

**MINISTRY OF EDUCATION
BRIEFING NOTE**

DATE: October 19, 2015

CLIFF: 184276

PREPARED FOR: Dave Byng, Deputy Minister, for Information at the request of Ted Cadwallader for meeting with Chief William Seymour, Cowichan Tribes on October 26, 2015.

SUBJECT: Follow up Discussion from Cabinet First Nations Leaders' Gathering

BACKGROUND:

On Tuesday, September 8th, 2015, the BC Cabinet met with First Nations Leaders from throughout the province.

The Government of British Columbia and First Nations leaders acknowledged that the Supreme Court of Canada's decision in Tsilhqot'in Nation is a historic opportunity to work together to build a new path for recognition and reconciliation in the province.

This meeting is scheduled as follow up to the September 8th Gathering.

DISCUSSION:

Cowichan Tribes operates two schools that are federally funded: Quw'utsun Smuneem Elementary School and Quw'utsun Hu'yi'xwule' Middle School. The curriculum at the schools includes Cowichan cultural teachings and Hul'qumi'num language instruction. A total of 112 students were enrolled at Quw'utsun Smuneem Elementary School in September 2014.

Quw'utsun Smuneem Elementary School is a member of the First Nations Schools Association (FNSA) and is funded through Aboriginal Affairs and Northern Development Canada (AANDC).

Should Cowichan Tribes decide to expand their school, this could have implications for the School District's capital infrastructure planning, since many Cowichan students attend public schools in School District 79 (Cowichan Valley). If Cowichan Tribes students choose to attend their own school, this will mean decreased enrollment and funding to School District 79, a possible concern for the board of education. The impact over the short term would be minimal but possibly larger for the longer term due to the relatively small population size.

School District 79 has a high population of Aboriginal students, with 19.6% self-identifying in 2013/14. Of these students, 574 students live on-reserve and 934 live off-reserve. The six-year completion rate for Aboriginal students in SD 79 is 54%, compared to 83% on non-Aboriginal students.

Since 1998 Aboriginal Affairs and Northern Development (AANDC) has had a 2% cap on funding to First Nations for education. Budget allocation is maximized at a 2% annual increase. The annual rise in education costs exceeds 2%. This problem is further compounded by the increasing Aboriginal youth population. First Nations are experiencing additional fiscal pressure due to the current 2% funding cap. The federal Liberal Party platform stated that they would eliminate this 2% funding cap.

Since First Nation reserves are often in rural and remote areas of the province, transportation funding, policy, and practice can have proportionally greater implications for Status First Nation students attending public schools.


However, offering transportation services to students, Status First Nations or otherwise, is at the discretion of districts. Aboriginal Affairs and Northern Development Canada (AANDC) and the First Nations Education Steering Committee (FNESC) have begun advocating that the Ministry make service to Status First Nation students mandatory.

Students who are status First Nations may be eligible for education funding from the federal government through their Cowichan Tribes. Cowichan Tribes commits dollars to post-secondary funding each year with the following priorities:

1. High school graduates and post-secondary students continuing their studies.
2. Students moving into post-secondary programs from developmental education programs.
3. Students registering in vocational/career programs that are less than a year in length.
4. Short term career education programs that are less than three month duration.

CONCLUSION:

Should Cowichan Tribes decide to expand their school, this could have implications for the School District’s capital infrastructure planning. Transportation funding, policy and practice can have proportionally greater implications for Status First Nation students attending public schools.

Contact Information Learning Division Aboriginal Education 250 356-1891	JM	Approved
	ADM initial	Dave Byng Deputy Minister 
		Date signed:

**MINISTRY OF EDUCATION
BRIEFING NOTE**

DATE: October 23, 2015

CLIFF: 184500

PREPARED FOR: Honourable Mike Bernier, Minister, for **Information** at the request of Learning Division for meeting with ^{s.22}
s.22

SUBJECT: Requesting Provincial Support for Kimberly's Law

BACKGROUND:

On March 18, 2010, Kimberly Proctor who was 18 years old was brutally raped and murdered by two of her peers in Victoria, BC.

In response, the Proctor family developed Kimberly's Law to advocate for intervention and treatment for troubled youths and for accountability when young offenders commit first or second degree murder (see attached). The first three proposals of Kimberly's Law seek to establish threat assessment protocols, mandatory counseling and parental responsibility requirements on provincial levels (the threat assessment protocols have already been implemented in BC). The remaining four proposals seek to build upon the recent Federal young offender amendments by making those convicted of first or second-degree murder fully accountable for their actions. Family members also presented Federal and Provincial petitions in Ottawa and Victoria last year.

In 2012, the Ministry introduced the ERASE (Expect Respect and A Safe Education) strategy which works closely with the K-12 sector to lead a concerted system wide focus on school connectedness, physical, social, emotional and mental wellbeing, and response to bullying, violence and other harmful behaviors. A key component of the ERASE strategy is a five-year, multi-level training program for 15,000 educators and community partners to help them proactively foster safe school cultures, prevent bullying and harmful behaviours, and undertake violence threat risk assessment. The training also helps educators identify signs of domestic violence and mental health issues.

As part of this training, school personnel in every school district and many independent school authorities are participating in violence threat risk assessment training (VTRA) and every school district is developing a community threat assessment protocol. The community protocols encourage cross-sector collaboration and communication involving vulnerable children and youth. A recent survey of our Safe School Coordinators shows that all school districts have a protocol in place or are working towards one. The survey respondents also indicated that where community protocols are in place, cross-sector collaboration and information sharing has improved.

All Boards of Education and schools are guided by the Safe and Caring School Communities policy, which is intended to support them in their efforts to create safe and inclusive learning environments and develop prevention and intervention strategies for dealing with harmful behaviours and threats or risks of violence. The policy requires Boards of Education to have VTRA protocols in place and to use the protocols to ensure safe and caring schools. Provincial guidelines for developing VTRA protocols are included in the training materials. Ministry of Education staff and the Ministry's contractor, Safer Schools Together, assist school districts in responding to worrisome behaviour by offering case consults, linking to community agencies such as the RCMP or MCFD, and carrying out digital data collection.

The Level 3 training module launched in January 2015 provides participants with a thorough understanding of VTRA. This training specifically focusses on awareness/assessment of self harm and suicidal ideation, developing a continuum of community services, threat assessment and intervention management, online social media safety and identification of the evolution of a negative peer group. It also explores mental health literacy.

DISCUSSION:

Ministry staff spoke with s.22 in preparation for this meeting and s.2 identified wanting to discuss the Minister's involvement with the Select Standing Committee for Children and Youth, better coordination of services in schools for at risk youth, and improved prevention and early intervention available in schools. s.22 also wants more schools to know about *Kids in the Know* which is the Canadian Centre for Child Protection's national safety education program. s.22 and s.22 have promoted the *Kids in the Know* program at several ERASE training sessions.

To address s.22, Ministry staff committed to sending information about the *Kids in the Know* program and accompanying resources in our next update to the field. Also, as part of the District Safe Schools Coordinators meeting on October 30th, MCFD staff have been invited to discuss Duty to Report as well as another presenter will be discussing the importance of information sharing/cooperation practices between schools and RCMP. While the Minister is currently not a member of the Select Standing Committee (SCC) on Children and Youth, he will be kept up-to-date on prevalent issues by Ministry staff who regularly attend meetings with Jane Thornthwaite, Chair of the SCC on Children and Youth.

The s.22 are incredibly supportive of the ERASE Strategy and want the Province to renew its commitment to the strategy. The two contracts enabling delivery of the ERASE strategy expire in February and November 2017 respectively. Ministry staff will be bringing forward a plan regarding the continuation of the erase bullying strategy.

Representatives from Ministries of Children and Family Development, Health, Education, and Advanced Education are also working collaboratively to review and develop options for improving child and youth mental health services in BC across the broad system of care. The review will examine the continuum of child and youth mental health and substance use services including all Child Youth Mental Health community based services that focus on mental health promotion, prevention, intervention and ongoing care, research and evaluation.

CONCLUSION:

Government is committed to making student safety a priority. Through such strategies as ERASE training, promotion of school based prevention programs and development of threat assessment protocols within our education sector, our goal is that school staff will be able to identify early signs of worrisome behaviour and intervene as early as possible with appropriate supports including counselling.

Attachments: Draft Provincial VTRA Guidelines
Kimberly's Law Proposal

(DRAFT) Provincial Guidelines for Violence Threat Risk Assessment (VTRA-1) and Intervention

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Introduction

The Canadian Centre For Threat Assessment & Trauma Response and Safer Schools Together is dedicated to ensuring safe and caring school communities and would like to ensuring safe and caring school communities by initiating the ERASE Bullying strategy (Expect Respect and a Safe Education).

This strategy will help prevent, identify and stop harmful behaviours by children and adults - whether online, at school, or in the community.

Need for Training

This document is not a substitute for training in the field of violence threat/risk assessment and should not be used until adequate training is received. The VTRA protocol is intended to be used by multidisciplinary teams trained in the theory and practice of threat/risk assessment through the "Level II and III Violence Threat/Risk Assessment Training" program developed by the Canadian Centre for Threat Assessment and Trauma Response and Safer Schools Together as part of the British Columbia ERASE Strategy.

Importance of Safe School Culture

School culture/climate is widely acknowledged as being key to creating a safe environment. By placing a strong emphasis on safety, tolerance, communication and programming designed to facilitate social responsibility, an environment is created where violence is less likely to occur, and where systems are in place to allow for early identification of potential problem individuals. It is also critical for students themselves to be actively involved in the development of safe school initiatives and programming.

A History of Threat and Risk Assessment in Schools and Communities

In 1908, The United States Secret Service began protecting the president-elect and other high-level government officials and their families from threats to their lives. As part of its protective responsibilities, the United States Secret Service, holding the view that the best protective strategy is prevention pioneered a protocol to investigate threats to determine if the threats were viable and to initiate protective measures.

The Exceptional case Study Project (ECSP), completed in 1998, was a five-year operational analysis of the thinking and behaviour of individuals who attacked or approached to attack or completed an attack on a prominent person of public status. It employed an incident-focused, behaviourally based approach consisting of a systematic analysis of investigative reports, criminal justice records, medical records, and other source documents, as well as in-depth interviews with subjects. Based on the findings of this report, the US Secret Service also developed key investigative questions and training materials which provide a framework for law enforcement to utilize in conducting threat assessment investigations at the federal, state, and local levels.

In collaboration with the US Department of Education, Office of Safe and Drug Free Schools, the US Secret Service practice of Threat Assessment was modified and directly applied to children and youth after the 1999 school shooting in Littleton Colorado. Following that incident both the Federal Bureau of Investigation and the United States Secret Service applied their experience in adult threat assessment to the newer application of assessing students who may pose a risk of "targeted" violence towards their school. Each agency respectively published the "The School Shooter: A Threat Assessment Perspective" and "The Final Report and Findings of the Safe School Initiative: Implications for the Prevention of School Attacks in the United States".

The United States Secret Service identified the need for more data driven assessments that move beyond predicting the likelihood that someone may pose a risk of violence in general to determining if an individual poses a risk to the specific target they have threatened. Anyone can make a threat; but the question in Threat Assessment is "do they actually pose a threat?"

The Federal Bureau of Investigation emphasized a four-pronged model that included 1) Personality of the Student 2) Family Dynamics 3) School Dynamics and 4) Social Dynamics. The model highlighted that while there may be some static variables that can contribute to violence risk there are many dynamic variables that can be risk enhancing but are more controllable as risk reducers once identified. Both agencies with their perspectives on Threat Assessment support the multidisciplinary approach of education, mental health and law enforcement to the prevention of high profile violence.

Canadian Contributions to Threat Assessment

Eight days after the Columbine school shooting, the first author led the crisis response during the 1999 school shooting incident in Taber, Alberta. Shortly thereafter he was seconded by the Alberta Government to a 13-month initiative where he studied traumatic aftermath from a "human systems approach." Through consultation with several American sites that had experienced school shootings, and other trauma sites throughout North America, the Traumatic Event Systems (TES) Model was developed.

In concert with the Royal Canadian Mounted Police, Behavioural Sciences Unit, the TES Model was used as a springboard for the later development of what has become known as the Violence Threat Risk Assessment (VTRA) Model. The initial program development and piloting of the program was funded jointly by Alberta Solicitor General Community Crime Prevention Program, National Strategy on Community Safety and Crime Prevention Community Mobilization Program, and Government of Canada, Justice Canada, Canadian Firearms Centre. This became Canada's first comprehensive multidisciplinary violence threat risk assessment training program for the prevention of serious violence.

This uniquely Canadian model pulls together the practice of threat assessment, more commonly linked to school shooting prevention, and the practice of forensic or general

violence risk assessment which has been used by practitioners for decades as it relates to most other forms of violence. Neither practice on their own has been sufficient to address the complex needs of the developing child within the context of family, school, and community dynamics. Serious violence is evolutionary but it is contextual as well. The VTRA Model highlights both traditional and non-traditional risk enhancing variables overlaid with a human systems based contextual assessment that allows Multidisciplinary VTRA teams to make an actual determination of current risk for harm to self or others and plan a comprehensive data driven intervention based on the case specific data.

Overview of the Violence Threat Risk Assessment (VTRA) Model

In the past, if a student was in possession of a weapon at school or uttered a threat to kill it was common for either the school to treat it as a disciplinary matter only or for the police to be called and the student charged: therefore the case would be dealt with as a legal matter only. The problem is that cases that should have had a VTRA component to them were assumed to have been resolved by the disciplinary act of suspending the student from school and/or charging the student. Multidisciplinary VTRA with its emphasis on data collection is referred to as the "missing link" in violence prevention because several students, within minutes to hours of their suspension from school or charges being laid, returned to their schools and sought out their target(s). Collecting evidence to justify a charge and secure a conviction is not the same as determining if someone actually poses a risk to the target they have threatened. In multidisciplinary VTRA the standard is "you can charge all you want and you can suspend all you want but don't you want to know whether the threat maker actually poses a risk"?

Trained VTRA teams work from the perspective that "serious violence is an evolutionary process" and therefore no one "just snaps" and secondarily, pre-incident data is often available that can help school administrators, counsellors, police of jurisdiction and others intervene and prevent serious violence. Yet, not everyone moves along the same evolutionary pathway. Some individuals have clear escalating patterns of violent offending so that when they "finally" kill someone those who know the perpetrator are not surprised. Others, however, can shock their entire community by seemingly going from a model citizen to killing their spouse, co-worker, or classmate. In the latter example, it may be that those close to the perpetrator were not aware of his or her double life while in other cases the surprise is warranted as the incident may be the perpetrators first act of violence.

So what is the difference? Some perpetrators evolve behaviourally with increasing frequency and intensity of violence over the years while others evolve cognitively and emotionally wherein the frequency and intensity of their thinking and feeling (fantasies) about violence evolve over the months and years until their first violent act. Whatever the pathway, most people give signs and indicators that VTRA Teams are trained to look for.

In the school context, if a student utters or communicates a clear and plausible threat to kill, school administrators, counsellors, and others are trained to automatically look for any indication of planning from evidence that the threat maker has engaged in behaviour consistent with their threat to the writing stories, drawing pictures, or making vague statements about their thoughts and intentions of committing serious violence. The police members of the team are trained to show an interest in the students police contact history that may indicate escalation as VTRA teams are trained to distinguish between "typical baseline" behaviour and "shifting baseline" behaviour that suggests evolution or escalation. By engaging in the multidisciplinary VTRA data gathering process we are able to collect sufficient information (often within one to two hours) to determine current level of risk which will guide any necessary immediate risk reducing interventions as well as plan for more comprehensive risk assessment and intervention as needed.

The VTRA model focuses on three distinct yet seamless stages of multidisciplinary collaboration.

Stage I which is referred to as "data collection and immediate risk reducing intervention" performed at a minimum by the school-based team that must comprise the school principal, school-based clinician, and the police of jurisdiction. This initial data collection is often accomplished in one to two hours.

Stage II which is referred to as "multidisciplinary risk evaluation" often involves some or all of the following: police-based threat assessment units, psychology, psychiatry, mental health, child protection, youth probation, and others. This second stage is focused on further data collection beyond the initial data set obtained by the Stage I Team and as such the Stage II members are charged (in collaboration with the Stage I team) with the formal risk assessment and evaluation which includes the use of tests and measures.

Stage III is the formal meeting of either the Stage I and/or II members following an acceptable Stage II evaluation for the "development and implementation of a comprehensive multidisciplinary intervention".

Composition of a Violence Threat/Risk Assessment Committee and Teams VTRA

Committees and Protocol Development

Every School and community jurisdiction has unique factors that may require modification to VTRA membership. These include number of students, location (inner city or rural), organizational structure and dynamics, and availability of community resources.

A multidisciplinary **VTRA Committee** must be developed to oversee the drafting of the school and community protocol. The following is a sample of the types of members on the committee but is not an exhaustive list. Some formalized protocols in Canada have as many as 40 or more agency directors who have "signed off" in official signing ceremonies to ratify the process of Community Violence Threat/Risk Assessment. **VTRA Committees** should be minimally represented by the following and/or their "designate".

- Superintendent/Director (depending on province)
- Chief of Police (or Police Designate)
- Director/Manager of Safe Schools
- Director/Manager of Student Support Services/Special Education
- Supervisor of Clinical Services
- Mental Health
- Child Protection Services
- Youth Crown Counsel
- Youth Probation
- Psychiatry (Forensic and Non-Forensic)
- Police of Jurisdiction (Behavioural Science Units)
- Hospital (ER Units)
- Child & Youth
- Other

VTRA Team Development

- a) Stage I VTRA Teams (sometimes referred to as the "school/police team")
- b) School District/Division level VTRA team and
- c) Stage II VTRA teams.

Stage I

“Data Collection and Immediate Risk Reducing Intervention”

Stage I VTRA Teams must include the following three professionals and others as the team or committee deems appropriate (on a continuous or case by case basis).

- School Principal and/or designate
- Clinician (e.g. psychologist, counsellor, social worker)
- Police of Jurisdiction
- Stage II (consultation and/or information sharing phase)
- Other

Note: Several VTRA cases are resolved at the Stage I level where the incident proves to either be a moment-in-time bad judgment call by the threat maker that is low risk; information that resulted in the activation of the Stage I Protocol proves to be unsubstantiated; or adequate interventions are able to be put in place under the direction of the school/police team that address the needs of the threat maker, target, etc.

Stage II

“Comprehensive Risk Evaluation”

Stage II which is "multidisciplinary risk evaluation" often involving some or all of the following: police-based threat assessment units, psychology, psychiatry, mental health, child protection, youth probation, and others. This second stage is focused on further data collection beyond the initial data set obtained by the Stage I Team and as such the Stage II members are charged (in collaboration with the Stage I Team) with the formal risk assessment and evaluation which may include the use of tests and measures.

- Stage I VTRA members
- Mental Health Workers

- Child Protection Workers
- Probation Workers
- Psychologists (Forensic and Non-Forensic)
- Psychiatrists (Forensic and Non-Forensic)
- Police of Jurisdiction (Behavioural Science/Threat Assessment Units)
- Hospital (ER Units)
- Other

Stage III

"Longer Term Treatment Planning"

This stage requires reconvening all the Stage I and/or II team members who are involved in the case at hand for the "development and implementation of a comprehensive multidisciplinary intervention" and to pre-determine a follow-up date for case review. The agency that will take the lead at this point is the one that is the most appropriate at the time: ***every case on its own merit!*** In complex cases one agency may take the initial lead but after stabilization another may assume the leadership/coordinating role.

VTRA Team and Protocol Maintenance

Although the VTRA process has evolved for use as a community protocol, it was originally designed to be used to ensure the safety of all students within a learning environment: that is still a priority. As such, it is incumbent on the school jurisdictions to take the lead in working towards ensuring that a minimum level of training and understanding of the VTRA model is maintained both within the school jurisdictions, as well as within any of the supporting agencies/professionals. This may be achieved through the following:

- a) By ensuring that the team (Stage I and II) members maintain a minimum level of common understanding and training through regular trainings/refreshers.
- b) By ensuring that as school jurisdiction and community members leave and new members join these teams; they are also at the minimum standard of training and understanding.
- c) By ensuring that at least twice a year the VTRA Committee is hosting multidisciplinary "Practice Review and Update" meetings.

- d) From time to time completed VTRA cases are shared by school administrators at district-wide administrator meetings as a way of keeping the process and concepts of VTRA in the forefront (5 to 10 minute presentations are more than adequate).

Application of VTRA

Every school should have a Stage I VTRA team and every school district/division should have a district/division wide team or personnel who can parachute in on school cases when extra support is required. The district/divisional VTRA team leader or designate must be notified of all activations of the Stage I or II protocol. School superintendents, assistant superintendents, and other upper administrative personnel who are providing direction to school principals regarding threat/risk assessment must be trained in VTRA.

Stage I assessments can often be conducted in two hours or less where the team is focused on collecting readily available data that denotes the threat-maker has "engaged in behaviour consistent with their threat" (e.g. locker check, police check, student file/record, etc.). Stage II members are involved in the Stage I process by either providing otherwise confidential information regarding immediate risk or telephone consultation on the case at hand.

In many jurisdictions across Canada, appropriate Stage II VTRA members are informed by the Stage I team of the activation of the protocol and any initial data the Stage I team has already obtained. Upon receipt of the Stage I data, partner agencies check to see if the student in question is or was a client and then the agency determines if they are in possession of information that in conjunction with the Stage I data requires them to "disclose". Generally Stage II VTRA Team designates will report that a record check has been completed and:

- 1) There is nothing to report.
- 2) There is information relevant to the case that needs to be disclosed as per the VTRA Protocol (significant risk of harm to the health or safety of others is present).
- 3) The risk is not immediate but a Release of Information Form should be requested to allow for a full disclosure of the contents of the file relevant to the case at hand.

Stage I VTRA Team Leadership and Team Activation

In school-based VTRA cases the principal and or their designate (V.P.) is the team leader in that it is their responsibility to maintain a safe and caring learning environment and therefore their responsibility to activate the protocol when other(s) provide them with information that suggests a student or other has engaged in violent or threat making behaviours. However, once the Stage I team is activated leadership is shared and collaborative as the team decides initial steps that need to be taken for immediate data collection and any immediate risk reducing interventions.

School principals are still responsible for disciplinary measures that may need to be addressed and the overall safety of students and staff and police are still responsible for determining if a parallel investigation focusing on the criminal aspect of the case will go forward as well as public safety concerns.

Therefore, when school administration becomes aware of any behaviour outlined in the "Automatic Stage I VTRA Activation" section of the protocol they will inform the counselling member(s) and the police member of the Stage I team who will then collect initial data as per the Stage I Report Form. School principals must notify the superintendent responsible for both the safe schools portfolio and the district level VTRA team of any behaviour that activates or should activate the VTRA protocol promptly. As well, other team members (school social workers, psychologists, police, etc.) must promptly notify their line supervisors of any behaviour that activates **or should activate** the protocol.

Determining When to Activate a Violence Threat/Risk Assessment

There is a wide range of student behaviour that is of concern to schools and families. It is sometimes difficult, however, to determine whether or not to activate a formal Violence Threat/Risk Assessment (VTRA) process. The following guidelines are intended to help school and community personnel make this determination. It is important to carefully consider each and every individual incident to ensure the most appropriate response.

Immediate Risk Situations

These situations include armed (gun, knife, explosives or other device/weapon capable of causing serious injury or death) intruders inside the building or on the periphery, who pose a risk to some target or targets, or active shooter (attacker) scenarios. When immediate risk is identified, the school lockdown plan must be activated immediately, followed by a call to 911. In these cases, a threat is unfolding and the matter is one of immediate police intervention and protective school response; not Stage I Violence Threat/Risk Assessment.

School shootings are over in a matter of minutes, usually before police arrive. It is vital that schools have a plan which everyone understands, drills have been conducted and everyone knows what to do. In these situations, minutes count and seconds count even more. A solid lockdown plan which is understood by everyone (staff, students, parents and visitors) and which is exercised on a regular basis through drills will save lives. The importance of having lockdown plans in place can't be overstated. The fact that a solid lockdown plan exists, in itself, may serve as a deterrent to an individual who may be contemplating an act of targeted violence in a school setting.

*In these situations, the VTRA will **not** undertake a formal Threat/Risk Assessment until the situation has been stabilized, the assailant detained and the services of the formal VTRA requested. In many cases, the legal system will have already referred the assailant for a comprehensive forensic assessment VTRA Committees may still request an assessment or review by the VTRA Team prior to making decisions about re-entry into the regular school system if the assailant is a student*

Early Elementary Students

If there is a significant increase in baseline behaviour, weapons possession or clear, direct, and plausible threats, the formal VTRA protocol will still be activated. Nevertheless, when younger students engage in violent or threat-related behaviours, developmental and exceptionality issues need to be taken into consideration. Generally speaking, most threat-related behaviour exhibited by elementary aged students would fall into the category of "worrisome behaviours". However, just because a student is elementary age does not mean they cannot pose a risk.

Worrisome Behaviours

Worrisome behaviours are those that cause concern for members of the school or community system that may indicate that a student is moving toward a risk of serious violent behaviour. This would include instances where a student may be engaging in behaviours such as drawing pictures, writing stories in class, or making vague statements that do not, of themselves, constitute "uttering threats" as defined by law but are causing concern for some members of the school community because of their violent content.

The majority of high-risk behaviour, from Kindergarten to Grade 12, falls into this category. In keeping with zero tolerance for not responding to threat-related behaviour, all worrisome behaviours will be communicated to the VTRA's administrative and clinical members for consultation. In these cases, the team is not activated formally. The principal consults with the clinician as to whether or not some formal action (assessment) should occur. The trained police member of the VTRA team may be consulted but not through a formal "complaint" because there is not sufficient data/evidence to warrant that action. If further data is obtained that suggests the student has been violent, uttered threats to kill, or is in possession of a weapon, then the team is formally activated to deal with the new data.

In many cases, following up on "Worrisome Behaviours" results in good early intervention measures. There are also cases where "a little data leads to a lot" and what seems like a minor case can quickly evolve to the formal activation of the VTRA team.

Non-School Hour Cases

If information is received by a VTRA member regarding serious violence, weapons possession or a threat that is "clear, direct, and plausible" during non-school hours, police will be called and parent(s) or caregiver(s) will be notified immediately so that they can take steps to notify and protect the target(s).

As a second step, the VTRA team will be activated if the situation is deemed to have potential to pose ongoing risk to some member(s) of the school community. Open communication between school and police is essential and so is information sharing between patrol or general duty police officers and school resource/liaison officers regarding non-school hour cases. Many evening or weekend incidents occur that continue into school the next day therefore SRO's (SLO's) need to be informed by their police colleagues about potential ongoing risk. This has proven especially useful in youth gang related cases.

Automatic Stage I VTRA activation for:

- Serious violence or violence with intent to harm or kill
- Verbal/written threats to kill others ("clear, direct, and plausible")
- Internet website/ MSN threats to kill others (refer to Appendix B for abbreviations commonly used on the Internet)
- Possession of weapons (including replicas)
- Bomb threats (making and/or detonating explosive devices)
- Fire Setting
- Sexual intimidation or assault
- Gang related intimidation and violence

Note: Criminal Charges

In cases of violence or criminal threats, the police officer assigned to the VTRA team has "first call" as to whether or not charges will be laid. If the law enforcement team member chooses not to proceed legally at the time then he/she will continue with the Stage I VTRA Team. In many cases where charges are laid, the police member of the VTRA team will refer the case for investigation to a general duty member so that he/she can continue to participate as an active VTRA member in the case at hand. A police investigation does not prevent the remaining VTRA members from continuing on with data collection relative to the threat assessment including obtaining history of prior target selection, site selection, and shifts in baseline behaviours. Good communication between police and the VTRA team is

important, so as not to compromise an investigation/prosecution or place unnecessary strain on victims. It is understood that collaboration with VTRA members will be ongoing, notwithstanding the fact that each team member has his/her own "jurisdiction".

Working with Members of Ethnic Minorities

The potential for cultural bias is well documented in the psychological literature. When conducting a VTRA, cultural bias may be a function of:

(a) the construct being measured (VTR between individuals of Western cultures may present differently from VTR between individuals of Western sub-cultures such as Aboriginal populations; or non-Western cultures), or

(b) the content of the questions and/or how the questions are phrased (i.e., language and culture may influence interpretation with respect to the interviewer and/or respondent).

Members of some minority cultures experience significant rates of poverty, racism, and discrimination, and language barriers may also exist. These factors, along with possible distrust for authority figures can lead to the presence of multiple stressors that increase perceived level of risk or actual risk.

When language barriers exist it is vital, if possible, that respondents speak in their first language and that a neutral interpreter be used to translate. Similarly, it is vital that the individuals involved in the VTRA are familiar with the cultural backgrounds of all parties being interviewed and that whenever possible at least one member of the team is the identified "specialist" in that area. If there are no VTRA team members knowledgeable of a particular culture or language than in jurisdictions with limited resources an untrained staff member or other professional may, with consent, be brought in as a consultant to the team. Ideally, at least one VTRA team member is of the same cultural background as respondents from ethnic minorities.

Students with Special Needs and VTRA

The multidisciplinary VTRA protocol will not be activated when students with special needs engage in threat-making or aggressive behaviours that are typical to their "baseline". In other words, if their conduct is consistent with their diagnoses and how it has been known to manifest in them then the VTRA Team will not be called upon to conduct an assessment. For instance, some students diagnosed along the Autism Spectrum or Fetal Alcohol Spectrum may have histories of verbal threatening when they are frustrated and make statements such as "I'm going to take a knife and kill you" as part of their typical baseline behaviour. This would not result in the activation of the VTRA Team. However, if the student with special needs moves beyond their typical baseline and for the first time is caught with a knife in their possession or threatened a target with a knife in their hand, then the VTRA Team would be activated to assist in determining why the increase in baseline and do they pose a risk to self or others?

Once the VTRA Team is activated the process of data collection and assessment is not modified other than to ensure appropriate interviewing strategies with the student with special needs. Staff members from the school and district level responsible for program planning and service delivery to students with special needs will always be consultants to the VTRA Team in these cases.

Good case management with students with special needs means that school officials should already know more about these students than others as program planning requires comprehensive assessment in the first place. This foundational knowledge about the student means that any significant shift in baseline that meets the criteria for the VTRA protocol activation is easily identified: the purpose of the team would be to assist with determining why the increase in baseline and then contribute to the intervention planning.

There are times when the student with special needs has had a "slow but steady" increase in the "frequency" and "intensity" of their violent or acting out behaviours. In these cases there may not be a single incident prompting a Stage I Threat Assessment but information may emerge that requires the benefit of all or some of the Stage II members. Stage II VTRA Team members can include Mental Health, Children's Services, Probation, Hospital Psychiatric Units or special program units (e.g. Early Onset Psychosis), and others who can be utilized to assist with more general violence risk assessment and intervention planning.

A note of caution: sometimes school and community members may under react to a serious threat posed by a student with special needs. This occurs when they assume that the student's behaviours are caused by, or a result of, their diagnosis. It is important to remember that a student with special needs can move along a pathway of "justification" as well. The same dynamics that can increase the risk of violence in the general student population can also be factors in contributing to the violence potential of the student with special needs independent of their diagnosis.

VTRA Reminders

"Threat Assessment Trumps Suspension" In most cases, unless the individual of concern already poses an imminent or obvious safety concern, (i.e. currently brandishing a weapon), the Stage I team is activated and Stage I Report Form data is collected within reason before suspension is even considered. A poorly timed "out of school" suspension is high risk as this period is often viewed by the high-risk student as the "last straw". It is in this stage that many threat makers decide to finalize a plan to terrorize their school or attack a specific target: this can include homicidal or suicidal acts. The suspension does not "cause" the violence to occur but creates the necessary "context" for the high-risk student, who is already struggling with suicidal and/or homicidal ideation, to take the final step from planning to action.

"Threat Assessment is not a Disciplinary Measure" In the post Columbine and Taber era there have still been a few occasions across Canada and the United States where principals have failed to activate the Stage I team and protocol on legitimate cases and instead have chosen to issue counter threats to the student of concern that if they engaged in the threat making behaviour again then the principal would "do a threat assessment" on them. This is contrary to the purpose of the VTRA process and a dangerous unidimensional practice as it reflects the belief by administration that the student of concern does not pose a risk while failing to take steps to actually determine plausibility. If suspension is necessary, a critical question beyond "when to suspend" is "where to suspend"? The isolation and disconnection felt by high-risk students during an out of school suspension may be exacerbated if steps are not taken to keep the student connected to healthy adult supports.

Fair Notice

Prior to any violence threat/risk assessment protocol being implemented, all students, staff, and parents should be provided with information about the protocol and procedures so that **"fair notice"** is given that violence and threats of violence will not be tolerated. Senior school division and community agency personnel should take the lead in presenting the protocol to ensure that students, parents and staff are all aware that the new protocol is a jurisdiction-wide policy and that a consistent message is given regarding its use.

The authors believe that standard "zero tolerance" policies are too difficult to apply to the endless complexities confronting school systems. Under-reacting or over-reacting to threats is a concern. An alternative standard then is that schools have **"zero tolerance for not responding to serious violence or threat-making behaviours"**. In other words, all high-risk behaviours will be taken seriously and high-risk students will be assessed accordingly. Determining what actions will be taken in any case (legal, disciplinary, mental health evaluation, etc.) will depend on the context of the incident.

Fair Notice can be given through letters to parents, brochures, media releases, parent meetings, staff meetings, new student orientation or all of the above. School districts/divisions may also include a brief "Fair Notice" statement in student "agendas".

Create an Expectation for Responsible Reporting

All staff and students need to be advised that any person in a school community having knowledge of high-risk student behaviour or having reasonable grounds to believe there is a potential for high-risk or violent behaviour should promptly report the information to the school principal and/or his/her designates. Actively teach students that seeking adult support for worrisome behaviour is not "ratting or snitching" but, rather, a social responsibility for the wellbeing of all. School staffs need to actively counter the "code of silence".

It is also important for all to understand that no action will be taken against a person who makes a report unless the report is made maliciously and without reasonable grounds. In such exceptional cases, the person making the malicious report should be dealt with according to school jurisdiction policy and law, where applicable.

Responsible Sharing of Information

Provinces and states have legislation that permits information sharing under circumstances where there is imminent danger. It is important to review the relevant legislation (education, child protection services etc.) in your own province or state to ensure adherence while providing for school safety.

Mass Shootings at Virginia Tech: Report of the Review Panel presented to Governor Kaine Commonwealth of Virginia.

Summary of Key Findings p.3

"University officials in the office of Judicial Affairs, Cook Counseling Center, campus police, the Dean of Students, and others explained their failures to communicate with one another or with Cho's parents by noting their belief that such communications are prohibited by the federal laws governing the privacy of health and education records. In reality, federal laws and their state counterparts afford ample leeway to share information in potentially dangerous situations."

NEWS RELEASE May9, 2008

Ontario and B.C. Privacy Commissioners issue joint message: personal health information *can* be disclosed in emergencies and other urgent circumstances

"In light of recent events, such as the tragic suicide of ... a student at Carlton University, and the Virginia Tech massacre of 2007, the Information and Privacy Commissioner of Ontario, Dr. Ann Cavoukian, and the Information and Privacy Commissioner of British Columbia, David Loukidelis, are reaching out to educational institutions, students, parents, mental health counsellors and healthcare workers in both provinces: personal health information may, in fact, be disclosed in emergencies and other urgent circumstances. The two Commissioners want to ensure that people realize that privacy laws are not to blame because they do permit disclosure".

Therefore, if an individual is in possession of reliable information that may indicate that there is an imminent danger to the health and safety of any person or persons, the information can be shared without consent. If information has been shared without consent, the individual shall be advised with whom the information was shared as required by law.

Federal Rulings and Law

l) In 1981 the **Supreme Court of Canada** in *Myers v. Peel (County) Board of Education* defined the standard of care to be exercised by school authorities in providing for the supervision and protection of students for whom they are responsible, as that of a **careful and prudent parent**.

III) The **Supreme Court of Canada** (1998) has established legal precedent by ruling (in *R. vs. M (M.R.)*) that in certain situations, the need to protect the greater student population supersedes the individual rights of the student. The ruling explicitly acknowledges that school officials must be able to act quickly and effectively to ensure the safety of the students and to prevent serious violations of the school rules. The Supreme Court established two principles relevant to Violence Threat/Risk Assessment Protocol:

The individual charter rights of the student are lessened to protect the collective need for safety and security of the general student population;

Schools officials have greater flexibility to respond to ensure the safety of the general student population in an educational setting than Law enforcement officials have in a public setting.

IV) Sharing Youth Justice Information: **Youth Criminal Justice Act**

All sharing of youth justice information (i.e. relating to young persons aged 12-17 inclusive who are being dealt with under the criminal law) is subject to the non-disclosure provisions under ss. 119(2) of the Youth Criminal Justice Act.

Under ss.125 (6), the *Youth Criminal Justice Act* enables information in a YOA record to be shared with any professional or other person engaged in the supervision or care of a young person - including a representative of any school board or school or any other educational or training institution - for a range of reasons, including safety of staff, students or other persons. *Such sharing of information does not require the young person's consent*

The recipient of youth justice information is responsible for ensuring compliance with legislated restrictions on its use and disposal under YOA ss.126 (7). This provision requires that the information must be kept separate from any other record of the young person, that no other person must have access to the information except as authorized under the YOA or for the purposes of ss.125 (6), and that it must be destroyed when it is no longer needed for the purpose for which it was disclosed.

Provincial Rulings and Law

British Columbia Initiatives/Legislation/Rulings

"School Act" Province of British Columbia (1996)

School medical officer Section 89 (1) states: "Each regional health board under the *Health*

Authorities Act must designate a school medical officer for each school district.

Examination and reports by school medical officer Section 91 (5) states:

"If a teacher, principal, vice principal, or director of instruction suspects a student is suffering from a communicable disease, or other physical, mental or emotional condition that would endanger the health or welfare of the students, the teacher, principal, vice principal or

director of instruction

- a) must report the matter to the school medical health officer, to the school Principal and the Superintendent of schools for the district, and
- b) may exclude the student from school until a certificate is obtained from the school medical officer or a private medical practitioner permitting the student to return to the school

Involving Parents in Threat/Risk Assessment

Parent (caregiver) Notification - **(Threat Maker)**

Parent(s) or caregiver(s) of the threat maker should be notified at the "earliest opportunity". Specifically, notification should occur after the VTRA team has collected enough initial data to confirm that a threat or violent incident has occurred and has determined the current level of violence potential.

Notification guidelines follow that of the standard practice for fist fights between two students at a school. Before school administration calls home, they collect some initial data, talk with the students involved and then notify the parents (caregivers) of the situation and the circumstances surrounding it.

In the case of threat/risk assessment, the parent(s) or caregiver(s) are also part of the assessment process as they are necessary sources of insight and data regarding the "bedroom dynamic", "increases or decreases in baseline", and other contextual factors that may be either "risk-reducing or risk-enhancing". As such, notification of parent(s) or caregiver(s) is meant to activate a collaborative process between home and school to more fully assess the student and collaboratively plan for appropriate intervention where necessary.

Other Common Reasons for Delay of Notification

If the student discloses child abuse during the threat/risk assessment process, Child Protection personnel will collaborate with the Stage I VTRA Team on appropriate timing of parent(s) or caregiver(s) notification of the threat/risk assessment as the Child Protection agency may opt to notify parents or caregivers themselves as part of their child protection investigation.

In some cases, prior history with the parent(s) or caregiver(s) of the threat maker may denote that the parent(s) or caregiver(s) poses a risk of violence to staff or others. In these cases, notification of such adults would be timed to minimize potential risk and the police member of the VTRA team may opt to notify the parent(s) or caregiver(s) themselves.

Parent (caregiver) Notification - **(Target)**

The parent(s) or caregiver(s) of the target(s) should be notified at the "earliest opportunity." Often the target and his/her parent(s) or caregiver(s) are fearful or traumatized by the situation therefore notification should be done with skill, tact and planning. A plan should be made for possible emotional supports the family may need. As such, if the threat is "clear, direct, and plausible" or the VTRA team feels violence may be imminent (if the case is unfolding during school hours and the target is present at school), notification will occur after the target is secured/protected from potential harm. If the initial threat is **not** "clear, direct, and plausible", the VTRA team will continue to collect data to determine the level of risk before the parent(s) or caregiver(s) are notified: this is to prevent unnecessarily traumatizing individuals when no risk is present.

Taking the time to do a proper initial assessment can prevent some of the extreme overreactions that have occurred in several low risk cases across this country. There are also times when a case may first appear as high-risk but quickly prove to be a minor non-threat related situation.

Violence Threat/Risk Assessment: Intervention and Management

Guidelines for Re-entry into School

When data suggests that a student poses a threat to others, he/she may not be in attendance at school until a more comprehensive assessment can be conducted. VTRA teams guide the process from initial assessment, to planning interventions to decrease risk, to planning for re-entry into school. This is best accomplished when the VTRA teams outlines, in writing, steps the student, family, school, and others need to follow to ensure an appropriate assessment(s) is conducted prior to re-entry into the school. Following the completion of necessary assessments, the initial VTRA members may work with the student and the parent(s)/ (caregiver) to develop a plan for re-entry that becomes a signed contract by all participants including the student and parent(s), if circumstances warrant.

Please note: In cases where student's threat making behaviour is directed toward an employee, additional processes parallel to VTRA will likely be enacted. In these cases it is important to act in accordance with any jurisdictional workers compensation board (or corresponding provincial body) compliance guidelines.

For any incident involving student to staff violence, best practice suggests that a "safety plan" should be developed prior to the student returning to school. The "safety plan" serves to mitigate any future incidents from occurring that meet the juridical definition of work place violence.

Supportive Services

Each of the VTRA members needs to have the authority within his/her own organization to make immediate decisions with regard to recommendations for supportive services. For example, it may be necessary to provide secure residential treatment, psychiatric hospitalization or increased supervision in the school setting. It is also important to ensure that the support services and interventions extended to the student and family are culturally appropriate and/or accessible within the context of the limitations of the community. Recommending services that are not readily available or accessible can add to the level of anxiety and risk inherent in the family structure.

Supporting Targeted or Victimized Students or Staff

The VTRA clinician (psychologist, therapist, counsellor) should be responsible for ensuring that the emotional well-being of the recipient(s)/victim(s) of the student threats/behaviours are assessed and that services are provided as necessary. The circumstances will dictate how far reaching an intervention may need to be as the threat may be directed towards one or more students, an entire class, or the school population in general. The VTRA clinician and the school administrator should determine if crisis counselling or a crisis response team is needed to re-establish calm. It is important to provide crisis/trauma response support only as victims request or as is clearly indicated. Proper training in this specialized field is essential as inappropriate crisis response (as well-meaning as the providers may be) can lead to further trauma.

Key Point: There may be cases where the recipient of a threat him/herself has been engaged in high-risk behaviours that lead to the threat(s) in the first instance. In those situations, the recipient of the threat(s) may need to be assessed for high-risk behaviour as well.

Communicating with Media and Parents

When a case draws high profile media attention, formal communication should be collaborative between school administration, school district administration and police.

If the media is aware of an incident or situation, it is important that communication with the media be done quickly, even if it is to acknowledge that a statement is being prepared. Without a timely response from the district, reporters will be inclined to pursue sources for information that may be inaccurate or inappropriate. (Consult police media liaison before release.)

In most cases the Superintendent/Director of Schools would work with the police designate to communicate with media jointly: VTRA members should not communicate with media unless requested by the Superintendent/Director and the police. In some jurisdictions police and larger school divisions will have their own media relations or communications officer in which case they may take the lead if directed. The only Stage I VTRA member who would have some directed media contact is the school principal. However, the contact should be minimal and for the purpose of "modeling calmness and leadership" and reinforcing police and school district communication.

Over the past decade as media have become more interested in school safety issues some Superintendent/Directors have left it up to principals to "ask" the district for help with managing the media: this is not good practice! Many school leaders have been weighed down by the sometimes relentless demands of the media during high profile cases that then takes the school leader away from leading the school.

Regarding parents/caregivers: information should always be communicated for the purpose of modeling openness, promoting credibility, and reducing/mitigating an increase in system anxiety. How information is shared will depend on circumstance but, in high anxiety situations, it is better to deliver communications in person where possible. This may include an evening information meeting for parents where VTRA members will be present and typically take the lead.

Conclusion

The materials and information in this protocol are intended as an informed guide to assessing, intervening in and managing high-risk, violent and threat making behaviour. Importantly, no two cases are the same and each individual incident must be treated as unique. The strengths of this model lie in the use of a multi-disciplinary team that investigates and evaluates all the factors and contexts of the student's life and the specific incident of concern.

Ensuring safe schools requires far more than just threat/risk assessment procedures. It requires evidence-based, preventive Safe School Climate initiatives, strong student/staff relationships, ongoing training and refining of all policies, procedures and protocols that promote socially responsible behaviour

APPENDIX "A"

KIMBERLY'S LAW

Proposals to Reform the Young Offender System in British Columbia and Canada

1. THREAT ASSESSMENT PROTOCOLS

Schools must be safe and healthy places for students to learn and grow. Schools across Canada should implement threat assessment protocols to identify students (or others) who have made threats or engaged in threatening behaviour as witnessed by family, peers or educators. The goal of the protocol is to ensure the safety, well-being and security of all persons at schools and to prevent harm. Some local School Boards have already developed threat assessment protocols and work in coordination with counseling services, social workers and local law enforcement. This should be regulated by Provincial Statute.

2. MANDATORY COUNSELING AND TREATMENT

Young persons are defined as 12-17 years of age in Provincial and Federal statutes. A goal should be to identify and administer troubled youth before they commit harm. Isolated, aggressive or problematic students (or dropouts), are often known to their peers, family or educators. Some advertise their "issues" on social media; others, through word of mouth, reputation and action. If such young persons are identified in a Threat Assessment Protocol then social workers or counselors should determine a risk of harm and a treatment plan if necessary. Involuntary treatment should be mandated by the Provincial Court.

3. PARENTAL RESPONSIBILITY

The primary source of information, control and responsibility for young persons remains with parents. Parents need to be held civilly liable for the actions of their young persons subject to a "due-diligence" defence. The *Parental Responsibility Act*, S;B.C. 2001, Chapter 45 provides limited civil action relief for victims of property-related crimes. The Act should be amended to include civil relief for damages from injury to a person or loss of life. The compensation for such damages could be limited to a maximum amount of \$25,000. Such financial penalty may deter otherwise uninvolved parents to take more control for the violent actions of their children or seek outside assistance.

4. TRANSFERS TO ADULT COURT

Transfers to adult court for violent young offenders who have been convicted of first or second degree murder are not automatic. A 16 year old possesses sufficient maturity, responsibility and accountability for their actions. There should be automatic adult court transfers for young offenders aged 16 or older who are charged with first or second degree murder.

5. PUBLICATION OF YOUNG OFFENDER NAMES UPON GUILTY PLEA

The public is currently barred from knowing the names of young offenders until sentencing. Notwithstanding, the media is free to publicize the name of the victim including the details of the crime at any time in the process. "Innocent until proven guilty" only applies until guilt is determine or admitted. Once a young offender has pled guilty, his or her name should be made public.

6. TRUTH IN SENTENCING

Young persons sentenced as "adults" for first or second degree murder do not receive the same incarceration period as adults. The incarceration period or "life sentence" for an adult convicted of murder is 25 years but only 10 years for a young person. A life sentence for a young offender tried as an adult should be the same as an adult or the "adult sentencing" terminology needs to be abolished. The public should not be misled that a young person sentenced as an adult for murder will receive a 25 year adult sentence.

7. INTERIM CUSTODY

Young persons who are charged with first or second degree murder under the *Criminal code* should be detained in custody separate and apart from other young persons in the same facility. This will ensure that other young inmates are not exposed or traumatized by boastful details of the crimes committed by those charged with first or second degree murder.

**MINISTRY OF EDUCATION
BRIEFING NOTE**

<u>Contact Information</u> Lisa Dominato, A/Executive Director Integrated Services and Safe Schools Branch	JM	Approved	Approved
	ADM initial	Dave Byng Deputy Minister	Honourable Mike Bernier Minister
		Date signed: Oct 28, 2015	Date signed:

MINISTRY OF EDUCATION

BRIEFING NOTE

DATE: October 26, 2015

CLIFF: 184602

PREPARED FOR: Minister Mike Bernier for **Information** at the request of **Integrated Services and Safe Schools Branch (Learning Division)**.

SUBJECT: Requiring proof of student immunization status at school entry/transfer

BACKGROUND:

s.13

Currently, according to the *School Act*, parents are only required to provide a proof of residence to enroll their school aged child in a public school in BC. While the collection of immunization records is not currently required, many school districts in BC are already collecting them, working in cooperation with local public health units. The level of information requested by school districts varies across the province, which is to be expected, since each health authority collects different levels of information from school districts in their region. While some school districts like SD 45 (West Vancouver) and SD 48 (Sea to Sky) simply state that a copy of immunization records is required at registration (if available), others like SD 40 (New Westminister) and SD 43 (Coquitlam) are more prescriptive, outlining which immunizations are required, what kind of immunization record can be submitted, and what will be the follow up procedure by public health. Some schools keep a copy of the immunization record in the student's file. A sample district policy is included with this briefing note.

Under s.79 of the *School Act* and the Student Records Disclosure Order (Order 1/07) made under Independent School Regulation, s. 9 schools and school districts are required to provide student demographic and contact information to health units for the management of public health programs, including immunization. In the past schools used a variety of inconsistent paper-based and electronic processes to provide this data, but in 2013 the BC Centre for Disease Control (BCCDC) funded the development of a BCeSIS report that could be used by schools to prepare data in a standard format and transfer it in a secure manner. This report has never been used provincially. An information request by the BCCDC that describes the new report and its use is attached. A similar report has been built for MyEducation BC which could be used either by individual districts or centrally to prepare this information for all schools in the province that use MyEdBC.

In Canada, the constitutional rights set out in the *Canadian Charter of Rights and Freedoms* guarantee every individual the fundamental right to freedom of conscience and religion. This

MINISTRY OF EDUCATION

BRIEFING NOTE

means any jurisdiction in Canada that enacts regulations regarding immunization requirements must include these freedoms in an exemption clause in accordance with these rights.

DISCUSSION:

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CONCLUSION:

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Attachment (2):

Coquitlam School District Policy

BC Centre for Disease Control (BCCDC) School Enrolment Data Request

Contact Information Integrated Services and Safe Schools 604-817-3635 Department File		Approved
		Date signed:

School District 43 - Coquitlam

Policy: Systematic Immunization of Students; Procedure No. 301

The District believes it is beneficial to children attending school in the District to be inoculated against communicable diseases. Parents and/or guardians will be required to have their children immunized to protect them against the spread of communicable diseases unless exempted by the accompanying procedures.

Procedures

These procedures will apply to parents/guardians as they register a student for attendance in the District.

1. At registration parents/guardians are required to provide a record of their child's immunizations as obtained from a health unit or a physician's office. Such record will indicate the date on which the child was immunized or that the child has not been immunized against: diphtheria, tetanus, pertussis (whooping cough), mumps, measles, rubella, polio.
2. Documentation from a physician confirming that the student has experienced previous infection with one or more of the diseases listed above will be accepted in lieu of a dated immunization record.
3. A parent/guardian may state that he or she is/are conscientious objector(s) to immunization. This will be noted on the school record as "The student is not immunized against the disease(s) for which no protection has been obtained".
4. The parent/guardian may also produce written confirmation from a physician that immunization of their child is contraindicated. The school record will be noted that the student is not protected against the particular disease for which no protection has been obtained.
5. Parents/Guardians of students not immunized against the communicable diseases listed above will be advised that their child(ren) may be excluded from school should an outbreak of the particular disease occur.

Reference: Section 65, 85, School Act

School Enrollment Data Request

Background

A number of public health programs in British Columbia – including immunization and vision, hearing and dental screening – are delivered through school-based settings. School boards and independent school authorities are required to make student records available to those planning to provide health services to students, by virtue of an order of the Minister of Education, made under the authority of s.79 of the *School Act* and by virtue of the Student Records Disclosure Order (Inspector's Order 1/07), made under the authority of the Independent School Regulation, s. 9.

Public Health requires student records in order to:

- reconcile student record information with information contained in the immunization registries (Panorama and PARIS) in order to ensure the immunization registries include all children in the target groups,
- identify students eligible for public health programs,
- send information and consent forms to the students' parents/guardians,
- follow-up with the parents/guardians of students whose consent forms have not been returned or are unclear,
- inform the assessment of immunization coverage among students in Grades 6 and 9 and at 7 years of age, and
- Inform the assessment of immunization coverage in the case of a communicable disease outbreak in the school setting.

In most cases, health unit staff receive student records directly from each individual school. The format (paper vs. electronic) and layout of these records, and the information they contain, vary. In at least three of sixteen health service delivery areas, standardized, electronic student records are submitted directly to the health units by the school boards. The process for obtaining the student records has been built through partnering and agreements between each individual health region and the school districts or individual schools; it is not standardized across the province.

Request

In order to facilitate the delivery of public health programs that require student record information, Public Health requests that standardized reports be created that can extract the data needed from the British Columbia Enterprise Student Information System (BCeSIS) producing standardized, electronic, line-listed student information for each school district or school.

This will:

- streamline the individual schools/school board processes for providing the information and reduce the administrative burden involved with creating unique reports and reporting methods for each school/school board,
- reduce uncertainty about the types of information that can/should be disclosed to public health,
- reduce privacy risks associated with non-standardized disclosure of student information using paper-based or electronic methods,
- facilitate electronic methods to reconcile student information with immunization registry information, enabling the maintenance of an up-to-date immunization registry,
- help identify home schooled students or distance learners (i.e. online schooling) who may not be included in the student records provided by individual schools, and
- foster relationships between health authorities and school districts.

Frequency and Timing

Public Health would like to receive records for all students at the beginning of the school year, in January and at the end of the school year, with monthly updates containing only students who registered or transferred schools within the school district. Up-to-date information on school enrollment is required as Public Health programs are conducted throughout the school year.

Data Elements

The minimum required dataset is outlined in Appendix A.

Student Population for Inclusion

1. All non-adult students and homeschooled children in Kindergarten through Grade 12, elementary ungraded or secondary ungraded, excluding Continuing Education or Youth Custody Schools, but including distributed learning schools.
2. Starting in March/April of each year, all students registered to start Kindergarten the following school year.

Vision, hearing and dental programs are offered primarily to students in Kindergarten, although in specific circumstances, they may be required to screen other school-aged children. The Ministry of Health requires specific reporting on health screening provision to Aboriginal children.

Public Health delivers routine immunizations through school-based clinics to students in Grades 6 and 9. Some regions deliver consent forms for school-based immunizations at the end of the previous school year, making records for students in Grades 5 and 8 also necessary. In some

areas (i.e. Vancouver Coastal Health), immunization is provided to all school aged children entering the health region as well as the target grades; these regions require student records for all grades.

Routine “school-entry” immunizations are provided to children at four to six years of age. In some regions these are delivered outside of the school setting; in others, these are delivered in the school setting. Follow-up of these children is facilitated through school-based processes in Kindergarten through Grade 2. Some health regions attempt to have all children immunized prior to school entry and thus require lists of students registered to start Kindergarten the following school year.

Methods for Data Transfer and Security

If not already established, each of the five regional Health Authorities in BC will set up secure FTP sites to receive data from the school districts. All Health Authorities have secured locations to store the student records once received and secure ways to distribute these within each Health Authority.

Appendix A: Requested Data Elements

	Rationale	
Health Card Number / Personal Health Number (if available)	To verify the identities of students and reconcile school enrollment information with the immunization registries.	
BCeSIS Student Number		
Last Name		
First Name		
Alternate Last Name		To determine eligibility for public health programs (e.g. human papillomavirus immunization for females).
Alternate First Name		
Gender		
Date of Birth (year, month, day)		To identify the students who will be offered public health programs at each school.
School Identifier		
School Board		
School Name		
School Year		
Grade	To determine public health program eligibility.	
Class / Division	To organize logistics of school-based programs.	
Address: Unit No	To verify the identities of students and reconcile school enrollment information with immunization registries May also be used to mail consent forms and other public health program materials to parents/guardians or students.	
Address: Street No		
Address: Street Name, Type, Direction		
Address: P.O Box		
Address: Rural Route		
Address: Postal Code		
Address: City		
Address: Province		
Telephone Number	To follow-up on un-returned consent forms, missed immunization clinics or other public health issues.	
Preferred Language	To provide communications in the appropriate language	
Aboriginal Status	To determine public health program eligibility (e.g., hepatitis A vaccine is offered to Aboriginal persons aged 6 months to 18 years). The Ministry of Health requires specific reporting on health screening provision to Aboriginal children.	

	Rationale
Parent/Guardian Last Name 1	<p>To follow-up on un-returned consent forms, missed immunization clinics or other public health issues. Parent/Guardian Relationship Type is used to identify the correct person to communicate with in custody situations. It can also be used to identify foster parents, who may be recorded differently than parents or other guardians in the Public Health information systems.</p>
Parent/Guardian First Name 1	
Parent/Guardian Relationship Type 1	
Parent Phone Number 1	
Parent e-mail address 1	
Parent/Guardian Last Name 2	
Parent/Guardian First Name 2	
Parent/Guardian Relationship Type 2	
Parent Phone Number 2	
Parent e-mail address 2	
Registration Date (year, month, day)	<p>To maintain accurate records of enrollment in order to identify the students who will be offered public health programs at each school on each date.</p>
International Flag	<p>International students may require additional vaccinations or may not qualify for all routine immunizations (i.e. student visiting for 1 semester)</p>
Doctor	<p>To obtain records of immunizations provided by physicians but not previously reported to public health or to follow-up on adverse events following immunization.</p>
Doctor Phone	