

APPENDIX I: HANDOUTS

HANDOUT # 1**LEARNING OUTCOMES**

The caregiver can:

- describe the benefits and purposes of observing and recording the behaviour of children in care
- describe the difference between behavioural description and behavioural interpretation and demonstrate the recording of each
- identify what is relevant to record in a daily log
- identify when to report relevant information to the appropriate member of the care team, including reportable incidents as outlined in the Standards for Foster Homes.

HANDOUT #3**REASONS FOR OBSERVING AND RECORDING CHILDREN'S BEHAVIOUR**

1. To maintain a permanent record of the child's time in the caregiver's home, which will help the child understand his time in the Ministry's care and will assist in preserving his life history.
2. To assist with the planning for the child and contribute to the development of the child's comprehensive plan of care by:
 - Contributing to a better understanding of the child's (and, where appropriate, the child's family's) behaviour.
 - Providing specific, concrete information when advocating for the child (or her family) for specialized services.
 - Informing and reporting as to the effectiveness of interventions with the child (and his family) and monitoring the child's (and family's) growth and development over time.
3. To ensure the observer has accurate and factual information relating to the child's strengths and needs.
4. To comply with Child, Family and Community Service legislation, the Standards for Foster Homes, and the Family Care Home Agreement.

HANDOUT #4**BEHAVIOUR DESCRIPTION VERSUS INTERPRETATION****Behaviour Observation includes:**

1. What you actually saw, heard, felt (touched) or smelled.
2. Observable, measurable movement, activity or actions.
3. Verbalizations (what was said by whom).
4. Non-verbal behaviour (facial expression, body posture, other gestures).

For example: "I heard---," "I saw---,"

Interpretation includes:

1. A conclusion the observer makes.
- 2 a guess or impression about the intent of what happened (i.e., emotional state, motivation, attitudes, personality).

For example: "I think---," "In my opinion---,"

Issues to consider:

- a) Interpretation has a place in report writing, but must be identified and supported by observations (e.g., Based on ---, I think ---).
- b) Avoid labelling. Labels tend to stick with a person. If someone writes on a child's file that he is a "sexual deviant" people reading that file will immediately have a certain image of that child. If, however, an incident is reported concisely in the file stating that the child once tried to fondle another child while the two of them were on the slide together, the person reading that report will have a more accurate picture of the child. Better yet, report the incident using specific, concrete behavioural descriptions, and clearly identify any interpretations as such in the report.

HANDOUT #5**WORKSHEET: BEHAVIOUR DESCRIPTION VERSUS INTERPRETATION**

Identify each of the following statements as a *behaviour description* or *interpretation*.

I = Interpretation

BD = Behaviour Description

1. Bob's eyes filled with tears.
2. Bob was crying.
3. Bob had a cold.
4. Bob felt sorry for himself.
5. Alex was 20 minutes late for the meeting
6. Alex isn't very conscientious.
7. Joe's face was red.
8. Joe was embarrassed.
9. Alice was walking very slowly today and didn't participate in any of the discussions.
10. Alice is stressed out and over tired.

HANDOUT #6

**ICEBERG OF BEHAVIOURAL DESCRIPTION AND BEHAVIOURAL
INTERPRETATION**

BEHAVIOURAL DESCRIPTION

WHAT YOU

- **SEE**
- **HEAR**
- **TASTE**
- **TOUCH**
- **SMELL**

BEHAVIOURAL INTERPRETATION

YOUR

- **OPINIONS**
- **BELIEFS**
- **JUDGMENTS**

HANDOUT #7**AREAS TO CONSIDER WHEN RECORDING BEHAVIOUR****1. Response to Routines**

- Describe how the child participates in the routines in the home.

2. Response to Discipline and Expectations

- State what discipline methods were used and how they were administered.
- Describe what the child says and does in response to these methods.
- Remember to record positive responses as well as negative ones. For example, Jacob was grounded for coming home late last night. He muttered something under his breath, went to his room, and slammed the door. This morning he said at breakfast, "I guess I knew it was going to happen."

3. Response to Social and Recreational Activities

- What was the activity?
- What was the child's role in choosing the activity?
- Who else was involved?
- How did the child participate?
- Does some aspect of this activity relate to the child's comprehensive plan of care?

4. Relationship with Peers

- Describe what the child says and does during interactions with other children in the caregiver's home.
- Describe what the child says and does during interactions with children at school or during outside activities.

5. Relationships with Adults

- With which adults does the child interact?
- What does the child say or do as he interacts with different adults?

6. Statements/Actions in Relation to Self

- What does the child say about her?
- What does the child say about her is potential success in school, sports, dating, etc.?
- What does the child say or do in response to statements from others about self and potential?

- Have statements or actions changed over time? If so, what are the specific changes?

7. Interaction with Birth Family Members

- Were there any family visits or phone calls?
- Record the time of visits or phone calls along with the name of the person who initiated the call or visit. Record the child's behaviour before and after the visit if this is relevant.
- Record the names of family members the child would like to contact.

8. Physical and Mental Health

- Record any medication taken (or not taken when prescribed).
- Record any appointments or examinations (e.g., dental appointments, doctor appointments, x-rays, psychological or psychiatric appointments).
- Record the state of the child's health. Record times he is healthy as well as times he is ill. Note sleeping and eating patterns.
- This information should be recorded in the child's Health Passport.
- Record any special dietary needs or allergies.
- Record use of alcohol or drugs.

9. Significant Events

- Birthdays, graduations, etc.
- Special outings
- Cultural/religious special occasions

10. School

- Record the child's:
 - grade and school
 - academic abilities/progress
 - absences from school
 - extracurricular involvement (school clubs, sports, etc.)
 - peer interactions at school
 - interactions with the teachers and principal

11. Cultural and Religious Heritage

- Record the connections and activities the child has in relation to her cultural and religious heritage.
- Record who the key contacts are for the child.
- What does the child say or do before or after participation in activities related to their cultural heritage.
- Record contact with the child's cultural community

12. Absences

- Record every incident of unauthorized absence from the caregiver's home when the child has left the home without the caregiver's permission.

13. Relationship to the Child's Comprehensive Plan of Care

- What phone calls and/or conversations did you have with the child's worker, teachers, psychologists, other key figures?
- What evidence is there of progress toward the goals from the child's comprehensive plan of care?
- Are these goals still appropriate?
- Are there other areas that need to be addressed in the child's comprehensive plan of care?

14. Complaints Made by the Child

- What was the nature of the complaints?
- Who was involved and who was notified?
- What actions were taken in response to the complaints?
- What was the outcome to the response to the complaints?

15. Substitute Caregivers

- Record dates, times, and names of substitute caregivers and note that the child's worker was notified if necessary.
- Record that the minimum requirements for child minding care providers were met (see Standards for Foster Homes, "Foster Home Administration" for details).

16. Reportable Incidents

- Reportable incidents include activities or behaviour of the child that involve an element of danger or risk and incidents or behaviours that indicate a crisis or turning point for the child.
- All information of significance to the safety and well-being of children is promptly reported to a social worker.

HANDOUT #8**COMPREHENSIVE PLAN OF CARE**

Each child or youth is entitled to have a written, individual comprehensive plan of care which has been developed in consultation with the caregiver, the child and where possible, their parents.

Commentary

The caregiver is expected to be informed about the circumstances surrounding the child and to participate in the development and reviews of the child's comprehensive plan of care. The caregiver will have certain responsibilities under the comprehensive plan of care, including keeping the child's social worker informed about developments concerning the child. Caregivers are expected to accept responsibility for only those aspects of the comprehensive plan of care that they are capable of carrying out.

Results for Children

- C. 1.1 Children confirm that, at or near the time of placement, the caregiver has provided an explanation for that placement based on the child's comprehensive plan of care and children confirm that they have understood the explanation.
- C. 1.2 Children confirm that the caregiver has encouraged and assisted them to participate within their ability in the development and reviews of their comprehensive plan of care.
- C. 1.3. Children confirm that the caregiver has attempted to help them understand the role of professionals who work directly with them, either at home or elsewhere.

Caregiver Practices

- C. 1.4 The caregiver advocates for and participates in the development and reviews of the child's comprehensive plan of care.
- C. 1.5 The caregiver encourages and assists the child to participate within their ability in the development and reviews of their comprehensive plan of care.
- C. 1.6 Before or at the time of placement, the caregiver will have in their records the following information (if available from the child's social worker) to ensure the safety and well-being of the child accepted into the home:
 - a) The child's full name, gender, birth date, and legal status;
 - b) The circumstances leading to the placement including:
 - 1) family information relevant to caring for the child;

- 2) cautions or restrictions on the child's activities or contacts; and
 - 3) the names and telephone numbers of family members or significant others, as noted in the comprehensive plan of care, who are available as supports to the child;
 - c) the child's known interests, abilities, strengths, and presenting issues;
 - d) the child's physical and emotional health and any health concerns, including required medications, allergies, dietary restrictions, and physical limitations;
 - e) the name of the child's social worker, the district office, and telephone number, and the name and telephone number of the social worker or office to call in the case of an emergency;
 - f) the child's physician's name and telephone number and child's personal health number;
 - g) the name of the school or day program that the child is or has been attending; and
 - h) specific routine monitoring of the child as identified in the comprehensive plan of care.
- C. 1.7 The caregiver keeps all information about the child and family confidential. The caregiver shares information only with other persons or agencies needed to carry out the child's comprehensive plan of care, or as permitted by law.
- C. 1.8 In cases of emergency placements or in other instances where the information outlined above is not known to the child's social worker at the time of placement, the caregiver cooperates with the child's social worker to obtain the information as soon as possible.
- C. 1.9 Before or at the time of placement, the caregiver discusses with the child's social worker the sleeping arrangements for the child to ensure that these arrangements meet the child's needs for adult supervision, safety, privacy, and adequate sleep.
- C. 1.10 Before or at the time of placement the caregiver discusses with the social worker (and the child's family as authorized by the child's social worker) the following:
- a) the care needs of the child;
 - b) the steps to be taken by the caregiver and by the child's social worker to meet these needs. Immediate care needs include: emotional and physical safety, clothing, medication, continuity of school or vocational or day programs, and arrangements for impending appointments such as doctor's visits and court appearances;
 - c) the involvement of the child's family in matters such as visits and telephone calls, including any conditions and restrictions;
 - d) the involvement of any necessary support.
- C. 1.11 At the time of placement the caregiver, in a manner that is sensitive to the emotional state and developmental level of the child:

- a) introduces the child to the other members of the household;
- b) shows the child the layout of their home and their sleeping area;
- c) tells the child what the household routines, expectations, and rules are;
- d) gives the child the opportunity to ask questions and discuss their concerns;
- e) attempts to help the child understand why they have been placed in the home; and
- f) attempts to help the child understand the role of professionals who work directly with them, either at home or elsewhere.

C. 1.12 Following placement and on an ongoing basis, the caregiver provides the child's social worker with information about their experience with the child, including:

- a) progress in the desired outcomes outlined in the comprehensive plan of care;
- b) the child's current functioning in health, education, identity, family, and social relationships, social presentation, and emotional and behavioural development;
- c) the caregiver's capacity to meet the caregiver's responsibilities under the comprehensive plan of care.

HANDOUT #9**CHILD'S INDIVIDUAL SERVICE RECORDS****Standards F.2 Child's Individual Service Records**

Children have accurate, individual, secure, and confidential records of their relevant history and progress in the home.

Commentary

The child's individual service record contains information of a sensitive and highly personal nature about the child and possibly their family. The caregiver ensures the information is accurate and protected from unauthorized access. The child's individual service record is subject to legislation governing the protection of privacy and freedom of information, including the *Child, Family and Community Service Act* and the *Freedom of Information and Protection of Privacy Act*. While the child's individual service record is maintained by the caregiver as part of their contractual obligations, the record is the property of the director responsible for the child. The child is entitled to access the record according to procedures in the relevant legislation and policy. The child's individual service record is an important part of the child's history.

Results for Children

- F.2. 1. Children confirm that, to the best of their knowledge, the caregiver maintains an individualized service record about them.
- F2.2 Children confirm that, to the best of their knowledge, their individual service records are stored securely.
- F2.3 Children are provided support in gaining access to their records in accordance with procedures identified in legislation, including the *Freedom of Information and Protection of Privacy Act* and the *Child, Family and Community Service Act*, and policy of the Ministry of Children and Family Development.

Caregiver Practices

- F.2.4. The caregiver keeps a separate individual service record for each child placed in the home.
- F.2.5. The caregiver keeps all information and documentation pertaining to the child in the child's individual service record including:
- (a) intake information and documentation
 - (b) legal documents;
 - (c) medical and dental information
 - (d) signed consent forms;
 - (e) assessment information;

- (f) caregiver's current responsibilities under the child's comprehensive plan of care, and related reviews and reports;
- (g) a day book for the child that includes information regarding the child's normal daily routines, both current and recent past;
- (h) information regarding complaints made by the child;
- (i) documentation of reportable incidents involving the child;
- (j) documentation of service termination; and
- (k) other information and evaluations required to deliver and monitor services provided to the child.

F.2.6. The caregiver maintains and stores the child's individual service record in accordance with relevant sections of the *Freedom of Information and Protection of Privacy Act*, the *Child, Family and Community Service Act* and records management procedures of the Ministry of Children and Family Development policy.

F.2.8. The caregiver does not permit the destruction of the child's individual service record.

F.2.9. The caregiver gives a director access to the child's individual service record upon request.

HANDOUT #10**OTHER TOPICS FOR DOCUMENTATION AND RECORDING**

1. Legal documents.
2. Signed consent forms.
3. Reports and assessments for the child.
4. The child's personal life experiences:
 - the child's life book, kept up to date
 - photographs of the child taken over time
 - report cards
 - art work
 - memorabilia.

Even if the child is in care only a short period such items can be very significant to the child. Extra care in collecting and preserving the child's memorabilia and experiences can provide the child with irreplaceable keepsakes.

HANDOUT #11

DAILY LOG GUIDE (EXAMPLE)

CHILD'S NAME: _____

DATE: _____

CHILD'S WORKER'S NAME:

_____ **REPORT WRITTEN BY:**

_____ **SIGNATURE:**

_____ **BEHAVIOUR OBSERVED:**

NOTES:

INTERPRETATIONS:

AREAS TO CONSIDER WHEN RECORDING BEHAVIOUR	
1.	Response to Routines
2.	Response to Discipline and Expectations
3.	Response to Social and Recreational Activities
4.	Relationship with Peers
5.	Relationship with Adults
6.	Statement/Actions in Relation to Self
7.	Interaction with Birth Family Members
8.	Physical and Mental Health
9.	Significant Events
10.	School
11.	Cultural and Religious Heritage
12.	Absences
13.	Relationship to the Child's Plan of Care
14.	Complaints Made by the Child
15.	Child Minding Care Provider
16.	Reportable Incidents

DAILY LOG GUIDE (EXAMPLE)

CHILD'S NAME: _____

DATE: _____

CHILD'S WORKER'S NAME:

REPORT WRITTEN BY:

SIGNATURE:

BEHAVIOUR OBSERVATIONS:

AREAS TO CONSIDER WHEN RECORDING BEHAVIOUR

1. Response to Routines
2. Response to Discipline and Expectations
3. Response to Social and Recreational Activities
4. Relationship with Peers
5. Relationship with Adults
6. Statement/Actions in Relation to Self
7. Interaction with Birth Family Members
8. Physical and Mental Health
9. Significant Events
10. School
11. Cultural and Religious Heritage
12. Absences
13. Relationship to the Child's Plan of Care
14. Complaints Made by the Child
15. Child Minding Care Provider
16. Reportable Incidents

INTERPRETATIONS:

HANDOUT #12

REPORTING

Legal Duty to Report

Everyone who has a reason to believe that a child has been or is likely to be physically harmed, sexually abused or sexually exploited, or needs protection due to the specific circumstances outlined in the *Child, Family and Community Service Act* is legally responsible under that act to report the matter to a child protection social worker. In British Columbia, a child is anyone under the age of 19.

The duty to report applies to everyone, including service providers, family members and the general public - in short, anyone who is aware of circumstances that should be reported.

- It doesn't matter if you believe someone else is reporting the situation. You still have to report.
- It doesn't matter if you're aware that a child protection social worker is already involved with the child. You still have to report the matter. All new incidents must be reported as well.
- The legal duty to report overrides any duty of confidentiality, except a solicitor-client relationship.
- Time is of the essence in ensuring the safety and well-being of children. Report immediately.
- If you have reason to believe that a child has been or is likely to be abused or neglected, then the responsibility for making a report to a child protection social worker legally rests with you.
- Do not contact the alleged perpetrator. This is the responsibility of the police or the child protection social worker.
- If an employer needs to contact the alleged perpetrator in order to protect children under their authority, this should be coordinated with the police and child protection social worker.

Note: If the report is about a child placed with the caregiver, the caregiver reports the information to the child's worker immediately. If the child's worker is not available, the report is made to another social worker or the supervisor in the same district office.

When to Report that a Child Needs Protection

The *Child, Family and Community Service Act* sets out the circumstances under which you must report. If you have reason to believe that a child “has been, or is likely to be, physically harmed, sexually abused or sexually exploited by a parent or by another person and the parent is unwilling or unable to protect the child, or if the child has been or is likely to be physically harmed because of neglect by the child’s parent”, or if:

- the child is emotionally harmed by the parent’s conduct
- the child is deprived of necessary health care
- the child’s development is likely to be seriously impaired by a treatable condition and the child’s parent refuses to provide or consent to treatment
- the child’s parent is dead and adequate provision has not been made for the child’s care; and
- the child has been abandoned and adequate provision has not been made for the child’s care.

How to Report

All child abuse and neglect concerns must be reported to a Ministry of Children and Family Development child protection social worker or a First Nations child welfare agency that provides child protection services. This applies even if a report has been made to the police.

There are three ways to reach a Ministry of Children and Family Development child protection social worker:

- **Ministry of Children and Family Development - local district office,**
Monday to Friday 8:30 a.m. to 4:30 p.m. (listed in the blue pages of your phone book).
- **After Hours Lines** for Vancouver, North Shore, Richmond: 604-660-4927 Lower Mainland (Burnaby and Delta in the west to Maple Ridge and Langley in the east): 604-663-9122

- **Helpline for Children** - 310-1234, this toll-free service operates 24 hours a day.

What to Report

The report should include the reporter's name, telephone number, and relationship to the child. It should also provide as much of the following information as possible:

- the name and location of the child;
- any immediate concerns about the child's safety;
- any information as to why you believe the child is at risk;
- any statements or disclosures made by the child;
- the any and vulnerability of the child;
- information on the family, parents and alleged offenders;
- information on siblings or other children who may be at risk;
- knowledge of any previous incidents or concerns regarding the child;
- information about other persons or agencies closely involved with the child and/or family;
- information about other persons who may be witnesses or may have information about the child;
- information on the nature of the child's disabilities, if any, his or her mode of communication, and the name of a key support person;
- any other relevant information concerning the child and/or family, such as language or culture.

Don't delay making a report just because you don't have all this information. Contact the child protection social worker immediately with the information you do have.

You don't have to report when it is clear that an injury or other harm is accidental and is a result of circumstances outside the control of the parent

or other person responsible for the child in, for example, a playground injury.

HANDOUT #13**REPORTABLE INCIDENTS****STANDARD B.2*****Commentary***

If the social worker is unavailable, the report is made to another social worker or the supervisor in the same district office. After regular office hours, the report is made to an After Hours social worker. After Hours social workers are available 24 hours per day, seven days per week.

Results for Children

B.2. 1. Children confirm that they have been informed about reportable incidents and about what will happen if such an incident occurs.

Caregiver Practices

B.2.2. The caregiver notifies the child's social worker immediately after the occurrence of any of the following reportable incidents in order that the child's social worker can plan for the ongoing safety and well-being of the child:

- a) the death of a child or youth;
- b) accident or illness of a child or youth requiring medical treatment or hospitalization;
- c) allegations of abuse, neglect or mistreatment of a child or youth;
- d) any displays of self-injurious or high-risk behaviour by a child or youth;
- e) gestures, threats, or attempts of suicide by a child or youth;
- f) situations when a child or youth is missing, lost or runaway, including any subsequent information obtained about the child or youth during the absence (see Appendix 1 for more information); situations when a child or youth has observed, been involved in, or exposed to a high-risk situation or disaster, such as a fire or multiple abuse situation in a school, that may cause emotional trauma or post-traumatic stress,
- h) any intervention by the police or law enforcement authorities with a child or youth;
- i) situations involving the use of physical restraint or any other prohibited behaviour management practices;
- j) the unauthorized removal or attempted removal of a child or youth from the home, facility, school or day program;

- k) marked behavioural changes exhibited by a child or youth;
- l) suspension of a child or youth from their school or day program;
- m) plans, not previously authorized, for the child or youth to be cared for by another person overnight; and
- n) any other circumstances affecting the safety or well-being of a child or youth.

B.2.3. The caregiver notifies at least the resource social worker of the following incidents in order that the resource social worker can support the caregiver in planning for the short- and long-term viability of the placement for the child or youth:

- a) limitation in the ability of the caregiver to meet the safety and well-being needs of a child or youth placed, or about to be placed with caregiver;
- b) limitation in the ability of the caregiver to meet other written caregiver service expectations;
- c) criminal charge or conviction of a caregiver or other member of the household;
- d) court supervised parole or probation of a caregiver or other member of the household;
- e) the onset or recurrence of a physical, emotional or mental condition or substance abuse problem of a caregiver or other member of the household, that could reasonably be expected to impair the caregiver's ability to care for the child;
- f) serious illness or injury of a caregiver or other member of the household;
- g) changes in the household composition (for example, people moving in or out of the household);
- h) significant change in the caregiver's financial circumstances that have potential to affect the care of the child or youth; and
- i) significant increase in the use of alternative care arrangements for the child or youth.

Appendix 1: When a Child is Missing, Lost or Runaway

As indicated in Standard B.2, when a caregiver has reason to believe that a child or youth in care is missing lost or runaway, it must be immediately reported to the child's social worker. If the child's social worker is unavailable, it must be reported to another social worker or supervisor in the same district office. If this occurs after regular office hours, it must be reported to an After Hours social worker. After Hours social workers are available 24 hours per day, seven days per week.

In situations when a child or youth is late coming home, the caregiver uses judgement as to whether or not the child maybe missing, lost or runaway, giving consideration to:

- the child's age and level of development,
- the child's current psychological or emotional state,
- what is known about the child's current circumstances, and
- what is known about the child's past experiences and behaviour.

In addition to the reporting requirement, caregivers should consider taking other reasonable and prudent actions in an effort to locate the child, such as:

- actively seeking out and contacting anyone, such as friends of the child, who may know the child's whereabouts'
- identifying and checking possible locations where the child may be;
- ensuring that the child's social worker and the police are provided with all information pertaining to the possible whereabouts of the child;
- providing a current picture of the child to the police;
- providing a list of known friends and associates to the police;
- checking with the police regarding their efforts to locate the child;
- ensuring all parties are notified when the child is located.

HANDOUT #14**GUIDELINES AND SKILLS NEEDED TO ENSURE EFFECTIVE REPORTING**

A. The caregiver and the child's worker should establish mutually agreed:

1. timelines for routine reporting.
2. guidelines for what is to be reported.
3. methods of reporting (phone calls, meetings, written reports).

B. Skills and abilities that will enhance effective reporting include:

1. demonstrates clear thinking.
 2. demonstrates clear language.
 3. focuses on positives as well as negatives.
 4. provides accurate detailed information.
 5. avoids generalizations and opinions.
 6. keeps it brief.
 7. highlights critical information.
 8. presents supporting data when offering opinions.
- writes reports that are clear, concise, and well organized