



## Section 6 – Case Management

## Standard 6.16

### Serious Occurrences

The Child Protection Worker or Designate (including Authorized Person, Foster Care/Adoption Worker, Supervisor/Manager, Courtesy Supervision Worker, Foster Care Resource and Specialized Service) **must** report serious occurrences pertaining to children, youth, young adults, expectant parent(s) and parent(s), care provider(s) or caregiver(s) receiving services or when a death has been reported of child, youth, young adult and parent(s), care provider(s) or caregiver(s) within the past twelve (12) months of receiving services. In addition, if a child, youth, or young adult was involved in an investigation within the past twelve (12) months passes away, a Serious Occurrence Report will need to be completed. Moreover, if a member of a household involved in an open investigation passes away, a Serious Occurrence Report is required. Depending on the impact and level of severity, incidents that come to the attention of a Child Protection Worker or Designate must be reported as per the procedure below. The notification process serves to maximize timely, quality responses to serious occurrences at all levels.

In cases where a child, youth, young adult, expectant parent(s) or parent(s), care provider(s) or caregiver(s) is receiving services from the Department of Health and Social Services (DHSS) but lives in another province or territory under an Interprovincial Agreement, it is the responsibility of the assigned Child Protection Worker or Designate to inform the receiving province or territory of its duty to notify the assigned Child Protection Worker or Designate of a serious occurrence according to this Standard. This responsibility should be outlined in the Case Transfer Agreement when planning for a child, youth, young adult, expectant parent(s) or parent(s), care provider(s) or caregiver(s) who is moving to another province or territory.

Refer to the Northwest Territories Health and Social Services Authority, Hay River Health and Social Services Authority, and the Tlicho Community Services Agency's Standard Operating Procedures (SOPs) for specific regional direction.

#### REFERENCE

*Child and Family Services Standard 6.16- Serious Incidents*

*Hospital Insurance and Health and Social Services Administration Act, Section 2(1)(a)(b), 3(1)*

*Child and Family Services Act, Section 3*

*Provincial/ Territorial Protocol on Children, Youth and Families Moving between Provinces and Territories*

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### PURPOSE

- Child and Family Services (CFS) is mandated to provide services to children, youth, young adults, and families within the Northwest Territories. When a child, youth, young adult, expectant parent(s) and/or parent(s), care provider(s) or caregiver(s) receiving services under Child and Family Services is involved in a serious occurrence, the appropriate delegates must be informed as soon as possible to fulfill legislated responsibilities and to ensure the individuals impacted by the situation receive the appropriate follow up in a timely manner to address their health, safety and wellbeing.

### PROCEDURE

#### Responsibilities

Northwest Territories Health and Social Services Authority (NTHSSA), Hay River Health and Social Services Authority (HRHSSA) and Tlicho Community Services Agency (TCSA):

For detailed procedures refer to NTHSSA's Standard Operating Procedure Serious Occurrence Reporting.

- The NTHSSA, HRHSSA and TCSA **must** establish a policy for dealing with serious occurrences.
- The Serious Occurrence Policy **must** include:
  - A process that requires reporting for all serious occurrence **Severity Levels 1-4** for those individuals accessing the following services:
    - Plan of Care Agreement (POCA)
    - Supervision Order (SO)
    - Temporary Custody Order (TCO)
    - Permanent Custody Order (PCO)
    - Voluntary Service Agreement (VSA) *where child/youth, expectant parent(s) or parent(s), care provider(s) or caregiver(s) is residing in an alternate living arrangement supported by Child and Family Services (i.e., Treatment Centre, Room and Board, Foster Care, etc.)*
  - Reporting is only required for **Severity Level 4** in cases when the individual is receiving the following services:
    - Voluntary Services Agreement (VSA) (where the child/youth is residing with the parent(s), care provider(s) or caregiver(s))
    - Support Services Agreement (SSA)
    - Extended Support Services Agreement (ESSA)

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- The development of clearly defined Severity Levels which describe in detail the types of incidents/ occurrences that fall under each Severity Level. The Severity Levels are as follows:
  - Level 1: Low
    - Any incident that caused significant damage of \$500 or more in a foster care resource.
  - Level 2: Medium
    - Minor injuries or illnesses such as sprains, fever, bumps/bruises, abrasions, first degree burns that require minimal medical attention from a health care professional including stitches, bandaging, splinting etc.;
    - Possession of contraband in an approved foster care resource or specialized service (e.g. drugs, alcohol, paraphernalia, weapons, etc.)
    - Use of physical or chemical restraint that does not cause injury;
    - Assault of a person in an approved foster care resource or specialized service;
    - Any situation where a child, youth, or young adult has suicidal ideation but has yet to articulate a plan; and
    - Any situation where a child, youth, or young adult is involved in self-harming behaviour not leading to medical treatment.
  - Level 3: High
    - Minor, unforeseen medical treatment including hospital admission (e.g. surgery, casting, hospitalization for observation, stomach pumping) that does not result in a long-term impairment of the child/youth or young adult's health;
    - Any situation where a child, youth, or young adult has suicidal ideation and has articulated a plan;
    - Any situation where a child, youth, or young adult is involved in self-harming behaviour leading to medical treatment;
    - Any incident involving the abuse or misuse of medication;
    - An allegation of quality of care concern within a foster care resource;
    - Any situation where a youth is unwilling to comply with placement plans and their current whereabouts does not place them at immediate risk; and
    - Use of physical or chemical restraint that causes injury.
  - Level 4: Very High
    - The death of a child, youth, young adult or parent/care provider/caregiver regardless of cause;

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- Major medical or mental health treatment of a child, youth or young adult that may cause severe or long-term impairment of a child, youth or young adult's overall health as determined by a health care professional or mental health practitioner;
- Any illness where a child, youth, young adult or parent/care provider/caregivers in critical condition;
- Any suicide attempt by a child, youth, young adult or parent/care provider/caregiver;
- Any situation where a child or youth receiving services does not return as expected, is absent from their placement without approval, and/or when the child or youth is believed to be at risk or in danger. A decision to report the child or youth missing to the RCMP, based on the risk factors (See tool - Serious Occurrence Guidelines), should be made within 24 hours of being notified by the caregivers.
  - Should the child or youth's absence be an immediate risk situation, the Child Protection Worker must ensure the AWOL is immediately reported to the RCMP.
- Any situation where a young adult who is vulnerable due to unmanaged mental health, limited decision-making capacity (i.e., ability to consent, care for self, or understand consequences of actions, etc.), engaging in high-risk behaviours (i.e., criminal activity, sexual exploitation, etc.), or associating with individual(s) or situation(s) that have previously placed them at significant harm does not return as expected, is absent from their room and board and/or specialized services placement without prior awareness of their absence and/or when the young adult is believed to be at risk or in danger. A decision to report the young adult missing to the RCMP, based on the above risk, should be considered within 24 hours of being notified by the caregivers.
  - Should the young adult's absence be an immediate risk situation, the Child Protection Worker must ensure the AWOL is immediately reported to the RCMP.
- Any instance where there is reason to believe a child, youth or young adult is a victim of alleged sexual abuse;
- Any instance where there is reason to believe a child, youth or young adult is a victim of alleged human trafficking;
- Any event with a child, youth, young adult and/or foster care resource that results in a police investigation or criminal charges;
- Any actual harm to others by a child, youth or young adult, or threats by a child, youth or young adult to seriously harm others (inclusive of sexual harm);
- Any disaster or emergency that affects a child, youth, or young adult (e.g. fire in a

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- residence);
- Any case involving a major breach of trust, such as an unauthorized release of confidential information or a human right violation;
  - An allegation of neglect, abuse or serious injury of a child, youth or young adult as a result of the alleged possible action or inaction of foster caregivers, group home staff, and specialized services' staff; and
  - An allegation of neglect, abuse of a child, youth or young adult receiving services as a result of the alleged possible action or inaction of an employee of the NTHSSA, Tłıchʼo Community Services Agency, Hay River Health and Social Services Authority, the DHSS, volunteer, or contractor.
- Each Severity Level must have a clearly outlined process as to who must be notified of the serious occurrence and how quickly the notification must occur.
  - A process that ensures the Child Protection Worker or Designate completes and sends a **written Serious Occurrence Report** for review and approval to their Supervisor/Manager within **three (3) calendar days** of the initial notification.
  - A process that ensures the Deputy Director of Practice (DDP) receives notification from the Supervisor/Manager of the Serious Occurrence according to the Severity Level.
  - A process that ensures the DDP receives a copy of the **Serious Occurrence Report** and any subsequent **Follow Up Report(s)** from the Supervisor/Manager
  - A process that ensures the Statutory Director of Child and Family Service or Deputy Director at the Department (DDD) receives copies of the **Serious Occurrence Report** and any subsequent **Follow Up Report(s)** for Severity Levels 1-4 from the DDP.
  - A process that ensures that Statutory Director of Child and Family Services or DDD receives immediate notification of all Severity Level 4 Serious Occurrences.
  - A process that ensures all CFS Staff are aware of the Serious Occurrence Policy and can readily access it online or through a paper copy.
  - A process that ensures that all CFS Staff document the Serious Occurrence Report in MatrixNT and on the hard file.
- The NTHSSA, HRHSSA and TCSA **must** provide a summary of all Serious Occurrences received by their

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Region/Authority to the Statutory Director of Child and Family Services or their Designate monthly at CFS\_Director@gov.nt.ca.

### DHSS Quality Specialist:

- Receives a copy of the **Serious Occurrence Report** and any subsequent **Follow Up Report(s)** from the Statutory Director of Child and Family Services and/or Deputy Director at the Department (DDD).
- Reviews the **Serious Occurrence Report** and any subsequent **Follow Up Report(s)** and determines whether the occurrence falls within the appropriate Severity Level and whether further review is required.
- Leads and completes the Serious Occurrence Review as per the direction of the Statutory Director of Child and Family Services and/or DDD.
- Develops a **Serious Occurrence Report** that provides a better understanding about the degree to which Serious Occurrence Reports function as a safeguard for children/youth. This **Report** will be submitted yearly to the DHSS Director of Child and Family Services and/or DDD.

### DHSS Director of Child and Family Services or Deputy Director:

- Provides a copy of the **Serious Occurrence Reports** and any subsequent **Follow Up Report(s)** to the DHSS Quality Specialist.
- Provides a redacted non-identifiable copy of **level four (4) Serious Occurrence Reports** and any subsequent redacted non-identifiable **Follow Up Report(s)** to the Minister of Health and Social Services.

### Minister of Health and Social Services:

- Receives a redacted non-identifiable copy of **level four (4) Serious Occurrence Reports** and any subsequent redacted non-identifiable **Follow Up Report(s)** from the Statutory Director of Child and Family Services or Deputy Director at the Department (DDD).

## FORMS

- Form 6.16.1 Serious Occurrence Report
- Form 6.16.2 Follow Up Report

## TOOLS

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- Tool 6.16.1 Serious Occurrence Guidelines
- Tool 6.16.2 Serious Occurrence Reporting Structure
- NTHSSA Appendix A: Notification Requirements of Serious Occurrences

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