BRITISH COLUMBIA

Ref #: 275579
Date: June 2024

Summary: Child and Family Practice Review of the Death of a Child in Known to the Director in 2022

Circumstances of the Fatality

The review examined the services provided to a child who died. The child and their family were receiving services at the time of the death.

Findings

Reported concerns were partially assessed. The director engaged with the family in a timely manner and in person contact occurred. Information from relevant individuals was not sought to inform the assessment of specific concerns. The temporary plan created to support the child's safety was not comprehensive and was not monitored.

Prior to the review being finalized, a new branch was formed to support child safety. The Service Delivery Area implemented a process to consult leadership in specific instances. Early statistics from a provincial evaluation were shared and discussed to support learning and development. Service Delivery Area leadership reviewed specific practice components and guidelines with staff.

Actions

The involved Service Delivery Area leadership and the Quality Assurance team developed an action plan to review components of child protection responses and complex circumstances with staff in the local service area.

The review was completed in March 2024. The above action plan was completed in May 2024.