; promote excellence in case practice, and identify barriers to providing adequate services.

For the purposes of the FR, Ministry records and BC Coroners Service documents were reviewed. The FR focused on the period of Ministry involvement prior to the critical injury of the youth.

B. TERMS OF REFERENCE

1. Was Ministry practice in response to the child protection reports thorough and consistent with Ministry policy?

2. Did Ministry Program staff receive any prior indication that the youth was at high risk? If so, was that risk responsibly assessed and addressed in the youth's plan?

C. BACKGROUND SUMMARY

The Ministry had longstanding involvement with the youth's family due to child protection concerns regarding the parents' high risk and criminal behaviours. As a child, the youth was in care while the parents addressed the protection concerns through support services and community programs. After the child returned to parental care, the parents withdrew from services before fully resolving their issues; they were resistant to further Ministry interventions before accessing services from another Ministry Program. The youth was not in care at the time of the critical injury. The youth was Aboriginal.

D. FINDINGS

1. The responses to the child protection reports were not consistent with applicable legislation, policy, and standards in effect at the time. The Ministry was aware of

the family's situation and offered support services instead of addressing child safety concerns through protective responses and mandatory services. There was no indication the Ministry met Best Practice policies regarding utilization of an integrated case management approach to plan development and service coordination with community professionals.

2. Ministry staff, including Program staff, had information about the youth's high risk issues. However, community professionals deemed the youth to not be at risk. The youth participated in Program services for some time before disengaging and, despite Program staff's efforts to connect with the youth and parent, remained non-compliant with Program involvement until the critical injury.

E. ACTIONS TAKEN TO DATE

1. Section 13 of the Child, Family and Community Service Act (CFCSA) has been amended.

2. The Best Practices policy document has been revised to include the CFCSA amendment.

3. Team Leaders and staff received training regarding the particular practice issue.

4. Team Leaders and staff received training regarding the revisions to the Chapter 3 policies and standards. Community Services Managers and Executive Directors received an orientation session regarding the Chapter 3 policies.

F. ACTION PLAN

1. The Director of Practice and Community Services Managers lead a discussion with the Program Team Leaders regarding the duty to report child protection concerns and the need for information sharing and collaboration with other program areas when Program services are discontinued or a child/youth disengages from Program services and concerns remain regarding a child/youth's safety and well-being.