

Ref #: 227178 Date: June 2016

SUMMARY: FILE REVIEW Of the Death of a Youth in the Care of the Ministry

A. INTRODUCTION

The Ministry of Children and Family Development (the Ministry) conducted the File Review (FR) to examine the case practice and services provided to the subject youth (the youth) of the FR.

For the purposes of the FR, Ministry records and BC Coroners Service documents were reviewed. The focus of the FR was the time period leading up to the death of the youth.

B. TERMS OF REFERENCE

- 1. Were the required assessments completed according to the Ministry's legislation, policy, and standards?
- 2. Was a plan for the youth developed and monitored according to the Ministry's legislation, policy, and standards?

C. BACKGROUND SUMMARY

The Ministry had no involvement with the youth's family before bringing the youth into care. The youth's circumstances were such that no adequate provision had been made for the youth's care. The youth resided in a foster home and actively engaged in Ministry Program and community services. Due to high risk behaviors, the youth resided in a community facility for a short period of time before death. The youth was Aboriginal.

D. FINDINGS

- 1. The required assessments were completed according to the Ministry's legislation, policy, and standards. The youth met regularly with the Ministry Program worker and received regular assessments. The Ministry social worker worked collaboratively with the youth's Care Team to provide support for high risk issues and behaviors. The youth may have benefited from additional interventions by community professionals.
- 2. A plan for the youth was developed and monitored according to the Ministry's legislation, policy, and standards. The Care Plan was comprehensively documented with current goals in all planning domains. The Ministry social worker had a long-standing, positive relationship with the youth and was responsive to the youth's wishes

regarding the Care Plan and permanency plan. The youth resided in a community facility for a period of time before death occurred. Ministry practice and service delivery do not appear to have been contributing factors to the outcome for the youth.

E. ACTION PLAN

Ministry practice was compliant with legislation, policy and standards; therefore, an action plan was not developed.

The case review was completed in April, 2016.