



# Practice Directive

## Practice Directive No. 005

### Clinical Consultation and Support in Complex High Risk Child Protection Cases

**Purpose** The presence of certain concurrent risk factors in families is associated with a high risk of future harm. The interaction of these factors in a case increases risk and contributes to its complexity. As highlighted in case reviews, and research, these cases are challenging to manage. Therefore, it is important to exercise due diligence in seeking out the most comprehensive information possible and work in collaboration with those who could provide advice and expertise in specific areas for case planning.

**Application**

- Obtaining clinical advice and consultation from clinical leaders with experience and expertise in managing such cases is necessary to support and inform assessments, critical decisions and plans.
- In addition to clinical supervision, consider involving a regional consultant, or other clinical leader for advice and support in assessing and planning services to children, youth and families in complex, high risk cases.
- The intent is to obtain clinical support and advice in complex, high risk cases, yet is not about obtaining clinical direction. Policy requires clinical supervisors to provide clinical direction at key decision points. Ensure that when consultation is sought with those who can provide clinical direction, the purpose of the consultation is specified: clinical support and advice OR clinical direction on case practise.
- This advisory promotes casework consultation, advice and support in a variety of circumstances and does not limit what could be consulted on with experts. Additionally, does not restrict what cases could be considered complex, high risk ~ if expert consultation would be beneficial, it is encouraged.

**Background** **Risk factors found in complex, high risk cases may include the following:**

- Parent is misusing substances or an increase in substance misuse is identified;
- Parent has a diagnosed mental health disorder that is untreated; or,
- History or recent escalation of domestic/intimate partner violence is identified (with previous or current partners)<sup>1</sup>;

AND

- There have been more than 10 child protection reports on the family or more than three (3) child protection reports in the past 12 months.

This list of factors is not exhaustive and *referrals to clinical consultants are not limited to only complex, high-risk cases, or to child protection cases.*

<sup>1</sup>The existence of more than one of these factors significantly raises the level of risk and complexity.



# Practice Directive

In addition to the risk factors outlined above, specialized clinical advice may be necessary to support and inform assessments, critical decisions and plans when working with youth.

## **Risk factors specific to complex, high risk cases involving youth include:**

- Street entrenched lifestyle;
- High risk behaviours (problematic substance use, sexually exploited, gang/criminal/violent activity, suicide attempts);
- Not engaged in school, work, or day programs;
- Diagnosed mental health disorder that is untreated;
- Developmental issues;
- Dual diagnosis;
- Homelessness; and,
- Disconnection from family and/or supportive adults in their lives.

AND

Multiple service providers have attempted involvement with the youth yet effective engagement has not been achieved.

## **There are factors specific to those involved in providing services in the case to be considered in determining when it is necessary to obtain specialized clinical support and advice.**

These include:

- Limited level of experience, knowledge and confidence of the staff involved in managing the case;
- Divergent or conflicting opinions about key decisions among involved service providers;
- Multiple program areas involved (e.g. child protective services, child and youth mental health services, youth justice, children and youth with special needs); and,
- Lack of resources available to meet the safety needs of the child, youth or family.

## **Details (Guidelines/ Policy/etc)**

**A number of options are available for obtaining clinical consultation and support in complex, high risk cases.** Possible referral points or sources of clinical support and consultation include:

- Child protection, mental health and guardianship consultants;
- Aboriginal Programs and Service Support analysts;
- Domestic Violence Leads;
- Peer review/consultation;
- Afterhours social work team;
- Maples Adolescent Treatment Centre; and/or,
- Suspected Child Abuse and Neglect (SCAN) Units including the BC Children's Hospital Child Protection Service Unit.

<sup>1</sup>The existence of more than one of these factors significantly raises the level of risk and complexity.



# Practice Directive

**Relevant  
Legislation,  
Regulations,  
Rules**

- Chapter 3 of the revised *CFCSA* policy/standards
- Practice Directive on *Use of Safe Rooms in Residential Resources*

**Effective Date** This practice directive is effective as of February 25, 2013.

## Original Signature on File

---

Samantha Langton, Executive Director  
Fraser Valley Aboriginal Children and  
Family Services Society

<sup>1</sup>The existence of more than one of these factors significantly raises the level of risk and complexity.