

**British Columbia Foster Care Education  
Program**

**CARING FOR CHILDREN:  
OBSERVING, RECORDING, AND  
REPORTING**

**(3 Hours)**

Ministry of Children and Family Development

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## **About the Author**

This material was initially prepared by writers contracted through the Ministry of Children and Family Development and has been edited for presentation by a curriculum writing team at Malaspina University-College, Child and Youth Care Programs for presentation.

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# INTRODUCTION

# Introduction

## A. RATIONALE

Caregiving today has become more demanding and requires higher levels of parenting skills and accountability. Caregivers are important members of the guardianship team that provides care and services to children in care. Communicating succinct, accurate, and relevant information to the child's worker and other professionals involved with the child and his family helps to ensure the best possible care for that child.

The Family Care Home Agreement requires caregivers to keep accurate records. Since caregivers are in a daily relationship with the children in their care, their observations are vital. Caregivers must regularly record their observations of the children in their care and need to know what to report. Enhanced skill in observing, recording, and reporting helps ensure children in care have comprehensive plans of care and that they receive effective services. Because of the number of people involved and the amount of information obtained when a child moves from his own family to Ministry of Children and Family Development's care and returns to his own family, there is a very real possibility that significant information may be irretrievably lost. The information recorded helps develop a permanent record of the child's time in care. It will be important to the child that the caregiver help preserve the child's history by recording and documenting the child's experiences in care.

Some caregivers may feel that report writing is intrusive and not conducive to an intimate family life. The need for proper observation, recording, and reporting far out weighs these potential concerns. Caregivers need to know why it is important that their observations be recorded, why daily logs should be kept, and what information is relevant.

## B. 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.
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- identify when to report relevant information to the appropriate member of the guardianship team, including reportable incidents as outlined in the Standards for Foster Homes.

### **C. PREPARATION**

The “Caring for Children: Observing, Recording, and Reporting” module consists of one, three-hour session. Foster parents should be familiar with the material in this module. Read it thoroughly and imagine yourself going through the various exercises. Think of examples you might have and make notes for yourself as you go along.

# **INSTRUCTIONS**



**OVERVIEW OF INSTRUCTIONS  
CARING FOR CHILDREN  
OBSERVING, RECORDING, AND REPORTING**

- 1. Reasons for Observing and Recording Children's Behaviour  
(20 minutes)**
- 2. Behaviour Descriptions and Interpretations  
(30 minutes)**
- 3. Identifying What is Relevant to Record  
(30 minutes)**
- 4. Recording in a Daily Log  
(35 minutes)**
- 5. Reporting (25 minutes)**

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# INSTRUCTIONS

## Materials:

### Handouts

- Handout #1 Learning Outcomes
- Handout #3 Reasons for Observing and Recording Children's Behaviour

### Overheads

- Overhead #1 Title Page – Observing, Recording, and Reporting
- Overhead #2 Learning Outcome

The rationale for this module includes the following points:

- Children in care are increasingly demanding, requiring greater levels of caregiver skill.
- Caregivers are key players on the guardianship team supporting children in care.
- Caregivers are most directly involved with children in care and have critical information to impart to other team members.
- It is essential that information regarding children in care be recorded accurately and objectively. This type of reporting requires skill and knowledge.

Information that must be recorded and reported relates to the child's behaviour and to a variety of other events in the child's life including critical incidents. This recorded material accumulates so that there is a recorded history for the child, the caregiver, and the child's worker. Occasionally these records will be used in court to address planning for the child. This session will examine all these areas and will focus on observing, recording, and reporting the child's behaviour.

Confidentiality, privacy of information, and the keeping and safeguarding of records are very important matters. The Child, Family and Community Service Act and the Freedom of Information and Protection of Privacy Act have increased our focus on these matters. Our understanding of these issues has changed and will continue to evolve.

#### TRAINER'S INSTRUCTIONS

Generally, information may be disclosed in situations when it is necessary to ensure the safety and well-being of the child, for legal purposes, or when it is necessary for the caregiver to have information about the child in care. If you are ever in doubt about what to do, consult with your resource worker or the child's worker.

Records are to be kept in a locked location. When writing these records, keep in mind that children may obtain legal access to their own file, including these records.

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**Learning Outcomes**

Briefly review Handout #1, "Learning Outcomes."

There is a lot of information in the handouts provided to them that may answer some of your questions. Additionally, your resource worker is a source of information to you.

## TRAINER'S INSTRUCTIONS

This module is introductory and participants are encouraged to continue to explore issues related to observing, recording, and reporting.

### **Exercise:**

The purpose of the following exercise is to help the foster parent explore how well you observe the detail of a situation or a person and to realize the importance of these details. For example, child protection workers learn to observe carefully a wide range of factors about children and parents and how they relate to each other. They learn to look for signs of bruising on abused children noting the size, colour, and location of each mark as they may be required to provide such detail accurately in court.

- Set a bowl of fruit (perhaps oranges) on the table.
- Choose one orange from the bowl and “get to know” it.
- Make sure to “feel” the orange and observe the look of it.
- After a couple of minutes, put the orange back into the bowl.
- Mix up the oranges in the bowl and then attempt to find the orange you got to know.
- How do you know you have chosen your own orange?

Reflect on the following questions:

- How do you know you have your own orange?
- What would it feel like not to have your own orange?

Please remember:

- the importance of accurate observation.
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- the “tyranny of labels” (they may all be oranges, but each one is unique once you get to know it).

## **2. REASONS FOR OBSERVING AND RECORDING CHILDREN'S BEHAVIOUR** (20 minutes)

### **Learning Outcome:**

The caregiver can describe the benefits and purposes of observing and recording the behaviour of children in care.

### **Materials:**

Handout

- Handout #3 Reasons for Observing and Recording Children's Behaviour

### **Instructions:**

Caregivers are expected to keep detailed records of their observations of children in care. The Family Care Home Agreement specifies the importance of record keeping. Caregivers can provide relevant information to the guardianship team about the child and her family.

Please refer to Handout #3, “Reasons for Observing and Recording Children's Behaviour.” and review the handout for a few minutes.

### **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.

### **Debrief**

1. What have your own experiences been with respect to observing and recording children's behaviour and particularly as they relate to the reasons stated.
  2. **Summary Remarks:**
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In order to accurately assess and identify changes in the child, and possibly the child's family, caregivers need to accurately observe and record the child's behaviour. The child's Comprehensive Plan of Care is built on accurate observation.

It is essential to keep a written record as the child's history can easily be forgotten or lost and there are legal and contractual reasons for such recording.

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The preceding information becomes an individual service record for each child placed in the caregiver's home and is shared with the child's worker and, when appropriate, the guardianship team, as part of the child's official records. Remember that the information and history referred to here is separate from the child's Life Book. The Life Book is for the child.

If you are not familiar with the Life Book or its use, consult with your Ministry of Children and Family Development resource worker for information see (Vol.2 CF and CS Manual, page. 4, 3 – 14 "Life Books," or "The Life Book," in The Foster Family Handbook, page 15.)

### 3. BEHAVIOUR DESCRIPTIONS AND INTERPRETATIONS

(30 minutes)

#### Learning Outcome:

The caregiver can describe the difference between behavioural description and behavioural interpretation and demonstrate the recording of each.

#### Materials:

##### Handouts

- Handout #4 Behaviour Description Versus Interpretation
- Handout #5 Worksheet: Behaviour Description Versus Interpretation
- Handout #6 Iceberg Template of Observation and Description

##### Overheads

- Overhead #4 Behaviour Observation Versus Interpretation
- Overhead #4A Behaviour Description Versus Interpretation
- Overhead #4B Behaviour Description Versus Interpretation

- Overhead #4C Behaviour Description Versus Interpretation

Other

- Paper: Prepare a piece of paper entitled "Labels Applied to Children in care"

**Instructions:**

The following exercises are designed to help caregivers know what information should be recorded. Almost all recordings fall into two categories: observations and interpretations. It is important to distinguish observations from interpretations when recording behaviour.

Review Handout #4, "Behaviour Description Versus Interpretation." This information is also presented below.

Use Overhead #4, "Behaviour Description Versus Interpretation."

**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 based on what has been observed.
2. An opinion about the intent of what happened (i.e., emotional state, motivation, attitudes, personality) based upon what has been observed.

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

**Issues to consider:**

1. **Interpretation** has a place in report writing, but must be identified and supported by observations (e.g., Based on ---, I think ---).
2. **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 the child. If, however, an incident is reported concisely in the file e.g., stating that the child once tried to fondle another child while the two were on the slide together, the person reading that report will have a more accurate picture of the child's behaviour. Report the incident using specific, concrete behavioural descriptions and clearly identify any interpretations as such in the report.

Reflect upon the following question:

- What labels for children in care have you heard or seen?

Record the labels on a flip chart entitled "Labels Applied to Children in care." Then ponder if these labels gave them an accurate picture of children in care (i.e., what did the labels tell you about the child?). Labels do not usually communicate the details of behaviour (e.g., a "perpetrator" may be a child who fondled another child while they were play-fighting, or it could be a youth who brutally and systematically had intercourse with a younger child).

- What is the difference between the following statements?

**Statement A:** "Colleen has been with us a week. Every day after school she comes straight home instead of playing with the other children for a while." (Observation)

**Statement B:** "Colleen is shy." (Opinion)

Remember Colleen may not be a shy person. She may appear to be acting in a shy manner, but it is not necessarily accurate to say she is shy. There may be many reasons for her behaviour.

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**Exercise:**

This exercise helps caregivers learn the difference between behaviour description and interpretation. Remember that a **behaviour description** is something they actually saw, heard, felt (touched) or smelled. An **interpretation** is a conclusion drawn from observing certain behaviours. Refer to the Handout #5, "Worksheet: Behaviour Description versus Interpretation." Please print and complete the handout.

Once you have completed the exercise, the correct responses are:

- |    |    |     |    |
|----|----|-----|----|
| 1. | BD | 6.  | I  |
| 2. | I  | 7.  | BD |
| 3. | I  | 8.  | I  |
| 4. | I  | 9.  | BD |
| 5. | BD | 10. | I  |

For example, some participants may assume that the statements, "Bob is crying" and "Bob has a cold" are behaviour descriptions. However, these statements may not necessarily be accurate interpretations of observed behaviour. If, for example, Bob was seen wiping tears from his eyes, either of these two interpretations may be correct. If there is any doubt about the difference between an interpretation and a behaviour description, ask yourself the following question, "What behaviours led me to this conclusion"? If you can think of any behaviours that led you to your conclusion, you are dealing with an interpretation.

Interpretations may be influenced by an individual's own inner process, and may more closely represent the observer's inner attitudes and values than the observed child's behaviours.

**Summary Remarks:**

Use Handout #6, "Iceberg of Behavioural Description and Behavioural Interpretation," to summarize.

Anything above the waterline is behavioural description; anything that cannot be seen, heard, smelled, tasted, or felt is a behavioural interpretation.

The child's worker needs accurate observations of a child in care so the worker can establish realistic goals with the child (and specified family members) when developing the child's comprehensive plan of care.

**4. IDENTIFYING WHAT IS RELEVANT TO RECORD**

(30 minutes)

**Learning Outcome:**

The caregiver can identify what is relevant to record in a daily log.

**Materials:**

Handouts

- Handout #7 Areas to Consider When Recording Behaviour
- Handout #8 Comprehensive Plan of Care
- Handout #9 Child's Individual Service Records
- Handout #10 Other Topics for Documentation and Recording

Overheads

- Overhead #5 Recording Guidelines
- Overhead #6 Areas To Consider When Recording Behaviour
- Overhead #6A Areas To Consider When Recording Behaviour
- Overhead #7 Other Topics for Documentation and Recording

**Instructions:**

For the next exercise the focus will be on recording both behavioural observations and behavioural

interpretations which may arise related to a child's care. In addition to behaviour, recording events will also be addressed.

When recording a child's behaviour and the events in his life, only certain aspects should be included. Caregivers should follow the directions from the child's worker and use their judgment about what is relevant and should be recorded. It would be very time-consuming to completely document an entire day in the life of the child, and this is not the purpose of recording. It would be an impossible task and no one would read the resulting records.

It is important to emphasize that caregivers should record a child's strengths as well as challenges. For example, if a child has difficulties at mealtimes, it is imperative to record times when she does not have difficulties in order to work with and build on her strengths.

These records may be accessed for court proceedings with respect to planning for the child-in care and the caregiver may be called to testify with respect to these records and to the care they provided.

**Exercise:**

Think about what areas are important to think about when recording with respect to different age groups. For example, for toddlers, response to routines may be important.

Considering the physical, emotional, social, intellectual, sexual, and spiritual development of children and youth may provide you with some idea of what information might be important.

An example of a specific question around routine might be "How does the toddler respond to a consistent bedtime?"

**Summary Remarks:**

Handout #7, "Areas to Consider When Recording Behaviour," and highlight the following points. What might account for any differences between the lists?

**Areas to Consider When Recording Behaviour**

See Handout #7 "Areas to Consider When Recording Behaviour" for greater detail.

1. Response to Routines
2. Response to Discipline and Expectations
3. Response to Social and Recreational Activities
4. Relationship with Peers
5. Relationships with Adults
6. Statements/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 Comprehensive Plan of Care
14. Complaints Made by the Child
15. Substitute Caregivers
16. Reportable Incidents

Remember you are not expected to address all of the areas noted above in every daily log. The areas

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covered are general guidelines regarding what to look for when recording the child's behaviour. Caregivers should review these guidelines periodically to ensure that they do not get into a pattern of recording only certain areas of behaviour and not others.

Note that caregivers will also be given considerable information by the resource worker and child's worker before or at the time of placement to help with their own record-keeping. Handout #8, "Comprehensive Plan of Care," is an excerpt from the Standards for Foster Homes. This handout outlines in some detail what caregivers can expect in terms of information and documentation from the child's worker. At the same time this helps clarify what information to observe, record, and report. Note that the caregiver does not authorize the destruction of the child's individual service record, as the information belongs to the Ministry. At the end of a placement, the caregiver should discuss with the child's worker how the logs are to be kept. If records are kept on computer, the caregiver is to ensure the information is confidential and protected. Refer to Handout #9, "Child's Individual Service Records."

Remember that there are other topics to be observed and recorded. Handout #10, "Other Topics for Documentation and Recording."

### **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 him. Extra care in collecting and preserving the child's memorabilia and experiences can provide him with irreplaceable keepsakes.

## 5. RECORDING IN A DAILY LOG

(35 minutes)

### Learning Outcome:

The caregiver can identify what is relevant to record in a daily log.

### Materials:

Handouts

- Handout #11 Daily Log Guide

Overheads

- Overhead #8 Questions for Discussion
- Overhead #9 Daily Log Guide

### Instructions:

The daily log is the most important place for recording and reporting your observations of the child's experience because all other reports made by caregivers are usually based on the daily log.

### Exercise:

Print off Handout #11, "Daily Log Guide," note that this form is a sample you may choose to use at home or you may want to develop your own format.

- Entries should be made daily.
  - The date, time of day, and name of the recorder should be noted.
  - Refer to Handout #7, "Areas to Consider When Recording Behaviour," when completing the daily log. Use these as a checklist and consider each of the 16 topics to determine what needs to be recorded.
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Please complete a daily log for a child currently placed in your home. Choose children who have been in your care for at least thirty days if possible. If a child has not been with you for at least thirty days, then choose a previous long-term placement and then recall a particular day during the time that child was with you.

Remember that recording the words, "Great Day!" is not sufficient. The report must include some details to explain what made that day a great day. Otherwise, reports tend to be problem-focused. Generalities (such as "Great Day!") are acceptable only as summary comments.

- a) Remember the confidentiality requirement with respect to sharing information about the children for whom they are providing care
- b) identify behavioural observations and interpretations of the child's behaviour contained in the recording
- c) Reflect on how this recorded information could contribute to the child's care plan

Review Overhead #8, "Questions for Discussion,"

### **Questions for Discussion**

1. Were you able to identify the relevant and irrelevant information in relation to the plan of care?
2. Did you present a clear picture of what happened that day in the child's life?
3. How might the child's worker apply this information to contribute to a Comprehensive Plan of Care?

### **Summary Remarks:**

Participants are encouraged to practice and experiment with daily logs finding

a time, place and format that works for them and could become part of a daily routine of providing care.

**6. REPORTING**  
(25 minutes)

**Learning Outcome:**

The caregiver can identify when to report relevant information to the appropriate member of the guardianship team, including reportable incidents as outlined in the Standards for Foster Homes.

**Materials:**

Handouts

- Handout #12 Reporting
  
- Handout #13 Reportable Incidents

Overheads

- Overhead #10 Three Aspects of Reporting

Other

- Piece of paper entitled Reportable Incidents

**Instructions:**

It is important to know what needs to be reported, when it is to be reported and to whom. We have been studying how to observe and record; now we can look at reporting.

Overhead #10, "Three Aspects of Reporting."

There are at least three aspects to reporting:

1. Reporting suspected abuse and neglect.
2. Reportable incidents.
3. Routine reporting to the child's worker and other appropriate professionals involved with the child.

Refer to the Handout #12, "Reporting." Review each of the three topics as outlined below. Jot down on paper some examples which come from your own experiences.

**1. Reporting Abuse and Neglect**

The Child, Family and Community Service Act states:

“Duty to report need for protection

14. (1) “A person who has reason to believe that a child needs protection must promptly report the matter to the director or a person designated by the director.”

Caregivers who believe a child is at risk and in need of protection must immediately report this to a Ministry of Children and Family Development worker. If the report concerns a child placed with the caregiver, the information must be immediately reported to the child’s worker. If the child’s worker is not available, the report is made to another worker or the supervisor in the same district office.

If the report is about a child not in care, the report can be made to the local office or to the Children’s Help Line (310-1234). After hours reports for all children can be made to the local After Hours telephone number or to the Children’s Help Line.

## **2. Reportable Incidents**

(Source: Standards for Foster Homes)

**All information of significance to the safety and well-being of children is promptly reported to a child worker.**

- A. The caregiver notifies the child’s worker immediately after the occurrence of any of the following reportable incidents in order that the child’s worker can plan for the ongoing safety and well-being of the child:
- a) the death of a child or youth;
  - b) accidents or illnesses of a child or youth requiring medical treatment or hospitalization;
  - c) allegations of abuse, neglect or mistreatment of the child or youth including those which are directed at the caregiver.
  - 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 where the child or youth is lost, missing, absent without permission or runaway, including any subsequent information obtained about the child or youth during the absence;
  - g) situations where a child or youth has observed, been involved in or been 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 (Guiding the Behaviour of Children and Youth);
  - j) the unauthorized removal or attempted removal of a child or youth from home, facility, school or day programs;
  - k) marked behavioural changes exhibited by a child or youth;
  - l) suspension of a child or youth from school or day programs;
  - m) plans, not previously authorized, for the child or youth to be cared for by another person overnight;
  - n) any other circumstance affecting the safety or well being of the child or youth.
- B. The caregiver notifies at least the resource worker of the following incidents in order that the resource 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 the 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 misuse 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 a potential to affect the care of the child or youth;
- i) significant increase in the use of alternative care arrangements for the child or youth.

Please review Handout #12, "Reporting" on missing, lost or runaway children.

### **3. Routine Reporting**

It is essential that the caregiver keep the child's worker informed of his observations of the child's progress and development. This information is critical in helping the child's worker make informed decisions about the child and to ensure the child has the appropriate supports and resources. The caregiver's daily log will be an important resource to ensure accurate information is communicated to the child's worker.

#### **Summary Remarks:**

This section has addressed expectations of what, when, and how to report information. The following are some guidelines to assist in delivering verbal and/or written reports. Draw your attention to Handout #14, "Guidelines and Skills Needed to Ensure Effective Reporting," to review.

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**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. Ability to think clearly.
  - 2. Ability to speak/write clearly and logically.
  - 3. Ability to focus on positives as well as negatives.
  - 4. Ability to state/write accurate, detailed information.
  - 5. Ability to avoid generalizations and opinions.
  - 6. Ability to be concise.
  - 7. Ability to include and emphasize critical information.
  - 8. Ability to provide supporting data for stated opinions.
  - 9. Ability to write reports that are clear, concise, and well-organized.

**7. CLOSURE**  
(10 minutes)

**Objective:** To bring the session to a close.

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**Instructions:** Reflect on what has stood out for you about observing, recording, and reporting as part of your caregiving responsibility.

## **X 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 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:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAILY LOG GUIDE (EXAMPLE)**

**CHILD'S NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**CHILD'S WORKER'S NAME:**  
\_\_\_\_\_

**REPORT WRITTEN BY:**  
\_\_\_\_\_

**SIGNATURE:**  
\_\_\_\_\_

**BEHAVIOUR OBSERVATIONS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INTERPRETATIONS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |  |
|--|
| <p><b>AREAS TO CONSIDER<br/>WHEN RECORDING BEHAVIOUR</b></p> <ol style="list-style-type: none"> <li>1. Response to Routines</li> <li>2. Response to Discipline and Expectations</li> <li>3. Response to Social and Recreational Activities</li> <li>4. Relationship with Peers</li> <li>5. Relationship with Adults</li> <li>6. Statement/Actions in Relation to Self</li> <li>7. Interaction with Birth Family Members</li> <li>8. Physical and Mental Health</li> <li>9. Significant Events</li> <li>10. School</li> <li>11. Cultural and Religious Heritage</li> <li>12. Absences</li> <li>13. Relationship to the Child's Plan of Care</li> <li>14. Complaints Made by the Child</li> <li>15. Child Minding Care Provider</li> <li>16. Reportable Incidents</li> </ol> |
|--|

**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;
- d) allegations of abuse, neglect or mistreatment of a child or youth;
- e) any displays of self-injurious or high-risk behaviour by a child or youth;
- g) gestures, threats, or attempts of suicide by a child or youth;
- h) 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 may be 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.
9. writes reports that are clear, concise, and well organized.

## **APPENDIX II: OVERHEADS**

**OVERHEAD #1**

**British Columbia Foster Care Education  
Program**

**CARING FOR CHILDREN:  
OBSERVING, RECORDING, AND  
REPORTING**

**(3 Hours)**

Ministry of Children and Family Development

*July 2002*

## OVERHEAD #2

**LEARNING OUTCOMES**

The caregiver can:

1. describe the benefits and purposes of observing and recording the behaviour of children in care.
2. describe the difference between behavioural description and behavioural interpretation and can demonstrate the recording of each.
3. identify what is relevant to record in a daily log.
4. 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.

**OVERHEAD #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---,”

**OVERHEAD #4A**

## **BEHAVIOUR DESCRIPTION VERSUS INTERPRETATION**

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-  
--,”

**OVERHEAD #4B**

## **BEHAVIOUR DESCRIPTION VERSUS INTERPRETATION**

Issues to consider:

1. Interpretation has a place in report writing, but must be identified and supported by observations (e.g., Based on ---, I think ---).
2. 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 that child. Report the incident using specific, concrete behavioural descriptions, and clearly identify any interpretations as such in the report.

**OVERHEAD #4C**

**BEHAVIOUR DESCRIPTION VERSUS  
INTERPRETATION**

“What is the difference between the following statements?”

Statement A: “Colleen has been with us a week.  
Every day after school she comes  
straight home instead of playing  
with the other children for a  
while.”

Statement B: “Colleen is shy.”

**OVERHEAD #5**

## **RECORDING GUIDELINES**

- A. Describe the Behaviour:
  - 1. Locate the Behaviour in Time
  - 2. Behaviour in Relation to Other People
  - 3. Manner and Pace of Behaviour
  - 4. Developmental Level of Behaviour
  - 5. Responses to Daily Events
- B. Interpret the Behaviour
- C. Maintain Confidentiality

## OVERHEAD #6

**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. Statements/Actions in Relation to Self
7. Interaction with Birth Family Members
8. Physical and Mental Health

**OVERHEAD #6A**

**AREAS TO CONSIDER WHEN  
RECORDING BEHAVIOUR  
(cont'd)**

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. Substitute Caregivers
16. Reportable Incidents

## OVERHEAD #7

## 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:
  - 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.

**OVERHEAD #8**

## **QUESTIONS FOR DISCUSSION**

1. Were you able to identify relevant and irrelevant information to the plan of care?
2. Did the listeners have a clear picture of what happened that day in the child's life?
3. How might the child's worker use this information to assist in developing a Comprehensive Plan of Care?

**OVERHEAD #9**

## 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. Substitute Caregivers
16. Reportable Incidents

**INTERPRETATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **THREE ASPECTS OF REPORTING**

1. Reporting suspected abuse and neglect.
2. Reportable incidents.
3. Routine reporting to the child's worker and other appropriate professionals involved with the child.

