BRITISH COLUMBIA

Ref #: 227654
Date: June 2017

SUMMARY: FILE REVIEW
Of the Death of a Child 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 provided to the subject child (the child).

For the purposes of the FR, ministry records, Delegated Aboriginal Agency (the agency) records, legislation, policy and standards were reviewed. The focus of the review was a specific period of ministry and agency involvement prior to the death of the child.

B. TERMS OF REFERENCE

1. Were the services provided prior to the child entering care adequate to address their needs, and in accordance with legislation, policy and practice standards?

2. Were guardianship and planning responsibilities carried out consistently with the expectations outlined in legislation, policy and practice standards?

C. BACKGROUND SUMMARY

The ministry first became involved with the parents when the mother was pregnant with the child, due to concerns of parenting capacity and high risk behaviours. The ministry contacted the parents prior to the birth of the child to provide support and mitigate potential risk; however, the parents did not engage in services. The agency was involved with the family during the time period under review. The child was Aboriginal and in care of the ministry at the time of death.

D. FINDINGS

1. While the child remained protected in hospital from potential harm from the parents prior to entering the care of the ministry, services provided prior to the child entering care were not always in accordance with legislation, policy and standards. Specifically, timeframes guiding responses to child welfare concerns, and information gathering requirements were not consistent with policy and standards. A Family Plan was not developed to address concerns regarding the parents.

2. Collaborative Planning and Decision Making processes, which could have facilitated parental engagement, were not utilized.

3. Although many of the child's complex needs were met while in care, guardianship and planning activities were not always in accordance with legislation, policy, and standards. Specifically, a care plan was not completed.

E. ACTIONS TAKEN TO DATE

Not applicable.

F. ACTION PLAN

1. The Deputy Director of Child Welfare clarifies who has the authority to consent to end of life decisions for children and youth in care with the Executive Director of the agency.
2. The Director of Operations for Centralized Screening reviews the Practice Guidelines for Managing Critical Health Care Decisions, including who has the authority to consent to end of life decisions for children and youth in care, with all team leaders and acting team leaders.

The review was completed in April 2017. The above action plan was due for full implementation in April 2017.