



Cameray Child and Family Services

**Orientation Training Package for Parenting Support
Program**

Revised January 2010

Parenting Support Program Counsellor - Orientation Training

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Service Philosophy

This is a Ministry for Children and Families contract which accepts referrals from any source. Its aim is to provide prevention and early intervention services to children and families who reside in New Westminster and Burnaby. There is no fee for this service.

Our primary client is the parent and we provide support in positive parenting and child development. We provide families with access to early intervention services that can address problems before they are manifested or irreversible.

Specific activities may include parenting education (both group and individual), support, liaison between community professionals and families, acting as a family advocate, running groups based on modules, as well as acting as a referral resource between a family and existing community agencies.

The Structure of the intervention in the PSP program, ideally, utilizes a combination of individual and group work with parents in order to provide them with prevention and intervention support. The PSP counsellor will initially meet with the parent (in the office or in the home if necessary) in order to fill in the opening forms and begin to develop a Family Plan/Progress Report. Once the Family Plan/Progress Report is developed, the PSP counsellor and the parent will begin to work on the goals. This process may consist of participation in individual sessions only, group sessions only or a combination of the two depending on how the parent and counsellor have agreed on achieving the goals outlined in the Family Plan/Progress Report.

The purpose of the PSP Groups is to provide parents with parenting information on specific topics such as toilet training, discipline, bed times, financial management, etc. Another goal of the group is to begin to assist parents in developing a peer support network. In addition, parents are offered support in developing an awareness of their strengths and areas of growth. Also, emphasis is placed on stimulating positive parent-child interactions during parent-child interactive groups.

The parents may attend as many groups as they feel would be helpful. Each parent has access to eight individual weekly sessions upon starting with the program. Once the eight individual weekly sessions have been used up, priority for individual sessions goes to newer clients. At this time, the parent will have access to individual sessions depending on the availability of the counsellor.

We can accommodate clients with special needs and will make necessary adaptations to our approach when appropriate to serve these clients, including consulting with and referring to outside resources with expertise in the particular areas of special needs.

Goals and Objectives

The objective of the program is to provide assessment, treatment planning and implementation for clients of the program. It is to also provide prevention and intervention services to at-risk, inexperienced, new and/or socially isolated parents with a child 0 – 5 years who reside in Burnaby or New Westminster.

Program Referral

Referral into the Program may be from a community partner such as the Ministry for Children and Families, the Health Unit, Hospital, or School, as well as coming from the parents themselves, with a self referral.

Referrals come in, and the Admin enters it into the computer. Admin then gives the referral to the Coordinator for approval. If the Coordinator will not be in the office for a few days, then Admin will make the appropriate phone calls to inform people that we have received the referral and will process it as soon as possible.

After approval, the Coordinator will give the referral to the PSP Counsellor. Ideally, there will be no waitlist in this program and the PSP Counsellor will schedule an Intake appointment with the parent within one week of receiving the referral. If the referral is not appropriate, the referral will be called and given suggestions of other, more suitable, programs that are available in the community.

The counsellor will interview and assess the client and prepare a Family Plan/Progress Report.

Assessment and Service Planning Procedures

Parenting Support Counsellors will write a Family Progress Report on each client for a specific area that the client feels they need to improve. The Family Progress Report is to be started by the fifth session, and will be based on information gathered from the Referral Form, the Intake Form, the Outcome Measures Form, filled out by the client, the Family Needs Identification Report, as well as any other information shared at the intake sessions. The Family Progress Report will contain mutually agreed upon goals decided upon between the client and the Parenting Support Counsellor within a timeline given for service. Wherever appropriate, special consideration will be given to clients regarding any aspect of their cultural background, language or special needs. If the form cannot be completed due to language barriers, please note on the form and date and sign it. Whenever necessary, referrals will be made to outside agencies if it is determined that we are unable to meet the client's needs.

The Family Progress Report is a service plan based on the requested needs of the client during assessment, and is specific to the most appropriate services for

the client/family needs, strengths, goals, objectives, length of service as set by the program contract and the desired outcomes. A client may have more than one Family Progress Report.

Family Progress Reports are to be signed by the client.

Termination Procedures

The possibility of terminating service due to the following reasons will be communicated to the client at the initial session:

- The client voluntarily leaves the program
- The file is closed due to the client not meeting the program's standards such as too many missed appointments
- The client moves out of the service area and therefore is not accessible by the Parenting Support Counsellor
- The client's youngest child turns 5 years old

An End of Service Summary termination report will be written by the end of the month in which the file is closed for those clients who have been seen for 5 or more sessions. An Abbreviated Support Plan is used for clients who have had 4 sessions or less. **Please be aware that if the file was transferred from a previous PSP counsellor, those previous sessions count when you close a file.** The report will summarize the status of the goals and will include recommendations for further services. The number of groups that the client has attended should also be noted in the report. The Parenting Support Counsellor will also notify any collaborating agency of the termination and this will be noted in the report. If the client has been terminated involuntarily (i.e. due to missed appointments), the client will be notified of the termination in writing immediately and an evaluation form will be sent and suggestions for other services can be made.

If requested by the Ministry of Child and Family Development, a copy of the termination report (End of Service Summary) including the recommendations and/or referrals made by the Parenting Support Counsellor with the client can be sent to the social worker. Otherwise, the social worker can be notified of a client's termination via telephone or a letter.

A Three Month Follow Up Call Form will be completed.

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Duties and Responsibilities

Case Management

Expectations include:

- to maintain regular contact with the client family and/or other professionals involved
- to be prepared and on time for appointments
- to facilitate weekly group modules on a rotating basis, in different locations in the community (3 in New West and 7 in Burnaby)
- to provide crisis intervention services as needed
- to liase with community agencies
- to make referrals to appropriate agencies
- to participate in professional development
- to return calls to clients, social workers, etc., the same day and record in the running record

Once the referral is picked up, contact with the client must be made within 24 hours. (If the client does not have a phone, send a letter). If there is no response within a week, send the letter stating the file will be closed. Document all attempts in the running record. These referrals will be given back to admin to record as "No Contact Made". If the client does not respond to the message, mail a letter, stating that if we do not hear back within a week, the file will be closed.

Caseload and Face to Face Client Hours

Caseload is based on a minimum of 4 face to face hours out of 7 hours worked. (i.e. 20 hours in a 35 hour position). Note that this is a contractual requirement of MCFD for the program, and it is imperative that we meet or exceed this minimum requirement. The first two weeks of employment are designated as training and orientation, and allows time to build your caseload. It is expected that a full caseload be booked by the third week of employment. Due to the importance of meeting this requirement, face to face is tracked throughout the year, and is reported on annually performance evaluations. Year-to-date face to face balances are provided to each counsellor quarterly.

Face to face hours include counselling sessions, telephone conversations with a client of more than 15 minutes, integrated case management meetings, or any other meeting where the client is present. No-shows and cancellations with less than 24 hours notice may be counted on your timesheet, and are counted as a session for the client. Group sessions, including any time spent with clients before and after group, also count as face to face.

When booking groups, if no one signs up within 5 weekdays of the group, it will be cancelled and will not be counted as face to face. If the group has people signed up for it, but no one shows up, it will count as face to face.

Supervision

Employees need to keep the Program Co-ordinator up to date on all families. This will be accomplished by mandatory attendance at bi-weekly supervision meetings. All supervision meetings should be entered in the Running Record and initialled by the Co-ordinator. The Co-ordinator also needs to be immediately made aware of critical incidents, service delivery problems or complaints of any kind. Case management meetings are to be held every three months in which files will be looked over and discussed.

Resources

All Parenting Support Counsellors have access to community, family and child development resources within the office. If unable to find a required resource, the Parenting Support Counsellor should network with other staff and/or Co-ordinator as well as the community at large.

Responsibilities

It should be mentioned here, that each situation is different and the varying needs and priorities of each family; intellectual, spiritual and cultural be considered and respected. Therefore, session content and goals are to be decided by each individual employee and each family, so long as they fulfil program requirements. It is also the responsibility of the employee to review the effectiveness of the family goals, and modify, in cooperation with the family if needed.

The employee should also be on time for appointments, keep cancellations to a minimum and not be judgmental, insensitive or unreasonable to any family or community member.

Whenever a referral is made on behalf of a client, the Parenting Support Counsellor will follow up and enter the appropriate information in the progress report. When the need for a case co-ordination has been identified and no other agency nor MCFD has taken the responsibility, then the Parenting Support Counsellor will assume the responsibility of setting up a meeting and will participate in all activities resulting from that meeting.

Running groups

The group facilitator is expected to be in the group room 10 - 15 minutes before the start of the group to welcome parents and children and to help them get settled in.

The group facilitator is responsible for delegating tasks to childminders, volunteers and practicum students.

The group facilitator is responsible for ensuring that the groups rules are adhered to.

Please ensure that a group sign in sheet is completed for each group and that all participants complete the daily evaluation form before leaving. Complete evaluations forms are to be sent to the Hastings office.

If the event that a group needs to be cancelled (i.e. due to illness), the group facilitator is responsible for calling the coordinator and/or other PSP counsellors as soon as possible to see if a replacement can be found. If that is not possible, the group facilitator is responsible for contacting the admin to ask her to call all clients and childminders to inform them that group has been cancelled.

Outreach

Outreach appointments may be scheduled depending on the PSP counsellor's availability. Outreach appointments may be scheduled in the event that the client has difficulty accessing our office or if the PSP counsellor and the client feel that home visits would be more efficient and effective in achieving the families parenting goals.

Money & Gifts

There should be no exchange of money between the employee and any client or their immediate family members. Contact the Co-ordinator immediately if a situation arises where money is concerned.

Gift exchange between employees and families is allowed, but must be appropriate (i.e. at Christmas time). Please inform the Program Co-ordinator, so gifts can be documented. This is in order to prevent any misunderstanding between family members and employees at a later date.

Gifts of Community donations to the program are exempt.

Donation to Programs

From time to time donations are given to the Programme in the form of money or goods. If you receive a donation of any kind, please pass it along to your Co-ordinator, along with the contact information of the donor.

Media Relations Procedure

All media enquiries are to go directly to the Executive Director. Staff are not permitted to speak to the media.

In the event that the client wishes to participate, voluntarily, in any promotional material for the agency, the adult is required to sign a consent form stating that they give permission to participate and that they understand that participation is voluntary.

Community Resources

We have an active relationship with other community resources and work closely with them. In the first week of employment, familiarize yourself with the ones applicable to this service and book a visit to introduce yourself wherever appropriate.

Key community services for families include, but are not limited to: food and nutrition services; health services; housing services; transportation services; financial assistance; and child care provider.

Goals and Objectives of the PQI Process

The goals and objectives of the PQI process are to ensure that we comply with the policy and procedures of the Agency. It enables us to discover shortcomings or areas that need improvement and to rectify them in a timely manner. The process ensures that we are providing the best service delivery to our clients.

Cultural and Socio-economic Characteristics of Clients

The cultural and socio-economic characteristics of the clients in our service areas will be given to staff annually with the results of the Community Profile. The same demographic information of our client base will be provided to staff with the annual summary report of the client feedback forms.

Holding / Restrictive Behaviour Management Interventions

Cameray's overall approach to behaviour support and management is that we do not utilize manual restraints or restrictive interventions, but focus on promoting positive behaviour. In situations where a child is at risk of harming themselves or another, as a last resort, manual restraint (i.e.: trained holding techniques) may be used until the child is safe, based on the Least Restrictive Intervention Model. Within 24 hours following the incident, personnel will debrief with the coordinator and any other staff members involved in the incident, write a Critical Incident report(to be reviewed at the following Board meeting) and complete the Behaviour Management Guide. Where appropriate, a meeting will be held with the parent and / or child to debrief the situation.

Least Restrictive Intervention Model

This model focuses on beginning interventions with children who are having behaviour management issues from a least restrictive or intrusive model first. If the less intrusive models are unsuccessful, the therapist may move towards more restrictive techniques. For example, it is important to identify unwanted behaviours early on and provide opportunity for the child to change the behaviour. If the behaviour does not change, the therapist can move up the scale of restrictive interventions, ending in holding only as a last resort. Two very important aspects to remember when responding to behaviours are to respond immediately to unwanted behaviours and to respond consistently.

The scale of interventions is as follows (flowing from least restrictive to most restrictive)

1. **Modify the Environment.**
This may involve eliminating any problems that are causing the child distress. Eg. Remind the child of rules and consequences. Ie. If you throw that toy, it will be removed from the playroom. If doing group work, this may also involve keeping children separate who are prone to fighting.
2. **Reinforcement.**
Reinforce positive behaviours and provide consistent consequences to negative behaviours. Behaviours such as mild tantrums and whining are to be ignored. When the inappropriate behaviour stops, provide a lot of attention.
3. **Redirection**
To appropriately redirect behaviour, say the child's name, maintain eye contact and speak in a clear, non-threatening tone. Ask the child to stop the inappropriate behaviour and suggest an appropriate behaviour that can be done instead. If the behaviour continues, state why it is inappropriate and state a consequence if it does not stop. If the behaviour stops, provide reinforcement.
4. **Holding**
Only as a last resort and if the child is a danger to self or others should holding be used. Be supportive and calm, using relaxation techniques for yourself and the child. Remove any external sources of agitation. Be sure to monitor the client consistently for any signs of distress. The child is to be released as soon as it is safe to do so.

Safety

Whenever a group takes place outside of a Cameray office, safety precautions must be practiced. A first-aid kit, cell-phone and the Health and Safety Manual should accompany the group facilitator to all locations of the groups. (Cameray

does not provide cell phones but will reimburse staff for use of their cell phones at \$20 per month). It is also the responsibility of the group facilitator to check with the building's fire escape/emergency escape procedures.

Files

File Structure

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Files

File Structure

The Administrative Assistant prepares files for new cases. When you receive a new file it will have the *Referral Form* on the left, and the *Running Record* on the right. It will also contain the *Consent Forms Package* and *Report Checklist*. The *Running Record* is used to record all activity on the file, without information regarding content. For example, all telephone calls (including messages left), meetings and sessions (including cancellations, no shows and reports written) are listed with the dates of the activities and your initials beside each entry.

Please identify entries with “Individual session” or “Group” and number the sessions. This will be helpful when a file is closed and it is necessary to know how many individual and group sessions a client attended. The *Progress Notes* form is used to record content, such as session notes or records of telephone conversations. Progress Notes are to be kept brief and factual (i.e. no speculations or opinions), in case the file is ever subpoenaed, and are to be initialled after each entry by the counsellor. All reports, consent forms and correspondence are also kept in the file. Files are to be kept neat and in chronological order, with reports at the top. Files are to be kept neat and in chronological order, with reports at the top. Please refer to the “file order” checklist to verify that documents are filed in the appropriate order. This is for ease of reading and finding information in case the Co-ordinator should need to pull a file in the counsellor’s absence, or for Peer File Reviewers (for Accreditation purposes). Reports are not to be removed from the office at any time. All files are locked in the filing cabinet when the office is closed.

Client File Locator Cards

When a client file is removed from the filing cabinet, a file locator card must be filled out and put in the file’s place within the cabinet.

Opening Forms Package

This package is to be reviewed with the client and signed at the initial session. If necessary, some opening forms are available in other languages. Please use as required. If opening forms cannot be completed due to language barriers, please document this in the file. Expectations regarding participation are discussed and supported by signing of all opening form documents and the Family Needs Identification Report. The Opening Forms Package consists of:

Release of Information – Client lists any social workers or other service providers involved. The importance of collaborative planning and case management should be stressed, i.e. we are obligated to speak to these people if requested in

order to contribute to collaborative planning, even if the client does not provide a release. The purpose for the collection and use of information being requested must be clear. Some time should be spent reviewing the reasons for this and assuring the client regarding confidentiality. See the chapter on “Collaborative Planning and Information Sharing” in The B.C. Handbook for Action on Child Abuse and Neglect (copy at the end of this section). If the client does not wish to list anyone at this time, they are to sign the appropriate section at the bottom of the form. Clients are to be given a copy of this form and the original is to be kept in the file. The release of information will be valid for up to 90 days. When a request for the Release of Information about a client is received, inform the Co-ordinator. If it is decided that the request is valid and in the best interest of the client and the client has not already provided consent, obtain written consent in the Release of Information form. If it is decided that the request is not valid, then the counsellor will deny the request for information.

Client Information Sheet – This sheet outlines information the client should be aware of, and they can take it with them. It should be reviewed with the client in the first session, with particular stress given to the sections on the limits to confidentiality and the cancellation policy.

Client Rights and Responsibilities – This is an information sheet of the client’s rights and behavioural responsibilities during the course of counselling. One copy must be signed and placed in the file and another copy is to be sent with the client after the first session.

After Hours Entry – This is an information sheet for those clients who will be seen in the evenings. It outlines the procedure for entry when doors are locked in each of the offices. It also outlines the policy regarding parents waiting for their children in the waiting room, to minimize the need for counsellors to leave the office to let people in the building.

Intake Form – This is a form for the client to complete which will provide the necessary demographic information to complete a demographic profile for the agency’s client base. Admin will give this form to the client when they arrive for their first session. It is the responsibility of the counsellor to administer and collect the Intake Form when admin is not in the office. Check off on the report checklist that it has been completed and handed in to admin. The completed form will be sent to Hastings.

Outcomes Measurement Form – This form will be given to the client to fill out on the first visit. The form will be completed again at every 12 sessions or once a year, whichever happens first. This form will be completed again at termination. **For those clients who are attending groups only, this form is to be completed annually.** Completed copies are to be kept in the file until termination. When the file is closed, the completed sheets are to be photocopied, stapled together and sent to the admin office. The originals will be kept in the file.

Family Needs Identification Report – This report will be completed at the first meeting with the client. The client will identify areas of strength and areas that they wish to improve. The counsellor will sign this report. This report will be used to design the family goals and is to be placed in the file.

List of Group Rules – This list of rules will be discussed with the client during intake so the client is aware of the procedure for sign up and rules that pertain to tardiness, cancellation, discipline, responsibility for children etc. during groups.

Client Evaluations

A pre-service evaluation will be given on the first session. All clients should be provided with program evaluation forms once a year and at termination. Every time a client evaluation is completed, it is to be documented on the file checklist. Every time a group evaluation is completed, it is to be documented in the Running Record. The evaluation forms are anonymous. Time should be provided during the individual session and/or group session for the clients to fill them. Parenting Support Counsellors will be provided with copies of evaluations completed by their clients, a copy will go to the Co-ordinator, and the original will be sent to the Executive Director. If a client does not attend the termination session, evaluations should be mailed to them.

Closing Letters

Closing letter templates are available on the computers, and paper copies can be found in the filing cabinet. These can be “customized” for individual clients by the Parenting Support Counsellor.

Cancelling or Changing an Appointment with a Client

When cancelling or changing an appointment with a client, please record immediately in the running record with the date, time and who you spoke to. It will help immensely when a client still turns up for the appointment.

Forms

Timesheet

Vacation Request

Stats

Expenses

Forms

Timesheet

Timesheets need to be handed in weekly to the coordinator. They are due on the first working day of the week for the previous week. Timesheets outline hours worked, clients seen (first names), meetings attended, travel time, cancellations, etc. as well as vacation, sick, or other hours claimed. Travel time is to be marked by the client's name or meeting attended

Vacation Request

This form is to be completed to request vacation time, and submitted to the coordinator for authorization as soon as possible.

Stats

Stats forms need to be completed electronically on the last workday of each month and submitted to the coordinator.

Expenses

A completed expense form must be submitted at the end of each month to the coordinator with the original receipts attached. Please discuss purchases that exceed the monthly budget with the coordinator before making the purchases. Any expenses that go above and beyond the agreed upon monthly budget may not be reimbursed.

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Staff meetings

Schedules staff meetings are mandatory. Staff meetings consist of team building and check-in, administrative and accreditation business, case management/case consultation and community updates and project planning. Some meetings may include in-service training and presentations, either by volunteers from the staff or outside guests.

Office Maintenance

All Parenting Support Counsellors are expected to participate in the general maintenance of the office, i.e. washing dishes, emptying garbage, and general tidying of the kitchen, waiting area and counselling rooms. In general, each Parenting Support Counsellor is expected to tidy after themselves and clean their own dishes. There is also a cleaning schedule for extra cleaning duties.

Performance Evaluation

All Parenting Support Counsellors will receive a mid-probation performance evaluation by their Co-ordinator (with feedback from the Team Leader) at one, two, and if appropriate, three months. A performance evaluation will also be done at the end of their probationary period, and then annually thereafter.

Duty to report need for protection

14. (1) A person who has reason to believe that a child needs protection must promptly report the matter to a director or a person designated by a director.
- (2) Subsection (1) applies even if the information on which the belief is based
 - (a) is privileged, except as the result of a solicitor-client relationship, or
 - (b) is confidential and it's disclosure is prohibited under another Act.
- (3) A person who contravenes subsection (1) commits an offense.
- (4) A person who knowingly reports to a director, or a person designated by a director, false information that a child needs protection commits an offense.
- (5) No damages may be brought against a person for reporting information under this section unless the person knowingly reported false information.
- (6) A person who commits an offense under this section is liable to a fine of up to \$10,000 or to imprisonment for up to six months, or to both.

- (7) The limitation period governing the commencement of a proceeding under the Offense Act does not apply to a proceeding relating to an offense under this section.

How to Report a Protection Concern

1. If there is any concern regarding a child's protection, consult with your Co-ordinator. If they are not available, consult with the Co-ordinator at the other office, or the Executive Director. The Co-ordinator will determine the need to report to MCFD. Document the consultation in the file, including the direction given by the Co-ordinator.
2. If it is determined a report needs to be made, call MCFD and ask to speak to the child's social worker (S/W). If the child does not have a S/W, ask to speak to a duty or intake worker. Depending on the immediacy of the need to report (based on consultation with the Co-ordinator), call After Hours MCFD if it is after 4:30. If it is not an immediate concern and it is after 4:30, call the S/W the following day.
3. If the S/W is not available, please leave a message. If the concern is immediate, ask to speak to a duty or intake worker.
4. If no duty worker is free, consult with the Co-ordinator again to determine further steps. Decisions will be made based on immediacy / severity of the concern. Further steps may involve speaking to MCFD Team Leader, and if not available, informing MCFD receptionist of the need to report and holding until somebody is available.
5. Document all steps that you have taken in the client file immediately, and let your Co-ordinator know of any difficulties.
6. Complete the Critical Incident report and hand it in to the Co-ordinator.

Child, Family and Community Service Act

Part 3: Child Protection

When protection is needed

13. (1) A child needs protection in the following circumstances:
 - (a) if the child has been, or is likely to be, physically harmed by the child's parent;
 - (b) if the child has been, or is likely to be, sexually abused or exploited by the child's parent;

- (c) if the child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person and if the child's parent is unwilling or unable to protect the child;
 - (d) if the child has been, or is likely to be, physically harmed because of neglect by the child's parent;
 - (e) if the child is emotionally harmed by the parent's conduct;
 - (f) if the child is deprived of necessary healthcare;
 - (g) if the child's development is likely to be seriously impaired by a treatable condition and the child's parent refuses to provide or consent to treatment;
 - (h) if the child's parent is unwilling or unable to care for the child and has not made adequate provision for the child's care;
 - (i) if the child is or has been absent from home in circumstances that endanger the child's safety or well being;
 - (j) if the child's parent is dead and adequate provision has not been made for the child's care;
 - (k) if the child has been abandoned and adequate provision has not been made for the child's care;
 - (l) if the child is in the care of a director or another person by agreement and the child's parent is unwilling or unable to resume care when the agreement is no longer in force.
- (2) For the purpose of subsection (1) (e), a child is emotionally harmed if the child demonstrates severe
- (a) anxiety
 - (b) depression
 - (c) withdrawal, or
 - (d) self-destructive or aggressive behaviour

Collaboration

The following chapter on Collaborative Planning and Information Sharing from the BC Handbook for Action on Child Abuse and Neglect is to be followed to provide integrated service to children and their families.

Volunteers

Volunteers will be accepted, where appropriate. All volunteers must first complete a criminal record check. They must also successfully pass an interview. Volunteers are under the supervision of the Group Facilitators.

Upon leaving, an evaluative letter will be written for the volunteer by the person responsible for their supervision.

Childcare

Childcare may be used for the Module Groups and other parenting groups run by the Parenting Support Counsellors. Only childcare providers who have passed through Human Resources and have been placed on the childcare list may be used.

Before a childcare provider may be used, first a resume must be sent to head office. Then, Human Resources will contact them to arrange a meeting, a criminal record check, and a reference check.

Parents are on-site at all times, but we must follow the childminder to children ratio laws set out by the Government:

- if the child is under 12 months, it is encouraged that they stay with the parent, but if the childcare worker has less than 3 children, the infant can go with the childcare worker
- if the children are under the age of 3, the ratio is one worker to 4 children
- if all the children in the group are over the age of 3, the ratio is 1:8

All childcare providers are under the supervision of the Group organizers. All hours worked by childcare providers in the Parenting Support Program are to be documented and sent to the Admin office by the 1st of each month for payment.