Choose Children:
A Case for Reinvesting in Child, Youth, and Family Services in British Columbia
ChooseChildren.ca

Children, youth and family workers. Proudly represented by
“There is too much work and not enough workers that are allowed to work in an appropriate fashion to support B.C. families. This government was supposed to be about families. When does that start for our clients?”

Child protection worker, Ministry of Children and Family Development, Northern B.C.

“It’s unacceptable to put this type of pressure on staff who work in this line of business because of their caring nature. It feels like staff are being taken advantage of as they will go above and beyond to help our clientele. Our clients are suffering, as service delivery standards cannot be met. I fear we are heading towards failure. Failure to our clients and failure to our staff.”

Employment assistance worker, Ministry of Social Development and Social Innovation, Interior

“I love what I do. I love my clients and my team. I love creating programs that are creative and fun for everyone. However, without the collaborative support of management or the B.C. government, I feel cut off at the knees most of the days that I am at work. This is not a way to do business, much less provide any stellar kind of care.”

Frontline worker, Community Living, Vancouver Island

**CHOOSE CHILDREN: A CASE FOR REINVESTING IN CHILD, YOUTH, AND FAMILY SERVICES IN BRITISH COLUMBIA**

November, 2014

A report prepared by the British Columbia Government and Service Employees’ Union (BCGEU).

**Acknowledgements:**

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CONTENTS

Introduction  1

Voices from the frontlines  4

The five failures of B.C.’s child, youth, and family services sector  5

I. Caseload and workload management  5

II. Chronic understaffing and poor staffing management  9

III. Occupational health and safety  13

IV. Integrated case management (ICM) and technological failures  16

V. Training and professional development  19

Recommendations  22

Appendix A  25

Appendix B  26
INTRODUCTION

Every day in British Columbia, vulnerable children, youth, and families are falling through the cracks of an under-resourced and over-stretched child welfare system. The safety and wellbeing of vulnerable children and families is being compromised because the B.C. government is not committing the resources required to protect them, with desperately tragic consequences.

Reports and reviews by the B.C. Representative for Children and Youth have drawn attention to government’s profound organizational and administrative failure to ensure adequate protections for vulnerable children, youth, and families—and to prevent unthinkable but entirely avoidable tragedy and loss of life. Between 2007 and 2013, 598 deaths were reported to the Representative’s office, as well as 1,453 critical injuries.

In February 2014, the Representative issued the Lost in the Shadows report in response to the death by suicide in 2012 of a 14-year-old girl living on a rural First Nations reserve. Her death came after many years of traumatic physical and emotional abuse, both in her home and her community. Lost in the Shadows, like many other investigative reports issued by the Representative, documents in painstaking detail the near-complete failure of a system meant to protect vulnerable children, youth, and families.

Lost in the Shadows also exposes how chronic staff shortages, a chaotic and dangerous work environment, inadequate intervention, and failed responses to working conditions at the Ministry of Children and Family Development (MCFD) were major contributors to the tragic death of this First Nations girl. In effect, one social worker was doing the job of seven in that region. This ultimately led, in the Representative’s words, to “the functional collapse” of B.C.’s child welfare system.

It’s important to note that when such tragic failures occur, it’s generally not because of services provided by child and family workers. The Representative regularly acknowledges the challenging work done by frontline child and family welfare workers. Theirs is likely the most difficult job in B.C.’s public service.

Rather, tragedy and failure stems from what frontline workers cannot do.

This report draws a comprehensive picture of the systemic failures in the province’s child welfare system by giving a voice to the workers on the frontlines of B.C.’s children, youth, and family services.

Services and supports for vulnerable children, youth, and families are being regularly compromised by severe staffing shortages, excessive caseloads, and dangerous occupational health and safety risks at both MCFD and at the Ministry for Social Development and Social Innovation (MSDSI). Quite simply, there are neither enough resources, nor enough staff; and the volume of work—measured by caseloads—is intolerable.

“It’s not about the job; it’s about not being able to do the job.”
Child protection worker, MCFD, Vancouver Island

“We don’t know what we don’t know, and someone’s going to get hurt or die.”
Team lead, MCFD, Interior

Protection of a child’s best interest should trump everything. Child, youth, and family workers know this, but they don’t have enough resources to do the job they are mandated to do. In this report, they describe the constant pressure to do more with less, and their daily struggle to guarantee basic protections and service levels for vulnerable children and their families. The symptoms of this failure include a larger number of cases being managed by a smaller pool of workers; less time spent working directly with children, youth, and families; growing waitlists for needed services; and a declining overall level of care for those in need.

Child, youth, and family workers are over-compensating for the failures of the system. That is unfair and wrong.
Workers are sacrificing their own physical and mental wellbeing to support a failing system that is chronically and deliberately under-resourced. Morale is plummeting, and workers feel that their knowledge and expertise are devalued. Only their commitment to their vulnerable clients drives them, while working in a system in which they are increasingly losing faith.

“This is the job of my heart, and I see every day the lives that we affect and the families we are supporting. They deserve to be served better than we are doing.”

Child protection worker, mCfd, Northern B.C.

Looking from within, the picture that emerges is of a child and family welfare system teetering on the brink, operating in a constant state of crisis. At-risk children, youth, and their families cannot afford having frontline workers unable to reach out to them because of insufficient staffing, an unstable software system, a lack of resources, or because workers fear for their own safety. The price of another “functional collapse”—the loss of life of a child—would be too high. British Columbia cannot fail to keep vulnerable children safe and families together.

The failure to guarantee basic service levels for vulnerable children, youth, and families is not a new problem, but it is getting worse. Nearly a decade ago, the Honourable Ted Hughes conducted a thorough review of B.C.’s child protection system and its challenges, which led to the creation of the Office of the Representative for Children and Youth in 2007. The Representative has repeatedly called for government to prioritize the welfare of vulnerable children, and has issued 148 recommendations in 22 investigative reports published since 2008.

But the government has failed to prioritize proper funding for services and supports for vulnerable children and their families for the last decade. The budget numbers speak for themselves. In 2004/05, spending per capita on child, youth, and family services in B.C. was $360. Today, it’s $287—a cut of more than one-fifth—even as the consumer price index rose by 17.3% during the same period.

Since 2008, mCfd funding has been cut by $44 million, before inflation. In the report Not Fully Invested released in October 2014, Representative for Children and Youth, Mary Ellen Turpel-Lafond, found that “the government’s lack of financial commitment since 2008 has no doubt played a major role in its failure to meet key recommendations by the Representative.”

Despite the budget cuts, there have been some notable improvements of late. In the report Not Fully Invested, the Representative for Children and Youth recognized that many of the recommendations directed to mCfd are being implemented.

“It basically comes down to the funding, or lack thereof.”

Administrative service worker, mCfd, Northwest, B.C.

In May 2014, mCfd established a high-level working group with BCGEU that has begun to discuss key issues, including staff shortages, recruitment and retention, workload management, workplace safety, learning and development, and the provincial mobile response team. The goal is for a joint BCGEU/mCfd report back to the Representative’s office by April 2015. Initial progress has been encouraging, but it will require additional commitment from government to make the necessary improvements and address some of the chronic issues identified, especially with regard to resources and staffing.

The fact is: British Columbia is experiencing increasing demand for child, youth, and family services. Every year, mCfd provides services to around 155,000 children and youth and their families—or about 17% of BC’s population under age 18. But the province’s child and youth population is projected to grow by an estimated 27,000 over the next five years. And the complexity of support needs required continues to increase as well, for many reasons:

• High and persistent child poverty in B.C.—the province continues to suffer the highest child poverty rate in Canada at 18.6%. The national average is 13.3%;

• The unfortunate over-representation of Aboriginal youth in B.C.’s social welfare system. Fifty-five percent of B.C. children & youth in care are Aboriginal;

• The ongoing effects of the 2007/08 global economic crisis, and the impacts on government funding and staffing levels;
• Increased diagnoses of complex and co-existing physical and mental health disorders for at-risk children and youth. The number of child and youth mental health cases increased by 10.4% in 2012-13 alone, resulting in waitlists of two years or more to access critical services;

• Decreased funding for support systems for vulnerable children and families, including for community health and community-based social services, such as family programs;

• Frequent Ministry reorganizations, impeding effective information management, service planning, and staff assignment practices.

Providing services for children, youth, and families often requires coordination between MCFD, MSDS1, and community-based social service agencies, with the latter contracted to provide community-based services, such as family counselling, transition houses for women fleeing violence, substance abuse support programs, among many others.

Feedback from community social service workers, including Aboriginal services, echoed the experience of MCFD and MSDS1 workers. In all cases, demand for services by far outweighs available staff and financial resources allocated.

It should be obvious: British Columbia cannot continue to do child and family welfare on the cheap.

This report draws a comprehensive picture of the systemic failures in the province’s child welfare system by giving voice to the workers on the frontlines of B.C.’s child, youth, and family services.

Beyond the need to increase sectoral funding, child, youth and family workers across the province identified five fundamental problem areas in frontline service delivery that need to be addressed. These include: case-load and workload management; chronic understaffing and staffing management; occupational health and safety; Integrated Case Management (ICM) software and technological failures; and training and professional development.

The report concludes with recommendations to government for each of these areas.

Ultimately, it’s British Columbia’s political leadership that must take responsibility for the proper functioning and resourcing of the child and family welfare system, or carry the shame of failing to help the most vulnerable.

“The government cannot continue to abdicate their duty to the vulnerable. By failing to support them, they are perpetuating the abuse. We are going to have a dead kid at some point.”

Child protection worker, MCFD, Lower Mainland
This report gives voice to the workers on the frontlines of B.C.’s child, youth, and family services.

These dedicated professionals are all members of the B.C. Government and Service Employees’ Union (BCGEU), the most diverse labour union in British Columbia. BCGEU represents 67,000 workers from 550 different employers. Approximately one-third of BCGEU members work directly for the B.C. provincial government, the rest work in health, community-based social services, post-secondary education, credit unions, casinos and hotels, highways maintenance, among many others.

For the purposes of preparing this report, BCGEU consulted its members working in the following sectors:

- Social, Information and Health Services (BCGEU Component 6)—working in frontline positions for the Ministry of Children and Family Development (MCFD) and Ministry of Social Development and Social Innovation (MSDSI)—including child protection workers, employment and assistance workers, resource workers, family maintenance workers, child and youth mental health and child and youth special needs clinicians, among others.

- Administrative Services (BCGEU Component 12)—working in frontline support and administrative positions throughout both MCFD and MSDSI.

- Community-based Social Services (BCGEU Component 3)—community-based organizations supporting youth and adults with developmental disabilities, youth-at-risk, women services, child care, community justice services, First Nations family services, and employment services, among others.

To ensure that we heard from frontline workers directly, BCGEU facilitated community meetings with children, youth, and family workers across British Columbia. Between February and July 2014, the union facilitated meetings with 412 members in 14 communities. Meeting participants provided written feedback on the issues discussed, and BCGEU compiled this information for the purposes of this report.

### Table 1: Children at Risk Regional Member Meetings

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Total Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb. 27, 2014</td>
<td>Nanaimo</td>
<td>37</td>
</tr>
<tr>
<td>March 26, 2014</td>
<td>Victoria</td>
<td>59</td>
</tr>
<tr>
<td>April 7, 2014</td>
<td>Kamloops</td>
<td>24</td>
</tr>
<tr>
<td>April 8, 2014</td>
<td>Vernon</td>
<td>13</td>
</tr>
<tr>
<td>April 8, 2014</td>
<td>Kelowna</td>
<td>51</td>
</tr>
<tr>
<td>April 23, 2014</td>
<td>Prince George</td>
<td>13</td>
</tr>
<tr>
<td>April 24, 2014</td>
<td>Williams Lake</td>
<td>32</td>
</tr>
<tr>
<td>May 20, 2014</td>
<td>Langley</td>
<td>24</td>
</tr>
<tr>
<td>June 12, 2014</td>
<td>Vancouver</td>
<td>51</td>
</tr>
<tr>
<td>July 7, 2014</td>
<td>Castlegar</td>
<td>20</td>
</tr>
<tr>
<td>July 21, 2014</td>
<td>Prince Rupert</td>
<td>20</td>
</tr>
<tr>
<td>July 22, 2014</td>
<td>Terrace</td>
<td>27</td>
</tr>
<tr>
<td>July 29, 2014</td>
<td>Chilliwack</td>
<td>27</td>
</tr>
<tr>
<td>July 30, 2014</td>
<td>Fort St. John</td>
<td>16</td>
</tr>
</tbody>
</table>

In addition, four separate online surveys were distributed to thousands of BCGEU child, youth, and family service workers, gathering both quantitative and qualitative responses on key issues affecting workplace conditions and service delivery outcomes throughout the sector.

Participation in the online surveys was exceptional, generating response rates as high as 52% of recipients. In total, we received and analyzed 3,418 individual survey responses from frontline workers from MCFD, MSDSI, and community-based social service agencies, establishing a comprehensive set of data organized by employer, region, and professional classification.¹

A detailed break down of survey response data is available in Appendix A.

¹ See Appendix A: Table 2 for summary of survey distribution data, including dates, population and sample sizes, and response rates.
THE FIVE FAILURES OF B.C.’S CHILD, YOUTH, AND FAMILY SERVICES SECTOR

This report draws a comprehensive picture of the systemic failures in B.C.’s child, youth, and family services sector viewed from the inside. Through face-to-face meetings and thousands of survey responses, workers from the sector have identified five significant problem areas in the delivery of frontline services and supports to vulnerable children and families. These include:

1. **Caseload and workload management** – unmanageable workloads and poor caseload management that directly impacts the availability, timeliness, and quality of support for those most in need;

2. **Chronic understaffing and staffing management** – a clear pattern of understaffing and general mismanagement of human resources across the province, as well as severe recruitment and retention challenges. These problems are exacerbated in remote and non-urban regions;

3. **Occupational health and safety** – dangerous working conditions and a failure on the part of government to provide necessary safeguards to child, youth, and family service providers;

4. **Integrated Case Management (ICM) software and technological failures**;

5. **Training and professional development**.

I. **Caseload and workload management**

B.C.’s children, youth, and family workers are faced with unmanageable workloads and poor caseload management that directly impacts the availability, timeliness, and quality of support for those most in need.

CASELOADS FAR IN EXCESS OF ACCEPTABLE STANDARDS

The extensive and authoritative Phoenix Sinclair report conducted by the Honourable Ted Hughes in Manitoba in 2013, recommended that funding to offices and agencies be provided so that caseload ratios for all children, youth, and family workers be reduced to 20. A review of best practices found in academic research suggests that individual caseloads for these frontline professionals should be an average of 16 to 17 cases every month.

“I’m doing the job of two people because we are always understaffed.”

Child protection worker, MCDF, Interior

However, less than one in five frontline child, youth, or family workers in British Columbia has a caseload consistent with best practices. Over 80% of surveyed MCDF workers have a caseload greater than 20 per month.

Moreover, one-third (32%) of MCDF respondents reported a current caseload of 20-29. Nearly half of all survey respondents (48%) reported working on over 30 cases per month.

Finally, 10% of respondents reported caseloads that exceed 70, several of whom indicated average monthly caseloads of 180 or more. Caseloads exceeding 70 were reported primarily by workers in services for children and youth with special needs, reflecting a very different workload structure in this service area. Feedback from these members, however, confirms the impacts of growing and unmanageable workloads consistent with the responses gathered from workers in other classifications.

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“There is constant stress in the knowledge that given my caseload numbers there is absolutely no way of completing even a fraction of my workload, and ensuring the safety and wellbeing of children and families I work with.”

Child protection worker, MCFD, Vancouver Island

Notwithstanding caseload size, the same survey also shows that nearly one-third of respondents (29%) were also carrying another worker’s caseload at the time of the survey. This is often the result of an unfilled vacancy or long-term absence without backfill.

Similar issues with respect to caseloads were identified among the group of community social service workers surveyed as well as those who participated in regional meetings across the province. Community social service agencies are making cost-driven human resource decisions that are significantly increasing the workloads of existing staff and, by extension, impacting service delivery and quality to clients.

“Refusing to replace staff who resign, leaving remaining staff with extra workloads and responsibilities, and allowing current unqualified staff to assume duties they are not suited for or effective in, is creating problems for all staff.”

Seniors care coordinator, Community Social Services, Fraser Valley

Of course, differing demands of individual service roles within MCFD may lead to variations in reported monthly caseload averages to a certain degree. But clearly, caseloads reported by frontline child and family workers are far in excess of best practices.

Caseloads are also becoming more complex. Frontline workers went to great lengths to describe the growing complexity and intensity of their caseloads, often requiring specialized skills and training. Consequences include physical and mental health impacts, “burnout,” and compromised service quality to vulnerable children and youth as described in reports by the Representative for Children and Youth.

Insurmountable workloads also have a profoundly negative impact on morale. Frontline workers feel as though their workload makes it impossible for them to make a difference, which is extremely demoralizing. Rather than spending time protecting and intervening to help build better futures for vulnerable children, youth, and families, these service providers are expending enormous energy and resources on strategizing the management of their excessive workload demands, often to little effect. They are also being directed to manage high volumes of work by reducing the amount of time they spend with clients.

“Phone agents are required to ‘sweep’ calls when we experience high call volumes. We are allowed two minutes to complete the call, which means we have to be abrupt and sometimes almost rude to get the caller off the phone so we can meet the ‘standard’. By the end of a day of ‘sweeping’, I feel soul sick. There is just no way to maintain my humanity and still meet the ‘sweeping’ expectation.”

Employment assistance worker, MSDSI, Lower Mainland

Other impacts of workload for frontline professionals include a lack of time for essential mentorship and leadership, high turnover and poor worker retention, unpaid overtime, and failed communication and coordination.

More despairingly, many frontline workers fear that too many children and youth will never receive the care they need. There are huge amounts of day-to-day stress around workers’ inability to provide proper service and support levels. In some meetings, frontline workers expressed real concern at being unable to properly ascertain whether vulnerable lives were immediately at risk.
“We are all ready to walk out the door but what will happen to the families we work with, if we do? I am a responsible social worker. I do not appreciate feeling like I am not worthy. Who do we go to for help…?”

Child protection worker, MCFD, Vancouver Island

Providing services for children, youth, and families often requires coordination between MCFD, MSDSI, and community-based social service agencies, with the latter contracted to provide community-based services, such as family counselling, transition houses for women fleeing violence, substance abuse support programs, among many others.

Feedback from community social service workers, including Aboriginal services, echoed the experience of MCFD & MSDSI workers. In all cases, demand for services by far outweighs available staff and financial resources allocated. Community social services have faced more than $300 million in funding cuts since 2001.

Community social services referrals appear to be encouraged by MCFD and MSDSI management as a way to manage Ministry work volume. However, meetings and surveys indicate that MCFD and MSDSI workers are very aware that community social services already operate beyond capacity. They appear especially reluctant to refer complex cases that require specialized training or expertise. The reverse is also true: community social service workers are well aware of the constraints under which frontline ministry workers operate. Meetings and survey results reflect shared frustration by professionals across the child, youth and family services sector.

“With continued funding cuts, it does not seem conducive at times to be supporting a system that keeps reducing resources that are desperately needed for marginalized families. There are more and more individuals requiring services that are not available to them.”

Support worker, Community Living, Vancouver Island

“I love my job, however over the past year the workload has increased tenfold. I am not sure where this has come from but no one even has their head above water. There is a shortage of staff, and when we do get new hires it seems that one-third of them quit within a few months.”

Child protection worker, Aboriginal Services, Lower Mainland

“It is difficult to coordinate with social workers for MCFD who carry huge caseloads and have little time/resources to focus on each family. Also, their burnout rate is high and sometimes their attitudes shift as they have difficulty handling their ridiculous caseload overload. Income assistance workers are generally not even available for my clients to speak with. I care about my clients and they deserve better.”

Family development counsellor, General Services, Vancouver Island

REGIONAL DIFFERENCES

While excessive caseloads are felt across the province, growing workloads are particularly problematic outside of Victoria, Vancouver, and the lower Fraser Valley. At meetings in Prince Rupert, Terrace, and Fort St. John, members described the challenge of having to cover much larger geographic areas with limited staff, often travelling great distances and having even fewer opportunities to visit clients and families.

In these regions, an unfilled vacancy or a worker’s absence has a disproportionately greater impact on the workload of others as well as in the timeliness of service and support provision. In some cases, members reported that their caseloads doubled due to the unexpected illness or departure of a co-worker. Other comments revealed even longer waitlists for specialized services in many regions, especially child and youth mental health and special needs services. Workers and clinicians in these fields contend with especially high average caseloads.

In other remote regions, workers voiced their strong concerns over unmanageable waitlists for all services, such as in the Williams Lake area. Here a number of additional challenges and strained conditions were described resulting from open cases that have been allowed to wait for months without attention or follow-up.

LACK OF DELEGATED CHILD & FAMILY WORKERS

In British Columbia, only child protection workers are delegated under the Child, Family, and Community Service Act (CFCSA) to receive reports of abuse, to assess them, and to investigate and offer support services. “Delegation” refers to the level of authority under the
CfCSA that these workers possess in pursuit of their assigned duties and responsibilities.

Scarcity of delegated child protection workers is one of the greatest workload challenges encountered, especially in remote regions. Frequently, offices in these regions are without the necessary number of workers possessing the full authority and experience to perform essential child protection duties, including removals, when required.

Sometimes there is only one worker in an area office with full delegation status who is qualified to handle all such matters. “Partially” delegated workers cannot complete the complete range of duties of fully delegated workers. Nevertheless, some offices attempt to meet procedural standards by attempting to “share” the duty of a fully delegated worker. This practice violates the CfCSA. Duty sharing has the further effect of removing at least one of the workers from their own caseload, directly impacting the quality and timeliness of services provided to other children, youth, and families in need.

“For more than 80% of the last thirty years, staffing levels and delegation have been at less than half what the office needs, with only two fully delegated social workers, and the other two to three social work positions either vacant, not delegated, or only partially delegated.”

Frontline worker, MCDF, Northwest

“It takes far too long for new workers to get their delegation, which puts extra work pressures on workers who have [full] delegation. For example, I have to go out with workers without delegation, taking me away from my [own] work. We have workers in our area who still don’t have their delegation after 1-2 yrs. This only compounds our workload issues”

Child protection worker, MCDF, Interior

Aboriginal service agencies require skilled and trained delegated workers that can provide culturally appropriate services and supports. While the over-representation of Aboriginal families in B.C.’s child welfare system can be attributed to many historical and social factors, providing a sufficient number of culturally competent and qualified staff to work with First Nations children, youth, and families must become a government priority.

“We do not have enough delegated workers and so the work and pressure falls onto us that have some experience. I’m not sure why there are not enough workers, as when I started over three years ago we were fully staffed.”

Child protection worker, Aboriginal Services, Lower Mainland

ADMINISTRATIVE STAFF

Frontline support and administrative service workers in MCDF and MDSD similarly feel the impacts of growing and unmanageable workload expectations. These professionals are an equal and integral part of the service delivery process. Their working conditions prevent them from offering quality and continuity of support needed by frontline child, youth, and family workers, as well as the clients they serve.

When asked, in an anonymous survey distributed by the BCGEU, to rank 11 separate but interrelated workplace issues, 34% of MCDF administrative services staff identified “workload” as the primary challenge affecting ability to perform day-to-day job duties. Frequent absences, sick leave, and inadequate backfill were other key challenges.

“When I was working two positions and was so exhausted all the time, I only stayed because it really is work I enjoy and am passionate about serving our community, children, and families as well as assisting those who do that work.”

Administrative worker, MCDF, Northern, B.C.

Half of all respondents (49%) from administrative services in MCDF disagreed with the statement, “my day-to-day workload is manageable” — and one in five disagreed strongly. Typical feedback regarding administrative workload challenges include:

1. “Chronic understaffing—I simply cannot keep up.”

2. “The workload is chaotic and unpredictable, and conditions are different every day.”

4 This result contrasts with 29% for Administrative Services workers in all ministries and public agencies.

5 This result contrasts with 45% for Administrative Services workers in all ministries and public agencies.
3. “There’s no backfill for absences, leaves or vacation.”

4. “Administrative responsibility is quietly growing all the time.”

Over two-fifths (43%) of MCFD respondents also disagreed with the statement, “my job description is consistent with my assigned duties and responsibilities.”

Through the questionnaires, MCFD administrative staff identified a wide range of unofficial responsibilities for which they are neither trained nor adequately equipped to perform. Most concerning, BCGEU received several reports that administrative support workers regularly cover the duties of frontline child, youth, and family workers in MCFD and MSDSI, such as screening and intake.

“We are often being asked to handle social worker tasks as they’re too busy to get it all done. Frontline administrative staff should not be phoning clients and passing social worker instructions on to clients. We aren’t delegated! I’m concerned that we would not be protected legally if something went wrong.”

Administrative worker, MCFD, Vancouver Island

These stories outline the critical linkage between professional and administrative support roles, and the negative impacts of expanding workload demands on the continuum of child and youth care services in all areas.

Participants at every one of the 14 regional meetings expressed how the endemic workload problems represent the core symptom of an underfunded and flawed service model based on reactive rather than proactive planning and thinking. This directly impacts the availability, timeliness, and quality of support for vulnerable children, youth and families.

II. Chronic understaffing and poor staffing management

B.C.’s children, youth and family workers face chronic problems of understaffing and poor staffing management, both for frontline workers that directly deliver services and the people that support them.

The B.C. government has repeatedly failed to tackle the systemic staffing problems at MSDSI and MCFD in recent years. In the Lost in the Shadows report from February 2014, the Representative for Children and Youth reissued a recommendation pertaining to staffing that was first made six years prior, but never acted upon.

In the 2008 report, Amanda, Savannah, Rowen and Serena: From Loss to Learning, the Representative issued a recommendation that reads: “the Ministry of Children and Family Development, as part of its current recruitment and retention strategy, undertake a comprehensive assessment of staffing, workload and safety challenges and develop a plan to address identified issues.” The complete text of the recommendation can be found in Appendix B.

In May 2014, MCFD established a high-level working group with BCGEU that has begun to discuss key issues, including staff shortages, recruitment and retention, workload management, workplace safety, learning and development and the provincial mobile response team. The goal is for a joint BCGEU/MCFD report back to the Representative’s office by April 2015. Initial progress has been encouraging, but it will require additional commitment from government to make the necessary improvements and address some of the chronic issues identified, especially with regard to resources and staffing.

MCFD and MSDSI workers responded to questions concerning staffing levels in their offices through two separate surveys administered by the BCGEU. For MCFD, four out of five (79%) workers disagreed with the statement that “my office is adequately staffed and resourced”—among them, three out of five (57%) disagreeing strongly. This question prompted an additional 371 written responses highlighting:

- Longstanding unfilled vacancies, including essential “team lead” positions;
- Gradual but persistent staff cuts through attrition and the Ministry’s “managed staffing” model;

• The use of inexperienced, untrained, and “undelegated” temporary employees;

• A disproportionate shortage of mental health clinicians and special needs professionals;

• A widespread shortage of much-needed administrative services staff, and the daily impact of above-average sick leave without backfill.

“[I] frequently find our work to be overwhelming and feel that I am being held responsible for things that I have no control over. Our work is reactive rather than proactive and we leave children in situations that fester because we have no resources.”

Child protection worker, MCFD, Vancouver Island

Staffing issues were top-of-mind for B.C. child, youth, and family workers at regional meetings coordinat-ed throughout the province by the BCGEU. “Chronic understaffing” and “recruitment and retention” was highlighted in every one of the 14 regional meetings. Workers spoke about the rapid turnover, failure to recruit, retention problems, lack of consistency in staff assignment procedures and planning, and the cumulative impact on service delivery, stability, and quality for the families that they serve:

• In the Fraser Valley, workers explained the effects of centralization and the recent reduction from three down to one team lead supervising the area’s three separate offices;

• In Kelowna, members discussed the chaotic reassignment and shuffling of employees, and the deep systemic impacts of insufficient administrative services professionals;

• Comments in Victoria addressed the existence of long-standing vacancies without any provided explanation;

• In Prince Rupert and Terrace, members discussed the area’s inability to retain skilled workers for more than one or two years, and that the region is effectively used as a temporary training ground for new employees before they undertake longer-term assignments elsewhere;

• In the Cariboo and Williams Lake area, attendees described the absence of critical mentorship for new and young employees, how long-standing and neglected files are frequently passed from one new temporary worker to another, and that in one particular MCFD office, the team had only one fully delegated social worker out of 17 assigned FTEs.

Severe recruitment and retention challenges exist in remote and non-urban regions. Sometimes referred to as
“hard-to-recruit” areas, these communities often lack skilled professionals, but also confront some of the most acute social and economic challenges, such as high levels of unemployment, poverty, substance abuse, mental health concerns, and geographic isolation.

Especially troubling are the additional service gaps that exist in these regions for specialized programs such as child and youth mental health services and child and youth special needs programs. The absence of such services and protections has been demonstrated through recent tragedies reported by the Representative for Children and Youth,7 as well as direct testimonials from workers who came to meetings in Fort St. John, Prince George, Williams Lake, Terrace, and Nanaimo.

“Our foster homes are not set up for children with mental health issues such as severe cutting and/or suicidal behaviours. We do not have enough resources for children in need of protection. We really need a youth shelter in our town and mental health needs to provide staffed resources for their children and families.”

Child protection worker, mCFD, Vancouver Island

Recruitment and retention challenges are particularly acute in community-based social services. These workers are the lowest paid in the broad public sector. Hourly wages have stagnated in this sector for a decade, but are scheduled to increase by 11.5% by 2019. Even so, many workers take a second or third job to make ends meet.

“It’s hard to get good staff when the pay is so poor. Retaining good staff is nearly impossible.”

Program coordinator, Community Living, Vancouver Island

In Aboriginal service agencies, recruitment and retention challenges are heightened because of the demand for specialized knowledge, skills, and training. First Nations’ history and experiences, including the generational impacts of residential schools, addictions, and other issues require specific cultural competencies and sensitivity.

“Our agency serves the most diverse array of First Nations. Honouring their culture and identity is difficult at times because we do not have the staff that are knowledgeable in the history of the peoples to be able to understand [clients’] present day circumstances. The resources we have in-house seem to only touch the surface of the issues that our families face.”

Social worker, Aboriginal Services, Lower Mainland

ADMINISTRATIVE SERVICES

Lack of recruitment and retention, and overall understaffing, is equally felt within frontline administrative services, and also contributes to dangerous compromises in services for children, youth, and families. Administrative workers at mCFD and MDSD report the existence of long-standing, unfilled vacancies, and the workload unpredictability that results from extended absences without backfill. In particular, there is a steadily growing ratio of service-to-administrative service workers in these Ministries. In one comment, a member reported that the current ratio of support-to-frontline staff in their office was 3 to 25—or 8.33 frontline workers for each support staff.

“Certainly our office is always under full capacity; I do understand with the area we are in and the nature of the work how that can be. Unfortunately, there are other barriers that cause this such as difficulty in getting approval to hire, length of hiring process, and length and process for workers to be delegated. There have only been band-aid solutions.”

Administrative worker, mCFD, Northern B.C.

Nearly half of mCFD administrative services survey respondents (45%) reported covering another worker’s position in addition to their own. This is higher than the 38% average for all ministries and public agencies. In fact, more than a quarter of respondents (28%) indicated they were covering 1.5+ additional positions or more. Two individual respondents reported covering six or more positions in addition to their own. As highlighted previously, these staffing failures mean that administrative workers are frequently handling responsibilities that are outside of their position and/or training, causing service disruptions and delays, and potentially compromising service quality to the children, youth, and families who depend on services.

“During flex, sick days, or vacation time for other administrative staff, I am working two full positions plus keeping a district office open, often with only myself in the office. Workloads are higher now, with one-third to one-half of the number of staff to do the work than we had in 2004/05.”

Administrative worker, MCFD, Vancouver Island]

“Most administrative staff have to take over the workload of a co-worker that is away from the office either on sick leave or vacation. In my department, administrative staff are asked to perform financial officer duties all the time.”

Administrative worker, MCFD, Lower Mainland

Both the professional and administrative staff that directly deliver services within the child, youth, and family service delivery continuum are dealing with significant recruitment and retention challenges and severe understaffing throughout the system—though more acutely within particular regions and areas of service.

Survey responses show an obvious correlation between inadequate and misguided staffing practices and the observed increases in workload. They also show a direct linkage between these mounting concerns in the workplace and the impact on services to children, youth, and families at risk.

**COUNTING ON UNPAID OVERTIME**

B.C.’s child, family, and youth workers routinely work additional, unpaid hours as a result of short-staffing and unmanageable workloads. Extra hours of unpaid work appear to have been normalized for workers at MCFD and practically institutionalized at MSDSI, according to survey data and feedback from community meetings conducted by the BCGEU.

Nine out of ten (89%) MCFD support workers reported working extra hours with no additional pay sometimes or often. But 65% of the same respondents said that they never work authorized overtime. For MCFD administrative staff, nine out of ten respondents (89%) report never working authorized overtime, but seven in ten (69%) report working extra hours with no additional pay sometimes or often.

Two in five MCFD and MSDSI administrative services respondents (39%) “disagreed” with the statement “my job description is consistent with my assigned duties and responsibilities.” Written responses describe how they are constantly covering other workers’ positions and caseloads; that the “other related job duties” clause in their collective agreement is frequently abused by management in order to make up for restricted and shrinking staff resources; and that some workers are performing the duties of office managers (unfilled vacant positions), but still paid the lower job classification and rate of an office assistant.

Seven out of ten MCFD and MSDSI administrative workers (69%) report being “expected to perform duties outside of [their] job description.” Written responses show that this includes performing social worker tasks such as screening intake calls, performing employment and assistance worker duties, and interacting with often volatile clients in the office. In-person meetings and interviews with support workers in these ministries reveal the same experiences and expectations as expressed in the online questionnaires.
Unpaid overtime problems are endemic at MSDSI. A total of 93% of MSDSI workers surveyed, such as employment and assistance workers, report that they never work authorized overtime. But seven in ten of them (69%) report working extra hours with no additional pay sometimes or often. Fully one-third (30%) of respondents often work extra hours with no additional pay.

The unspoken expectation is that child, youth, and family service workers are dedicated to their clients, and will unflinchingly work additional hours at no extra pay for their sake. Indeed, workers did speak out about the sense of moral obligation to children and families that leads them to sacrifice their own personal time, health, and wellbeing to support a failing and chronically under-resourced system of care.

Unpaid overtime also plagues the community-based social service sector. Residual attitudes that services and supports to vulnerable children, youth and families should be provided by volunteers remain prevalent, perhaps because of the sector’s historical roots in religiously based philanthropic work.

Despite the professional skills and qualifications required, the sector has been economically devalued, and receives little attention and insufficient funding. Family support workers, victim support workers, child counsellors, and stopping the violence counsellors, among others contribute many unpaid hours to ensure quality services and supports for vulnerable children, youth, and families.

"The workload and stress is far too high. I came to this Ministry over 20 years ago to help people. Now I am embarrassed to admit where I work. It’s the need of the people that pushes me to work the unpaid hours."

Employment assistance worker, MSDSI, Vancouver Island

This situation is unfair and wrong. This is lean government gone mean, and an abuse of the goodwill and dedication of all child, youth, and family service workers who deserve respect and support in their work.

Government must respond by establishing a comprehensive, transparent, and accountable staffing strategy for MCFD and MSDSI, as well as an implementation plan with clear objectives and timelines. This demand was unequivocally stated in all 14 regional member meetings, and is included in this report’s recommendations.

III. Occupational health and safety

“If we’re this stressed, how are the families coping?”

Child protection worker, MCFD, Vancouver Island

The children, youth, and family services professionals who work with vulnerable individuals and families have committed themselves to a line of work that is, at the best of times, highly demanding and mentally and physically taxing.

Sadly, the picture that emerges from our member meetings and surveys is of an overwhelming state of physical and mental exhaustion and strain among children, youth and family workers – both for workers directly delivering services and the people that support them. Moreover, the lack of adequate safeguards and protective resources means these workers are themselves increasingly at risk from acute stress, mental breakdowns, and even physical violence from clients.

MCFD, MSDSI and community-based social service workers reported similar health and safety concerns, including:

- Chronic exhaustion, fatigue and “burnout”;
- Clinical depression and anxiety (and in some cases, post-traumatic stress disorder);
- Frequent physical illness;
- Verbal abuse and personal threats from clients;
- Workplace violence involving clients.

STRESS AND BURNOUT

MCFD workers consistently reported workload-related stress and anxiety as well as chronic exhaustion, fatigue, and “burnout”.

In regional meetings coordinated by the BCGEU, workers reported sleepless nights spent worrying about children and families they are unable to reach, as well as their
anguish that children “are falling through the cracks.” Many workers also reported acute trauma, anxiety, and other physical ailments arising out of their work.

Both MCFD and MSDSI have higher rates of absence due to illness relative to the rest of B.C.’s public service. However, many workers indicated that they are reluctant to take health-related leaves because of the negative impact on colleagues and team members, and ultimately, on vulnerable children and families.

Meeting participants and survey respondents commented extensively on the challenges of balancing self-care with their professional responsibilities, and on the employer’s failure to mitigate against occupational health and safety risks.

One-third (31%) of MCFD workers surveyed took leave in the last two years for stress and health-related reasons. The 266 written comments on this issue indicate that most of these leaves were directly related to workplace conditions and experiences. Examples include: bereavement from traumatic work-related incidents; chronic stress and anxiety; depression and mental health; chronic illness and compromised immunity; and physical injury, sometimes due to assault.

Around two in five (37%) of surveyed frontline MSDSI professionals, including employment and assistance workers and family maintenance workers, reported taking health-related leaves in the last two years for reasons similar to their MCFD colleagues.

Leave request levels were similar for administrative services workers in BC’s child, youth, and family services system. In MSDSI, 36% of administrative services respondents reported taking leave in the last two years for stress and health-related reasons. This is nine percentage points higher than the average rate for public sector administrative workers across all ministries and public agencies.

Even though health-related leave rates are high, they likely underestimate the severity of occupational health and safety problems within MCFD and MSDSI.

Requests to take leave for personal health reasons appear to be routinely denied by management or not submitted for fear of employment repercussions. In survey responses and through participation at community meetings, workers frequently reported that medical leaves from work were recommended by their physicians, but were routinely denied by employers. BCGEU heard numerous stories of workers submitting official medical recommendations for health leave, only to be
told by management that stress is only a symptom—a formal “diagnosis” is required.

“Clients having to wait months to be assessed for Income Assistance results in desperation. Delays in being assessed for assistance are creating homelessness. Inevitably, our clients scream, yell, swear, break things and either verbally or physically assault staff. This problem weighs staff down and creates a stressful work site which over time affects everyone.”

Employment and assistance worker, MSDSI, Lower Mainland

Workers must not be made to feel fearful for bringing their health issues to the attention of their employer. Management’s trivialization and dismissal of workers’ health problems is short-sighted, and symptomatic of an over-extended and unhealthy social welfare system. That cannot be allowed to continue.

BCGEU members employed in various community social services reinforced the experiences of direct service child, youth, and family workers in MCFD and MSDSI. They described an increasingly desperate and volatile clientele, as well as threats to their personal safety, both contributing to heightened levels of work-related stress.

“I work with complex behaviours. My clients are often aggressive, pulling hair, slapping and having stuff thrown at myself and others.”

Program assistant, Community Living, undisclosed area

“Our clientele is getting more and more desperate with the huge increase in cost of living, and we are becoming the target of their backlash.”

Outreach worker, General Services, Northwest

**ADMINISTRATIVE SERVICE WORKERS**

MCFD and MSDSI frontline administrative workers experience the same mental and emotional health impacts as other child, youth, and family workers, according to BCGEU’s survey findings and 14 community meetings.

Despite not having direct responsibility for vulnerable children, youth, and families, administrative workers are emotionally and psychologically invested in their job in the same way. Administrative support workers feel pressure and anxiety because they are unable to “keep up” with the needs of at-risk children and families. The experience of burnout and exhaustion is similarly widespread, survey responses show. The emotional and physical pressures of work are also taken home at the end of the day.

In some situations, administrative workers have been the victims of direct trauma, confronting aggressive, violent and/or verbally abusive clients in the workplace—usually because of short staffing, working alone, or covering the duties of a frontline child, youth, and family worker.

“Right now this Ministry feels broken, with no easy fix in sight. And I believe many staff are burning out, despite their desire to work to help children in need.”

Administrative worker, MCFD, Vancouver Island

“Working alone and working increasingly [with] populations of violence, substance abuse, and mental illness and with less support programs or funding than ever. I have never ever seen so many staff members on the verge of collapsing from stress and exhaustion—it’s scary.”

Resource worker, MCFD, Interior

**WORKING ALONE**

Workers from rural regions identified the health and safety risks associated with visiting clients alone due to inadequate staffing levels in local offices. This concern was especially pronounced in the northern regions, including Williams Lake, Fort St. John, Prince Rupert, Terrace, and their respective surrounding areas. Working alone can also be an issue in office environments. In smaller offices, sick leaves, absences, and unfilled vacancies sometimes result in only a single staff member being present to handle potentially threatening or violent incoming clients.

“The chronic lack of staff makes it difficult for two workers to be available to go out on home visits with violent and unpredictable clients. When a worker is hurt at work or is worried about going to a meeting alone because of risk from a client, the worker is bullied into going alone and accused of being responsible for any hurt that comes to them.”

Child protection worker, MCFD, Interior
Social work is inherently unpredictable, and despite their best judgement, frontline workers can be exposed to serious additional risks of harm when working alone, especially without some form of back-up. Frontline workers in rural areas often travel great distances by car, sometimes out of the range of cell service and typically without emergency satellite phones. There is no back-up plan if something goes wrong.

The picture of the day-to-day conditions of MCFD, MSDSI and community social services professionals who work directly with children, youth, and families that emerges from our surveys and meetings is disturbing. We received more than 1,000 written comments that point to serious health and safety-related concerns. Recurring themes include: anxiety, mental health and “burnout;” exposure to viruses and dangerous pathogens; and several alarming submissions describing personal threats and incidents of violence and assault.

“The files are becoming more and more complex. We encounter a lot of aggression, and violent threats from clients are increasing. We are always put in volatile and dangerous situations for which we often receive inadequate support.”

Guardianship Worker, MCFD, Lower Mainland

“My job working with families can be dangerous as I work in their homes and am sometimes faced with mental health and addiction issues compounded by parents’ anger when their families are affected by MCFD decisions. I have been in situations that are difficult and sometimes frightening. Our deep empathy and care for our clients keeps this service going.”

Family development counsellor, Community Social Services, Vancouver Island

B.C. child, youth, and family workers face real health and safety concerns, including stress, fatigue, and burnout at rates that are significantly higher than the rest of B.C.’s public service. More pointedly, some staff face real threats of violence from clients. There are justifiable concerns around working alone and in remote regions or late at night.

To date, the government’s response to these occupational health and safety concerns has been limited. MCFD has established an occupational health and safety subcommittee to start addressing these issues. MSDSI should do the same.

IV. Integrated case management (iCM) and technological failures

The integrated case management (iCM) is an expensive record-keeping computer system that promised to make things more efficient for child, youth, and family service workers. In fact, it has made things much worse.

The iCM software is the government’s attempt to improve information-sharing between social welfare services accessed by vulnerable B.C. children, youth, and their families, including child and family services, but also the B.C. Employment and Assistance Program, the Employment Program of British Columbia, and the Child Care Subsidy.

Promised in the 2010 throne speech, iCM was developed by Deloitte Inc. at an initial cost of $181 million over six years. The price tag has ballooned to well over $210 million to fix the crashes, confusion, and backlogs caused by its troubled implementation. Untold dollars have been spent on a system that has hindered rather than helped vulnerable British Columbians.

A report by an independent consultant published in June 2013 found that iCM was not meeting child protection needs. The report also listed a litany of problems: basic business practices were not followed; industry standard discipline and methodologies were not used; accountability and governance structures surrounding the project were inadequate. In the words of the Representative for Children and Youth, iCM is a “colossal failure.”

For the record, child, youth, and family workers were never consulted on the decision to go with iCM. From survey results and feedback in community meetings, it is clear that they have serious concerns about iCM’s fundamental suitability for child protection, income assistance, employment services, and other social programs. The system may be so deeply flawed that it cannot be salvaged.

In fact, British Columbia is the only Canadian province to choose this particular type of software that many believe is unsuitable for child welfare work. Manitoba,
Alberta, Saskatchewan, Ontario and Newfoundland chose a different route than B.C., dismissing iCM as either too costly, not suitable for the job, or not the leading standard for government social service projects.

Only the government of New South Wales in Australia purchased iCM for child, youth and family welfare. The state eventually abandoned plans for costly upgrades after backlash from frontline staff and significant, similar problems to what has recently occurred in B.C.

Operationally, a vast majority of British Columbia’s child, youth, and family service workers report being negatively impacted by iCM, including more than three-quarters (77%) of frontline MCFD workers and nearly nine out of ten (89%) frontline MSDSI workers.

“I have always loved being an employment assistance worker and helping people. Now I’m a data entry clerk. Clients are extremely frustrated. This system encourages black and white, and no empathy. It’s all about stats! Consistency is not good service. Someone will die from the lack of service and I sincerely hope it is not one of the clients through our office.”

Employment assistance worker, MSDSI, Interior

In fact, iCM is the number one problem at work for MSDSI workers. In the survey distributed by BCGEU, these workers ranked iCM as the single highest and most pressing issue at work from a list of twelve separate but interrelated issues and concerns. Incidents of violence towards MSDSI workers escalated during the province-wide problems with the iCM software in May 2014.

Survey respondents also submitted 941 written comments—nearly 100 pages of text—describing their experiences and the impact on services for vulnerable children and families. This feedback offers important detail on a range of reported issues consistently associated with iCM, including:

- Overall slowdown, inefficiency, and productivity loss;
- Substantial workload increases and duplications;
- Lost and/or incorrect information, frequent errors, and system crashes;
- Negative service impacts for clients, linked with increased client hostility;
- Poorly managed implementation and roll-out;
- Greatly reduced time working face-to-face with clients;
- Direct health and stress-related impacts for workers;
- Inadequate support and poorly designed training;

Perhaps most alarming of all, is that the above feedback was gathered prior to the iCM crash that shut down—or at least greatly delayed—nearly all social welfare services in the province in May 2014.

When the iCM system crashed repeatedly, child, youth, and family service workers were forced to improvise an alternate service delivery model on the fly. They resorted to paper files where they existed, or went back to the previous software system.

During the repeated crashes that month, BCGEU heard about child and family workers operating without vital client histories or even contact and address information. In some cases, they were unable to assist local RCMP in criminal investigations. There were numerous reports of lost and/or deleted data and information, as well as widespread duplication of work.

“I am computer literate but find our ICM system cumbersome and it often shuts us out or freezes. When that happens, I have to shut down my computer and wait for it to come back on. It seems as though our ICM assessments have been designed to keep us sitting at our desks instead of allowing us to conduct home visits. … These factors put children more at risk than before.”

Child protection worker, MCFD, Vancouver Island

Repeated iCM crashes vividly illustrate the fragility and weakness of B.C.’s child, youth, and family welfare system. Poverty advocates said that vulnerable families and adults were unable to get shelter and support payments. Child, family, and youth workers faced real client hostility and threats as a result of interrupted and delayed processing of social assistance payments to those living with developmental disabilities, mental health and addictions issues, or in poverty.
The Representative for Children and Youth issued a warning about ICM in 2012 that has never been lifted. Repeated shutdowns put vulnerable children in danger, Turpel-Lafond stated, noting that this type of dysfunction would never be tolerated in the banking system.

“ICM has caused untold confusion and stress on workers and a severe deterioration in our ability to properly access client records, and to provide overall good service to clients.”
Child protection worker, MCFD, Vancouver Island

“ICM is a slow, ineffective, unreliable system. We have spent many hours with system crashes and many minutes each day watching a wheel spin. The system cannot handle the work we do. It does not directly relate to social services. It seems more like a purchase order system that should be used for businesses, like bookkeeping.”
Employment assistance worker, MSDSI, Lower Mainland

“It took a long time trying to understand a system that is not user-friendly, linear, or intuitive. ICM is complex and cumbersome to use, and very confusing trying to access information.”
Child Protection Worker, MCFD, Northwest

Delegated social workers in Aboriginal agencies similarly rely on remote access to ICM to carry out vital support services for children, youth, and families. Their ICM feedback echoed comments and criticisms from MCFD & MSDSI workers.

“Delegated agency access on ICM is through remote services, and is often problematic: missing shortcuts, broken hyperlinks, inappropriate access authorization. Without the right profile, I’m unable to do my job.”
Social worker, Aboriginal Services, Lower Mainland

Regional meetings conducted by the BCGEU with our members before, during, and after ICM’s shutdown point to the same conclusions:

- Essential public services and protections for children and families depend on functional and up-to-date technology, but ICM’s effectiveness remains to be proven and may jeopardize the wellbeing of at-risk children and families;
- $210 million would have had a substantial positive impact if invested in much-needed frontline human resources rather than a flawed database;
- The system may fail again.

In Kelowna, members explained how the system has had the opposite effect of increased integration; rather, it has made coordination more difficult and time-consuming. As one member described it, the system operates so slowly in their fast-moving environment, “it’s like driving a moped on a highway.”

In Victoria, the introduction of ICM was described as “tech-trauma” rather than “tech-change.”

Workers in Kamloops told of the vast “de-skilling” and “de-humanizing” effect that ICM has on trained professionals, reducing their face-to-face involvement in complex cases and greatly restricting the range of professional duties they are able to perform. Work has become a matter of estimating a number of mouse clicks for performing sequences of procedures and functions, rather than engaging directly with clients, families, and communities in need.

“The commodification of human misery needs to stop. That’s not social work. It’s simply a means to keep government lean.”
Frontline worker, MSDSI, Lower Mainland

ICM TRAINING AND UPGRADES

Frontline professionals in both MCFD and MSDSI are spending substantial amounts of time training on ICM, including repeated training cycles, as software patches, repairs, and updates are made in an attempt to fix the system.

The deeply flawed design and initial implementation of ICM has had a significant impact on the allocation of critical human resources throughout the two ministries. Countless hours were spent completing new and additional training modules as ICM undergoes a seemingly endless sequence of upgrades, repairs and changes.
Approximately 70 full-time staff are currently focused on fixing 1CM problems, and should be returned to service delivery once upgrades are complete and satisfactory.

The province-wide 1CM training initiative established in July 2014 also appears to be producing results. A major 1CM upgrade is expected in November 2014, which may alleviate more of the technical problems.

INADEQUATE TECHNICAL RESOURCES

In addition to the far-reaching impacts of 1CM, inadequate technical resources are limiting worker productivity and effectiveness in other more fundamental ways.

In all regions of British Columbia, workers said that the mobile phone devices provided—an essential piece of equipment for those supporting vulnerable children, youth, and families in the field—were inadequate. Issued devices are often out-of-date and unreliable, greatly inhibiting timely communication between field workers, clients, local offices, support staff, and other required agencies.

In remote regions, child, youth and family workers often travel great distances to meet clients or to perform home visits. These visits often occur under unpredictable or unknown circumstances, and in some cases, alone. Many workers described the experience of being without a functioning mobile device, either as a result of being out of service range or due to a technical failure, or not being properly equipped with a satellite phone as backup.

Reliable communication devices represent a critical piece of health and safety equipment that the employer must provide to all frontline workers.

INFRASTRUCTURE FAILURE

The infrastructure behind B.C.’s children, youth, and family system is, quite literally, crumbling.

Government-provided vehicles for home visits are often poorly maintained and underequipped. Members in some offices in the Vancouver, Lower Mainland, and Fraser Valley areas reported not having winter tires or industry approved child seats in these cars. As a result, in many communities, inadequate resources pressure workers to use their own vehicles, which carries altogether different risks. Failure to properly invest in the basic infrastructure required to run social programs has very real impacts on productivity, service provision, and worker safety.

“I am concerned about clients who are high risk seeing me in my own vehicle, having my license plate number and being able to figure out where I live.”

Child protection worker, Aboriginal services, Lower Mainland

This failure to invest in decent infrastructure is also a sad reflection of the low priority given to a sector that provides essential services to vulnerable British Columbians, but has truly been left to languish on the periphery of public policy by the B.C. Liberal government.

V. Training and professional development

Supporting children, youth, and families is a highly skilled profession that requires extensive education and accreditation. At the same time, the growing complexity and intensity of work means that employees need responsive and relevant training opportunities to ensure they have the skills and protections needed to perform their duties.

The design and lack of availability of training opportunities is undermining the capacity of workers and their teams to deliver appropriate and timely care to vulnerable children, youth, and families in their communities.

For child, youth, and family workers, problems with training and professional development have less to do with a lack of availability, than a lack of appropriate training and professional development. Many MCFD and MSDSI workers report that existing initiatives are not well planned, time-consuming, and provide limited improvement in knowledge and skills. Moreover, lack of caseload coverage during in-service training is of particular concern.

By contrast, within community social services, there are rarely the financial resources available to invest in ongoing training and development opportunities for workers.
MCFD TRAINING

Nearly three-quarters (72%) of frontline MCFD workers identified programs and policies that negatively impact their ability to perform their primary duties. Among the 512 written comments on this topic, a high percentage of members highlighted the unmanageable demands of the ministry’s new Chapter 3 policies and protocols, and in particular, a number of training and certification procedures that greatly reduce the amount of time they have available to work directly with children and families.

Feedback regarding the new mandatory domestic violence training program was particularly negative. MCFD and MSDSI direct service workers explained repeatedly how this initiative removed them from frontline service delivery work without backfill coverage of their caseloads, and introduced rigorous new demands as well as increased workload without clear benefits for either the employees or the clients they serve.

Comments pointed to problems such as a rushed and poorly organized training programs for the Ministry’s new “collaborative response model,” as well as the intensive “practice and research together” (PART) certification process for supervisors.

Child, youth, and family workers stated that while some of these skills development and training initiatives are good in theory, poor execution, lack of prioritization, and inadequate staffing has meant that many such exercises have been very costly in lost time for responsive care and service delivery.

Members in these positions also voiced concerns that most training provided is associated with new policies and procedures, and consultation points that are gradually stripping workers of their professional autonomy and discretion needed to act decisively and appropriately.

“Delegation”—one of the most critical areas of training and certification for MCFD workers—has become an increasingly cumbersome and time-consuming process, leaving local offices without the “delegated” staff resources for keeping children safe. Member feedback revealed three essential concerns in this area: a) the increasing average time for achieving partial or full delegation; b) the volume of new employees without this necessary authority (or the resources to achieve it); and c) an evaluation process that puts bureaucratic requirements ahead of individual education, experience, and judgment.

Survey responses emphasized the critical importance of direct mentorship and leadership. Countless members have made the point that the most valuable training for frontline professionals in this field often comes from the guidance of their experienced colleagues and superiors. Unfortunately, for new employees, many of these important leadership positions remain unfilled, depriving them of much-needed direction and person-to-person training.

MSDSI TRAINING

Frontline workers in MSDSI have also expressed their concerns over training and certification practices. Fifty-eight percent of survey respondents in this field identified additional programs and policies that impact their ability to perform their primary duties. Many of the written responses linked the ministry’s deep structural reorganization in service delivery with a lack of training for individuals working in new or changing positions.

The province-wide centralization of services through local call centres was implemented without appropriate training and the required experience amongst employees working in these facilities. Many members reported a growing incidence of information errors, misdirected calls, unnecessary or duplicate requests, and an overall delay in service to clients. As a result, senior employees working directly in the field reported spending an increasing amount of time fixing mistakes rather than performing their primary duties.

LACK OF TRAINING FOR ADMINISTRATIVE SERVICES

Training has a unique set of challenges and impacts for frontline child, youth, and family workers in support and administrative positions. Government’s solution to providing training in a chronically understaffed and high-workload environment is to mandate that workers participate in online training—thereby forcing workers to fit a cheap “virtual” alternative into their own work schedules instead of providing proper staff coverage so
that workers can attend quality in-person sessions. The end result is increased workload pressure, poor training, wasted investments, and ultimately, compromises in service quality and efficiency in communities.

Nearly half (47%) of survey respondents in MCFD and MSDSI administrative services disagreed with the statement, “I have adequate access to necessary training and/or professional development opportunities.” In MCFD, 55% disagreed with the statement—11% higher than the rate among administrative workers in all provincial ministries and agencies.

Workers feel that government assigns a low priority to investing in these behind-the-scenes employees, overlooking their vital role in the child and family welfare system. Survey participants stated repeatedly how both individual and office-level requests for training have been denied by management. Even so, new processes and procedures are continually being implemented without necessary training, including requiring administrative staff to use ICM.

Where training opportunities do exist, workers say they are often prevented from participating due to their excessive workloads and the lack of available coverage. For those working outside of major urban centres, attendance is also prevented by the ministries’ current travel restrictions and funding freeze. These comments were shared both through survey responses and at meetings held in Nanaimo, Williams Lake, Fort St. John, Terrace, and Prince Rupert, among others.

Low investment in training and professional development limits not only the quality of service provided by support professionals in a fast-changing environment, it leaves workers with little opportunity for advancement. It also creates an environment of low morale and poor esteem amongst essential workers, depriving them of basic dignity and respect. This results in poor outcomes for recruitment and retention, and weakens the workers’ efficacy and long-term commitment.
RECOMMENDATIONS

The report Choose Children draws a comprehensive picture of the systemic failures in B.C.’s child, youth, and family welfare system by giving voice to thousands of dedicated workers. The report findings stem from consultations with over 400 workers in 14 community meetings, and over 3,400 survey responses from MCFD, MSDSI and community social service workers from across the province.

Services and supports for the most vulnerable children, youth and families in our communities are being compromised daily by severe staffing shortages, excessive caseloads, and serious occupational health and safety risks. There are not enough resources, or staff, and the caseloads are unsafe.

British Columbia’s political leadership that must take responsibility for the proper functioning and resourcing of the province’s child and family welfare system, or carry the shame of failing to help the most vulnerable.

As an advocate for vulnerable children, youth, and families in B.C. and as the union representing the dedicated professionals who provide services and supports for them, BCGEU makes the following recommendations to the Government of British Columbia:

Increase funding to child, youth and family services in the short and long term to address staffing and other concerns

The provincial government must immediately increase funding through the upcoming 2015/16 Budget and Fiscal Plan to the Ministry of Children and Family Development and Ministry of Social Development and Social Innovation commensurate with the existing and growing demand for services and resources.

At minimum and in the short term, government should restore $44 million in MCFD funding cut between 2008/09 and 2013/14, and adjust this amount for inflation.

New funding should be allocated primarily to the service delivery divisions (SDD) of these ministries, reflecting the urgent need for improved outcomes in the delivery of quality services to children, youth and families in need.

Restoring proper funding levels is essential to address key pressures that include: high individual caseloads for frontline workers, growing case complexity and increased service costs per case, and a substantial projected increase in B.C.’s under 18 population between 2015 – 2018.

Government should commit an additional $231 million in new funding to MCFD—implemented incrementally over three years—to better support core business areas, such as services for children and youth with special needs, child and youth mental health services, child safety, family support and children in care services, and adoption services.

This funding is needed in order to close a growing gap between MCFD’s allotted resources and total provincial expenditure,* and should be part of a sustained and longer-term budgetary commitment to improved performance in the provision of social welfare services and protections.

Fill current vacancies and create a comprehensive, transparent, and accountable staffing strategy

The provincial government should take immediate steps to fill current vacancies throughout MCFD and MSDSI, including both frontline and administrative positions.

In MCFD, new hiring should include an additional 100 FTEs per year over three years to address significant workload pressures, health and safety concerns, and to guarantee service improvements for vulnerable children, youth, and families.

Workers assigned to fixing ICM should be returned to

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* Since 2008/09, MCFD’s annual budget has declined by approximately 15% as a share of total provincial expenditure.
service delivery functions, and should not count towards the 100 new FTE count.

Government must also impose and disclose a timeline for the creation and adoption of new staffing strategies from both the Ministry of Children and Family Development and Ministry Social Development and Social Innovation.

These strategies should introduce clear actions to address issues of recruitment and retention in both ministries, using a combination of clear standards (for example, frontline service to administrative service ratios) and new incentives.

As a first step, these ministries must also commit to a clear public timeline for filling existing vacancies, no longer employing ambiguous language and agendas such as “managed staffing” and/or “RESET.”

The provincial government should develop a long-term labour market strategy to ensure the availability of a highly skilled and qualified labour force for child, youth and family service work in the future.

Lastly, the provincial government should establish a high-level working group between BCGEU and MSDSI to discuss workload management, workplace safety, recruitment and retention, learning and development in this Ministry. Structured, senior level discussions with MCFD have been beneficial.

Adopt caseload standards for MCFD and MSDSI workers

The provincial government must require both ministries to provide a comprehensive assessment of workload measurement options for workers in different classifications and regions, developing caseload standards that take into account both general and complex cases.

Such standards should be used to inform critical staffing and hiring decisions, and will help ensure the safety and wellbeing of both clients and workers.

In developing its own set of standards, the provincial government should use as a benchmark the recommendations for child protection services made by both the Child Welfare League of America (for example, “17 active families per 1 social worker and no more than 1 new case assigned for every 6 open cases”)\(^9\) and Manitoba’s recent Phoenix Sinclair Inquiry that calls for funding formulas that “allow agencies to meet the caseload ratio of 20 cases per worker for all family services workers”.\(^10\)

Address occupational health and safety issues

The provincial government must take steps to ensure that all offices, management, and staff are in compliance with existing OHS legislation throughout both MCFD and MSDSI as well as contracted social service agencies.

In particular, immediate action is required to address the incidence of workplace violence as well as staff working alone, especially amongst frontline MCFD workers.

In addition to improved funding and staff resources to support safer and healthier conditions for both workers and clients, government should consider the creation of additional OHS “task forces” similar to the proposed MCFD-BCGEU health and safety sub-committee.

Priority objectives must include improved OHS program oversight and management, and in particular, effective reporting and investigation practice for all incidents involving frontline and administrative service workers.

Review or replace ICM and invest in new technological resources

The provincial government must commit to a clear public timeline for arriving at a decision to either replace the troubled ICM or allocate the needed resources to: 1) address its critical weaknesses; 2) ensure its proper day-to-day functioning; and 3) safeguard against the impacts of a future collapse.

In order to improve productivity, coordination, and

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responsiveness, MCFD and MSDSI must commit new resources to replace essential office equipment and hardware, such as computers, printers and communications devices. Of particular importance is ensuring that frontline professionals who work outside the office have up-to-date mobile phones, or in rural areas, satellite phones as necessary.

**Review and redesign training and professional development investments**

Both MCFD and MSDSI should expedite a thorough review of existing training and professional development programs, prioritizing the clear identification of specific regions, programs, and service lines where new or inexperienced employees are without the requisite training and/or educational resources.

Where organizational or service delivery restructuring has occurred, efforts must be made to ensure that those who are transitioning into new roles and areas of responsibility possess the required training and expertise.

Whenever possible, training should be individualized rather than “generic” to avoid redundancy and loss of attention to caseloads.

Special attention should be given to reducing the volume of online training modules in favour of quality in-person group training, also providing the required backfill coverage for workers to attend.

Additional commitments must be made to expanding meaningful training opportunities for administrative services workers, enhancing their advancement opportunities and on-the-job preparedness.

Clear efforts should also be made to improve peer support and mentoring programs as a key source of leadership and training.
## APPENDIX A

### TABLE 2: SURVEY RESPONSE DATA

<table>
<thead>
<tr>
<th>BCGEU COMPONENT</th>
<th>SURVEY DATE(S)</th>
<th>EMPLOYER</th>
<th>TOTAL ACTIVE MEMBERS</th>
<th>UNIQUE RECEPiENTS</th>
<th>UNIQUE RESPONSES</th>
<th>RESPONSE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>C6 – Social, Information &amp; Health Services</td>
<td>Mar. 17, 2014 – Apr. 7, 2014</td>
<td>Ministry of Children &amp; Family Development (MCFD)</td>
<td>2,608</td>
<td>1,645</td>
<td>805</td>
<td>48.9%</td>
</tr>
<tr>
<td>C6 – Social, Information &amp; Health Services</td>
<td>Mar. 24, 2014 – Apr. 7, 2014</td>
<td>Ministry of Social Development &amp; Social Innovation (MSDSI)</td>
<td>1,173</td>
<td>781</td>
<td>403</td>
<td>51.6%</td>
</tr>
<tr>
<td>C3 – Community Social Services</td>
<td>Mar. 31, 2014 – Apr. 21, 2014</td>
<td>All</td>
<td>10,141</td>
<td>3,435</td>
<td>282</td>
<td>8.2%</td>
</tr>
<tr>
<td>C12 – Administrative Services</td>
<td>Apr. 14, 2014 – May 12, 2014</td>
<td>All</td>
<td>9,597</td>
<td>6,600</td>
<td>1,531</td>
<td>23.2%</td>
</tr>
<tr>
<td>C12 – Administrative Services</td>
<td>Apr. 14, 2014 – May 12, 2014</td>
<td>Ministry of Children &amp; Family Development (MCFD)</td>
<td>1,017</td>
<td>--</td>
<td>254</td>
<td>--</td>
</tr>
<tr>
<td>C12 – Administrative Services</td>
<td>Apr. 14, 2014 – May 12, 2014</td>
<td>Ministry of Social Development &amp; Social Innovation (MSDSI)</td>
<td>752</td>
<td>--</td>
<td>143</td>
<td>--</td>
</tr>
</tbody>
</table>
APPENDIX B


“As recommended in the Representative’s report of 2008, Amanda, Savannah, Rowen and Serena: From Loss to Learning, the Ministry of Children and Family Development, as part of its current recruitment and retention strategy, undertake a comprehensive assessment of staffing, workload and safety challenges and develop a plan to address identified issues.

Details:

• An assessment of staffing levels to account for its impacts to service delivery and illustrate the challenges in meeting practice standards as a result of staff fluctuations.

• A rapid response team be available to cover service-delivery areas and McFD offices in the areas of child safety, mental health and special needs, so that immediate steps can be taken to address emergencies and clear policies support how to trigger this response, with reporting to the Provincial Director of Child Welfare and the executive of McFD.

• The assessment will include a review of the scope and scale of the workload of community service managers, and their roles and responsibilities. The intent of this recommendation is to ensure that CSMS are better informed of workload and staffing challenges on the frontline.

• If staff turnover is determined to be a barrier to providing services in a manner consistent with legislation, standards and policies, the ministry must identify immediate corrective interventions, implementing innovative approaches to meet long term staffing needs.

• Regular and timely public reporting of staffing and training levels.

• The Representative emphasizes the need to ensure the safety of social workers as set out in Article 22 of the Master Agreement between the Government of B.C. and the BCGEU.

Assessment should be completed and shared with the Representative by June 1, 2014.

Plan should be developed and shared with the Representative by Sept. 1, 2014.

Plan should be implemented by April 1, 2015.”