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Chapter 2: Family Support Services and Agreements

Policy 2.1: Receiving and Screening Calls for Voluntary Support Services

Effective Date of Policy:
January 6, 2016

Amendment Date of Policy:

Policy Statement

All calls inquiring about providing voluntary support services are screened in a timely manner to determine the nature of the call and the best response pathway.

Once the nature of the call and the most appropriate response pathway is determined, the appropriate service program area is advised of the contact as well as the information obtained from the caller.

Outcomes

- All calls regarding provision of voluntary support services are assessed in a timely manner to determine an appropriate response that best meets the identified needs of the child, youth or family.
- Children, youth and families are referred to appropriate program areas for services based upon information received during the call.

Standards

- 2.1(1) Obtain as much relevant information as possible from the caller to determine an appropriate pathway.
- 2.1(2) Conduct an initial record review on the child, youth or family who is the subject of the call within 24 hours of receiving the call.
- 2.1(3) Complete the Screening Assessment Tool on every call within 24 hours.
- 2.1(4) Obtain supervisory approval and documentation upon completion of the Screening Assessment.
- 2.1(5) Supervisory approval is required and documented for any overrides or changes



decisions made in the Screening Assessment.

Procedures

Gathering Information

- Make every attempt to speak with the caller immediately. If this is not possible, return the call as soon as possible.
- Engage the caller in order to obtain relevant information about the situation including:
 - The caller's name and telephone number (or how the person can be contacted) for call back purposes; the subject of the call (if the caller is not the subject) and his/her contact information;
 - The subject's age, gender primary language, culture and/or ethnic background including whether the child/youth is Aboriginal and if possible band membership or affiliation, and details of any family members;
 - The reason for the call; the subject's level of knowledge about and agreement with the call;
 - The caller's relationship to the subject; and
 - The subject's current circumstances.

Calls from Another Jurisdiction

- Respond to requests for information from other jurisdictions by using a service request or memo.
- Respond to requests for voluntary services on behalf of a child, youth or family living in British Columbia by following the procedures outlined below.

Responding to Immediate Risk of Harm

- If information indicates that a child/youth faces immediate harm, refer to policy 3.1 – Responding to Immediate Risk of Harm.

Conducting an Initial Record Review (IRR)

- From electronic databases (ICM, MIS, Best Practices):
 - Identify the number of past service requests and reports, and
 - Identify the previous issues or concerns from the past service requests or reports.
- If the family has recently moved to B.C. or if there is reason to believe there may be prior child protection involvement in one or more other jurisdictions, contact the appropriate child protection authorities and request and record any information they provide.

Documenting the Call

- Conduct an electronic record search (both ICM and Best Practices, which is used by some Delegated Aboriginal Agencies) to determine if an electronic record already exists for the child/youth or family. If an electronic record already exists, determine whether the existing record is open, as well as the type and location of the record.
- Identify immediate family members and determine the key player.
- Document every service request in a memo.
- When it is unclear whether information should be documented as a new request for service or should be recorded as information to be forwarded to the assigned office, consult with a supervisor for guidance.

When a Child/Youth is Aboriginal

- When a Delegated Aboriginal Agency (DAA) clearly has the responsibility to assess the call and complete the Screening Assessment, refer the call as soon as possible to the DAA without completing the Screening Assessment.
- When a DAA does not have the responsibility to assess calls Centralized Screening determines and documents if any protocols or agreements with Aboriginal Communities apply. Centralized Screening completes the Screening Assessment and refers the call to the appropriate office if further actions are necessary.

Completing the Screening Assessment

- Use the Screening Assessment Tool to determine whether a protection or non-protection response is required.

- If a protection response is required, refer to policy 3.1 Assessing the Report and Determining the Most Appropriate Response.
- If a non-protection response is required determine which of the following responses is the most appropriate:
 - A referral for community services
 - Offering 'Child and Youth with Special Needs' or 'Child and Youth Mental Health Services'
 - Offering Ministry family support services
 - Provision of Youth Services
 - No further action.
- When additional information is needed to complete the Screening Assessment, consider contacting:
 - The caller,
 - The parent, or
 - The youth.

Referral to Community Services

- If the information indicates that a referral to another ministry, community agency or organization is the appropriate response, provide the caller with information about the available services, including:
 - The process for accessing the services including contact information; and
 - If known, whether there is a 'waiting list' for the services.
- Determine whether the caller would prefer that a referral be made on his/her behalf. If so,
 - contact the appropriate person in the other ministry, community agency or organization and make the referral. If the referral is made verbally, follow up on the conversation in writing.
 - Contact the caller to communicate that the referral was made and to provide the caller with the necessary contact information for the relevant ministry, community agency or organization.

Offering CYSN or CYMH Services

- If it is determined that a specialized response is required by a ministry program area including Child and Youth Mental Health (CYMH), Children

and Youth with Special Needs (CYSN), explain this to the caller and provide contact information.

For CYMH services, it is preferable and more efficient for the parent/guardian or mature minor to contact the program area directly as his/her informed consent is required in order to initiate voluntary services.

- Determine whether the caller would prefer that a referral be made on his/her behalf. If so:
 - Contact the appropriate person and make the referral. Confirm when the caller can expect to receive a response from the program area. If the referral is made verbally, follow up on the conversation in writing.
 - Contact the caller to communicate that the referral was made and to provide the caller with the necessary contact information.

Offering Family Support Services

- If the information received from a caller indicates that a support service provided by the ministry is the most appropriate response, provide the caller with information about the applicable service(s) that are available if known, and/or contact information.
- Determine whether the caller would prefer that a referral be made on his/her behalf. If so:
 - Contact the appropriate person and make the referral. Confirm when the caller can expect to receive a response from the program area. If the referral is made verbally, follow up on the conversation in writing.
 - Contact the caller to communicate that the referral was made and to provide the caller with the necessary contact information.
- For further information regarding support services, refer to the policy 2.2 entitled *Support Services to Strengthen Capacity*

Provision of Youth Services

- Discuss available services that are available for a youth.
- Offer to make a referral on behalf of the youth and provide the youth with contact information as well as an expected response time from the program area.
- For more information refer to Standards for Youth Support Services and Agreements.

Provision of Voluntary Services to a High Risk Expectant Parent

- Try to engage with the expectant parent in order to make a referral for support services for pre and post natal care.



Information: The director has authority to provide voluntary support and preventative services under s. 93(1) (a) CFCSA. Early preventative services are an effective means of addressing many issues facing high risk expectant parents. Early intervention provides an opportunity to thoroughly gather and assess information about the family's strengths and needs in order to determine the level of risk and plan for services before and/or after the child's birth.

Definition of high risk expectant parents:

For the purpose of this policy, high risk expectant parents are individuals to whom one or more of the following risk factors apply and where it is believed that a child, once born, may be harmed without intervention and provision of support services. The combination of several factors may also increase the level of risk. Risk factors include:

- *History of unwanted pregnancies;*
- *The expectant parent having children for whom protective services are currently required;*
- *The expectant parent being isolated or alienated from healthy support relationships including family, friends and community and/or support services;*
- *Insufficient prenatal care;*
- *The expectant parent refusing to consent to health treatment when the treatment is necessary to ensure the health of the expectant parent and expected child, including untreated diagnosed mental health disorders with behaviours that may interfere with the ability to parent;*
- *Hostile, impulsive, and/or irresponsible actions by the parents that pose a risk of future harm to the child, once born;*

- *Environmental concerns such as inadequate housing including homelessness or an unstable resident situation, financial crisis, unemployment, newly located to the community with little or no supports, and/or a history of fleeing that lead to crisis;*
- *Behaviour that puts the expected child at risk such as misusing substances (alcohol, illicit or prescription drugs that may harm the developing fetus); or,*
- *Chronic history of violent relationships including recent or escalating violence.*

Ending the Screening Assessment

- Conclude the screening assessment when:
 - There is a decision to take no further action;
 - The referral to community services is complete;
 - Services have been offered and declined; or
 - A referral for services is complete.