

The Good Recording Guide

Child Protection and Family Support

Dr. Carolyn Oliver
July 29th 2014

ACKNOWLEDGEMENTS

This Guide was informed by the work of numerous frontline practitioners, team leaders, managers, support staff and leaders in the Ministry for Children and Family Development. Particular acknowledgements go to Sylvia Wallis and Naomi Torigoe for their invaluable contributions to the case material, Kim Dooling for her practice support and Joanne White and Sheila Robinson for their leadership. Acknowledgements also to the members of the ICM Practice Committee for making the hard decisions about how best to support good recording practice: Rajeev Ayer, Kim Chartrand, Denise Devenny, Naila Dharshi, Kim Dooling, Lise Erikson, Jackie Lee, Trisha Myers, Sheila Robinson, Amarjit Sahota, Rhonda Shears, Alex Scheiber, Jennifer Semenoff, James Wale, Joanne White and Caroline Wilkin.

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WHY DOES RECORDING MATTER?

It is hard to get away from the importance of good social work recording.

Good records help...

...you think.

Brain science shows us that recording your daily activities helps you remember what happened, increasing your ability to base practice decisions on accurate information. Writing summaries helps you to step back and reflect on what you see as important, to analyse the situation, consider the evidence for your analysis and make links between what you are seeing and experiencing and your professional knowledge.

...you communicate with other professionals.

One of the most efficient ways to communicate key facts of a case to others is through the written record. Good records perform a particularly important role in supporting service continuity when other workers need to step in unexpectedly. What you write today also becomes a vital source of information to future workers seeking to understand a family's history, to find out what does and does not work for a client, or to identify the past relationships and strengths on which effective permanency and support plans might be built.

...you show your work.

The tendency for people to turn to the records whenever service quality is questioned has made it important to write down what you have done and tried to do with families. It is probably the best way to counter the position, increasingly taken in inquiries and accountability processes that 'if it is not written down it did not happen' (O'Rourke, 2010). Perhaps most importantly, keeping good records of your actions helps to keep you accountable to the children and families with whom you work.

...you support client understanding and voice.

Reading their written record can help families understand why we are or were involved. The picture painted in the file of a child and their family can play a vital role in helping children who were in care to understand their experiences and construct their identity later in life. Capturing clients' views and wishes in writing both reminds us to take them into account and helps clients to feel heard.

HOW CAN THE GOOD RECORDING GUIDE HELP?

The introduction of computerised technology has increased the importance of good recording by raising expectations about quick access to quality information (Gillingham, 2014). If these expectations are not met, we easily become disillusioned and stop adding information to, and accessing, the shared information system. This reduces the ability of the entire system to support good practice (Peckover, White & Hall, 2008). The problem is that most workers get little training or support to help them record well (O'Rourke, 2010). They tend to learn 'on the job', from reading the files of others.

This Guide gives workers the help with recording that many have requested. It is informed by research into best social work and child welfare practices, and the experiences of similar agencies in other jurisdictions. It is also informed by the knowledge gleaned from focus groups and consultations with MCFD practitioners, supervisors, managers and support staff over the course of ICM redesign. It has been guided by the work of the ICM Practice Committee, who sought to ensure that decisions about the design and use of ICM were evidence-based, supported good practice and made sense in the real world of frontline Ministry work (Oliver, 2014a). The goal of the Guide is to help workers record on ICM in such a way that they quickly find the information they need, are motivated to add the new information that keeps ICM useful for others, and see good recording as an integral part of good practice with children, youth and families.

Data Entry or Reflective Practice?

Research tells us three things about work in today's statutory child serving agencies:

- 1) That the best practice is reflective practice (Ruch, 2005; Taylor, 2010)
- 2) That there is little time to reflect (Oliver, 2014b; Thompson, 2007)
- 3) That workers spend a lot of time in front of their computers (Wilson, 2013)

You have to sit at your computer and write, so how can you do it in a way that helps you reflect on your practice? How can you use the time to think through 'What am I doing with this family? Why am I doing it? How is the work going? How did I influence what happened with the family? What can I learn from this?'

This is what the Good Recording Guide and the headings and prompts in ICM have been designed to help you do. The goal is that good recording becomes about more than simple data entry, but about supporting reasoned and reflective practice.

HOW ARE ICM RECORDS READ BY WORKERS?

Workers appear to read ICM-type records in three key ways (Huuskonen, 2011):

- 1) To check single facts like a date of birth or address
- 2) To "skim-read" for the main elements of a client's story
- 3) To read in detail the record of the client's life and service delivery

The most common method for reading these records is skim-reading. This is why many workers prefer to read Summary Recordings like Opening, Review or Transfer Recordings. These support skim-reading by gathering together the most important features of a case in one easily digestible package.

Less frequently, workers read in detail the kind of information about past events captured in the diary-type record of daily activities often called Case Notes, Black Book Notes or Running Records. The chronological account of 'I did this, then this, then this happened' can become important reading for workers who are preparing reports, making key decisions or stepping into crisis situations. A worker unexpectedly taking over a colleague's case, for example, may read the Case Notes back from the most recent entry as far as (s)he has time for before meeting with the client.

Chronological Case Notes and Summary Recordings have different purposes. Keeping them separate means you can more quickly find the information you need from ICM.

What's in the Name?

The chronological diary-type record of daily activities is known by various names, including 'Case Notes', 'Black Book Notes', 'Running Records' and 'Case Records'. In this Guide and in your training the term 'Case Notes' is used. The name was chosen because:

- 1) Staff said this was the most intuitive option.
- 2) The name is already widely used within MCFD, as well as in the social work literature. This makes it preferable to the name 'Black Book Notes', which appears to be somewhat idiosyncratic to British Columbia and is less familiar to workers transferring from other jurisdictions.
- 3) The name describes what the record is: Notes about a Case
- 4) The name avoids the potentially confusing word 'Record', which has other meanings elsewhere in ICM

HOW SHOULD I RECORD?

Think about this from the perspective of the reader.

You want to keep the reader's attention, so the best records are concise and clear. Only include information that you think will be relevant, now or in the future, to understanding the client's situation and service delivery.

You want the reader to see the picture as you see it, so the best records include the important descriptive details. Finding the right balance between being concise and providing detail can be hard. It can help to ask yourself what details you might draw on when explaining the situation to a colleague or supervisor.

You want the reader to understand your perspective as fair and balanced. The best records contain non-judgmental language. Avoid words that trigger emotional reactions or that can be interpreted in multiple ways. Think about using language that does not diminish or stereotype, for instance "child diagnosed with autism" rather than "autistic child" or "child uses a wheelchair" rather than "child is wheelchair-bound".

You want the reader to know whose opinion is being expressed. Use phrases like "I believe that...", "it is my opinion that..." and "my impression is..." to indicate that you are expressing your opinion. If it is somebody else's opinion, make this clear.

You want the reader to know the reasons for your opinion. Immediately back up each of your opinions with the concrete observations or information on which the opinion is based. It should be easy to see the criteria you used in forming your opinion.

Opinion and Evidence

Avoid: "Sandy is an alcoholic"

Better: "Impression: Sandy's alcohol use needs assessment. I smelled alcohol on her breath and noticed her speech was slurred at every meeting this month".

Avoid: "Sam is doing well".

Better: "I believe Sam is doing well. His teacher reports he is happy and Sam told me with a smile that he wants to stay".

WHAT SHOULD I RECORD?

1. Case Notes

These contain the day to day details of professional activities and the client's situation. A good rule of thumb is to only include details that are relevant to understanding the purpose, plan and process of service delivery (Kagle & Kopels, 2008). This type of record contains much less analysis than the Summary Recordings and is the place for simply tracking from day to day what has happened in the life of a case.

Case Notes should contain information about actual and attempted case-related **Interactions** with the client, family, community members and professionals. This includes noting any case consultations with Team Leaders or other decision-makers, in addition to missed appointments, unsuccessful home visits and messages you leave for others. Case Notes should also contain information about relevant **Actions** taken to assess or address client/family needs, like submitting a passport application for a child in care.

Essential Information for Case Notes

For each case-related **Interaction** or **Attempted Interaction**:

- date of the interaction
- type of interaction e.g. meeting, phone call
- parties to the interaction
- significant details e.g. topics discussed
- decisions made

For any other **Action** taken to assess or address client/family needs:

- date of the action
- who the action was taken by
- description of the action

The writer of each Case Notes entry should be clearly identified.

The essential information for Case Notes includes the 'significant details' of your interactions. The level of detail you include in your Case Notes will depend on what is recorded elsewhere. If you have completed a Family Plan at a meeting with the parents, for instance, the detail to document regarding that meeting might be as simple as "Family Plan completed". The reader can go to the Family Plan itself to find out more, or will later be able to see a summary of the information in your Summary Recording.

Another way to gauge the level of detail needed in Case Notes is to ask yourself what a child or worker in the future might need when they look back over the file. For instance, the concrete details of how you observe a parent to respond to the child, or the demeanour and contact details of an aunt who attends a visit, might be important to a worker looking through the file to find information for a permanency plan, or to a child seeking to understand their past. Is this information already documented? If not it might well need to be included in your Case Notes. Remember that a common detail often missed from the Case Notes is whether you saw the subject child/youth during your contact with the family.

Beyond writing in a clear, balanced way and including the necessary content, details like how you format the date and whether you refer to yourself in the first or third person really come down to your personal writing style. Find what comes most naturally for you, and then try to stick to it: a consistent writing style will make reading these records easier.

The Different Purposes of Case Notes and Summary Recordings

Imagine applying for a new job, asking your supervisor for a reference and receiving from her a list of supervision dates, topics discussed and decisions made. This would give your future employer little idea of who you are and how you perform. This information is like the **Case Notes**. It is best used as the raw material on which your supervisor can base her description of your qualities as a worker and her analysis of your suitability for the new position. This kind of summary description and analysis lies at the heart of the **Summary Recording**.

2. Summary Recordings

Summary Recordings help you pull together the key features of the story as you see it. They summarize the information that you perceive to be at the heart of understanding the case and your approach to it. This is enormously helpful to the reader, and provides you the chance to step back and reflect on how you are thinking about the case. In addition to providing the core information in an easily digestible format, Summary Recordings ask you to look back on what has happened and reflect on these key questions:

- How is this family/child doing?
- To what extent is service delivery meeting their needs?
- What is needed now?

Summary Recordings enable you to provide your current answer to each question and to consider and present the evidence for your answers. The level of detail you use for the supporting evidence depends on what is written elsewhere. You do not have to duplicate your Case Notes by listing details like the dates of your visits. You would only refer to these visits if they are important to your analysis of how the family is doing, how services are meeting their needs and what is needed next.

If you find yourself duplicating information ask yourself whether it is so important to your analysis that it needs repeating, or whether it can simply be summarised, with readers pointed to the details elsewhere. It is a delicate balance to include enough information to adequately summarise the story and support your analysis, but not so much that you are needlessly repeating what has already been recorded. Readers will often be skim-reading and unwilling both to wade through too many details in the Summary Recording and to dig too far for information in assessment and planning tools. If you are referring them elsewhere for more detailed evidence for your analysis, try to make it easy to find.

The Summary Recordings should paint a clear enough picture of how the child and family are doing that a client looking at the record will understand (although not necessarily agree with) why the worker is intervening as (s)he is. They should offer a client looking back over their file snapshots of their functioning over time. These snapshots will help you regularly assess change in relation to baseline details about the client.

Summary Recordings should also allow the reader to hear the client's voice. Stopping regularly to reflect on and document the perspectives of key figures involved in the case will help you take these perspectives into account in your work.

WHAT ABOUT ASSESSMENT AND PLANNING TOOLS?

Specialist assessment and planning tools are working documents intended to support your practice. They are of vital importance in enabling you to do good work with clients. The key to using them most effectively is to understand their purpose. Some, like the Family Plan or Care Plan, are intended to be used directly with clients to generate the goals of the work. They help workers to attend to the many different areas of a client's life in sufficient detail to be able to craft child-specific and family-specific plans. Often, as with the Youth Agreement, they are also intended to hold each party accountable for their contribution to the plan. Others, like the Screening or Vulnerability Assessments, guide workers in making informed decisions as to service need and eligibility.

Some of these tools are uploaded or embedded into ICM. This is because they contain valuable information for others. This information may justify key decisions or help readers looking to check discrete facts or to understand a particular feature of a case, like a client's vulnerability or plan.

The difficulty with these records is that they tend to offer information in a fragmented way, rarely containing the holistic story of the interaction between the family and the Ministry that both readers and writers of the record find most helpful. This is why, despite their importance, they cannot replace Summary Recordings and Case Notes.

Think of the questions you might like to ask someone who knew you well as a child:

"What was I like?" "When was our family happiest?" "What problems did we have?"
 "How did we cope?" "What made us strong?" "What was important to me?" "What made
 me turn out as I did?"

And, for all these questions: "What makes you say that?"

Children who were in care may not have someone to answer these questions. The picture
 you paint in the file can be the adult memory on which they later draw to understand
 their story.

WHEN SHOULD I WRITE CASE NOTES AND SUMMARY RECORDINGS?

1. Case Notes

Case Notes are most valuable when written close in time to the events they capture. This increases the likelihood that they will be accurate. The act of writing will help you remember key details of case events and take these into account when deciding about next steps. Some people will be able to document a phone call into the Case Notes as they take it. For others, try to document the action or interaction at the earliest opportunity after it has taken place.

Did you know....??

That over 50% of workers are now estimated to use the ICM Case Notes tab for their Case Notes, with greatest use being for 'high risk/high profile' cases.

Case Notes no longer lock and can now be used to record a whole month's activities in a similar way to a Word document. This makes it easier to both write and read the Case Notes.

2. Summary Recordings

Summary Recordings are done at regular intervals through the life of the file. Mini summaries are completed at the conclusion of the Incident or Service Request. Workers complete an Opening Recording when a Case is opened, a Closing Recording at its end and a Transfer Recording whenever the file is transferred.

For FS and CS cases a Review Recording is required every six months. Most other required documentation (the Care Plan, Strengths and Needs Assessment and Family Plan and most Vulnerability Assessments) is on a six month cycle. A six month Review Recording is consistent with this and meets the request from workers that Review Recordings link to the assessment and planning tools. Family Service and Child Service cases tend to involve a high level of risk and complexity. The Ministry owes a considerable duty of care to families with which it intervenes on an involuntary basis and in particular to children in its care. This means these cases require the thoughtful analysis that Summary Recordings are intended to promote.

Agreements with Young Adults are the primary means for supporting young adults for whom MCFD has had a significant duty of care in the past. It is well recognised that these young adults continue to need emotional and other supports well beyond 19 (Turpel-Lafond, 2014). Thoughtful reflective accountable practice is owed to these service users, which is why Opening, Transfer and Closing Recordings are required. At the same time, these service users are adults rather than children, and are involved in a relationship with MCFD that is commonly defined as a financial transaction. In light of this and workload levels, Review Recordings are not required for these cases.

WHERE SHOULD I WRITE THE CASE NOTES AND SUMMARY RECORDINGS?

1. Case Notes

Your Case Notes can be documented in one of two places. Choose the place that fits best for you and stick to it. This makes Case Notes easier to understand and means you and others do not have to spend precious time later piecing together the chronology of the case.

The first location is in **ICM**:

For many people the most efficient way to write a legible, meaningful and accurate chronological account of case activities is to write the Case Notes directly into ICM. If you are working in Memo the place to do this is the **Additional Information** box. In a Service Request or Incident it is the **Response** box. If you are working in Case use a **Case Note**.

Why are Case Notes Organised by the Month?

To strike a balance between making the information in them easy to read and easy to find.

It is easier to read and interpret the information if it is organised into bigger 'chunks' than single activities. This is why it was decided that ICM Case Notes would no longer lock. After any case activity in the month, return to that month's Case Note to update it with an entry.

However, it becomes hard to find information when a Case Note gets too long. This is why it was decided to break the Notes into monthly increments.

WARNING!!

Organising your Case Notes into months does **NOT** mean you have to do a Case Note every month. If you have not done any work on the case during that month, do not do a Case Note for that month.

If you have a busy January on a case, with twenty separate case interactions/actions between the 1st and 31st, record all of those activities in one Case Note labelled 'January 2015'. If you then hear and do nothing related to that family until you receive a phone call in April, your next Case Note will start with this phone call and be labelled 'April 2015'

The alternative location for Case Notes is the **Handwritten Case Notes Template**:

It is recognised that some workers prefer to reproduce their rough notes into handwritten Case Notes. This is not possible during the Memo and Incident/Service Request stages. These stages typically see more than one worker making key decisions about the family and workers looking to ICM for information about situations that may be new to them. Stable working relationships are not yet developed and risk and concerns are at their highest. This is the time when it is most important to keep the record together in an easily understood and quickly shareable chronology. Workers are already writing Case Notes directly into ICM at these stages, and there is little reason for this to change.

When you are working in Case, however, you may choose to continue your current practice of documenting your Case Notes in a legible handwritten document if this helps you to write these records quickly and accurately. If you choose to handwrite your Case Notes as an alternative to keeping them on the ICM Case Notes tab, do this on the **Case Notes Template** in your Black Book or binder. The template prompts you to include all the necessary information, ensuring a more consistently professional standard for these records. Legible notes on other pieces of paper containing all the information needed for an entry in the Case Notes can simply be stapled into the template at the right date. Remember to start a new template for each month's activities so your previous month's record can be made accessible on the physical file.

Do You Handwrite Your Case Notes?

Remember to keep copies of the template in your Black Book, bag or car so you can write up what happened immediately after a home visit or off-site meeting.

Question: "I type my Case Notes into a Word document. Can I continue to do this?"

Answer: Yes, if you 'copy and paste' from the Word document into the correct chronological place in ICM's Case Notes tab. The proper location to store the typed running chronology is this Case Notes tab, rather than in the Attachments tab or in personal/shared computer drives outside of ICM. This is because:

- 1) Copying and pasting into Case Notes helps simplify the search for information. Workers will know this record of case-related activities is stored in one of only two places: either in ICM's Case Notes or, if handwritten, on the physical file. It can be very hard for workers to locate information within multiple attachments or drives.
- 2) It is relatively easy for workers to copy and paste information from typed Word documents into the more accessible location of Case Notes. Scanning and attaching creates more work.

ICM Case Notes have been modified to more closely replicate Word documents. If you are at your desk typing into Word, why not type directly into the Case Notes tab instead?

Question: “I put all my rough notes onto the file. Why can’t I choose just the significant information to put onto ICM?”

Answer: The list on page 8 is widely recognised as the significant information for these Case Notes. Asking workers to do another layer of analysis to figure out what of this is *more* significant requires extra time and effort – and Case Notes are supposed to be easy to write! Every worker’s definition of ‘significant’ will vary, and what may be insignificant now can become significant to a reader looking back for a specific piece of information. Documenting only the ‘more significant’ information on ICM splits the chronological record and removes important contextual information that the reader needs to correctly interpret what they see.

In addition, the ‘rough notes’ on the file are typically of little value to the reader. It is hard to write in a legible, comprehensive and comprehensible way while engaged in discussion. This means most workers’ rough notes fall short of being ‘file-ready’. They tend to be hard to read, in the worker’s own shorthand and lacking the essential information identified on page 8. They are of little value if filed in this state. Rough notes have always needed transforming into a ‘file-ready’ format, no matter whether the end product is handwritten or typed.

Imagine having to do a home visit for a colleague who is unexpectedly away from the office. The last entry in the ICM Case Notes tab describes a meeting two months ago, at which the parents became angry and walked out. How do you interpret this?

If your colleague only records ‘significant’ events on ICM you will not know if this was her last contact with the family, or simply the last one she thought was significant. Think how an ‘insignificant’ piece of information, like a phone call from a collateral confirming that all is well, or calls arranging a case meeting to be held tomorrow, or a series of unreturned messages left for the family, might change how you approach the home visit.

2. Summary Recordings

Brief summaries are required in the **Outcome** box of a **Service Request** and the **Analysis and Closing Summary** section of an **Incident**. In **Case**, your Summary Recordings go in the **Opening, Review, Transfer** and **Closing Summary** templates.

The templates for these Summary Recordings contain prompts and headings to help you identify the important information. These prompts and headings differ according to practice area and were developed by frontline Ministry workers deemed to be experts in that field of practice.

WHAT DOES THIS ALL MEAN ON ICM?

Memo: Call Information

This is the place for documenting the significant facts of the call. The way in which you do this will set the tone for the work. Service users wish to be treated holistically, by workers who are transparent about any concerns and genuinely appreciate and use their strengths (Oliver, 2014b). This stance can be supported by documenting in the **Call Information** box the caller's perspective on:

- 1) What are the concerns?
- 2) What is working well?
- 3) What needs to happen? (Turnell, 2012)

Asking for the caller's perspective in this way helps turn their concern and interest in the child into concrete information on which to base our work. Asking for their opinion respects their expertise and perspective, making it more likely that they will engage in an honest discussion and see themselves as future allies. Remember that most callers do not speak MCFD jargon, so avoid questions like "do you have any Section 13 concerns?"

Callers may be surprised to be asked for their ideas about possible solutions and what is working well in the family – the resources, support networks, exceptions and strengths. Try asking solution-focussed questions to get as comprehensive and holistic picture as possible.

It is particularly important to document the caller's understanding of the family's culture, any concerns about alcohol/drug use, mental illness, developmental capacity or violence, and the family's supports and resources. These will all affect your response to the call. Of course the caller's perspective is just one of many, and it is important to document their evidence for it. This means recording the concrete and specific who, what, where, why, when and how facts on which their opinions are based. This will help you assess both the family situation and the intentions of the caller.

All this means that the Call Information screen might look something like this:

Solution-Focussed Questions

Exceptions: When is/was this not a problem? What is/was different then?

Scaling: On a scale of 1 to 10 how bad are things now? What makes you say that? When did you last see it 1 point better? What was different then?

Relationship: How do you think your mom would describe these problems? Who would she say are your supports?

Goals: What is your hope for the family?

(Berg & de Jong, 2004)

Call Information

Caller, School Principal Jon French, says 10 year old Candi (grade 5) showed up at school this morning with a "black eye". Told staff her mom was mad at her and hit her. When asked how, she said Mom hit her with her hand "hard" last night. Caller thought Candi was used to this or maybe in shock - because she did not cry, said it in matter of fact way without seeming upset.

Caller has seen bruise underneath Candi's left eye, reddish/purplish, the size of her eye from end to end (about an inch long, in the shape of a semi-circle). Eye a little swollen, but is open. Caller doesn't know if Candi's vision is affected - Candi didn't complain about it.

Caller said there must be something going on at home because recently Candi talking back to her teacher "constantly" when given direction. Teacher reports she can tell when Candi having difficulty at home because she gets angry and has difficulty following direction and interacting with peers, ordering others around, kicking chairs, refusing to participate in activities. This behaviour is periodic - Candi had several half-day suspensions for it early 2011, and 4 in the last month (May-June 2013). Usually she is outgoing, bubbly and while she needs lots of direction, she generally copes with class rules. She excels at sport - plays on the school soccer team - and this seems to help her focus more on her learning.

Caller believes Candi has a tough time at home. Says MCFD was involved before and Candi was in care. Says a couple of years ago Candi disclosed being hit by her Mom, MCFD involved and paternal grandma Alison brought in to help. Candi is an only child. Candi has also had a therapist - not sure if still involved. Caller commented that whenever he has seen Candi and her mom together they seem close and as if they enjoy each other's company. Last time saw them like that was maybe February 2013.

Caller thinks mom needs some help, maybe parenting support or respite, maybe from dad's family? Mom has told teacher she is tired and has complained about Candi not listening. She has no family close-by. Caller has never met Candi's dad - Candi doesn't talk about dad much but caller gets impression from mom that he works a lot and not at home very much. His side of the family is quite supportive though - grandma and possibly a sister in the city. Caller agreed to have Candi's teacher contact MCFD right away.

Tip: How to Sign Your ICM Entries

Each **Additional Information** textbox, **Response** textbox and **Case Note** might well contain more than one entry, and these might well be written by more than one person. ICM does not automatically capture and display the identity of each of these writers.

The reader, however, needs to be able to identify both who has performed the action or interaction described in the entry *and* who has written the entry. This will most often, but not always, be the same person.

For many years social workers have identified themselves as the writers of handwritten records by signing or initialling their entries. To sign entries in ICM, simply put your name or initials in brackets at the end of the entry. Use your initials when it is easy to tell (either from the entry you have written or from the entry before it) to whom the initials refer. If you are not the person who wrote the last entry, make sure you identify yourself by your whole name either within the entry or in the brackets. If you have a different role with the family, like a Social Worker Assistant, Administrative Assistant or Team Leader, this should also be made clear.

For example:

2014Jul08 SW Jane White PC to home – left message (JW)

2014Jul08, 10am. Hand-delivered letter to home (JW)

2014July08, 2pm. PC from Tracey advising she will come to meeting (JW)

2014July09 – SW Steve Blazan delivered clothes to placement (SB)

2014July09 Home visit – No answer (SB)

2014July10 – Home visit by TL Alice Moran – no answer (Chris Frome, SW Assistant)

2014Jul11 SW Jane White PC to home – left message (JW)

Memo: Additional Details

This box is to document the initial Case Notes for any actions you take **before** screening the call. It will not be necessary if you have enough information from the call to complete the Screening Assessment. If needed, it will cover only a very short time period. Remember to include the essential Case Notes information listed on page 8:

Additional Details

June 18 2013 - P/C from school nurse Deanna Logan to SW Ron Barnes. Said she knew the Principal had called earlier and wanted to let MCFD know that Candi is worried about someone talking to her mom and plans to go home straight away to 'make sure things don't get crazy'. Agreed I will contact school tomorrow to update on plan. (RB)

June 18 2013 – PC from Principal French to update that teacher says Candi no longer has a therapist (RB)

Incident: Response

This where you document your Case Notes **after** screening the call into a protection response. Note, in date order, your case-related actions, interactions and attempted interactions. Remember to make it clear whether the child or youth who is the subject of the protection report was seen.

On the following page is what SW Ron Barnes, the worker responsible for completing this Incident, might write:

Response

June 18 – P/C SW Ron Barnes to police - Sgt Gary Linney – Incident # VAN-7547. Discussed call. No previous police contact with family. Agreed will attend home with SW this afternoon (RB)

June 18 – H/V with Sgt Gary Linney - interviewed Mom (Edith) while Candi upstairs – Edith immediately said “I suppose you’re here because of her eye” - volunteered that she hit Candi on the face yesterday with her fist just after school – said Candi was uncontrollable and there was no other choice. Said Candi had got mad and dumped all the food from the fridge into the garbage, shouting to Edith ‘I hope you starve to death’. Edith said Candi refuses to follow rules and this is getting worse. Said this was the last straw and she could not handle Candi anymore and wanted her in foster care. Said ‘you look after her because I am done, right now I’m done’. Said she slaps Candi ‘when she needs it’ and would not stop as it is the only way to control her behaviour. Said she no longer wants the trouble and would not sign any agreement with MCFD – just wants us to take Candi for good. Said dad (Bart) at work till 10pm but he would say the same. Said she wished she could go back to how it was when Candi was little and the two of them were so close – misses their cuddles – Candi can be funny and affectionate. Said the only person she was like that with recently was paternal Grandma Alison who lives in the same building – Candi used to go there when Edith feeling overwhelmed but recently Alison has said she can’t do this anymore because behaviour too bad.. Impression: She is very overwhelmed, maybe depressed – quietly cried for much of the interview, flat affect (RB)

Interview with Candi in her bedroom. Said yesterday Mom ‘came at me from nowhere, like really raging’ when she saw her dump the food. Said mom ‘punched me in my eye and slapped me all over’ and it happens ‘all the time’. She said mom doesn’t normally punch and she didn’t know when the last punching happened before this time. Said ‘dad just stands there’. Purple bruise was visible under her left eye. She said head doesn’t hurt and she has no other marks. Said she is tired of her parents getting mad at her and of her mom being too tired to even get out of bed. In response to strengths-based questions she rated her life right now as 2/10, said it would be one point higher if her mom played with her, took her out and watched her soccer games. Said the last time that happened was last winter. She also said things were good when she saw her Aunt Britt, but she has not seen her for a long time. Said now she’d rather be in care as no-one has any time for her. It was my assessment that she felt very uncomfortable talking to me as she responded to few questions only, watched the door throughout the interview and abruptly left the room to watch TV. (RB)

June 18 - PC to Bart at work. LM for him to call back. (RB)

June 18 – HV to Alison (paternal grandma, Apt 301) – NA. Left note under door asking her to call SW (RB)

June 18 - PC from Bart taken by SW Assistant Carol Desai. Wants to know what is happening. Gave him the cell number of SW Barnes. (CD)

June 18 - PC from Bart – left message (Ron Barnes)

June 18 – Phone consult with TL Joanne Nguyen...

Continue in this way until the end of the Incident...

Incident: Analysis and Closing Summary

This should be able to stand on its own, providing the reader with a holistic summary of why the Incident was opened, what happened, and the next steps. Try to strike a balance between providing all pertinent information in one place and not needlessly duplicating information from previous screens.

Briefly describe the original concern and whether it led to an FDR assessment or protection investigation. Include the Safety Assessment decision(s) and summarise any safety plan(s) made. Explain the outcome of the assessment/investigation and the key evidence supporting that outcome. Include the Vulnerability Assessment rating and clearly state the concerning behaviors or conditions and their expected impact on the child if there is no change. This statement should identify what professionals are worried may happen if safety steps are not taken by the family and their support network. If further involvement is needed, identify the next steps, including the key strengths or resources that might be leveraged in a plan. If no further involvement is needed, explain why. For example...

Analysis and Closing Summary

On Jun 18 2013, school reported that Edith hit daughter Candi, bruising her left eye. Coded Investigation, with urgent response due to the injury and a history of inappropriate physical discipline. Safety Assessment found Candi unsafe as both parents felt hitting Candi was justified, were unable to commit to stopping and said they were “done” with Candi. No family members available to help and parents refused VCA. Candi removed and placed in a Ministry resource same day.

Investigation concluded that Edith slaps and occasionally punches Candi as main form of discipline and there is a high likelihood that if nothing changes Candi will get injured more seriously. This is likely because both parents describe being easily frustrated by Candi and see hitting as the only way to discipline her. They have been using inappropriate physical discipline for several years - MCFD was involved in 2011-2012 for two reports re this - led to Candi living with her paternal grandma Alison for 9 months under EFP. Parents will have difficulty using other techniques as both say they are overwhelmed. Edith says she often feels depressed. Candi’s father Bart works long hours and withdraws from the conflict at home. Candi diagnosed in 2011 as having Oppositional Defiance Disorder and the family have no professional support. Paternal aunt and grandma are both unwilling to provide the help they offered in the past. SW assessment is that until family stress reduced and supports increased parents will be unlikely to change physical abusive pattern of behaviour. However parents’ history of collaboration with MCFD and clear wish for Candi’s well-being suggest lots of potential for collaborative work. Vulnerability Assessment rating = 5.

Legal Status: ICO with consent made June 21st 2013.

Next Steps: Both parents clearly care for Candi and think they are doing the right thing for her. Discuss how to have more successful parenting strategies with them. Candi and her parents have had support from paternal grandma and Aunt Britt in past – explore what is needed to reconnect to this. Parents previously secured diagnosis of ODD for Candi - Explore resources for parenting child with ODD. Mom’s possible depression needs urgent assessment.

Service Request: Call Information

The screens in a Service Request are very similar, and may look something like this:

Call Information

Don called asking for help with his son Tyler (15). He is staying out late past curfew and Don believes he has started smoking marijuana with friends. Breaking curfew only a problem over the last six months. Before, Tyler good at following ground rules at home. Tyler skipping some classes this school year and started slamming doors and yelling at home. Once threw the computer mouse against wall, about two months ago.

Dad says he understands Tyler needs to push boundaries. He is flexible with curfews, just wants Tyler to call and explain why he is running late. Regular curfew is 9 on school nights and 12 on weekends. Don thinks Tyler is smoking marijuana because he knows some of his friends are and recently Tyler came home late seeming stoned (bloodshot eyes, slow responses). Dad takes away computer and allowance if Tyler doesn't follow rules, but lately Tyler responds by yelling at Dad, uses computer at friends' houses and doesn't come home. Dad doesn't use physical discipline, no physical violence between them.

Parents separated when Tyler was six; Tyler sees mom every second weekend. Tyler's mom agrees with Don calling for help. Don says he can talk to Tyler's mom - they don't talk badly about each other. Tyler and mom have strong relationship and Tyler generally listens to her. Tyler thoughtful and smart and normally very mature. Until this year was doing well at school. Don is scared he will jeopardise his good relationship with Tyler by saying something wrong. Thinks he and Tyler need counselling to get back on track but not sure Tyler will agree.

Service Request: Response

This where you document your Case Notes for any actions you take after screening the call into a non-protection response. Remember the information to include is on page 8.

Response

May 17th 2014: SW Lucy Deepak - PC to Dad and Tyler to complete referral form for parent-teen mediation at South Vancouver Youth Centre. Tyler said he knew about dad's call and in response to strengths-based questions said things at home were 6/10 and would be 7/10 if his dad nagged him less. He would meet with counselor once to see if he'll help with the nagging. (LD)

May 18th: Referral for South Vancouver Youth Centre emailed to intake worker: mediation@SVYC.ca (LD)

June 12th: Intake meeting at SVYC - SW Deepak, counselor Iman Eli, Don and Tyler. Counselling goals discussed: Improved communication; agreement re expectations of Tyler at home; discussion re substance use. Bi-weekly sessions begin June 25. (LD)

Service Request: Outcome

Briefly summarise the outcome of the Service Request and the reasons for this outcome. Your reasons will likely be linked to your assessment of how the family are doing and what services might meet their needs.

Outcome

Parent request for help with teen met by referral to parent-teen mediation at SYVC. Family engaged, report no other needs and present no child protection concerns. Service Request to be closed.

Case: Notes

Remember this diary-type record of activity on a case includes:

1. Your actual and attempted interactions with client, family, collaterals, other involved professionals and community members
2. Your actions to address the identified needs of the client or family (e.g., submitting an application for a passport for a child in Continuing Custody of the Director).
3. Your consultations with the Team Leader and any other decision-makers.

April 1 2014 – Meeting SW Gina Lazar and teacher, Jane Russell, at school. Discussed Claire's attendance (18/45 days absent). Jane believes that Claire may be 'sleeping rough' – appears increasingly dirty, same clothes, tired and students saying she has been kicked out of her apartment. Agreed I will do home visit. (GL)

Brief chat with Claire at school gates. She said everything is normal, no need to worry. Said she plans to come to meeting Thursday. It was my assessment that she was high – she had difficulty focussing on me, was agitated with constant body movement. I told her I was worried about her. Agreed I will take her for coffee after the meeting to talk properly. (GL)

April 2 – SW Ron George faxed Copy of Youth Agreement to support worker (RG)

April 2 - SW Gina Lazar PC to Brian, landlord. Claire has not been evicted – he has not noticed anything out of the ordinary. Continues to be impressed by her polite attitude and maturity e.g. 2 weeks ago she showed him how to fix his car. He has not seen her for about a week - this is unusual. I told him I was worried about her. Agreed he will check in on her if she returns (GL)

April 3 – HV – no answer. Left card asking parents to call. Impression: parents have moved away. Windows boarded up, mail on doorstep (GL)

April 3 - Consult with TL James. Agreed goal of meeting is to discuss renewal of agreement and hear from Claire what she wants/needs (GL)...

Case: Summary Recordings

These are the analytical summaries enabling you to stop at key points in the case, summarise it in a way that is easy for others to quickly grasp, and examine the basis for the plan you have made. The headings and prompts have been designed to help you capture the core components of the case and analyse the following key questions:

- How is this family/child doing?
- To what extent is service delivery meeting their needs?
- What is needed now?

In each type of case you will be prompted to provide your answer to these questions in particular sections of the Summary Recordings:

Case type	Section for: <ul style="list-style-type: none"> • How is the family/child doing? • To what extent is service delivery meeting their needs? 	Section for: <ul style="list-style-type: none"> • What is needed now?
Family Service	Analysis	Plan
Child Service	Child/Youth Views/Information	Plan
Post Majority Services	Young Adult Views/Information	Plan

Your answers to these questions, and the evidence for those answers, will change through the life of a case as you move from Opening, Review, Transfer and Closing recordings. In all Summary Recordings you will be prompted to describe the current views and goals of service users. These should also change throughout the case.

Some things, like the reason for opening the case and key family and social history information, will not change. Use the COPY button to import these from the previous recording. You can then simply edit or add new information as you need. This means that as you proceed through the life of the case you will build on what you have previously written, with your picture of the family becoming more complete. Keep in mind, however, that the goal is to give readers a quick overview of the core components of the case and your work with it, so only carry over the information that helps achieve this. Remember the level of detail will vary depending on what is written elsewhere. For example, when completing the **Child/Youth Views and Information** in a **Child Services Review Recording**, you might give your view on how well the plan has been meeting the child's needs and summarise the evidence for that view but point readers to where they can read the details in a current Care Plan. Only if there is no current Care Plan on file would you need to write out the details.

EXAMPLE: FAMILY SERVICES

Opening Recording

Reason for Opening

Brief summary of nature of service request/protection response and outcome. If applicable add vulnerability rating, outstanding safety issues and legal proceedings. Include originating record number from which case opened/reopened.

File re-opened (from Incident 1-32452). Call from Jon French, Principal of Green Valley Elementary School, June 18 2013, reporting that Candi came to school with a black eye and volunteered that her mother hit her because she was mad. Mom Edith acknowledged punching Candi. Dad (Bart) does not hit but both parents said hitting Candi was the only way to control her defiant behaviours. Edith told SW that Bart worked all the time and she could no longer manage. Both parents said they couldn't manage Candi's behaviour and wanted her in care. A protective VCA was discussed but both said that Candi lies about them and 'they are done with her'. No family members available currently, Candi found unsafe, removed June 18 and placed in foster care. Investigation found Candi in need of protection as both parents support Edith slapping and punching Candi and there is a high likelihood that if nothing changes Candi will get injured more seriously. This is likely because both parents describe being easily frustrated by Candi, feeling overwhelmed and see hitting as the only way to discipline her. Vulnerability rating = 5 (Moderate)

Legal Status: ICO with consent. Bart and Edith state that they will consent to three month TCO.

Social History and Family Members' Perspectives

Identify family members/people with significant relationship. Summarize key historical information relevant to planning and review previous child protection involvement. Note relevant themes. Describe relevant views of child/youth and key family/community members.

Name:	DOB	Relationship
Edith Trend	1969Jun18	key player
Bart Trend	1972Oct17	spouse and father to Candi
Candi Trend	2003Apr06	daughter
Alison Ider	1939Jul02	paternal grandmother
Britt Tali	1971May17	paternal aunt

Child protection history: Intermittent concerns re physical abuse when parents overwhelmed. File opened on September 5, 2011 when Candi told school that her mother hit her. Investigation found Candi in need of protection. SW provided referral to counselling and to Child and Youth Mental Health assessment of Candi. School called again December 2011 noting that Candi came to school three times in the week complaining that her mother hit her. Candi had been diagnosed with Oppositional Defiance Disorder and was on a wait list for services. Edith told SW she was overwhelmed and could not make Candi listen to her. An EFP was signed and Family Plan included recommendation that Edith receive assessment and treatment for depression. Candi was placed with paternal grandmother, Alison, December 2011. Edith's mental health stabilized, the family received counselling and Candi returned to her parents in September 2012.

Candi says she loves her father who is always nice to her. She appears to have a more difficult relationship with her mother, frequently dismissing her comments and telling SW her mom was 'crazy and hopeless'. Says life would be better if mom started coming to soccer again. Candi says she is glad to not be hit but she misses her Mom and Dad and wants to go home, or to Aunt Britt.

Edith says she wants Candi in care while she tries to save her marriage. She says she was diagnosed with depression years ago but did not receive any help for this. She stays in bed when her depression is bad, leaving Candi to manage around the home herself. Edith says her depression creates strain with Bart and they argue a lot. She thinks Candi is defiant only with her because Bart lets Candi do whatever she wants – she wants him to support her parenting. Bart says he cannot care for Candi without Edith. Strongly believes Candi will have access to more support and money for her education if she is in care. Thinks things will improve if Edith has a break, like last time Candi out of the home. Says he'd like to spend more time supporting Edith at home, but work makes this hard.

Edith and Bart live together in an apartment in the same building as Bart's mother, Alison. Alison has been Edith's main support with parenting, often talking Edith through crises or having Candi stay over. Candi says she loves grandma but she is too strict. For the last 6 months Alison has refused to have Candi over as feels can no longer manage Candi's behaviour.

Paternal Aunt Britt talks fondly of Candi and time spent together when she was little. Wants to help but unsure how and feels Bart should take responsibility for his family.

Analysis

What is your assessment of the family's current circumstances and need for service? Analyse with reference to family strengths, needs, responsiveness to current/past concerns, and effectiveness of previous intervention

There are strong relationships between Edith, Bart and Candi – they all express love and caring for each other. However all are feeling overwhelmed by multiple stressors including Candi's behavior, Edith's depression, Bart's work schedule. In the past the family were able to change their discipline of Candi when in counselling and supported by family. There appears to be a pattern that when the parents are overwhelmed they rely heavily on physically abusive discipline and blame Candi. This pattern is unlikely to change without SW intervention to relieve the stressors.

Plan

Note date of finalised family plan or outline the interim plan and its date of review. Summarize any CPDM initiatives for the family.

Interim Plan completed June 26, 2013, review date July 26, 2013.

Overall plan is return to parents. Bart and Edith have been referred to a group run by CYMH for parents of children with ODD – needs follow up. Foster parents Jean and Joan are supervising twice-weekly visits at foster home between Candi and her parents and providing coaching in managing Candi's behaviours. Visits have just started with Alison and Britt at Britt's house Tuesday evenings.

FCPC planned for July 10 2013 to include Edith, Bart, Alison and Britt.

Review Recording

Reason for Involvement

Briefly summarize reason for opening. Update with a summary of service provision/engagement and significant changes including new reports, requests for service or legal orders since last review.

File re-opened (from Incident 1-32452). Call from Jon French, Principal of Green Valley Elementary School, June 18 2013, reporting that Candi came to school with a black eye and volunteered that her mother hit her because she was mad. Mom Edith acknowledged punching Candi. Dad (Bart) does not hit but both parents said hitting Candi was the only way to control her defiant behaviours. Edith told SW that Bart worked all the time and she could no longer manage. Both parents said they couldn't manage Candi's behaviour and wanted her in care. A protective VCA was discussed but both said that Candi lies about them and 'they are done with her'. No family members available, Candi found unsafe, removed June 18 and placed in foster care. Investigation found Candi in need of protection as both parents supported Edith slapping and punching Candi and there was a high likelihood that if nothing changed Candi would get injured more seriously. This was likely because both parents describe being easily frustrated by Candi, feeling overwhelmed and seeing hitting as the only way to discipline her. Vulnerability rating July 2013 = 5.

Candi has remained in foster care. Both parents consistently keeping appointments with SW and visits with Candi and attended CYMH group for parents of children with ODD. Edith has had MH assessment and has started taking anti-depressants. Candi referred to CYMH. FCPCs occurred July 10, 2013 and October 7, 2013. Aunt Britt approved as out of care placement. Legal Status is Consent TCO. Court date for 41(1)(b) application: January 10, 2014.

Social History and Family Members' Perspectives

Summarize key family and historical information from previous recording. Update if any changes to family/significant relationships that affect planning. If appropriate, identify who is in concurrent plan. Describe current views of the child/youth and key family/community members.

Name:	DOB	Relationship
Edith Trend	1969Jun18	key player
Bart Trend	1972Oct17	spouse and father to Candi
Candi Trend	2003Apr06	daughter
Alison Ider	1939Jul02	paternal grandmother
Britt Tali	1971May17	paternal aunt

Child protection history: Intermittent concerns re physical abuse when parents overwhelmed. File opened on September 5, 2011 when Candi told school that her mother hit her. Investigation found Candi in need of protection. SW provided referral to counselling and to Child and Youth Mental Health assessment of Candi. School called again December 2011 noting that Candi came to school three times in the week complaining that her mother hit her. Candi had been diagnosed with Oppositional Defiance Disorder and was on a wait list for services. Edith told SW she was overwhelmed and could not make Candi listen to her. An EFP was signed and Family Plan included recommendation that Edith receive assessment and treatment for depression. Candi was placed with paternal grandmother, Alison, December 2011. Edith's mental health stabilized, the family received counselling and Candi returned to her parents in September 2012.

Aunt Britt began visiting Candi soon after she was removed June 2013. She appears to have a strong relationship with Candi; says she will do whatever is needed for her. She regularly talks to foster

parents re how best to support and encourage Candi. Bart does not have a good relationship with Britt but wants Candi to be with family so he and Edith are supporting the application for a TCO to Other and placement with Britt. Discussions have begun with Bart, Edith and Britt about Britt being an alternate permanent caregiver for Candi should she not be able to return home. All three say they want to Candi to go home if possible.

Bart and Edith both express that hitting Candi was doing no good although they are still unsure how to respond when Candi becomes defiant. Edith appears very reactive to Candi; foster parents and Alison report she often misinterprets Candi's behaviour as an attack on her, resulting in arguments between the two. When this happens Bart most often leaves the room. Edith says it is her depression which makes her feel attacked by Candi and that she dislikes the way she feels on anti-depressants. Both parents want more than twice-weekly 3 hour visits (in the home/at soccer).

Bart and Edith get help during visits from Bart's mom, Alison – she helps in redirecting Candi and giving Edith a break when she is overwhelmed. Alison says she sees improvements in the relationship between Candi and Edith – they are more likely to listen to each other.

Candi very much wants to go home and has talked excitedly about activities with both her parents, especially their attendance at soccer. She says she and her mom understand each other better now and that things will improve by having visits 3 times a week.

Current Circumstances and Analysis

What is your assessment of the family's current circumstances and need for ongoing services/concurrent plan? Analyse with reference to case events, effectiveness of the plan, new assessment findings and any changes in child safety.

Bart and Edith have made considerable progress in addressing the concerns. They have fully engaged with SW, services, visits with Candi and support from paternal aunt and grandma. However SW assessment is that much of the improvement in family relationships is due to Candi being out of the home and more work is needed to reduce stressors before reunification attempted. This is because Edith is still deciding how to manage her depression, Bart and Edith report that they continue to struggle with managing Candi's behaviours and the dynamics continue of Edith and Candi arguing while Bart withdraws. Past history suggests that Edith's depression and family support need to be stable for Bart and Edith to parent without resorting to inappropriate physical discipline. Reunification Assessment completed with family December 18th 2013 found high likelihood that Candi will be physically abused without continued intervention (Vulnerability rating = 5)

Plan

Note date of finalised family plan. Outline any additional areas that need to be addressed in planning and status of any CPDM initiatives.

See Family Plan finalized August 12 2013.

Additional items:

1. Follow up CYMH referral for individual support for Candi and family counselling/parenting program for Edith and Bart.
2. Get plan from parents/Britt/FPs re the move to Britt's in January.
3. Do transition planning with school and new school: Mountain Grove Elementary

Transfer Recording

Reason for Involvement

Briefly summarize reason for opening and update with reason for transfer. Give brief summary of service provision/engagement and significant changes including new reports or requests for service since last review. Highlight current safety factors and legal orders.

File re-opened (from Incident 1-32452). Call from Jon French, Principal of Green Valley Elementary School, June 18 2013, reporting that Candi came to school with a black eye and volunteered that her mother hit her because she was mad. Mom Edith acknowledged punching Candi. Dad (Bart) does not hit but both parents said hitting Candi was the only way to control her defiant behaviours. Edith told SW that Bart worked all the time and she could no longer manage. Both parents said they couldn't manage Candi's behaviour and wanted her in care. A protective VCA was discussed but both said that Candi lies about them and 'they are done with her'. No family members available, Candi found unsafe, removed June 18 and placed in foster care. Investigation found Candi in need of protection as both parents supported Edith slapping and punching Candi and there was a high likelihood that if nothing changed Candi would get injured more seriously. This was likely because both parents describe being easily frustrated by Candi, feeling overwhelmed and seeing hitting as the only way to discipline her. Vulnerability rating in July 2013 = 5.

Family are actively engaged in plan: Since January both parents attending family counselling and Candi attends individual counselling (Whalley CYMH). Visits increased to 3 times per week at home, supported by paternal grandma. Edith has seen doctor re her depression but she is currently refusing to take prescribed medication and her depression still significantly impedes her ability to parent. Reunification Assessment completed with family December 18th 2013 found high likelihood that Candi will be physically abused without continued intervention (rating = 5).

Reason for Transfer: Candi moved from foster placement to live with Aunt Britt Tali on January 10, 2014. Bart and Edith moved to Surrey, December 2013 to be closer to Candi. As the family lives in the Whalley area, file is being transferred to Joanne Luk at GDB.

Legal Status: Temporary Custody Order to Other 41(1)(b)

Social History and Family Members' Perspectives

Summarize key family and historical information from previous recording. Update if any changes to family/significant relationships that affect planning. Highlight if transfer will affect relationships and planning. Describe current views of the child/youth and key family/community members.

Name:	DOB	Relationship
Edith Trend	1969Jun18	key player
Bart Trend	1972Oct17	spouse and father to Candi
Candi Trend	2003Apr06	daughter
Alison Ider	1939Jul02	paternal grandmother
Britt Tali	1971May17	paternal aunt

Child protection history: Intermittent concerns re physical abuse when parents overwhelmed. File opened on September 5, 2011 when Candi told school that her mother hit her. Investigation found Candi in need of protection. SW provided referral to counselling and to Child and Youth Mental Health assessment of Candi. School called again December 2011 noting that Candi came to school three times in the week complaining that her mother hit her. Candi had been diagnosed with Oppositional Defiance Disorder and was on a wait list for services. Edith told SW she was overwhelmed and could not make Candi listen to her. An EFP was signed and Family Plan included recommendation that Edith receive assessment and treatment for depression. Candi was placed with paternal grandmother, Alison, December 2011. Edith's mental health stabilized, the family received counselling and Candi returned to her parents in September 2012.

Aunt Britt began visiting with Candi soon after she was removed June 2013 and expresses strong commitment to her. Despite history of conflict with Britt, Bart and Edith supported her TCO to Other application. All agree that Britt should

be permanent caregiver if Candi can't return, although all want Candi to go home. Britt feels that Bart needs to learn to stand up for Candi for this to happen.

Candi visits Bart and Edith at home, three times a week, supported by Alison, who helps redirect Candi and gives Edith a break when she is overwhelmed. Alison says she sees improvements in the relationship between Candi and Edith – more able to listen to each other but she is worried about how Edith will cope now family have moved further away from her. She says relationship Edith and Cindi still volatile – many visits end in arguments or Edith in tears and Bart rarely steps in to protect Candi in conflict between her and her mom. Bart says that Candi is confused by her mother's tears and has started scratching her face at these times and he does not know what to do.

Candi very much wants to go home and has talked excitedly about activities with both her parents, especially their attendance at soccer. Says she enjoys seeing Mom, Dad and Gran and wishes she didn't live so far from her Gran. She says she and Mom still argue too much but that Mom never hits her anymore and that Mom seems happier. She wants to go home if mom is happy and if mom gets lots of holidays and breaks from her as "I'm difficult sometimes". Candi still sometimes wets at visits or the day after; she now usually washes herself and puts her wet clothes in the laundry.

Edith and Bart both feel they have learned a lot in the CYMH parenting class, that Candi should be home and that SW is holding up the process. They welcome file transfer as an opportunity to plan more proactively for Candi's return. Edith wants to manage her depression without medication. Bart has supported this but at last meeting he told Edith this was not working and that Edith needed to try medication for Candi's sake. He and Edith agreed to discuss.

Analysis

What is your assessment of the family's current circumstances and need for service? Analyse with reference to family strengths, needs, responsiveness to concerns, history of child protection involvement and effectiveness of intervention.

Bart and Edith continue to make progress on the plan to reduce their stressors and the likelihood of using inappropriate physical discipline with Candi. They are very motivated to have Candi home and have been observed by Alison and SW using strategies learned from CYMH to help Candi regulate her behaviour. Edith expresses being more able to cope and has agreed to re-consider her decision to manage her depression without medication. In recent meetings Bart has shown himself more able to prioritise Candi's needs. SW assessment is that Candi continues to blossom – school and Britt report that she is more cheerful and that it is now rare that her behaviour can't be redirected.

SW assessment is that the family need more time to solidify the gains made if a pattern of the situation quickly deteriorating on Candi's return to the home is to be avoided. This is because parents are still so easily overwhelmed - on most visits Edith either argues with Candi or retreats in tears, leaving Bart unsure what to do. Candi needs the stability provided by placement with Britt while parents continue to work on the current plan to increase their parenting and coping skills.

Plan

Note date of family plan. Describe any additional areas that need to be addressed in planning, including legal matters requiring attention and status of any CPDM initiatives

See Family Plan (Dec 30 2013).

File to be transferred to Joanne Luk, GDB, Surrey.

Note: Candi's ODD/behaviour management strategy to be reviewed by Dr. Strong February 13th 2pm

Closing Recording

Reason for Involvement

Briefly summarize reason for opening. Update with a summary of service provision/engagement and significant changes such as new reports, requests for service or changes in legal orders since last review.

File re-opened (from Incident 1-32452). Call from Jon French, Principal of Green Valley Elementary School, June 18 2013, reporting that Candi came to school with a black eye and volunteered that her mother hit her because she was mad. Mom Edith acknowledged punching Candi. Dad (Bart) does not hit but both parents said hitting Candi was the only way to control her defiant behaviours. Edith told SW that Bart worked all the time and she could no longer manage. Both parents said they couldn't manage Candi's behaviour and wanted her in care. A protective VCA was discussed but both said that Candi lies about them and 'they are done with her'. No family members available, Candi found unsafe, removed June 18 and placed in foster care. Investigation found Candi in need of protection as both parents supported Edith slapping and punching Candi and there was a high likelihood that if nothing changed Candi would get injured more seriously. This was likely because both parents describe being easily frustrated by Candi, feeling overwhelmed and seeing hitting as the only way to discipline her. Vulnerability rating in July 2013 = 5.

Candi returned to Bart and Edith's care July 23 2014 when TCO ended.

Family have continued to welcome SW visits. Candi continues monthly appointments with CYMH therapist and she and Edith are attending group for families with children with ODD.

September 18th 2014 Bart and Edith asked for more support in managing Candi's behaviour while Britt and Alison away in October. Provided with 2x2 days of respite through open FS Service Request.

Social History and Family Members' Perspectives

Summarize key family and historical information from previous recording. Update if any changes to family or other significant relationships that affected planning since the last review. Describe current views of the child/youth and key family/community members

Name:	DOB	Relationship
Edith Trend	1969Jun18	key player
Bart Trend	1972Oct17	spouse and father to Candi
Candi Trend	2003Apr06	daughter
Alison Ider	1939Jul02	paternal grandmother
Britt Tali	1971May17	paternal aunt

Child protection history: Intermittent concerns re physical abuse when parents overwhelmed. File opened on September 5, 2011 when Candi told school that her mother hit her. Investigation found Candi in need of protection. SW provided referral to counselling and to Child and Youth Mental Health assessment of Candi. School called again December 2011 noting that Candi came to school three times in the week complaining that her mother hit her. Candi had been diagnosed with Oppositional Defiance Disorder and was on a wait list for services. Edith told SW she was overwhelmed and could not make Candi listen to her. An EFP was signed and Family Plan included recommendation that Edith receive assessment and treatment for depression. Candi was placed with paternal grandmother, Alison, December 2011. Edith's mental health stabilized, the family received counselling and Candi returned to her parents in September 2012.

Candi came into care again June 18, 2013. During her time in care June 2013-July 2014 parents had regular contact with social worker and Candi, Edith's depression assessed and treated, both parents learned skills via CYMH parenting group to assist Candi in regulating her behaviour and attended family counselling with Candi to support her treatment plan and address communication barriers. Bart and Edith rebuilt a relationship with Bart's sister Britt. She was approved as out of care provider for Candi and Candi moved from foster placement to live with Aunt Brit on January 10 2014. Bart and Edith moved to Surrey, December 2013 in order to be closer to Candi.

Candi returned home on July 23, 2014. She says she is happy to be home. Says when her parents are mad at her they take time-outs instead of hitting. She continues to have a strong relationship with her Aunt Britt - says that she knows that Aunt Britt will always be there for her and provide her good advice. Candi has also made a strong connection with soccer coach Andy Wire at her new school (Selcook), and remains very happy that both mom and dad come see her play soccer when they can. Candi still occasionally scratches her face when upset and approximately once a month wets herself.

Edith reports feeling more active and hopeful than she has in years. Bart also appears to be more engaged in parenting – Candi and Edith report he now consistently backs up Edith on setting boundaries. Britt and Alison have offered a great deal of support over the last year and intend to continue – plan is for Candi to stay with one of them about one weekend a month.

Analysis

What is your assessment of the family's current circumstances and need for service? Analyse with reference to goals achieved, outstanding needs, family engagement and the effectiveness of services. Note current vulnerability rating

Edith and Bart have successfully parented Candi without physical discipline for the last five months. The combination of Edith and Bart feeling much more able to cope due to increased family support and treatment for Edith's depression, their new parenting strategies, and the stabilisation of Candi's behaviour means the likelihood of physical abuse is currently low. Both parents wholeheartedly engaged with services and speak positively about the results. This makes it more likely that if things deteriorate in the future they will follow through with their commitment to seek help. It is possible that the Edith's and Bart's parenting skills will again deteriorate should Edith become more depressed, as this has happened in the past. However she, Bart, Candi, Britt and Alison all appear more able now to ask for help if this happens and Edith is currently committed to taking her medication and seeing her physician regularly.

Vulnerability Reassessment completed December 10 2014: Rating = 4 (Moderate)

Reason for Closing

Describe the reason for closing. Describe how outstanding needs will be met. Include a summary of the people advised that the case will be closed.

The family is managing well and community support services are in place. A final Family Meeting occurred December 17 2014 with SW, Bart and Edith, Alison, Britt and Candi and CYMH worker. All support case closure. Agreed that Alison and Britt will continue to offer regular childcare and all parties will meet if any one of them feels the situation is deteriorating again. Edith will take Candi to the GP to initiate referral to paediatrician for assessment of Candi's wetting if this gets worse. Candi will need continuing help to manage her ODD and this will be provided by CYMH.

EXAMPLE: CHILD SERVICES

Opening Recording

Reason for Opening

Brief summary of reasons for child/youth living out of the home and less disruptive measures considered. Detail current legal status. Include the originating record number from which this case was opened/reopened.

Case reopened from Incident (1-32452). Candi came into care on June 18 2013. That day she went to school with a black eye and told principal that mother hit her because she was mad. Investigation found Candi's parents stating that they were unable to manage Candi's increasingly difficult behaviours, unable to stop hitting Candi as their only form of discipline and unwilling to have her at home. They refused a protective VCA: they both said that Candi lies about them and 'they are done with her'. Paternal grandmother Alison Ider was approached to care for Candi and stated that she could not manage Candi's behaviours.

Candi was removed and placed with Jean Barker/Joan Smith (level 2 caregivers), where she remains.

Legal status: Interim Custody Order.

Family and Social History

Identify all family and others who have a significant relationship to child/youth and describe nature of relationship. Summarize relevant key historical information including any child protection involvement and previous out of home placements.

Name:	DOB	Relationship
Candi Trend	2003Apr06	key player
Edith Trend	1969Jun18	mother
Bart Trend	1972Oct17	father
Alison Ider	1939Jul02	paternal grandmother
Britt Tali	1971May17	paternal aunt

Child protection history: Intermittent concerns re physical abuse when parents overwhelmed. File opened on September 5, 2011 when Candi told school that her mother hit her. Investigation found Candi in need of protection. SW provided referral to counselling and to Child and Youth Mental Health assessment of Candi. School called again December 2011 noting that Candi came to school three times in the week complaining that her mother hit her. Candi had been diagnosed with Oppositional Defiance Disorder and was on a wait list for services. Edith told SW she was overwhelmed and could not make Candi listen to her. An EFP was signed and Family Plan included recommendation that Edith receive assessment and treatment for depression. Candi was placed with paternal grandmother, Alison, December 2011. Edith's mental health stabilized, the family received counselling and Candi returned to her parents in September 2012.

Candi says she loves her father who is always nice to her. SW assessment is that she has a more difficult relationship with her mother, frequently dismissing her comments and telling SW her mom was 'crazy and hopeless'.

Edith says she wants Candi in care while she tries to save her marriage. She says she was diagnosed with depression years ago but did not receive any help for this. She stays in bed when her depression is bad, leaving Candi to manage around the home herself. Edith says her depression creates strain with Bart and they argue a lot. She thinks Candi is defiant only with her because Bart lets Candi do whatever she wants – she wants him to support her parenting. Bart says he cannot care for Candi without Edith. Strongly believes Candi will have access to more support and money for her education if she is in care. Thinks things will improve if Edith has a break, like last time Candi out of the home. Says he'd like to spend more time supporting Edith at home, but work makes this hard.

Edith and Bart live together in an apartment in the same building as Bart's mother, Alison. Alison has been Edith's main support with parenting, often talking Edith through crises or having Candi stay over. Candi says she loves grandma but she is too strict. For the last 6 months Alison has refused to have Candi over as feels can no longer manage Candi's behaviour.

Paternal aunt Britt talks fondly of Candi and time spent together when she was little. Wants to help but unsure how and feels Bart needs to take responsibility for his family. Candi recently started spending Tuesday evenings with her aunt Britt and grandma Alison at Britt's house. They have gone shopping and out to movies.

Child/Youth Views and Information

Briefly describe child/youth, their strengths and needs, and their wishes and views regarding their situation.

Parents, grandma Alison, teacher and foster parents have all described Candi as a bubbly, energetic and likeable child when things are going well. She can be very affectionate and loves cuddles. She excels at soccer and is on the school team – teacher's opinion is that this helps her focus on her learning. The same adults describe Candi as becoming quickly defiant and un-cooperative when she experiences difficulties. Teacher reports when Candi gets angry she has difficulty following direction and interacting with peers, orders others around, kicks chairs, refuses to participate in an activity. This led to 4 half-day suspensions May-June 2013. Candi was assessed November 2011 by pediatrician Dr. Fred Brumn with Oppositional Defiance Disorder. Candi suffers with enuresis when she is stressed and will need help for this. She is physically healthy. Candi is in grade five at Green Valley Elementary School and has been assigned an SEA to support her interactions with peers and management in classroom.

Candi says that she likes both her foster moms and is glad to not be hit but she misses her Mom and Dad and wants to go home. Failing that, she can picture living with aunt Britt. She wants her parents to visit her more often and says life would be better if mom started coming to soccer again.

Plan

Summarize the activities intended to meet the child/youth's identified needs. Describe the permanency plan and (if applicable) any concurrent planning happening at this time.

Overall plan is return to parents.

Foster parents Jean and Joan are supervising twice-weekly visits at foster home between Candi and her parents and providing coaching in managing Candi's behaviours. Visits have just started with Alison and Britt at Britt's house Tuesday evening.

Need to explore Candi's wish for mom to attend soccer and follow up with CYMH for a behavioural consultant to support Candi and her foster parents.

Review Recording

Reason for Involvement

Briefly summarize reason for opening. Update with the reason for review and a summary of significant changes (eg. in residence, school, legal status etc.)

Case reopened from Incident (1-32452). Candi came into care on June 18 2013. That day she went to school with a black eye and told principal that mother hit her because she was mad. Investigation found Candi's parents stating that they were unable to manage Candi's increasingly difficult behaviours, unable to stop hitting Candi as their only form of discipline and unwilling to have her at home. They refused a protective VCA: they both said that Candi lies about them and 'they are done with her'. Paternal grandmother Alison Ider was approached to care for Candi and stated that she could not manage Candi's behaviours.

Candi was removed and placed with Jean Barker/Joan Smith (level 2 caregivers), where she remains. She entered Grade 6 at Green Valley Elementary Sep 2013.

Legal Status is Consent TCO. Court date for 41(1)(b) application: January 10, 2014.

Family and Social History

Summarize key family and historical information from previous recording. Update with any changes to family or other significant relationships that affect planning. If appropriate, identify who is in the concurrent plan

Name:	DOB	Relationship
Candi Trend	2003Apr06	key player
Edith Trend	1969Jun18	mother
Bart Trend	1972Oct17	father
Alison Ider	1939Jul02	paternal grandmother
Britt Tali	1971May17	paternal aunt

Child protection history: Intermittent concerns re physical abuse when parents overwhelmed. File opened on September 5, 2011 when Candi told school that her mother hit her. Investigation found Candi in need of protection. SW provided referral to counselling and to Child and Youth Mental Health assessment of Candi. School called again December 2011 noting that Candi came to school three times in the week complaining that her mother hit her. Candi had been diagnosed with Oppositional Defiance Disorder and was on a wait list for services. Edith told SW she was overwhelmed and could not make Candi listen to her. An EFP was signed and Family Plan included recommendation that Edith receive assessment and treatment for depression. Candi was placed with paternal grandmother, Alison, December 2011. Edith's mental health stabilized, the family received counselling and Candi returned to her parents in September 2012.

Aunt Britt began visiting Candi soon after she was removed June 2013. She appears to have a strong relationship with Candi; says she will do whatever is needed for her. She regularly talks to foster parents re how best to support and encourage Candi. Bart did not have a good relationship with Britt but wants Candi to be with family so he and Edith are supporting the application for a TCO to Other and placement with Britt. Discussions have begun with Bart, Edith and Britt about Britt being an alternate permanent caregiver for Candi should she not be able to return home. All three say they want to Candi to go home if possible. Candi visits Britt every Tuesday evening until about 9pm.

Bart and Edith have 2 x 3hour visits with Candi per week. These moved from the foster parents' home to their own home or at Candi's soccer games in August. Bart and Edith get help during visits from Bart's mom, Alison – she helps in redirecting Candi and giving Edith a break when she is overwhelmed. Alison says she sees improvements in the relationship between Candi and Edith – they are more likely to listen to each other. Both parents have attended CYMH group for parents of children with ODD and acknowledge hitting does no good. Edith still appears very reactive to Candi; foster parents and Alison report she often misinterprets Candi's behaviour as an attack on her, resulting in arguments between the two. When this happens Bart most often leaves the room.

Child/Youth Views and Information

Summarize the child/youth's current wishes and views and significant events and issues for him/her since last recording (incl. Reportable Circumstances). Taking these into account, give your assessment of how well the plan has been meeting his/her needs

Plan has been meeting Candi's needs well to date. She appears to have blossomed over the last 6 months - frequently spontaneously tell FPs that she is happy and tends to be silly and affectionate. She loves to listen to the radio and sings along and gives impromptu concerts to family members. She enjoys reading non-fiction books and to share facts with others. She has shown improvement academically and can better self-regulate with support. Candi still sometimes wets at visits or the day after a visit; she now usually washes herself and puts her wet clothes in the laundry. She managed the transition to Grade 6 well.

Candi very much wants to go home and has talked excitedly about activities with both her parents, especially their attendance at soccer. She says she and her mom understand each other better now and that things will improve by having visits 3 times a week. She has made a strong trusting relationship with Aunt Britt, who has offered herself as an out of care resource. Candi says she wants to go to Britt's before she goes home because it will be like a test return and Aunt Britt will make sure she is OK. Both parents support this move and see it as a stepping stone to Candi returning home. They are imminently moving to Surrey to be nearer to Candi. FPs report Britt has demonstrated excellent understanding of Candi's needs and appears to have little difficulty setting safe boundaries for her. In light of this, plan will best need Candi's needs if working towards placement with Britt.

Plan

Briefly summarize key elements of (care/permanency) plan for this child/youth. If not documented in current Plan, outline details here.

See Care Plan (completed December 2013). Plan is for Candi to move to Aunt Britt's under S. 41(1)(b) Jan 2014. Permanency plan is Return to Parents, with alternative plan with Britt.

'Plan' with a capital P means the formal written Plan.

That is:

- The child-related sections of the Family Plan for a child in care less than six months
- The Care Plan for all other children in care
- The Extended Family Program Plan for a child placed out of care
- The Plan for Independence for a youth on a Youth Agreement.

Transfer Recording

Reason for Transfer

Briefly summarize reason for opening. Update with the reason for the transfer and a summary of significant changes (eg. in residence, school, legal status etc.)

Case reopened from Incident (1-32452). Candi came into care on June 18 2013. That day she went to school with a black eye and told principal that mother hit her because she was mad. Investigation found Candi's parents stating that they were unable to manage Candi's increasingly difficult behaviours, unable to stop hitting Candi as their only form of discipline and unwilling to have her at home. They refused a protective VCA: they both said that Candi lies about them and 'they are done with her'. Paternal grandmother Alison Ider was approached to care for Candi and stated that she could not manage Candi's behaviours.

Candi was removed and placed with Jean Barker/Joan Smith (level 2 caregivers). She moved to live with Aunt Britt Tali on January 10, 2014 under 41(1)(b) TCO to Other, made January 10, 2014. Candi moved to Mountain Grove School. Bart and Edith moved to Surrey, December 2013 in order to be closer to Candi. Since January both parents attending family counselling with Candi through Whalley CYMH, who also provide Candi with individual support.

As the family lives in the Whalley area, file is being transferred to Joanne Luk at GDB.

Family and Social History

Summarize key family and historical information from previous recording. Update if there are any changes to family or other significant relationships that affect planning and how the transfer could affect planning.

Name:	DOB	Relationship
Candi Trend	2003Apr06	key player
Edith Trend	1969Jun18	mother
Bart Trend	1972Oct17	father
Alison Ider	1939Jul02	paternal grandmother
Britt Tali	1971May17	paternal aunt

Child protection history: Intermittent concerns re physical abuse when parents overwhelmed. File opened on September 5, 2011 when Candi told school that her mother hit her. Investigation found Candi in need of protection. SW provided referral to counselling and to Child and Youth Mental Health assessment of Candi. School called again December 2011 noting that Candi came to school three times in the week complaining that her mother hit her. Candi had been diagnosed with Oppositional Defiance Disorder and was on a wait list for services. Edith told SW she was overwhelmed and could not make Candi listen to her. An EFP was signed and Family Plan included recommendation that Edith receive assessment and treatment for depression. Candi was placed with paternal grandmother, Alison, December 2011. Edith's mental health stabilized, the family received counselling and Candi returned to her parents in September 2012.

Britt Tali, aunt, began visiting with Candi soon after she was removed June 2013. She appears to have a strong relationship with Candi; says she will do whatever is needed for her. Bart did not have a good relationship with Britt but wants Candi to be with family so he and Edith supported TCO to Other and placement with Britt. All three say they want to Candi to go home if possible but that Britt would be alternative permanent caregiver.

Candi visits Bart and Edith at home, three times a week, supported Alison, who helps in redirecting Candi and giving Edith a break when she is overwhelmed. Alison says she sees improvements in the relationship between Candi and Edith – more able to listen to each other. She is worried about how Edith will cope now family have moved further away from her. Relationship Edith and Cindi still volatile – Edith still gets overwhelmed and either snaps at Candi, or more frequently, retreats to her bedroom in tears, leaving Bart or Alison to be with Candi. Candi gets very confused by her mother's tears and has started scratching her face at these times.

Edith has seen doctor re her depression but she is currently refusing to take prescribed medication and her depression still significantly impedes her ability to parent. Bart has supported this but at last meeting he told Edith this was not working and that Edith needed to try medication for Candi's sake. He and Edith agreed to discuss. Edith and Bart both feel they have learned a lot in the CYMH parenting class, that Candi should be home and that SW is holding up the process. They welcome file transfer as an opportunity to plan more proactively for Candi's return.

Child/Youth Views and Information

Summarize the child/youth's current wishes and views and significant events and issues for him/her since last recording (incl. Reportable Circumstances). Taking these into account, give your assessment of how well the plan has been meeting his/her needs

SW assessment is that current plan is meeting Candi's needs well. Despite the upheaval involved in moving placement, Candi does not appear to have lost the gains made over the last 6 months – she continues to spontaneously declare that she is happy and tends to be silly and affectionate. She loves to listen to the radio and sings along and gives impromptu concerts to family members. She enjoys reading non-fiction books and to share facts with others. She has shown improvement academically and can better self-regulate with support. There is a strong soccer program at Mountain Grove and Candi has already made the team.

Candi still struggles with peer involvement and Britt has been asked to bring Candi home for part of a day on three occasions in the last two months. Each time was after the children were left alone for a short period. Mountain Grove has a behavioural specialist who is working with her teacher and SEA to come up with behaviour strategies to assist Candi in the classroom and ensure she always feels within reach of an adult. Candi also still sometimes wets at visits or the day after a visit; she now usually washes herself and puts her wet clothes in the laundry.

Candi says that she enjoys seeing Mom, Dad and Grandma, although wishes she didn't live so far from her Grandma. Candi says she and Mom still argue too much but that Mom never hits her anymore and seems happier than before. She was very excited that visits have increased to 3 times a week and is planning to decorate her bedroom at Bart and Edith's new apartment. Candi very much wants to go home and has talked excitedly about activities with both her parents, especially their attendance at soccer. She wants to go home if mom is happy and if mom gets lots of holidays and breaks from her as she told SW Harvey, "I'm difficult sometimes". She says Aunt Britt is tough and she makes her do her homework and has lots of rules, but that she likes this and she is also lots of fun. This, and Candi's problematic behaviour on some visits and when unattended at school, support SW's impression that Candi's behaviour escalates when she does not feel certain the adults will keep her safe. She has this certainty with Britt.

Plan

Briefly summarize key elements of (care/permanency) plan for this child/youth. Summarize status of Plan. If not documented in current Plan or if requiring particular attention at time of transfer, outline details here.

Care Plan was completed December 13 2013. Focus remains on reunification.

Note: Candi's ODD/behaviour management strategy to be reviewed by Dr. Strong February 13th 2pm

Closing Recording

Reason for Involvement

Briefly summarize reason for opening. Update with a summary of significant changes (eg. in residence, school, legal status etc.)

Case reopened from Incident (1-32452). Candi came into care on June 18 2013. That day she went to school with a black eye and told principal that mother hit her because she was mad. Investigation found Candi's parents stating that they were unable to manage Candi's increasingly difficult behaviours, unable to stop hitting Candi as their only form of discipline and unwilling to have her at home. They refused a protective VCA: they both said that Candi lies about them and 'they are done with her'. Paternal grandmother Alison Ider was approached to care for Candi and stated that she could not manage Candi's behaviours. Candi was removed.

Candi was returned to Bart and Edith's care July 23 2014. TCO ended August 7 2014.

Family and Social History

Summarize key family and historical information from previous recording. Update to include description of child/youth's permanent connections. Include description of formal/informal supports.

Name:	DOB	Relationship
Candi Trend	2003Apr06	key player
Edith Trend	1969Jun18	mother
Bart Trend	1972Oct17	father
Alison Ider	1939Jul02	paternal grandmother
Britt Tali	1971May17	paternal aunt

Child protection history: Intermittent concerns re physical abuse when parents overwhelmed. File opened on September 5, 2011 when Candi told school that her mother hit her. Investigation found Candi in need of protection. SW provided referral to counselling and to Child and Youth Mental Health assessment of Candi. School called again December 2011 noting that Candi came to school three times in the week complaining that her mother hit her. Candi had been diagnosed with Oppositional Defiance Disorder and was on a wait list for services. Edith told SW she was overwhelmed and could not make Candi listen to her. An EFP was signed and Family Plan included recommendation that Edith receive assessment and treatment for depression. Candi was placed with paternal grandmother, Alison, December 2011. Edith's mental health stabilized, the family received counselling and Candi returned to her parents in September 2012.

Although she had a difficult relationship with her brother Bart, paternal aunt Britt Tali began visiting with Candi soon after she was removed June 2013. The relationship between Tali, Bart and Edith improved and, with her parent's support, Candi moved from Level 2 foster placement to live with Aunt Britt Tali on January 10, 2014 under 41(1)(b) TCO to Other, made January 10, 2014. She also moved schools at this time and Bart and Edith moved to Surrey, December 2013 in order to be closer to her.

During her time in care June 2013 until July 2014 Candi, Edith and Bart all learned skills (from CYMH and FPs) to better manage Candi's behaviours. Edith received treatment for the depression which had significantly impacted her parenting. Candi and Aunt Britt developed a strong relationship which looks

likely to endure - Britt has said she is committed to be there for Candi. Paternal grandma Alison has also consistently supported the relationship between Candi and her parents and will continue in this role.

Child/Youth Views and Information

Summarize the child/youth's current wishes and views and significant events and issues for him/her since last recording (incl. Reportable Circumstances). Taking these into account, give your assessment of how well the plan has been meeting his/her needs

Candi completed grade six and received B or C+ grades in all subjects and an A in Physical Education. She continues to excel in PE and on the soccer field. In her summer term of grade 6 she had two half-day suspensions for kicking her peers in class and being unable to regain control of her behaviour. She still occasionally scratches her face when upset and approximately once a month wets herself.

Candi is very excited to have returned home to live with her Mom and Dad. Her time at home increased over the months of June and July and by the end of July she was back home fulltime. She is frustrated that the move means she has to change schools again (to Selcook). She has visited Selcook School with Edith, Bart and Britt.

Candi is glad that she continues to spend some weekends with Aunt Britt. This worker believes that Candi has made some changes but that the big change for Candi has been that all the adults in her world have been more available for her. Candi's behaviour at school has always been a good indicator of how settled and safe she is feeling. The fact that despite the many changes Candi has only had 2 half-day suspensions over the last 6 months leads this worker to assess that the plan has worked well for her and provided her with sufficient security. Candi will likely continue to struggle with behaviour and require supports.

Reason for Closing

Describe reason for closing. If appropriate describe how outstanding needs will be met after the case is closed.

The file is closing because Candi is no longer in care. She returned home July 23 2014 and the TCO ended August 7 2014. She continues to demonstrate challenging behaviour when feeling insecure, and Bart and Edith continue to require support in managing this. Transitioning to another new school may be challenging. The FS Case will remain open for ongoing support to the family and they will be supported by CYMH. Britt will care for Candi one weekend a month. Alison will also provide respite when needed. Bart and Edith will ensure doctor monitors Candi's occasional wetting.

EXAMPLE: AGREEMENTS WITH YOUNG ADULTS

Opening Recording

Reason for Service

Provide a brief summary of services requested and confirmation of eligibility. Also include dates and length of contract.

Madison called March 9th 2014 asking for AYA so she can finish the last 7 months of Acting Diploma at Vancouver Film School. The Diploma program started October 2013 and will end October 2014. Madison will be eligible after her 19th birthday as she is currently on a Youth Agreement. She turns 19 on March 27th 2014. Tuition paid upon registration (by Youth Services SW Bruce Barch). Madison requesting money for rent, cell phone, transportation, supplies.

Initial contract: April 1, 2014 - June 30, 2014 (3 months)

Young Adult Information

Describe, briefly, key personal relationships (e.g. partnered, parenting etc.). Summarize key historical and cultural information. Identify the client's goals as well as their challenges, strengths and supports.

Madison lives alone. She has a strong relationship with agency youth worker Michaela Eng and has a girlfriend who is generally supportive, although the relationship is still quite new. Madison's Cree heritage is important to her. She is not eligible for registration under the Indian Act but drops into events at the Friendship Centre. Personal goals are to complete her acting diploma and work in the film industry. She works part time teaching pre-schoolers at X-Cel Dance Studio.

Madison came into care under VCA (November 23, 2010 to July 5, 2012), then went on a Youth Agreement December 05 2012, having refused to stay home due to ongoing conflict with her parents. She has wanted no contact with her family since then. Madison diagnosed in 2005 with ADHD – no medication prescribed. She made good use of Youth Agreements, keeping in touch with SW, keeping track of her expenses and working hard at school. She is now excited to be involved in performances at the Film School.

Plan

Identify the plan to achieve the young adult's goals (e.g. program description, expected length of program). Describe the services that are being provided by the Ministry. Include information about other financial contributions received.

AYA program to provide rent and basic support. New contract will be needed for July 1 - October 2014. Madison to pay for her cell phone and bus pass from her Ex-cel Dance Studio wages.

Additional Information

Any other pertinent information.

Transfer Recording

Reason for Transfer

State reason for transfer. Provide a brief summary of services requested and confirmation of eligibility. Also include dates and length of contract.

Transfer needed because Madison has moved from Maple Ridge to Burnaby.

Madison called March 9th 2013 asking for AYA to finish the last 7 months of Acting Diploma at Vancouver Film School. Diploma program started October 2013 and will end October 2014. Madison eligible as was on a Youth Agreement until turning 19. Initial contract: April 1, 2014 - June 30, 2014 (3 months).

Young Adult Information

Describe, briefly, key personal relationships (e.g. partnered, parenting etc.). Summarize key historical and cultural information. Summarize the client's goals and progress towards them. Identify client's current challenges, strengths and supports.

Madison moved in with her girlfriend Terri on May 15th – her share of rent is \$350. She has a strong relationship with agency youth worker Michaela Eng. Madison's Cree heritage is important to her. She is not eligible for registration under the Indian Act but drops into events at the Friendship Centre. She works part time teaching pre-schoolers at X-Cel Dance Studio.

Madison came into care under VCA (November 23, 2010 to July 5, 2012), then went on a Youth Agreement December 05 2012, having refused to stay home due to ongoing conflict with her parents. She has wanted no contact with her family since then. Madison diagnosed in 2005 with ADHD – no medication prescribed. She made good use of Youth Agreements, keeping in touch with SW, keeping track of her expenses and working hard at school. In the first two months of AYA Agreement Madison connected twice with worker. Madison excited about being closer to school and is looking for a new job.

Madison's personal goals are to complete her acting diploma and work in the film industry. She has also decided she wants to continue acting classes after completing the Diploma.

Plan

Identify the plan to achieve the young adult's goals (e.g. program description, expected length of program). Describe the services that are being provided by the ministry. Include information about other financial contributions received.

AYA program provides rent and basic support. Funds provided for rent adjusted from May 15th to reflect the change in Madison's rent. New contract will be needed for July 1 - October 2014. Madison pays for her cell phone and bus pass from her Ex-cel Dance Studio wages.

Recommendations

Provide a summary of recommendations to best support the young adult (e.g. length of contract, frequency of meetings, strategies to employ)

1. 4 month renewal of AYA contract (for Jul 1-October 2014)
2. Request interim report from Vancouver Film School.
3. Meet with Madison once during second contract: To contact, leave message at X-Cel Dance Studio (avoids using cell phone minutes)

Closing Recording

Reason for Service

Provide a brief summary of services requested. Also include dates and length of contract.

Madison applied for an AYA to complete her Acting Diploma at Vancouver Film School.

Contracts: April 1, 2014-June 30, 2014 (3 months) and July 1- October 2014 (4 months).

Young Adult Information

Describe, briefly, key personal relationships (e.g. partnered, parenting etc.). Summarize key historical and cultural information. Identify the client's goals as well as their challenges, strengths and supports

Madison moved in with her girlfriend Terri in May. They broke up in September 2014 and Madison is now sharing her apartment with a roommate. She still has a strong relationship with agency youth worker Michaela Eng and this will continue informally. Madison's Cree heritage is important to her. She is not eligible for registration under the Indian Act but she drops into events at the Friendship Centre.

Madison came into care under VCA (November 23, 2010 to July 5, 2012), then went on a Youth Agreement (December 05 2012 - March 27 2014). She has wanted no contact with her family since 2010. Madison diagnosed in 2005 with ADHD. She works part time at the Cactus Club.

Madison's goals are now to work in the film industry. She wants to focus on attending auditions and intends to consider more acting classes in 6 months if she does not get acting work by then. She has saved some money while on Youth Agreement so believes she will be able to support herself while she seeks more regular film work.

Outcome and Recommendations

Describe young adult's progress towards goals; reason for closing; recommendations for further services/monitoring.

Madison met her goal to gain her Acting Diploma, graduating with high marks in November 22, 2014. She loved the program, made good connections within the film industry and has had three auditions to date. File is closing as Madison not currently attending school and agreements have ended. Madison is eligible for up to 17 more months of AYA services. Recommend any future request for AYA to support further acting classes be considered, as Madison has made very good use of YAGs and AYA's and is committed to a film career.

Additional Information

Any other pertinent information.

Madison is considering making an FOI request for old FS/CS file and will contact if she wants to discuss.

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