

# **PROTOCOL AGREEMENT**

**BETWEEN**

**HAIDA CHILD AND FAMILY SERVICES SOCIETY**

**AND**

**OLD MASSETT HEALTH CENTRE**

## **1. PURPOSE:**

The purpose of this agreement is to clarify the working relationship between Old Massett Health Centre and Haida Child and Family Services Society (HCFSS) to ensure the safety, health and well being of Haida children and their families. The intent is to establish communication guidelines and enhance collaborative work practices.

## **2. BACKGROUND:**

Haida Child and Family Services Society has been created by the two member bands of the Haida Nation (Old Massett and Skidegate) to provide child and family services to its' members. HCFSS works collaboratively with the member bands to deal with child welfare issues that may arise on or off reserve. The long-term plan is to provide a full range of child welfare services, including delegated child protection to all of Haida Gwaii.

## **3. LEGISLATION GUIDING THIS PROTOCOL:**

- *Child Family and Community Services Act (CF&CS Act)*
- *Freedom of Information and Protection of Privacy Act*
- *Infants Act*
- *Family Relations Act*
- *Criminal Code of Canada*
- *Indian Act*
- *Canadian Medical Association Code of Ethics Sec 22*
- *Community Health Transfer Agreement*

#### **4. ROLE OF HAIDA CHILD AND FAMILY SERVICES**

HCFSS social workers will have C3 Delegation that includes the following services as defined by the Child, Family and Community Services Act.

- Voluntary support services for Families (counselling, parenting groups, grief and loss groups, high risk youth groups, respite care, etc.)
- Voluntary Care Agreements (bringing children and youth into care through a voluntary agreement with their family)
- Special Needs Agreement (bringing children and youth who have special needs into care through a voluntary agreement with their family)
- Mediation Services
- Residential Resource Development (foster homes and group homes)

#### **5. ROLE OF OLD MASSETT HEALTH CENTRE:**

- The Health Centre may refer Haida children and their families to HCFSS for the above mentioned support services.
- The Health Centre willing to share information regarding Haida children to a delegated social worker when requested with proper documentation. (See information sharing)
- The Health Centre will provide appropriate existing services to HCFSS clients. This may include but will not be limited to: alcohol and drug counseling; youth programs; breakfast program; FASD programs and HIV/AIDS counseling. If program do not exist they will provide referrals to existing programs.

#### **6. REPORTS OF SUSPECTED CHILD ABUSE AND NEGLECT:**

If the Health Centre staff have reason to believe that a child has been or is likely to be physically harmed, sexually abused, or needs protection, they are to report their concerns to the **Queen Charlotte Ministry of Children and Family Development (250) 559-4403, or After-hours 310-1234**

**Note: At this time, Haida Child and Family Services Society does not have the authority to receive, assess or investigate child protection reports.**

## **7. INFORMATION SHARING:**

The parties may disclose information to one another consistent with the legislation that guides their mandated authority.

- HCFSS social workers will be prepared to show proper identification to the Health Centre staff if requested.
- HCFSS will provide a list of delegated social workers to the Health Centre Administrator.
- When HCFSS social workers request information from the Old Massett Health Centre pursuant to Sec 96 of the CF&CS Act, the request will:
  - 1) be made to the Health Centre Administrator
  - 2) be as specific as possible as to what information is being requested
  - 3) be in writing if requested, or unless it is an emergency
  - 4) confirm that the social worker making the request has the appropriate legal authority (letter of delegation)
  - 5) Identify the child or youth by known name, date of birth, and usual place of residence.

## **8. DISPUTE RESOLUTION:**

Any complaint regarding non-compliance to this protocol will be resolved as follows:

- 1) Initially, efforts to resolve the matter must be made by the front line social worker and the individual health worker.
- 2) Involvement of HCFSS team leader and Health Centre staff is required when resolution is not obtained at step 1.
- 3) If resolution is still not achieved, then a formal written complaint will be addressed to the HCFSS Executive Director and the Administrator of the Old Massett Health Centre for resolution.

## **9. REVIEW OF PROTOCOL:**

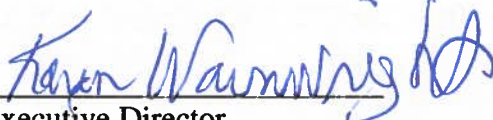
It is agreed that both parties will review this protocol annually from the date of signature. Either party to this agreement may request in writing a meeting to clarify a specific section of this protocol. Any revisions agreed to must be stated in writing and attached as an appendix and then incorporated into the body of the protocol at the 12 month review.

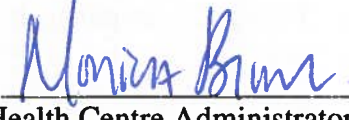
**10. SIGNATORIES:**

SIGNED THIS 9 DAY OF December, 2018  
AT Old Massett BC

HAIDA CHILD AND FAMILY  
SERVICES SOCIETY

OLD MASSET  
HEALTH CENTRE

  
Executive Director

  
Health Centre Administrator

Appendices

FYI this is directly copies from the  
**CHILD, FAMILY AND COMMUNITY SERVICE ACT**  
**[RSBC 1996] CHAPTER 46**

**Part 3 — Child Protection**

**Division 1 — Responding to Reports**

**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
  - (i) the parent's conduct, or
  - (ii) living in a situation where there is domestic violence by or towards a person with whom the child resides;
- (f) if the child is deprived of necessary health care;
- (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 unable or unwilling 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.

(1.1) For the purpose of subsection (1) (b) and (c) but without limiting the meaning of "sexually abused" or "sexually exploited", a child has been or is likely to be sexually abused or sexually exploited if the child has been, or is likely to be,

(a) encouraged or helped to engage in prostitution, or

(b) coerced or inveigled into engaging in prostitution.

(1.2) For the purpose of subsection (1) (a) and (c) but without limiting the circumstances that may increase the likelihood of physical harm to a child, the likelihood of physical harm to a child increases when the child is living in a situation where there is domestic violence by or towards a person with whom the child resides.

(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.

### **Duty to report need for protection**

**14** (1) A person who has reason to believe that a child needs protection under section 13 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 a result of a solicitor-client relationship, or

(b) is confidential and its disclosure is prohibited under another Act.

(3) A person who contravenes subsection (1) commits an offence.

(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 offence.

(5) No action for 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 offence under this section is liable to a fine of up to \$10 000 or to imprisonment for up to 6 months, or to both.

(7) The limitation period governing the commencement of a proceeding under the *Offence Act* does not apply to a proceeding relating to an offence under this section.

