
**INTER-MINISTERIAL
PROTOCOLS**

for the

PROVISION

of

**SUPPORT SERVICES
TO SCHOOLS**



Province of British Columbia

MANDATE

The Government of British Columbia is committed to providing provincial policies which ensure that support services to schools are delivered in a coordinated way. With this goal, the Government made public on January 27, 1989 a commitment to develop protocols between the Ministries of Education, Social Services and Housing, Health and the Solicitor General consistent with the mandates of each Ministry.

It is the intention of the Government that cooperative efforts between the Ministries will be further enhanced by the implementation of the attached protocol agreements.

The attached protocols are hereby approved and agreed to this 10th day of October, 1989.

The Honourable Anthony J. Brummet
Minister of Education

The Honourable Peter A. Dueck
Minister of Health

The Honourable Claude Richmond
Minister of Social Services and Housing

The Honourable Angus C. Ree
Solicitor General

INTER-MINISTERIAL PROTOCOLS FOR THE PROVISION OF SUPPORT SERVICES TO SCHOOLS

BACKGROUND

The Sullivan Royal Commission (1988) made several recommendations regarding support services to schools. The Government of British Columbia, on receipt of the report, developed policy directions and a statement of mandate for the school system:

“Other Government Ministries and Agencies have a duty to set policies in accordance with specified powers. They have a corresponding responsibility to ensure that provincial policies and resources support the family and local community in providing a healthy and supportive environment necessary for children’s learning.”

GOVERNMENT COMMITMENT

The Policy Directions of the Government of British Columbia, made public on January 27, 1989, made the following commitment:

- “The Ministries of Education, Social Services and Housing, Health, and the Solicitor General will develop protocols, consistent with the mandate and responsibility of each Ministry, which describe processes for the provision of services to children.
- These Ministries will ensure that their representatives at the local and regional level work cooperatively in the delivery of support services to children.”

The policy directions have been further clarified by the statement of mandate for the school system contained in the *School Act* which received passage in the Legislature in July, 1989.

PURPOSE

The purposes of this protocol paper and attached sub-protocols are:

1. to establish a framework which describes the delivery of support services to students and schools,
2. to improve coordination and decrease fragmentation of services to students through a joint planning process,
3. to establish an agreed-upon comprehensive range of services and mechanisms for their ranking in the light of available resources,
4. to increase the accessibility of appropriate services locally, and increase the responsibility of local communities for their provision of such services,
5. to obtain agreement on the areas of responsibility of each Ministry in the provision of each support service,
6. to proceed cooperatively to identify the services to be provided and jointly put forward issues for consideration by appropriate committees within Government for accessing the required resources, and
7. to implement governmental directives set out on January 27, 1989 in the *Policy Directions* statement.

BASIC PRINCIPLES

1. Support services to students will be organized in a way which supports and facilitates the primary task of schools, which is the enhancement of student learning. Services will be organized in ways which will be minimally disruptive to the prime goal of student learning.
2. Acceptable levels of service and required resources will be established for each support area.
3. Government is committed to a corporate approach for the implementation of the Royal Commission initiatives. Each Ministry will identify, for each relevant service area, the resources currently existing within its budget for the provision of support to children and young people of school age in school settings. The Ministries will share those budget submissions for new and continuing resources with one another. Budget proposals shall be reviewed jointly by the Deputies prior to submission. Budgets should be designed to maximize cost sharing from federal, provincial and local levels to support programs.
4. If school boards are unable to obtain services under contract from the other Ministries they should then be free to contract elsewhere, using resources in their budget. Where school boards contract elsewhere for services, they shall use the appropriate Ministry's established program and professional standards, criteria and guidelines, and shall be consistent in determining the level at which these services are reimbursed.
5. Where existing funds are contained in the budgets of Ministries other than Education, those intended to support children in school settings should be designated, and their capacity to serve the children should be specified.
6.
 - (a) Protocols should ensure that the support services needed by school boards to discharge their mandate to children are met in a manner which is satisfactory to the school boards and to the various Ministries involved.
 - (b) Each service will be delivered within the overall mandate of the responsible Ministry and at an agreed level which is within the capacity of Ministries or their agents to deliver at the local level.
 - (c) Each Ministry is responsible for establishing and monitoring standards and guidelines for the delivery of services within its mandate.

- (d) A mechanism will be put in place for an annual joint review of the need for services and the Ministries' capacity to provide them.
7. Services should be organized to make the most effective use of available resources in meeting the needs of clients and ensuring maximum parent and family involvement in the decision-making process.
 8. Delivery of services is contingent on available resources and qualified personnel being available.
 9. The staff of Ministries involved in each sub-protocol will jointly develop procedures and time lines for review and evaluation of the effectiveness of the protocol agreement. Any evaluation or review will be conducted jointly.
 10. Protocols for each support area should include:
 - I. A background of status and work done to date.
 - II. Target population for the services.
 - III. Services to be provided:
 - types of services
 - levels of service
 - procedures for assessment of needs and priorities
 - access procedures\considerations for service delivery
 - information sharing
 - IV. Obligations of each Ministry

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PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Education and Health

REGARDING THE FOLLOWING SERVICES:

Audiological Services

I. Background:

Currently, school-age children are provided with the following audiological services through local Health Units:

1. Identification:

- Individual limited-frequency screening is administered to children in the initial school entry year by trained screening personnel under the supervision of a Health Unit audiologist or designate. Children who fail the screening are referred to an audiology clinic.
- School-age children who demonstrate behavioural characteristics which may be indicative of hearing loss may also be referred through the school nurse.
- Difficulties are encountered because of inconsistent availability of audiological services across the Province.

2. Assessment:

- All children identified by school hearing programs receive a hearing assessment and results are communicated to the family physical and other related professionals. A problem for many schools is that information requested by teachers of the hearing impaired for purposes of educational planning is not communicated to them directly, and access to information is either circuitous or unavailable.

3. Rehabilitation:

- School-age children who are evaluated at audiology clinics and demonstrate a need for hearing aids are eligible to receive hearing aid evaluation, selection, and fitting services through the clinic. If a child requires specific or additional auditory training equipment for school use, the equipment is provided jointly through the cooperative efforts of the Ministries of Education and Health. As of 1989, the average cost per unit is \$3000 to the Ministry of Education including Ministry of Health service charges. Generally, this works well, except for the time lag in processing the approvals, producing the equipment, and providing it. There is concern on the part of the Ministry of Education regarding the service charges.

II. Target population

This agreement will apply to the provision of specific audiological services beyond the screening level to school-age children in British Columbia.

III. Services to be provided

1. Identification and Screening:

- Individual limited-frequency screening will be administered in schools to all children in the initial school entry year by trained screening personnel under the supervision of a Health Unit audiologist or designate. School districts may elect to employ Registered (Master's level) audiologists to administer the screening.
- Individual limited-frequency screening of other pupils will take place within a target of 30 days from referral by the school.

2. Evaluation:

- All children identified in school hearing screening programs are eligible to receive a complete hearing assessment. The results and subsequent recommendations shall be communicated to the school as well as the family physician and other related professionals following parental consent. The target is for evaluation to occur within one month of the appointment being made. Evaluation is contingent on parental consent.

3. Rehabilitation

- School-age children who are evaluated by a Registered audiologist and demonstrate the need for a hearing aid and/or auditory training equipment shall be eligible to receive hearing aid evaluation, selection, fitting, and monitoring services through the clinic.
- Auditory training equipment for school use shall continue to be provided through a joint agreement between the Ministries of Education and Health, with a target waiting period of three months from the time of evaluation and sooner if at all possible.

IV. Obligations of each Ministry

Ministry of Education

- The Ministry of Education will continue to fund auditory training equipment for school use according to the procedures established in the Ministry of Education *Special Education Manual of Policies, Procedures and Guidelines*.
- The Ministry will ensure that school boards are required to provide appropriate scheduling and facilities for hearing screening in schools.
- School boards will be responsible for the referral through the school nurse of specific students who may require hearing assessment.

Ministry of Health

- The Ministry of Health will provide to schools the audiometric services outlined under “Services to be provided” above, and in the Ministry of *Health Speech and Hearing Program Manual of Policies, Procedures and Guidelines*.
- The Ministry of Health will prove to the Ministry of Education an accounting for administrative charges made for the provision of services.

Ministries of Education and Health

- Both ministries will review, by sub-committee, the fiscal arrangements regarding the provision of auditory training equipment, and report to the Deputy Ministers’ Committee on Social Services, making recommendations as to existing arrangements and reconciling any differences which may arise.

Approved and agreed to the 10th day of October, 1989.

A.L. (Sandy) Peel
Deputy Minister of Education

S.P. Dubas
Deputy Minister of Health

PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Education and Health

REGARDING THE FOLLOWING SERVICES:

Generalized School Health Services

I. Background

To facilitate the identification, counselling, and referral of children with health problems, schools require the services of a public health nurse or other qualified health personnel.

Since the primary senses through which students in schools obtain information are vision and hearing, it is imperative that teachers be aware of any deficits. The Ministry of Health is responsible for ensuring that vision and hearing testing and dental screening are carried out by competent personnel. Children identified with deficits through a screening process require follow-up by the appropriate health personnel for corrective action of the fitting of prostheses.

The Ministry of Education views it as essential that health reports on the type and degree of deficit that may interfere with the child's learning or behaviour be provided and interpreted in relation to educational implications. The Ministry of Health, with the consent of the parent or guardian, has the responsibility to provide such reports to school personnel.

II. Target population

All children of school age in all public schools.

III. Services to be provided

The public health nurse or qualified health personnel assigned to a school will:

- arrange with the principal of each school a regular time for visits to the school to carry out Health Services activities
- participate periodically in school staff meetings to discuss services provided in the school health program
- develop and maintain communication concerning the referral of pupils to the nurse or other qualified health personnel and the reporting of pertinent results to the appropriate school personnel
- maintain contact with each teacher in elementary grades and with counsellors in the secondary schools regarding the referral of students with health problems

- make available pertinent health information for inclusion in student records, with the consent of parents or guardians where required
- identify from community health records children who have continuing health problems, where relevant to the school, and bring their to the attention of teachers as appropriate
- review school records annually, particularly at the beginning of the school year, to assure that teachers are aware of any children who have unusual health-related needs
- discuss with school personnel children who have a Medical Alert Card and update the information on the card
- notify school personnel of preschool children who will be entering the first year of the Primary Program and who have special health problems which may affect their ability to learn in school
- consult with parents on the referral of students with health problems to physicians, optometrists, ophthalmologists, audiologists, dentists, community rehabilitation services, and other health resources in the community
- investigate and control communicable disease outbreaks and immunize against specific vaccine-preventable diseases when required, in accordance with provincial standards
- ensure that personnel trained in screening procedures carry out screening of students for potential vision, hearing and dental difficulties
- report, with the consent of parents or guardians where required, to appropriate school personnel the results of any screening and follow-up
- carry out other school health duties as assigned by the School Medical Health Officer

IV. Obligations of each Ministry

Ministry of Education

- The board shall ensure that the Superintendent of each school district shall inform the School Medical Health Officer by June 30 of the prior school year of the projected enrolments in all schools in the district.
- In each school, the school board will provide and maintain an appropriate medical room, and make available facilities required for school health nurses or other qualified health personnel to carry out their duties.
- The principal of each school shall provide to the public health nurse assigned to the school a list of all new students since the nurse's last visit.
- Each teacher in the school shall be informed of the health personnel school schedule and shall be available to consult with health personnel as necessary.
- The school board shall ensure that, as agreed by the Superintendent and the School Medical Health Officer, the latter or designate has access to the health section of the student's Permanent School

Record in the event of a communicable disease outbreak, for the purposes of recording or determining the immunization status or to record or determine medical alert conditions or other significant health problems.

Ministry of Health

- The Ministry of Health will provide generalized School Health services at the following levels:
 - (i) A target ratio of the equivalent of one qualified health professional fully designated to school-age children for every 1,500 students.
 - (ii) Sufficient visits to each school in every district by a qualified health professional, to carry out health activities as determined by mutual agreement between the School Medical Health Officer and the Superintendent of Schools.
 - (iii) Screening of vision and hearing by trained screening personnel for all children registered in a public school at entry level and thereafter in each year of school for those pupils referred by the teacher because of suspected vision or hearing difficulties.

The nurse, with the consent of parents or guardians, will be required to bring any known deficits that may interfere with the child's learning or behaviour to the attention of the child's teacher within two weeks of receipt of the report.

- (iv) Dental screening of all children registered in a public school at entry level.
- (v) The
Ministry of Health will be responsible for the investigation and control of communicable disease outbreaks and the provision of protection against specific diseases through the immunization program which is in accordance with national and provincial standards.

Approved and agreed to the 10th day of October, 1989.

A.L. (Sandy) Peel
Deputy Minister of Education

S.P. Dubas
Deputy Minister of Health

PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Health and Education

REGARDING THE FOLLOWING SERVICES:

School Environment and Health Inspection of Schools

I. Background

It is the responsibility of the Ministry of Health to ensure that all public buildings, including school buildings are inspected on a regular basis. This protocol is intended to spell out the minimum levels of inspection which school boards can expect.

II. Target

All school buildings and renovations.

III. Services to be provided

- Basic inspection of each new school building and major renovations thereafter.
- In addition, procedures for inspection should reflect the health and safety issues related to the presence of children with special needs. These shall include architectural barriers, management of body fluids, sanitary provisions, and handling of food and medication.
- This protocol is not intended to include those elements of building inspection which are the legal responsibility of municipal building inspectors or fire marshals.

IV. Obligations of each Ministry

Ministry of Education

- Each school board shall provide to the local Medical Health officer a list of existing school buildings in the district and their locations.
- Each school board shall provide to the local Medical Health Officer a list of new schools under construction and renovations to school buildings which are in process.
- Any deficiencies shall be remedied within a reasonable time frame based on the advice of the Medical Health Officer.

Ministry of Health

- The Ministry of Health will conduct complete inspections of buildings and grounds as scheduled necessary, or upon complaint.
- The Ministry of Health will ensure that the following inspection of school buildings occurs:
 - (i) Review of building plans for new schools and for major renovations proposed for existing schools
 - (ii) Basic inspection of each new school building and major renovation, upon completion
 - (iii) Routine inspection of each school building at least every three years
 - (iv) Other inspections on a selective basis according to need, as determined by the Medical Health Officer.

Approved and agreed to this 10th day of October, 1989.

A.L. Peel
Deputy Minister of Education

S.P. Dubas
Deputy Minister of Health

PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Education and the Solicitor General

REGARDING THE FOLLOWING SERVICES:

Educational Programs in Containment and Attendance Centres

I. Background

Throughout the province, various Ministries other than Education establish programs to serve the non-educational needs of school-age students. Some of these take place in residential settings, including Youth Containment Centres and Attendance Centres. The Ministry of Education is required by its mandate to provide educational programs for students in these settings.

II. Target population

Children and young persons of school age in Containment and Attendance Centres. (Approximately 496 students in the 1988-89 school year).

III. Services to be provided

- assessment services
- accommodation for instruction
- therapy, counselling and rehabilitation services
- instruction in accordance with the standards of the public school system, with adaptations to meet the requirements of the residential environment or special learning needs of the student.

IV. Obligations of each Ministry

A. Establishment of a new program or expansion of an existing program

Ministry of the Solicitor General

- The protocol agreement signed by the Ministries of Education and the Solicitor General dated February 27, 1987, and jointly authorized by the Deputy Minister of Education and the Commissioner of Corrections shall continue to be in effect.
- Prior to establishing or expanding any educational program in a residential setting, the Ministry of the Solicitor General shall inform the Ministry of Education of any plans for development or significant changes to the facilities or operations of the centre. This information should be provided as soon as the planning for the facility is under way and should include the projected capacity, timing and nature of the population to be served.

- The Superintendent (or delegate) of the school board which will be ultimately responsible for the supervision and delivery of the instructional program will be informed by the Ministry of the Solicitor General of its intention to establish the program within its boundaries.
- The Superintendent shall be afforded the opportunity to review the proposal and to comment, orally or in writing, to the Solicitor General's Ministry. Sufficient lead time shall be provided to enable budgeting and staff recruitment procedures to meet the requirements of educational mandates.

Ministry of Education

- The Ministry of Education, through the appropriate school board, shall establish and operate a school program in every containment facility for children or young persons of school age.

B. Operation of ongoing programs

Ministry of the Solicitor General

- The Ministry of the Solicitor General will be responsible for:
 - costs of suitable school facilities, furniture, and equipment and their maintenance;
 - providing any materials that would normally be provided by a parent for courses not required for school graduation;
 - the health and safety of students on site, and will provide access for teachers on site to necessary levels of security, including any extraordinary disciplinary measures required;
 - any other items covered by the protocol agreement signed February 27, 1987.

Ministry of Education

- The Ministry of Education will be responsible through local school boards only for the educational component of programs. Costs of instructional personnel, instructional materials, professional development of teaching staff, and staff and student travel necessary to carry out the instructional program will be the responsibility of the Ministry of Education.
- The Ministry of Education, through school boards, will assure that a high standard of educational assessment is carried out upon entry to a containment or attendance facility and that counselling and educational planning based on that assessment take place for the duration of the placement and on exit.
- The school board shall register promptly all students legally required, otherwise compelled, or interested in attending school.
- The school board responsible for administration will arrange for supervision and evaluation of instructional staff as required by the *School Act*.

- The instructional program shall operate in accordance with the instructional hours and days as established by the school board, unless otherwise specified and agreed to by the parties involved. Provisions shall be made for an educational program to operate for a full calendar year, where the residential program format requires it.
- Levels of instructional services will be determined by levels of services for similar students in other settings and consistent with existing protocols.
- A comprehensive individualized educational assessment will be carried out and an Individualized Educational Plan developed within 30 days of entry to the facility.

Approved and agreed to this 10th day of October, 1989

A.L. (Sandy) Peel
Deputy Minister of Education

Dennis T.R. Murray
Deputy Solicitor General

PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Education and Health

REGARDING THE FOLLOWING SERVICES:

Educational Programs in Treatment Settings and Hospitals

I. Background

Throughout the Province, various Ministries other than Education establish programs to serve the non-educational needs of school age students. Some of these take place in treatment facilities and hospitals. Sometimes children are placed in therapeutic settings with the expectation that an educational program will be provided in the community. The Ministry of Education is required by its mandate to provide educational programs for students in these settings.

II. Target Population

Children of school age in treatment centres and hospitals.

III. Services to be provided

- assessment services
- accommodation for instruction
- instruction in accordance with the standards of the public school system, with adaptations to meet the requirements of the treatment environment or special learning needs of the students.

IV. Obligations of each Ministry

A. Establishment of a new program or expansion of an existing program

Ministry of Health

- Prior to establishing or expanding any educational program in a treatment setting, the Ministry of Health shall inform the Ministry of Education of any plans for development or for significant changes to the facilities or operations of the centre. This information should be provided as soon as the planning for the facility is under way, and should include the planned capacity, timing and nature of the population to be served.
- The Superintendent (or delegate) of the school board which will be ultimately responsible for the supervision and delivery of the instructional program will be informed by the Ministry responsible for establishing or funding the program within its boundaries of its intention to do so.

- The Superintendent shall be afforded the opportunity to review the proposal and to comment, orally or in writing, to the lead Ministry. Sufficient lead time shall be provided to enable budgeting and staff recruitment procedures to meet the requirements of education mandates.

Ministry of Education

- The Ministry of Education, through the appropriate school board, shall establish and operate a school program in every residential facility for children or young persons of school age.

B. Operation of ongoing programs

Ministry of Health

- In the case of an on-site educational program, costs of suitable school facilities, furniture, and equipment and their maintenance will be the responsibility of the lead Ministry which operates the facility or the contractor operating the facility on behalf of the Ministry.
- The Ministry will be responsible for the health and safety of students on site and will provide access for teachers on site to necessary services to ensure the health and safety of pupils.
- The Ministry will be responsible for the health and safety of students on site and will provide access for teachers on site to necessary services to ensure the health and safety of pupils.

Ministry of Education

- The Ministry of Education will be responsible, through local school boards, only for the educational component of residential programs. Costs of instructional personnel, instructional materials, professional development of teaching staff, and staff and student travel necessary to carry out the instructional program will be the responsibility of the Ministry of Education.
- The Ministry of Education, through school boards, will ensure that educational assessment is carried out upon entry to a treatment facility and that educational planning based on that assessment takes place for the duration of the placement. A report shall be provided to parents or guardians on the progress of each student during the course of placement.
- The school board shall register promptly any students legally required, otherwise compelled, or interested in attending school
- The school board responsible for administration will arrange for supervision and evaluation of instructional staff as required by the *School Act*.
- The instructional programs shall operate during normal school hours as specified in the School Act and in accordance with the instructional days as established by the school board unless otherwise specified and agreed to by the parties involved. Provision shall be made for an educational program to operate for a full calendar year where the treatment program format requires it.
- Levels of instructional services will be determined by levels of services for similar students in other settings using the Fiscal Framework levels as the basis for calculations.

- A comprehensive individualized educational assessment will be carried out and in Individualized Educational Plan developed within 30 days of entry to the facility where the length of stay is expected to be more than 60 days.

Approved and agreed to this 10th day of October, 1989.

A.L. (Sandy) Peel
Deputy Minister of Education

S.P. Dubas
Deputy Minister of Health

PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Education, Health, and Social Services and Housing

REGARDING THE FOLLOWING SERVICES:

Pre-school Programs for Children with Special Needs

I. Background

The Ministry of Education has no mandate for the provision of any services, direct or indirect, to children of pre-school age. However, some school boards have need to purchase special needs spaces in pre-school programs to provide programs and/or services for some special needs children eligible for full day attendance in the first year of the Primary Program.

Parents or agencies may have a need for specialized services in teaching children who are deaf, deaf/blind, or visually impaired. The services may be available only from specialized resource personnel employed by school boards.

The Ministries of Health and Social Services and Housing share responsibility for special needs pre-school programs. Therefore, an agreement is required to ensure that the needs of school entry age special needs children are met and that available expertise for these children is used effectively.

II. Target population

Special needs children between the ages of 4 years and 8 months and 5 years and 6 months:

- whose parents have discretion over school entry age as defined by the *School Act*, and
- who may be appropriately served by a mix of pre-school and school programs

III. Services to be provided

Special needs educational programs or related services in pre-school community programs.

IV. Obligations of each ministry

The Ministries of Education, Social Services and Housing and Health will conduct an annual review in the budget cycle of need for pre-school spaces and for specialized resources for special needs children in the school entry age range and jointly act for the provision, monitoring and evaluation of these services.

Ministry of Health

- The Ministry of Health will continue to provide grants to Early Childhood Intervention Programs and to provide physiotherapy, occupational therapy, speech therapy, and related health services for students of pre-school age who require them. The provision of these services will be dependent on the ability to fund and recruit additional specialized therapists for all areas of British Columbia

Ministry of Social Services and Housing

- The Ministry of Social Services and Housing may fund agencies or provide assistance to parents of special needs pre-school children as defined by the *G.A.I.N. Act* Regulations to enable the participation of the children in Special Needs Pre-schools or Pre-school/Day Care programs, or to receive similar benefits in a home setting.

Ministry of Education

- When school boards employ highly specialized resource personnel with skills in teaching the deaf, deaf/blind, or visually impaired, local agencies, pre-schools, special needs pre-schools or parents may contract with the school district for the provision of these services to children of pre-school age to prepare them for entry into school.
- School boards may contract with pre-school agencies for the provision of some services or programs for children enrolled in school.
- The Ministry of Education will require school districts to provide to the Ministry of Social Services and Housing and Ministry of Health, at least 6 months prior to entry dates for school, information regarding the need for contracted services. The Ministries of Health, Education, and Social Services and Housing shall review projections for contracted pre-school services on an annual basis.

Approved and agreed to this 10th day of October, 1989.

A.L. (Sandy) Peel
Deputy Minister of Education

S.P. Dubas
Deputy Minister of Health

R.K. Butler
Deputy Minister of Social Services and Housing

PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Education and Health

REGARDING THE FOLLOWING SERVICES:

In-school Support for Special Needs Students

I. Background

- Personal Care Attendants (Level I):

Funds for personal care attendants are currently provided by the Ministry of Education under the C.H.A.N.C.E. program. This program was transferred to Education from the Ministry of Social Services and Housing two years ago for the purpose of assisting students with feeding, dressing, toileting, and mobility while in school. This arrangement should continue as at present, with periodic adjustments in funding as required. It needs to be rationalized with the Fiscal Framework. An examination of that process is currently under way.

- Specialized Health Services required on a frequent basis during the school day (Levels II and III):

While the majority of personal care needs of children with severe and multiple disabilities are met by teaching assistants, there are a limited number of health procedures which may be carried out only by qualified teaching assistants who have received additional post-basic child-specific training. These routines include, but are not limited to, gastrostomy feeding and related care, administration of pre-established and prescribed routine oxygen, administration of pre-measured and prescribed medication, seizure management, and ostomy care. The lack of health support for training and supervision of these procedures is a concern to schools.

In addition, some procedures which include, but are not limited to, tracheostomy care, ventilator care, suctioning and catheterization may be carried out only by nurses holding an active license to practice in British Columbia, working under written instructions from the child's physician. School boards believe that arranging for and providing these services should be the sole responsibility of the Ministry of Health. The Ministry of Education concurs.

About one year ago, an Inter-ministerial Committee was established to review the provision of medically-related services to students. A set of recommendations and a draft Cabinet submission were prepared. In the interim, new data collection procedures initiated by the Ministry of Education in September, 1988, for the identification of dependent handicapped children in the system have suggested that the original projections prepared by the Committee may be an underestimate of the actual numbers of children requiring services.

II. Target population

Students who require personal care and professional health support while in school.

III. Services to be provided

- Personal care for feeding, dressing, toileting, and mobility (Level I)
- Implementation and supervision of health procedures necessary while a child is in school (Level II)
- Consultation with and supervision of paraprofessionals who carry out health procedures (Level II)
- Provision of nursing or rehabilitative services for those more specialized procedures which require it (Level III).

IV. Obligations of each Ministry

Ministry of Education

- The Ministry of Education will continue to fund school boards for the provision of personal care to those students for whom such services are essential to their attendance in school.
- Funding for paraprofessionals will continue to be provided through the Fiscal Framework at an enhanced level to enable staff to carry out specialized routines. These routines include, but are not limited to, gastrostomy feeding and related care, administration of pre-established and prescribed routine oxygen, administration of pre-measured and prescribed medication, seizure management, and ostomy care.
- Educational assistants hired for children with special health needs will be required to have basic skills and competencies equivalent to those provided in home support or community support worker programs offered by community colleges.
- Teachers and assistants will also be required to have child-specific training from a health professional in order to carry out the specialized procedures.
- Resources will be made available to school boards on a shared funding basis throughout the Fiscal framework to pay for assessment, development of care plans, training and supervision.
- The Ministry of Education will require school boards to be responsible for obtaining appropriate training of staff, monitoring and quality control from the local Health Unit or other appropriate sources.
- The Ministry of Education requires school boards to provide adequate space to allow for the safe care of special needs students enrolled in elementary and secondary schools, with planning time allowed to the extent possible.

Ministry of Health

- The Ministry of Health will make available health staff to provide training and supervision of paraprofessionals to carry out the routines for Level II and Level III which they would be permitted to do under this agreement.
- The Ministry of Health will make available health personnel to assess and determine the level of care, the health professional required, and the supervision required for each special needs child.

- The Ministry of Health will make available health personnel to be responsible for developing or approving each special needs child's health care plan for Level II or III children for the period of their school day. This plan should be developed jointly with parents or guardians and school personnel and become a part of the child's Individualized Educational Plan.

(Based on a formula for school district size and reported numbers of students in selected categories of Function 3, this would involve training and supervision of approximately 500 attendants, together serving about 650 students, at a cost of approximately \$350,000)

- In addition, some children's needs are more complex, requiring professional health personnel to perform procedures which include, but are not limited to, tracheostomy care, ventilator care, suctioning and catheterization. These procedures will be carried out by nurses holding an active license to practice in British Columbia or rehabilitative personnel working under written instructions from the child's physician. Arranging for and providing these Level II and III services will be the sole responsibility of the Ministry of Health.
- The Ministry of Health will be responsible for ensuring that legally qualified health professionals are employed or contracted for care, consultation and supervision.
- The Ministry of Health will work toward ensuring sufficient availability of qualified health professionals to work in schools to serve the needs of an estimated 200 Level III children currently in the school system. Time needed would depend on the number and location of children throughout each district, with a variety of arrangements being required to meet local needs.
- The Ministry of Health, through its School Medical Officer or designate, will provide advice to the Ministry of Education as to the extent and need for personal care assistance for students identified by school boards as requiring such services.

Ministries of Education and Health

- If shared funding can be jointly arranged, the Ministries will undertake, in the 1989-90 fiscal year, the joint assessment of special needs students in the school system who require in-school support as defined above, to improve their capability to project needs. Included will be the identification of the numbers of students who are currently receiving health-related services while in school through settlements with I.C.B.C.

Approved and agreed to this 10th day of October, 1989.

A.L. (Sandy) Peel
Deputy Minister of Education

S.P. Dubas
Deputy Minister of Health

PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Education, Health, and Social Services and Housing

REGARDING THE FOLLOWING SERVICES:

Services to Children and Young Persons of School Age with Severe Mental, Behavioural, and Emotional Disorders

I. Background

- Mental Health Support

When school-aged students are identified as having severe mental and emotional disorders, a coordinated approach to service delivery is necessary.

Youngsters with severe mental or emotional disorders may be maintained in a regular classroom, a special class, or receive home instruction. In most cases it is preferable for youngsters to remain in their home communities so that the families remain directly involved in their care and management. In a minority of instances, residential treatment or short-term hospitalization may be necessary. Such placements should not disrupt the educational program unduly.

Regardless of the location of treatment, it is essential that contact be maintained between the mental health services and the school to ensure an effective program.

When students are removed from their communities to residential treatment facilities, it is important to ensure that school contacts are maintained for the transfer of relevant information on a “need to know” basis and for the development of a plan for transition of students back into the school system at an appropriate point in the treatment.

Schools also require a prompt response when students with mental disorders are placing either themselves or other students at risk, or seriously disrupting the learning of other students.

The role of school counsellors does not involve treatment. Their role is confined to identification of students who require referral for mental health intervention, personal counselling to students on school-related matters, referral and the provision of school-related services as appropriate.

- Child Care Worker Support

The Ministry of Social Services and Housing is currently responsible for providing funds for Child Care Workers to work in programs for students with moderate behavioural difficulties under the Rehabilitation Resources program. This support has largely been confined to students of secondary school age.

Protocols have recently been signed regarding procedures for the establishment, management, and evaluation of programs. However, resources need to be provided to support the establishment of new programs and their extension to a younger age range.

II. Target population

Children of school age who have severe mental or emotional difficulties requiring mental health services such as counselling, therapy, or medication, and their parents or guardians. Children with severe behavioural difficulties requiring child support services.

III. Services to be provided

- Psychiatric services, counselling, and family therapy – Ministry of Health.
- Schools require consultation regarding appropriate school adaptations for children with severe mental disorders. Services to be provided upon referral by the school and with the agreement of the parents include assessment and consultation regarding case management and treatment as appropriate for the child and/or family.
- With the consent of parents or guardians, school board personnel should receive copies of assessment reports and recommendations.

IV. Obligations of each Ministry

Ministry of Health

- The Ministry of Health’s Child and Youth Mental Health Services has the obligation to provide treatment to children and their families who have agreed to avail themselves of the services available.
- Mental Health Services will accept referrals directly from school personnel, with the consent of the parents, for children who appear to require Mental Health services.
- Where a referral has been initiated by school board personnel and the parents agree, Child and Youth Mental Health Services will provide consultation to schools regarding adaptations required in school and ensure that relevant information is provided on a “need to know” basis.
- When assistance is requested by a school board on an urgent basis, as determined by local agreement, the Ministry of Health will ensure that response time for Mental Health services will be immediate. The assessment response will take into account special arrangements regarding placement, adaptations to school program, and the need for any other special arrangements.
- When a student is receiving treatment in a treatment facility or hospital, the Ministry of Health will ensure that school contacts are maintained for the transfer of relevant information on a “need to know” basis and for the development of a plan for transition of students back into the school system at an appropriate point in the treatment.

Ministry of Education

- The Ministry of Education will include in legislation provision for maintaining the confidentiality of records.

- The Ministry of Education will ensure that Mental Health professionals working in schools have access to key information contained in pupil files on a “need to know” basis within the framework of existing constitutional rights considerations.
- The Ministry of Education will issue guidelines to school boards regarding the role and function of counsellors in schools. Appropriate Ministry of Health officials will have input into the development of these guidelines.
- The Ministry of Education will continue to fund school programs for students with severe behavioural, emotional and social adjustment difficulties under the Fiscal Framework.
- The Ministry of Education will direct school boards to ensure that appropriate school personnel are made available for consultation regarding the management of a student receiving services from Mental Health services.
- The Ministry of Education will continue to enable school boards to provide teachers and facilities to operate programs for children with severe emotional and behavioural difficulties.

Ministry of Social Services and Housing

- The Ministry of Social Services and Housing will expand the Rehabilitation Resources program to the middle years (age 10 and up) to serve students with severe behavioural problems. Services and Child Care/student ratios will be determined jointly by the Ministry of Social Services and Housing and the Ministry of Education in the 1990/91 budget cycle and in subsequent years.
- The Ministry of Social Services and Housing will monitor the Child Care Services provided by its contractors and will take appropriate action to correct service problems identified by the local Advisory Committee as outlined in the protocol agreement of March 1989.

Approved and agreed to this 10th day of October, 1989.

A.L. (Sandy) Peel
Deputy Minister of Education

S.P. Dubas
Deputy Minister of Health

R.K. Butler
Deputy Minister of Social Services and Housing

PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Education, Health, and Social Services and Housing, and the Solicitor General

REGARDING THE FOLLOWING SERVICES:

Psychological Services to Children and Young Persons of School Age

I. Background

The Ministry of Education shares with school boards, through the Fiscal Framework the costs of providing identification, assessment, and planning services, including school psychology services. This service is intended to support students in acquiring the academic and behavioural skills necessary to achieve the goals of schooling.

Identification of students who have special needs, assessment of their learning and behavioural status, and planning for adaptations in programs and services, where necessary, are the focus of school psychology services. The service level is established and supported through the Fiscal Framework, with adjustments made in consultation with the field.

The Ministry of Health employs psychologists to work with children of school age and their families who are referred to Mental Health services and with young persons who have become involved in the justice system, as provided for under the *Young Offenders Act*.

II. Target population

Students of school age requiring assessment and treatment for learning or behavioural difficulties.

III. Services to be provided

- Identification, assessment and planning activities:
 - provide additional information for adapting the instructional program for students who exhibit serious educational problems
 - give a functional, classroom-oriented description of the conditions under which a student learns best
 - identify the essential characteristics of a suitable program for the student, and the necessary resources
 - focus on methods of intervention, changes in teaching strategies or adaptations in classroom management practices
 - Involve the parents or guardians in the process to establish a consistent approach.

- Treatment services:
 - involve the student and family in an approach to dealing with mental health concerns which may be creating dysfunctionality
 - co-ordinate with medical personnel where necessary to the treatment plan
 - consult with school personnel as appropriate, and where the family consents to such consultation.

IV. Obligations of each Ministry

Ministry of Education

- In accordance with the intent of the implementation plan for the Royal Commission on Education, the Ministry of Education will expand the existing service level of one FTE per 5,000 students to one FTE per 3,000 students in the 1990-91 fiscal year. The increase is intended to meet the additional demands for identification, assessment, and planning necessary to implement curricular changes called for in the implementation plan for the Royal Commission on Education, and the demand for increased individualization in programming required by the new *School Act*.
- School boards may either employ school psychologists directly or contract for the services of a registered psychologist in private practice.
- The Ministry of Education will continue to issue guidelines to school boards for standards of practice in identification, assessment, and planning. Where the needs of the student for intervention go beyond classroom instruction and management, the Ministry will ensure that school boards assist parents in obtaining assistance through the Ministry of Health.

Ministry of Health

- The Ministry of Health will expand the Mental Health Services for children of school age and their families by one FTE for each 10,000 students of school age in the 1990-91 fiscal year, subject to budgetary approval.
- Referrals will be accepted from parents, school boards and the Ministry of Social Services and Housing, as well as from medical sources.
- The Ministry of Health shall provide services through inter-disciplinary teams in clinical and hospital settings which serve children of school age.
- Where the child's difficulties appear to be caused by factors in a school setting, the Ministry of Health, with the consent of the parents, will refer the student back to the school system to the attention of the Superintendent or his designate.

Ministry of the Solicitor General

- The Solicitor General will provide psychological services and other services as currently required under the *Young Offenders Act*.

- The Ministry may arrange for necessary psychological assessment and treatment for children in care, either through existing governmental services or through psychologists in private practice, as appropriate.
- Where the child's difficulties appear to be caused by factors in a school setting, the Ministry shall be obliged to report the findings to the school system to the attention of the Superintendent of Schools or his designate.

Approved and agreed to this 10th day of October, 1989.

A.L. (Sandy) Peel
Deputy Minister of Education

S.P. Dubas
Deputy Minister of Health

R.K. Butler
Deputy Minister of Social Services
and Housing

Dennis T.R. Murray
Deputy Solicitor General

PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Education and Health

REGARDING THE FOLLOWING SERVICES:

Physiotherapy and Occupational Therapy

I. Background

The determination of the need for physiotherapy and occupational therapy services is the responsibility of the Ministry of Health. Determination of the educational system's need for assistance is the responsibility of the Ministry of Education. Services include assessment, arranging and providing treatment if required, consultation, and monitoring.

When direct services of an occupational therapist/physiotherapist are required, either temporarily or long-term, the student's physician generally makes the referral to a community-based occupational therapist/physiotherapist. These services would normally be carried out at times which would provide minimum disruption to the student's learning activities.

Schools require the assistance of occupational therapists and physiotherapists in school settings for those students where the absence of these services provides an impediment to learning. These services are primarily assessment, consultation for school staff, training of staff, monitoring and ongoing evaluation of students in classroom settings.

II. Target population

Students with physical or motor difficulties, or neurological problems which affect their physical or motor functioning.

III. Services to be provided

- Direct Services:
 - Physiotherapy
 - occupational therapy
- Support Services:
 - consultation to school personnel
 - training of teachers and paraprofessionals
 - on-site demonstrations of routines in classrooms
 - on-site monitoring and evaluation of physical adjustment to classroom settings

IV. Obligations of each Ministry

Ministry of Health

- The Ministry of Health will determine the need for physiotherapy and occupational therapy in school settings in consultation with the Ministry of Education. Physiotherapists and occupational therapists will carry out direct therapy using the setting and means least disruptive to the educational program. Assessment and consultation will be provided to schools upon request.
- The Ministry of Health will provide direct occupational therapy and physiotherapy services in designated Provincial Resource Programs (estimated 8 FTE's in the province) and arrange for the provision of contracted rehabilitation services required. Contract monitoring will be the responsibility of Ministry of Health rehabilitation personnel with tracking mechanisms to be developed through agreement with the Ministry of Education.

Ministry of Education

- The Ministry of Education will include funds in the Fiscal Framework to enable school boards to contract for the services of physiotherapists and occupational therapists to provide the following educational support services:
 - provision of assessment information;
 - consultation to school staff;
 - training paraprofessionals and/or teachers to carry out routines such as positioning, seating, feeding, or motor activities for optimal maintenance of the student in a classroom setting during the school day;
 - monitoring and ongoing evaluation of students in classroom settings.
- School boards will contract to the Ministry of Health for the provision of these services to schools whenever possible. Where the Ministry of Health is unable to provide these services, the school board may contract a certified occupational therapist or physiotherapist in private practice for the provision of these services. The Ministry of Health will set standards for contracted services.

Approved and agreed to this 10th day of October, 1989.

A.L. (Sandy) Peel
Deputy Minister of Education

S.P. Dubas
Deputy Minister of Health

PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Education and Health

REGARDING THE FOLLOWING SERVICES:

Speech and Language Therapy

I. Background

The Ministry of Education shares the costs with school boards, through the Fiscal Framework, to provide speech and language services. The guidelines indicate that this service is to support students in acquiring the communicative competence necessary to achieve the goals of schooling. This service level and mandate are identified by the Ministry as being educational in nature.

II. Target population

Students of school age who require speech and language therapy services.

III. Services to be provided

- Assessment of language difficulties which impact on the learning and adjustment of children in school
- Consultation with teachers concerning adaptations to the program of Language Arts instruction to accommodate the special needs of students with language delays or disorders
- Consultation for teachers to facilitate treatment or educational support programs implemented by the Speech and Language Therapist
- Direct speech and language therapy intervention for high-priority cases within school settings

IV. Obligations of each Ministry

Ministry of Health

- The Ministry of Health shall continue to provide, either directly or indirectly, speech and language therapy services to children of pre-school age.

Ministry of Education

- The Ministry of Education will continue to fund speech and language services at the existing level through the Fiscal Framework for children of school age in public school settings, using a formula of 1 unit for every 2500 students (current level). Service levels will be reviewed annually.

Ministries of Health and Education

- The Ministries of Health and Education will review the report of the “Expert Committee on Speech Pathology” with a view to identifying those recommendations which would be acceptable to both Ministries and to school boards in the provision of services to children and youth of school age.

Approved and agreed to this 10th day of October, 1989.

A.L. (Sandy) Peel
Deputy Minister of Education

S.P. Dubas
Deputy Minister of Health

PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Education and Social Services and Housing

REGARDING THE FOLLOWING SERVICES:

Family and Child Services to Support Children in Schools

I. Background

The establishment of government services to children and young persons is based on the premise that children have a right to basic physical and emotional support and to an environment, free from abuse and neglect, which nurtures their growth and development.

The Ministry of Social Services and Housing has a mandate to provide child protection services that ensure the safety and well-being of children and support services which maintain and restore the integrity of the family wherever possible.

Protection services are provided by Ministry social workers who have been delegated authority under the *Family and Child Service Act* to investigate reports that a child is in need of protection as defined in the *Act*. The Ministry must make a determination as to whether intervention is required in the form of support to the family or by removal of the child from the setting.

The *Inter-Ministerial Handbook on Child Abuse Prevention* contains a detailed description of the mandate and responsibility of the social worker and the protocol for reporting and investigation of suspected abuse or neglect. Therefore, this protocol agreement will not repeat those.

Child protection services are mainly external to the school environment; however, the impact on families and children may affect the child's functioning in the school setting, or transfer custody or guardianship responsibility for the child, necessitating notification to the school.

Teachers need to consult with social workers about children whose adjustment to school and learning indicate that the child may be at risk at home. Teachers also need information to assist in the school management of a child in crisis who is involved in protection or related services. Social workers consult with teachers regarding children who may be at risk, provide information regarding community services and, as the guardian's delegate or with the consent of a parent, provide information necessary to the educational planning for the child.

Support services to students and their families are provided through the Rehabilitation resources program and the Family Advancement program. The Ministry provides these services by contract with the school district or other community agency. Protocols for the Rehabilitation Resources program have already been completed.

The Ministry of Social Services and Housing will ensure that information regarding access to the Family Advancement program is provided by the Regional Director of Social Services and Housing to Superintendents of Schools in the region.

II. Target population

Support services are targeted to children or young persons who appear to be experiencing difficulty at school for social or emotion reasons or who have dropped out of school and require support to re-integrate into the school setting.

III. Services to be provided

- Investigation of reports by schools if a teacher suspects that conditions in the home are such that the child may be in need of protection
- Provision of assistance to Superintendents of Schools as needed to investigate reports of failure to provide an educational program for a child of school age when the situation is one of neglect.
- Consultation with school personnel where a teacher believes a child may be at risk or require support.
- Consultation regarding educational planning for any child in the care of the Superintendent of Family and Child Services
- Counselling and referral services to children and families referred by school personnel to Family Advancement programs.
- Advance planning for schooling when a special needs child is taken into care.

IV. Obligations of each Ministry

Ministry of Education

- The Ministry of Education will ensure that Superintendents of Schools provide a timely response to a report of failure to provide a child with an educational program. The Superintendent shall contact the Ministry of Social Services and Housing for assistance where he is of the opinion that the situation is one of child neglect and, will conduct the investigation in a timely manner.
- The Ministry of Education will issue directives to school boards regarding their obligations and procedures to follow in the report to the Ministry of Social Services and Housing regarding children believed to be in need of protection.
- The Ministry of Education will direct that, when school boards receive information regarding the placement of students with special needs in their community, a mechanism be put in place to ensure the planning for educational programs and services begins promptly.
- The Ministry of Education will provide information to the Ministry of social Services and Housing for joint planning and budgeting purposes.
- The Ministry of Education will issue directives to school boards regarding:
 - seeking consultation with the Ministry of Social Services and Housing
 - assistance with the dissemination of information concerning Ministry of Social Services and Housing support services available in the school district

- Participation of and appointment of representatives to Inter-Ministry Children's Committees.

Ministry of Social Services and Housing

- The Ministry of Social Services and Housing will investigate and provide protection services in a timely manner. The Ministry will take necessary action as dictated by the investigation.
- The Ministry of Social Services and Housing will ensure that appropriate school personnel are included in inter-ministry committees at the local and regional level.
- When a child of school age is reported as not receiving an educational program, the Ministry of Social Services and Housing will assist the Superintendent of Schools in the conduct of the investigation where he is of the opinion that the situation is one of child neglect.
- When the Superintendent of Family and Child Services assumes custody or becomes the guardian of a child attending school, the principal of the school will be notified not later than the next school day.
- Where a child in care who is a special needs student is being relocated or a special needs child is taken into care, the Ministry will ensure that social workers notify appropriate school personnel. Where placement is in a different school district, the social worker responsible for the case shall make advance contact at the earliest possible date with the school district where the child will become resident and consult with appropriate school personnel regarding the resources required to support the educational plan of a child in care with special needs.
- Where a child in care who is a special needs student is being relocated from one school district to another, any resources attached specifically to the student by the Ministry of Social Services and Housing will be identified and provided for the student in the new location.
- Where the Ministry of Social Services and Housing is planning for placement of a child of school age in a group home or multiple-care home which houses students with special needs, the manager responsible shall make advance contact with the appropriate administrative officer in the school district in which the facility is to be located and shall provide information necessary to planning for the educational programs of the students who will be housed there.

Approved and agreed to this 10th day of October, 1989.

A.L. (Sandy) Peel
Deputy Minister of Education

R.K. Butler
Deputy Minister of Social Services and Housing

PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Education, Health and Social Services and Housing

REGARDING THE FOLLOWING SERVICES:

Provision of Specialized Equipment For Use at Home by Children of School Age

I. Background

As technological advances are made and as children with more complex handicaps enter the school system, there has been a growth in the need for specialized equipment and adaptive devices to enable the child to function at home and in school. There is a need to develop a coordinated approach to the funding, provision, and maintenance of equipment for use by children in and outside the school setting.

II. Target population

Children of school age who require specialized equipment and adaptive devices in order to function.

III. Services to be provided

- Equipment for Visually Impaired Students:
 - Equipment for educational purposes is loaned to school districts through the Provincial Resource Centre for the Visually Impaired for use by identified visually impaired students. Generally, this equipment is not portable. Access to equipment for at-home use is therefore an issue.

In regard to service levels, the current arrangement for school use should continue as the responsibility of the Ministry of Education. Provision for equipment required for uses other than school is the responsibility of parents who may be assisted by other Ministries.

- SET-BC:
 - The Ministry of Education has introduced, in the Special Education Technology Project (SET-BC), a province-wide delivery system to assist districts in utilizing educational technology for low incidence handicapped children of school age. The project is located, in part, in two rehabilitation centres, Sunnyhill Hospital and GF Strong. In these centres, the educational component, which includes but is not restricted to teachers, is paid for by the Ministry of Education. The nature of the handicapping conditions addressed by SET-BC requires that the expertise of health personnel be available to contribute to assessment, technical adaptations, consultation and training aspects of the project. Provision of space, equipment and health staff in the two centres should be funded by the Ministry of Health.

- Provision of loan equipment for educational purposes, following assessment, is a key feature of the SET-BC project. This is the responsibility of the Ministry of Education. Provision of devices beyond school use is the responsibility of the institution requiring them for a program, or the parents, who may be assisted by other ministries.
- **Mobility and Positioning Devices:**
 - School boards are responsible for providing mobility and positioning devices for students with physical disabilities who attend school. The devices are limited to those which are essential in enabling the students to achieve their educational objectives and are for school use only. Devices include standing frames, bolsters, abductors, walkers, prone lyers, wedges and mats.
 - Ministry of Education funds are intended to assist school boards in the provision of such equipment. Devices should be purchased or rented only subsequent to consultation with appropriate rehabilitation personnel. School boards are responsible for the maintenance and repair of this equipment. Where it is child-specific, boards are responsible for the transfer of equipment from one district to another.

IV. Obligations of each Ministry

- The Ministries agree to establish a joint committee to study the issue of equipment provision to children of school age and to report back with recommendations to the Deputies by April of 1990.

Approved and agreed to this 10th day of October, 1989.

A.L. (Sandy) Peel
Deputy Minister of Education

S.P. Dubas
Deputy Minister of Health

R.K. Butler
Deputy Minister of Social Services and Housing

PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Education and the Solicitor General

REGARDING THE FOLLOWING SERVICES:

Policing in School and on School Property

I. Background

A number of issues have arisen over the past months relative to police involvement and police investigations of possible violations of the law by students in schools. These include drug and alcohol possession and trafficking, the presence of youth gangs where there is intimidation of other students, and other situations where school personnel believe there is some potential risk to others because of possession of weapons or for other reasons.

A co-ordinated strategy is needed to deal with the issues.

II. Target population

Students in school who may be in violation of the law. Some of these students may have prior or concurrent involvement with the Ministry of Social Services and Housing or the Mental Health system.

III. Services to be provided

To be identified.

IV. Obligations of each Ministry

- There is a need for an inter-ministerial approach to dealing with the issues. The Ministries agree that they will strike an Inter-Ministerial Task Force to be charged with the responsibility of bringing forward recommendations which are acceptable to each of the Ministries and from which a formal protocol may be drafted.

Approved and agreed to this 10th day of October, 1989.

A.L. (Sandy) Peel
Deputy Minister of Education

Dennis T.R. Murray
Deputy Solicitor General

PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Education, Health, Social Services and Housing, and the Solicitor General

REGARDING THE FOLLOWING SERVICES:

Tracking the Impact of Protocol Agreements

I. Background

The Ministries have together identified twelve major areas of support service to schools where protocol agreements are needed to another two areas in which further information is required prior to the development of protocols.

II. Target population

Students of school age.

III. Services to be provided

As agreed in protocols.

IV. Obligations of each Ministry

- The Ministries agree to develop tracking mechanisms to enable each to measure the impact of the protocol agreements contained in this package. Impact will be assessed at the field level in terms of service provision, ability of the support services provided to meet the needs of schools, and objective information regarding impact on clients.
- The Ministries further agree that they will meet together at least twice during the first year of implementation of the protocols to assess field impact and to share the results of their monitoring activities.
- At least one of these reviews shall occur in the late spring of the year to allow for adjustments in the budget cycle based on the results of the tracking activities.
- The Ministries will present yearly budgets to support the protocols as cross-Ministry issues. Budget review will be based on the results of the intensive evaluation-review process.
- Yearly budget amounts will be reconsidered by Treasury Board based on the results of the evaluation-review process and updated financial projection information.

Approved and agreed to this 10th day of October, 1989.

A.L. (Sandy) Peel
Deputy Minister of Education

S.P. Dubas
Deputy Minister of Health

R.K. Butler
Deputy Minister of Social Services and Housing

Dennis T.R. Murray
Deputy Solicitor General

FINAL DRAFT

YOUTH CUSTODY TRANSITIONS PROJECT – A PILOT PROJECT

Transition Guidelines

It is believed that the key to successful outcomes for youth transitioning out of youth custody lies in appropriate transition planning. Individual Transition Plans need to be initiated upon admittance to the correctional facility and continue through to return to the home community.

Spring 2011

YOUTH CUSTODY TRANSITIONS PROJECT

Transition Guidelines

PROJECT TEAM

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ACKNOWLEDGMENT

The Ministry of Education and the Pilot Project team wish to acknowledge that there are many positive procedures and processes in place in the Youth Custody Centres in the province. It is clear that there are many caring individuals from a variety of disciplines who collaborate and work hard to assist youth with their community re-entry transition.

The goal of this Transitions Pilot Project was to develop a set of guidelines aimed at identifying “best practices” and making them available to all Youth Custody Services Centres to review. The desired end result is that Youth Custody Services Centres in BC will incorporate parts of these guidelines that are not in place while at the same time assist with the on-going development and updating of these guidelines.

DRAFT

BACKGROUND

This project was initiated due to the fact that the *most difficult part* of a youth's experience in the youth custody system is not about being placed at the facility, but instead, the greater difficulty is in returning to their home community. While confined, these youth may attend school and/or participate in various programs; however, when they are released they may find that returning to their neighbourhood school or fitting back into their previous school district is a difficult and challenging process.

Dealing with leaving youth custody and returning to one's home community requires professionals from many disciplines to work together in order for the student to continue to experience success. This is why transition planning is frequently cited in research literature as the most critical component of community re-entry programming for young offenders.

YOUTH CUSTODY SERVICES CENTRES IN BC

Youth Custody Services Centres are legally designated facilities that house young offenders who have been ordered by the court to serve a period of time in open or secure custody or for youth who have been remanded in custody pending further court appearances. Youth may be held in custody centres for all types of offences, ranging from persistent property offences to serious violent offences.

Mission Statement of Youth Custody Services Centres

Youth Custody Services provide a safe, secure, healthy and humane environment with a range of services that respond to the needs of youth, thereby promoting lawful behaviour and contributing to public safety.

Goals of Youth Custody Services Centres

1. To carry out orders of the court.
2. To protect society by providing appropriate supervision and interventions in a safe and supportive environment.
3. To facilitate rehabilitation by providing youth with optimal opportunities for healthy growth and pro-social development through:
 - effective programs that respond to the individual and cultural needs of youth;
 - a youth-focused integrated case management process that provides for comprehensive and dynamic case plans; and
 - strategies that promote successful re-integration to the community.

Youth are sentenced by the court to either secure or open custody. Secure custody is intended for youth who have been found guilty of serious offences or for youth who have a persistent pattern of offending and cannot be reasonably supervised in a community setting or in open custody. Open custody is intended for youth who are not appropriate for placement in a community setting but who can manage effectively with less stringent controls and greater privileges within an open custody centre.

The court determines if a youth will be placed in open or secure custody based on various factors, including seriousness of the offence, the youth's prior court history, previous behaviour while in custody, and response to supervision in the community.

There are three Youth Custody Services Centres in BC:

- Victoria Youth Custody Services
- Burnaby Youth Custody Services
- Prince George Youth Custody Services

All centres are legally designated as places of temporary detention (remand custody) and provide both secure and open custody.

Each Youth Custody Services Centre has a probation officer and case managers assigned to work with the youth while they are in custody. Case management is a process which includes all initiatives and interventions which afford young persons optimal opportunities for growth, development, responsible decision making and positive change. It is a dynamic process requiring on-going review and consultation with the youth, parent/guardian, and other involved persons (e.g., community probation officer, social worker, program staff etc.). Case management for youth involved with the justice system commences and terminates with all continuous youth court orders requiring supervision. The primary responsibility for the case management of all youth rests with the assigned community youth probation officer which continues during the committal of young persons to custody and the supervision of the youth in the community.

GENERAL TRANSITION COMPONENTS

A comprehensive, multi-disciplinary approach to transition for youth returning to the community can assist the youth to experience greater success in staying connected to an educational program. The work of this transitions project team resulted in the identification of specific components thought to be part of promising practice that would assist in increasing student engagement and perhaps even reducing recidivism for youth entering and being released from Youth Custody Centres.

Service Plans

To attain a successful outcome, planning for transition should begin the day the youth arrives at the Youth Custody Centre. The first step in this planning process is the development of a service plan. The service plan should be youth-centered and based on the youth's specific needs, interests, abilities, and preferences. Not only should it address identified special education and/or related services but it should also incorporate the community youth probation officer case management/supervision plan. Therefore, it is essential that the transition plan be a coordinated effort between the school district where the youth is from, the youth custody centre, community youth probation officer, and the identified re-entry school and community.

A transition plan must also involve the family whenever possible, be sensitive to cultural needs, and assist in identifying supports for the family that can help them in receiving the youth upon release. Finally, to be successful, transition planning should not be viewed as finite; rather it must be conceptualized as a flexible plan that can be revised as the needs of the youth and family change (Hagner, Malloy, Mazzone, & Cormier, 2008).

Transition-Out File

In addition to an individualized transition plan, a transition file also facilitates the post-release engagement of youth in educational and community opportunities. A transition file contains academic records and other supporting documentation necessary to facilitate the timely enrolment of youth in school after release from the youth custody facility.

Transfer of Records from a Youth Custody Services Centre

The compilation of the documents contained in the student's file is a good first step; however, these documents must be requested by the receiving school. The reliable and timely exchange of relevant education records from youth custody centres to the youth's home community can be time consuming and problematic if a formal request is not sent immediately.

According to Youth Justice Policy and Program Support, and MCFD in joint document on Records and Information Sharing (February 01, 2010), the legal authority to share information is as follows:

4.02 Legal Authority

Sec. 125(6) YCJA provides that information about a youth may be disclosed to a representative of a school or school board or any other educational or training institution by the provincial director, a youth worker, a peace officer, or any other person engaged in the provision of services to youth “if the disclosure is necessary”:

- to ensure compliance by the youth with an authorization pursuant to sec. 91 (reintegration leave) or an order of any court concerning bail, probation, ISSP, supervision in the community or conditional supervision;
- to ensure the safety of staff, students or others; or,
- to facilitate the rehabilitation of the youth.

Sharing detailed school information i.e., listed in Section 4 - Transition and Information / Records is the responsibility of the Youth Custody Services educational team / Case Management team, and the sharing of young offender information pursuant to section 125(6) YCJA is the responsibility of the community Youth Probation Officer assigned to the youth.

In accordance with Section 125(7) YCJA information / records provided by Youth Justice to the school shall be kept separate from the youth’s school / transition file, information shall only be shared if authorized under the YCJA (takes precedence over the School Act), and the records will be destroyed when the order has expired or the information is no longer required for the purpose for which it was disclosed

Integrated Case Management / Wraparound

Youth Custody Services Centres together with local school districts can work together to increase interagency linkages and collaboration through which to assist youth in the transition process.

- **Integrated Case Management (ICM):** refers to a team approach taken to co-ordinate various services for a specific child and/or families through a cohesive and sensible plan. All members of the team work together to provide assessment, planning, monitoring and evaluation. The team should include all service providers who have a role in implementing the plan, and whenever possible, the child or youth's family (MCFD, 1999).
- **Co-operation or Collaboration:** working or acting together; collaborating or cooperating means that services remain separate, but that separate service providers have contact, share information and approach a client as a common concern (MCFD, 1999).

- **Integration:** combine parts into a whole; this suggests more than co-operation or more co-ordination of various disciplines working together. Integrating disparate services means combining services and service providers with the result that something new is created. Full service integration means that an interdisciplinary team of service providers offers service under a single, unifying mandate (MCFD, 1999).
- **WrapAround:** an approach to helping families and children with complex needs find solutions and have a better life. Teams of family, friends and professionals are built and come together to “wrap” individual families in community supports. WrapAround is rooted in the belief that people know what is best for them and what they need, and that all individuals have strengths and gifts to contribute. Fundamental to the WrapAround philosophy is the belief that local communities are full of resources and creativity and those communities and individuals are enriched as people work together (Wraparound Northumberland, 2011).

Coordination with parents and family members, local agencies and schools /alternative schools can be accomplished through the establishment of local interagency agreements and joint professional development.

Tracking System / Data

Establishing a process to track and monitor youth as they make progress upon release is an equally important component of effective transition planning for youth. An integrated data management system regarding youth involved in the youth custody centre and the home school district (Ministry of Education) would provide the ability to view a youth’s educational history and ensure they are being provided appropriate special education and related services in a timely fashion. An integrated data management system would also enhance and measure the youth’s transition success(es). Additionally, a tracking system could identify youth who are not engaged and ensure that transition efforts are intensified.

SPECIFIC TRANSITION GUIDELINES

Guidelines for Enhancing Transitions Out of Youth Custody

- BUILD RELATIONSHIPS:** Engage youth through relationship development, youth-centered planning, and a focus on their futures. Use a strengths-based approach with the youth, their families/care-givers, and other informal and formal key players. Build relationships and foster relationships with the youth's family members and other informal and formal key players. Facilitate future planning and goal setting. Include prevention planning for high-risk behaviours and situations, as necessary. Engage youth in positive activities of interest. Respect cultural and familial values and the youth's perspectives.
 - Upon admitting a youth to Youth Custody Services, the Youth Custody school staff would normally be responsible for making contact with the former school district to obtain necessary information; however, community school staff are encouraged to forward necessary information when appropriate.
 - Pending reintegration to the youth's home community, the Youth Custody Probation Officer, in consultation with the Community Youth Probation Officer will ensure that the receiving school district will be given the necessary information in order to initiate the transition process into an educational program.
 - The Youth Custody Probation Officer will ensure the school progress from the Youth Custody Services Centre is relayed to the Community Youth Probation Officer to be used for transition to a school program.
 - The Youth Custody Probation Officer will ensure the school progress from the Youth Custody Services Center, by way of a *service plan*, is relayed to the Community Probation Officer to be used for transition to a school program
- SUPPORTS & SERVICES:** Tailor services and supports to be accessible, coordinated, appealing, non-stigmatizing, and developmentally-appropriate. Facilitate the youth's goal planning across education, involvement in the youth justice system, living situation, health and personal domains and ensure that supports and services address the needs and build on the strengths of the youth, their families, and other formal/informal key players. It is important to balance

the transition facilitators' role with that of the youth, their parents/care-givers, and other informal and formal key players.

Ensure a care team is included in the service plan by involving the youth's parents/care-givers, family members, and other informal and formal key players. It is important that all key players understand the transition plan and the need for specific services/supports both for the youth and for themselves. The care team will decide on who takes on the role of assisting the youth in mediating differences between their perspective, and the perspective of parents, and other informal and formal key players. It is important to create an atmosphere of hopefulness with a future focus.

3. **SERVICE PLAN:** It is most important that the service plan enhance the youth's competencies in order to assist them in building skills and achieving greater self-sufficiency and confidence. The person focusing on transition will work with the youth to develop the service plan and through this process the youth will be encouraged to recognize personal choice and social responsibility. Various problem-solving methods, appropriate decision making processes, and an evaluation of impact on youth and others in their life will be included as necessary in the service plan. It is important to teach meaningful skills relevant to the young people through a multi-disciplinary approach.

The development of the service plan will maximize the likelihood of the youth's success while permitting them to encounter natural consequences through life experience.

4. **TRANSITION & INFORMATION/RECORDS:** Utilize information and data gathered at the Youth Custody Services Centre. The Community Probation Officer can also prompt the receiving school district to request information and records from Pembroke School. Some examples of information collected could be:
 - ICM Connection
 - Tracking Sheets for each of the core subject areas
 - Progress Report
 - Report Card, and
 - Information that the Youth Custody Centre received from the previous School

5. **BC ELECTRONIC STUDENT INFORMATION SYSTEM (BCESIS):** Maintain an outcome focus at the Youth Custody Services Centre so

student progress can be stored electronically and/or easily entered into the student information system of the receiving school district.

6. **Integrated Case Management (ICM):** Within youth custody services, the integrated case management process is supported through assessment, classification and placement, individualized, outcome oriented service planning, program involvement, sentence administration and community re-integration.
7. **Wiki One-Stop Provincial Contact List:** Utilize a wiki to maintain updated information regarding the district contact person regarding student transitioning out of the Youth Custody Services Centre. This will provide the Community Youth Probation Officer and the Youth Custody Services Centre staff with contact information for each district in the province and thereby aid in the information/record sharing process.

LINK: www.

8. **Roles and Responsibilities:** To aid in the transition process it is beneficial to understand the roles of key staff located at the Youth Custody Centre and the student's home community.
 - **Youth Custody Services Centre Educational Program Staff**
 - Liaise with community schools to obtain current course information for incoming students;
 - Utilize information received from community school to determine the grade placement at Pembroke School;
 - Maintain current progress information (tracking sheets) while at Pembroke School;
 - Updated tracking sheets are forwarded, when requested, to the community school for the student to continue in the specific course;
 - Request the tracking sheets to be returned to Pembroke School if the student returns to the Youth Custody Centre so work can be continuous in the course;
 - Attempts are made to locate course materials used by community schools that are not in use at Pembroke School to maintain the delivery of the learning outcomes;
 - Assessment and placement is conducted by Pembroke School for students who have not been in school for extended periods of time.
 - Consistency of the youth's educational program is a key focus at Pembroke School (while in custody and in the community).

➤ **Youth Custody Centre Probation Officer**

- The youth custody probation officer (YCPO) works as a member of a multidisciplinary team with probation officers, social workers, case management co-ordinators and other service providers to deliver case management services to youth in custody. The YCPO will interview youth in custody, assess and document overall risks/needs, provide advice with respect to classification of all residents within the custody centre or for transfer to another centre, develop service plans with identified client outcomes in conjunction with an integrated case management team, complete service plan documents in consultation with the primary case manager (community youth probation officer), refer the youth for custody and community services, support visitation and family involvement, monitor progress and ensure all transition and release planning issues have been addressed. This includes ensuring mandatory reporting conditions are addressed, supporting youth through the reintegration leave process, and supporting referrals to transition sources and community programs.
- Assess the needs of a youth in custody, develop appropriate service plan in consultation with key stakeholders, facilitate an integrated case management process, provide on-going service planning and support through to a youth's release from custody.

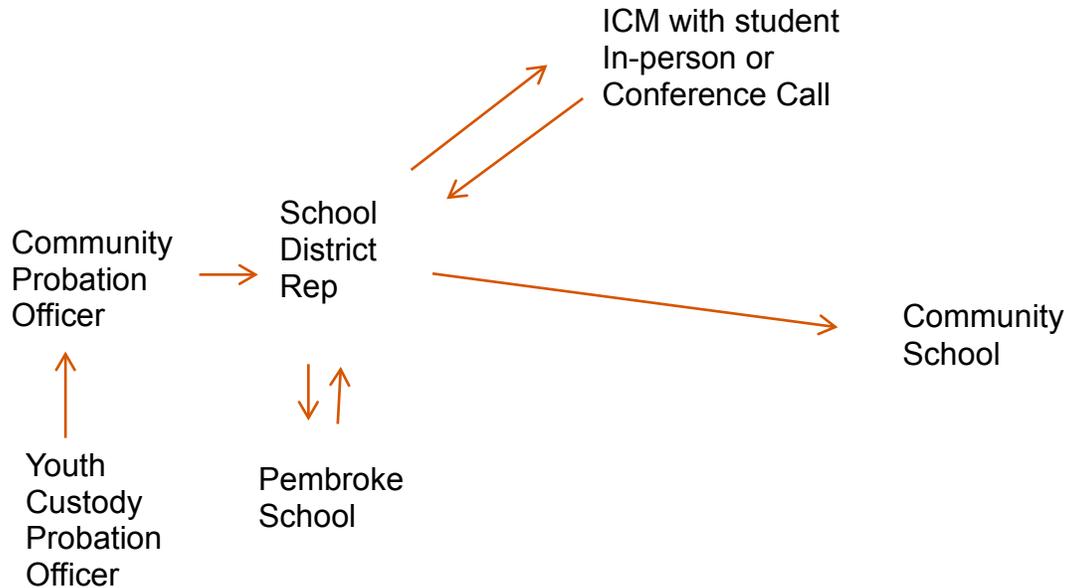
➤ **Community Probation Officer**

- The community Youth Probation Officer (YPO) is the Primary Case Manager for all youth in custody and those on Court orders being supervised in the community and as such are responsible for the following:
 - Assessing the needs and risks of sentenced youth and developing a Case Management Plan that identifies programs and services required and the amount of supervision to be provided in the community.
 - Assisting youth with reintegrating back into the community and ensuring it is done in a multidisciplinary and coordinated way which includes service providers such as the school
 - Sharing young offender information with the school in accordance with section 125(6) YCJA.
 - Assisting the youth custody centre and school district in ensuring a smooth transition for educational service occurs.

➤ **District Contact Person**

- Attend ICM – participate in the development of the Service Plan as it relates to school transition.
- Initiate re-entry into the school district once contacted by the Community PO or YCPO with the youth's release date. Ideally, this notification could happen a week or two before release. School placement is facilitated through a district process (meeting of key family, support and school personnel) with designated district personnel. The best case option for this district placement meeting is prior to the youth's release from the Youth Custody Services Centre.
- Ensure the receiving school assigns a case manager to oversee the reintegration plan.
- Facilitate the gathering of necessary information to ensure that the enrolling school and/or program is best able to provide the appropriate support for the student.
- Clarify the appropriate community agencies and contact people that the student is to be involved with and the student's responsibilities, if any.
- Provide a link between School/Program and the Youth Custody Services Centre pertaining to educational updates and recommendations.
- Identify the present needs of the student in relation to social, emotional and educational needs.
- Provide a link for local community agencies in terms of providing information for conversations (ICM's) regarding best placement for a student if there is a need to explore options.

Process Overview



Community Probation Officer – Contacts School District Representative for the District student will be attending

School District Representative – Individual responsible for placement of students from Pembroke School. Representative will fax a request to Pembroke School for tracking sheets on student’s progress in school. Representative will conduct an Integrated Case Management Meeting with the student in-person or by conference call to determine school intentions. School District Representative will contact appropriate Community School/Program to discuss school placement. School District Representative will advise Pembroke School Community School name for documentation purposes.

Pembroke School – Receives fax request from School District Representative for records. Pembroke School faxes student’s tracking sheets, progress report, and information from last Community School to School District Representative. If a phone conversation is required it will be clearly marked on documentation.

Community School – Contacted by School District Representative to discuss school placement.

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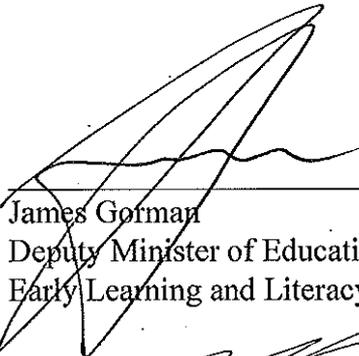
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INTER-MINISTRY PROTOCOLS

The Government is committed to making British Columbia the best-educated, most literate jurisdiction on the continent and to promoting the optimal development, health, well being, and achievement of all children and youth across the province.

The Ministries of Children and Family Development, Education, Healthy Living and Sport, Health Services, and Public Safety and Solicitor General have developed the following protocols consistent with this commitment. The purpose of these protocols is to guide the coordination and delivery of support services to school-aged children across British Columbia.

These protocols replace the *INTER-MINISTERIAL PROTOCOLS FOR THE PROVISION OF SUPPORT SERVICES TO SCHOOLS* (1989). The attached protocols are hereby approved and agreed to this day of ____.



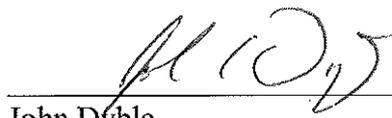
James Gorman
Deputy Minister of Education and Minister Responsible for
Early Learning and Literacy



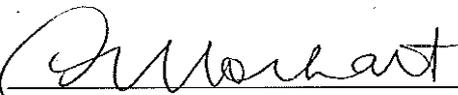
Mark Sieben
Chief Operating Officer, Ministry of Children and Family Development



Grant Main
Deputy Minister of Healthy Living and Sport



John Dyble
Deputy Minister of Health Services



David Morhart
Deputy Solicitor General

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INTER-MINISTERIAL PROTOCOLS FOR THE PROVISION OF SUPPORT SERVICES TO SCHOOL-AGED CHILDREN

BACKGROUND

Services for school-aged children are supported and/or funded by the Ministries of Children and Family Development, Education, Healthy Living and Sport, Health Services and Public Safety and Solicitor General, but are delivered through the Ministry of Children and Family Development regions, Boards of Education and independent school authorities, Health Authorities or by local agencies. At times school-aged children receive services that cross the jurisdiction of more than one Ministry or Ministry-funded service. In these circumstances inter-ministry protocols are required so that services are provided in an accessible, understandable and co-ordinated manner.

PURPOSE

These inter-ministry protocols are intended to support and guide the co-ordinated delivery of effective-services to school-aged children by:

- establishing an agreed-upon range of services;
- clarifying the roles and responsibilities;
- establishing a process for the regular review of the protocols; and
- identifying a dispute resolution process.

SCOPE

The protocols apply to services, funded and/or delivered by the Government of British Columbia, that support school-aged children at school or in their homes and communities. For the purposes of the protocols, school-aged children are defined in the School Act (Part 1 section 1 (1) and Part 2 section 3 (1) and the *Independent School Act* (Section 1 subsection 2).

REVIEW

Each protocol will be reviewed every five years. Any signatory to these protocols can ask for a review of a protocol before the end of the five year term.

PRINCIPLES

The following principles have guided the development of the protocols. They are also intended to assist in their implementation, review and resolution of disagreements between Ministries and/or Ministry funded service providers.

1. Child Centred Approach

Support services will be co-ordinated to respond to the strengths and needs of children and youth. Children and youth will be involved in decision making consistent with their developmental abilities.

2. Focus on Learning, Health and Development

Support services will be planned and delivered to optimize the learning, health and development of children and youth.

Services will promote health, be preventative or be provided early in order to increase the likelihood of positive outcomes for children and youth.

Support services will promote inclusion so children and youth with special needs can be fully participating members of their schools and communities.

3. Family Focused Approach

Support services will recognize the key role parents/guardians and families have in optimizing learning, health and development of their children. They will be involved in planning and decision making for their children.

4. Respect for Diversity

Support services will be planned and delivered in a manner that respects community diversity. (e.g., race, ethnicity, gender, age, ability, culture, ancestry, language, religious beliefs, sexual orientation or socio-economic background).

5. Co-ordinated and Effective

Support services, including transitions, will be planned collaboratively and delivered in an integrated manner.

Support services will be planned and implemented based on evidence (knowledge and research).

6. Commitment to Collaboration

Protocol partners or service providers will strive to be collaborative in their provision of services to children and youth.

7. Dispute Resolution

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of these protocols. In accordance with the principles that underpin these protocols, dispute resolution will take place as close as possible to the community where the services are being provided.

Rarely will disagreements need to be raised beyond those outlined in the local agreements. Should dispute resolution become necessary at a regional level, a dispute resolution framework is included within each protocol. The framework is based on the principles of administrative fairness and due process.

PROTOCOL AGREEMENT

BETWEEN:

The Ministry of Education, the Ministry of Children and Family Development and the Ministries of Health Services and Healthy Living and Sport (through Health Authorities).

REGARDING THE FOLLOWING SERVICES:

AUDIOLOGICAL SUPPORT SERVICES

I. Background:

Hearing loss can create a communication barrier and present obstacles to children's opportunities to achieve the goals of education. Comprehensive planning is needed to ensure that children entering school with a pre-identified hearing loss are seamlessly supported from a technical and educational perspective to attain educational goals. While identification of hearing loss is preferable before a child reaches school age, it is imperative that a well integrated approach be in place for identification, assessment, monitoring, and intervention services for school-aged children with hearing loss. Moreover, a well integrated approach to support services for school-aged children requires effective cross-ministry and cross-agency communications systems and cooperation to be in place.

The Ministry of Education, the Ministry of Health Services, the Ministry of Healthy Living and Sport, the Ministry of Children and Family Development, Boards of Education/participating independent school authorities, schools, Health Authorities and parents work collaboratively to raise awareness about the causes and the implications of hearing loss. They work collaboratively to develop and implement support services and education programs that address the social and academic needs of school-aged children with hearing loss. Key service providers involved may include, but are not limited to, audiologists, teachers of the deaf and hard of hearing, speech-language pathologists, specially trained teachers' assistants, and sign-language interpreters.

Equipment and services provided in the home, community, and school need to be coordinated to facilitate a seamless service for school-aged children and their families. In regions, the process for how school district/independent school authorities and health authority staff work together to provide audiology services should be collaboratively developed.

'Audiology services' covered in this protocol includes identification, assessment/diagnostic, monitoring, and intervention services where cross-ministry coordination, communication and collaboration are required to ensure a quality service to school-aged children.

As of April 1, 2010, all audiologists must be registered with the *College of Speech and Hearing Professionals in British Columbia*, and will be expected to adhere to their roles and responsibilities as defined in the *Speech and Hearing Health Professions Regulation 413/2008* and the College bylaws.

II. Children Served:

School-aged children who are deaf or hard of hearing enrolled in and attending:

- public schools;
- participating Group 1 and 2 independent school authorities.

III. Services Provided:

Boards of Education, participating independent school authorities, Health Authorities, and the Ministry of Children and Family Development and where applicable, Delegated Aboriginal Child and Family Services Agencies will co-ordinate the following services:

- a regional process for sharing of information and coordination of audiology services that is collaboratively developed, and includes an agreement with respect to assistive listening equipment;
- raise the awareness in all school-aged children and their families about hearing health and healthy lifestyle choices to prevent hearing loss;
- audiology assessment by an audiologist for school-aged children identified as having, or suspected of having, a hearing loss;
- provision of information from audiology assessments to inform the planning of education programs or services in compliance with the *Freedom of Information and Protection of Privacy Act*;
- access for all school-aged children with an educationally significant hearing loss to an education program that addresses their needs;
- access for all school-aged children with an educationally significant hearing loss to amplification and assistive listening equipment as needed;
- training for school personnel in the appropriate use and application of hearing aids and assistive listening equipment; and
- coordination of equipment and services during periods of transition (into school, between schools, and into adult services).

IV. Obligations of each Ministry:

The Ministry of Education

- The Ministry of Education provides services through Boards of Education, participating independent school authorities, and the Provincial Resource Program-Auditory Outreach;
- The Ministry of Education provides supplementary special needs funding and delegates responsibility to Boards of Education/participating independent school authorities for special education supports for school-aged children enrolled in their schools (students) who have educationally significant hearing loss¹;
- To be eligible for supplemental funding for students who are deaf or hard of hearing, Boards of Education/participating independent school authorities must provide the services of qualified teachers of the deaf and hard of hearing, as outlined in the *Special Education Services: A Manual of Policies, Procedures and Guidelines*;
- The Ministry of Education requires Boards of Education/participating independent school authorities to refer students who may have an educationally significant hearing loss to medical practitioners or audiologists for a needs assessment to determine if they require assistive listening equipment;
- Boards of Education/participating independent school authorities must design an Individual Education Plan (IEP) for students with educationally significant hearing loss as soon as possible after the student is identified as being a student with special needs by the board/participating independent school authority, and must provide learning activities in accordance with the IEP;
- The Ministry of Education provides funding for the acquisition and maintenance of a set list of assistive listening equipment in schools to support students with educationally significant hearing loss in cases where the health authority audiologist's assessment and recommendations confirm the need for equipment. Procedures for this provision are provided in Ministry of Education *Special Education Services: A Manual of Policies, Procedures and Guidelines*. Agreements on how equipment is delivered and fitted will be developed regionally;
- The Ministry of Education will maintain the set list of assistive listening equipment and make this set list available to the health authority audiologist for selection;

¹ For the purposes of this protocol, 'educationally significant hearing loss' is defined in the Ministry of Education *Special Education Services: A Manual of Policies, Procedures and Guidelines*

- The *Manual of Policies, Procedures and Guidelines* is kept current, outlining the process for access, maintenance, returns, and liability for assistive listening equipment (often referred to as auditory training equipment);
- Boards of Education/participating independent school authorities will work collaboratively with health authority personnel to support school-aged children with hearing loss; and
- Boards of Education/participating independent school authorities will follow the best practices of the Board of Hearing Aid Dealers for the monitoring of remote microphone hearing assistance technology (link pending).

The Ministry of Health Services and the Ministry of Healthy Living and Sport

- The Ministry of Health Services and Ministry of Healthy Living and Sport provide funding and/or policy direction to Health Authorities and delegates responsibility to the Health Authorities for audiology services. Health Authorities will:
 - provide audiology assessment and diagnostic services;
 - provide audiological assessment information as appropriate to designated board of education/participating independent school authority personnel for use in planning support services in accordance with the *Freedom of Information and Protection of Privacy Act*;
 - provide hearing aid selection, fitting, verification, and monitoring services;
 - select assistive listening equipment from a set list of available equipment which is established and maintained by the Ministry of Education;
 - provide assessments, co-ordinate interdisciplinary follow up and cochlear implants through the BC Cochlear Implant program for children requiring and receiving cochlear implants;
 - work collaboratively with school personnel to support school-aged children with hearing loss; and
 - work collaboratively with Ministry of Education designated personnel to develop and implement regional or local agreements with Boards of Education/participating independent school authorities with respect to assistive listening equipment.
 - provide information to school communities regarding the prevention of hearing loss and hearing health promotion;

The Ministry of Children and Family Development

The Ministry of Children and Family Development (MCFD) provides the following through either the Children in Care Medical Benefits Program, the At Home Program or Provincial Services for the Deaf and Hard of Hearing:

Children in Care Medical Benefits Program and At Home Program:

- personal amplification devices, based on the results of an audiological assessment, for children in the care of a director under the *Child, Family and Community Services Act*; and for children and youth assessed as eligible for At Home Program Medical Benefits.

Provincial Services for the Deaf and Hard of Hearing:

- support services for families of school-aged children who are deaf, hard of hearing, or deafblind;
- transition planning for children and youth who are deaf, hard of hearing, or deafblind;
- contract early intervention services for children and youth who are deaf, hard of hearing, or deafblind to support their transition to school
- residential services for children who must live away from home in order to attend the British Columbia Provincial School for the Deaf;
- public education, information and referral regarding the development of children and youth who are deaf, hard of hearing, or deafblind; and
- information and referral to other services such as mental health, access services and social worker supports.

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will adhere to the principle of *Commitment to Collaboration* described in section 6 (p.3) and to the principles of administrative fairness² including:

- those affected by a decision should be involved in the making of that decision;
- those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered; and
- decisions should be made within a timely, fair, and consistent process and be based on relevant facts and without bias.

The regional conflict resolution processes will clearly identify:

- the roles and positions of individuals within each organization who have responsibility for resolving conflicts;
- the steps and stages of the process from informal to formal;
- the timeframes for completing the process; and
- what parties should do if they cannot reach a resolution.

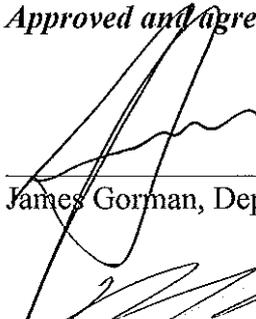
Supporting Information:

- *Freedom of Information and Protection of Privacy Act*
http://www.qp.gov.bc.ca/statreg/stat/f/96165_00.htm
- *School Act*
http://www.qp.gov.bc.ca/statreg/stat/S/96412_00.htm
- Ministerial Order 149/89. Support Services for Schools Order.
<http://www.bced.gov.bc.ca/legislation/schoollaw/e/m149-89.pdf>
- Special Education Services: A Manual of Policies, Procedures and Guidelines
<http://www.bced.gov.bc.ca/specialed/ppandg.htm>
- College of Speech and Hearing Professionals in British Columbia
http://www.health.gov.bc.ca/leg/notice/speech_and_hearing_health_professionals.html
- Board of Hearing Aid Dealers (until March 31, 2010)
http://www.health.gov.bc.ca/leg/notice/board_of_hearing.html

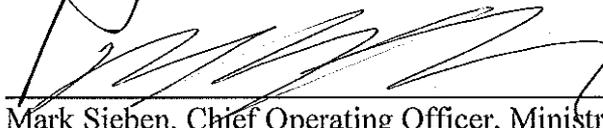
² These principles are included in the British Columbia Ombudsperson fairness checklist. A template for dispute resolution is available on the Ministry of Education website – <http://www.bced.gov.bc.ca/specialed/>

- College of Speech and Hearing Professionals of BC
<http://www.cshhpbcc.org>
- Speech and Hearing Health Professionals Regulation 418/2008
www.health.gov.bc.ca/leg/notice/speech_and_hearing_health_professionals.html
- Child, Family and Community Service Act
http://www.qp.gov.bc.ca/statreg/stat/A/96006_01.htm

Approved and agreed to this _____ day of _____, 20____.



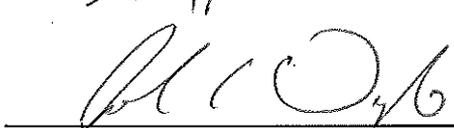
James Gorman, Deputy Minister of Education and Early Learning and Literacy



Mark Sieben, Chief Operating Officer, Ministry of Children and Family Development



Grant Main, Deputy Minister of Healthy Living and Sport



John Dyble, Deputy Minister of Health Services

PROTOCOL AGREEMENT

BETWEEN:

The Ministry of Education, and the Ministries of Health Services and Healthy Living and Sport (through Health Authorities).

REGARDING THE FOLLOWING SERVICES:

GENERAL SCHOOL HEALTH SERVICES

I. Background:

Educators and all service providers recognize the strong relationship between a student's health and learning. Schools and qualified health professionals have a collective responsibility for promoting the healthy growth and development, and academic success of school-aged children.

To this end, it is appropriate practice for educators and health professionals to collaborate annually in developing a comprehensive plan for health services for students. Such a plan should include:

- ongoing commitment to ensuring an environment that promotes health and prevents disease or injury;
- identification of school health needs and priorities;
- delivery of services to meet those needs; and
- identification and support of students with health concerns.

Boards of Education and participating independent school authorities will work collaboratively with local health professionals in identifying the specific services to be delivered and included in the annual plan for delivery of health services.

II. Children Served:

School-aged children enrolled in and attending:

- public schools;
- participating Group 1 and Group 2 independent school authorities;
- band schools on First Nations Reserves (at the discretion of band school authorities)

Children and youth educated via home schooling are registered at local schools and informed of access to relevant school health services (e.g. school immunization programs).

III. Services Provided:

Boards of Education, participating independent school authorities, and Health Authorities will co-ordinate the following services:

- provision of health promotion and prevention services in schools to foster healthy school environments;
- documentation of relevant health information in student permanent records, in collaboration with parents/guardians, and consistent with privacy requirements (*Freedom Of Information and Protection of Privacy Act (FOIPPA)*; *School Act*, section 79; *Independent School Regulation*, section 9; *Ministerial Order 14/91 Student Records Disclosure Order*)
- identification of children and youth with life-threatening medical conditions and establishment of safe plans of care;
- consultation with parents or guardians to facilitate the referral of children and youth to health services in the community;
- protection of school communities from communicable diseases through timely notification of identified reportable disease in students or school personnel, and delivery of the provincial Immunization Program for school-aged children (*Public Health Act, Health Act Communicable Disease Regulation*);
- implementation of directives or advice from the Medical Health Officer (*School Act*, sections 90, 91, and 92); and
- screening and/or referral services to address identified health issues in children and youth as early as possible when difficulties could interfere with learning.

IV. Obligations of each Ministry:

The Ministry of Education

The Ministry of Education, through Boards of Education and participating independent school authorities will:

- inform parents/guardians of registered students about the provision of school health services including relevant privacy and information sharing in accordance with FOIPPA;

- provide and maintain a designated, private space in each school that can serve as a medical room for Public Health Nurses or other qualified health personnel to carry out their duties;
- establish and maintain policies, procedures, and staff training in order to ensure the safety of children and youth at risk of anaphylaxis and other life-threatening medical conditions (*Anaphylaxis Protection Order (232/07 amended by M234/09), School Act, section 88*);
- in collaboration with parents/guardians and health professionals, co-ordinate and facilitate the implementation, maintenance, and regular review of safe plans of care for children and youth with life-threatening medical conditions;
- provide to health professionals access to the health section of the student's Permanent Record in the event of a communicable disease outbreak, and for the provision of school health services such as recording or determining immunization status, life-threatening medical conditions, or other significant health problems (*School Act, section 79; Independent School Regulation, section 9; Ministerial Order 14/91 Student Records Disclosure Order*); and
- monitor the implementation of required health curricula and initiatives.

The Ministry of Health Services and the Ministry of Healthy Living and Sport

The Ministry of Health Services and Ministry of Healthy Living and Sport provides funding and/or policy direction to Health Authorities and delegates responsibility to the Health Authorities for general school health services. Health Authorities will:

- provide health professionals to carry out school health promotion and prevention activities, and to support school personnel, parents and students in the establishment of safe plans of care for children and youth with life-threatening medical conditions;
- provide student health information to appropriate school personnel with the consent of the parent/guardian/student if the information is needed for maintenance of the health of a child or youth or for management of health issues that may interfere with a student's learning;
- facilitate referral, transitions and linkages to Nursing Support Services for children and youth with special health care needs, to support healthy participation and inclusion of these children in the school setting. If children and youth no longer require Nursing Support Services, collaborate with parent/guardian and school personnel to ensure development of safe plans of care at school;
- provide health screening programs for children and youth;

- collaborate with school personnel, the British Columbia Centre for Disease Control and other partners to provide policies, standards and guidelines for the investigation of communicable disease outbreaks; and
- provide protection to school-aged children and youth against preventable communicable disease through delivery of the Provincial Immunization Program.

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will adhere to the principle of *Commitment to Collaboration* described in section 6 (p.3) and to the principles of administrative fairness³ including:

- those affected by a decision should be involved in the making of that decision;
- those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered; and
- decisions should be made within a timely, fair, and consistent process and be based on relevant facts and without bias.

The regional conflict resolution processes will clearly identify:

- the roles and positions of individuals within each organization who have responsibility for resolving conflicts;
- the steps and stages of the process from informal to formal;
- the timeframes for completing the process; and
- what parties should do if they cannot reach a resolution.

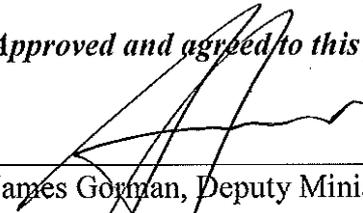
Supporting Information:

- School Act
http://www.qp.gov.bc.ca/statreg/stat/S/96412_00.htm
- Independent School Regulation
http://www.bced.gov.bc.ca/legislation/schoollaw/i/bcreg_262-89.pdf

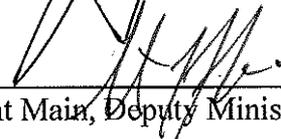
³ These principles are included in the British Columbia Ombudsperson fairness checklist. A template for dispute resolution is available on the Ministry of Education website – <http://www.bced.gov.bc.ca/specialed/>

- Anaphylaxis Protection Order
<http://www.bced.gov.bc.ca/legislation/schoollaw/e/m232-07.pdf>
- Student Records Disclosure Order
<http://www.bced.gov.bc.ca/legislation/schoollaw/e/m14-91.pdf>
- Freedom of Information and Protection of Privacy Act
http://www.qp.gov.bc.ca/statreg/stat/f/96165_00.htm
- Health Act Communicable Disease Regulation
www.bclaws.ca
- Public Health Act
http://www.leg.bc.ca/38th4th/1st_read/gov23-1.htm

Approved and agreed to this _____ day of _____, 20____.



 James Gorman, Deputy Minister of Education and Early Learning and Literacy



 Grant Main, Deputy Minister of Healthy Living and Sport



 John Dyble, Deputy Minister of Health Services

PROTOCOL AGREEMENT

BETWEEN:

The Ministry of Education and the Ministry of Healthy Living and Sport and the Ministry of Health Services (through Health Authorities).

REGARDING THE FOLLOWING SERVICES:

SCHOOL ENVIRONMENT AND HEALTH INSPECTION OF SCHOOLS

I. Background:

All public schools are inspected as needed to ensure the health and safety of students and employees.

II. Target:

All public school buildings

III. Services Provided:

This protocol is not intended to include those elements of building inspection which are the legal responsibility of municipal building inspectors or fire marshals.

Each board of education and school medical officer will co-ordinate the following services:

- inspection of a school following notification of a complaint;
- implementation of directives or advice from the school medical officer (*School Act, sections 90, Public Health Act*).

IV. Obligations of each Ministry:

The Ministry of Education (through Boards of Education) will:

- remedy, within a reasonable time frame, any deficiencies noted in an inspection report, based on the advice of the school medical officer; and
- raise concerns identified with the health and safety of school buildings with the Medical Health Officer.

The Ministry of Health Services and the Ministry of Healthy Living and Sport

The Ministry of Health Services and Ministry of Healthy Living and Sport provide funding and/or policy direction to Health Authorities and delegates responsibility to the Health Authorities for health inspection of schools. Health Authorities will:

- assign a school medical officer or designate for each school district;
- respond to concerns regarding the health and safety of a school building raised by the board of education or by the Minister of Healthy Living and Sport;
- report to the board of education and the Minister of Health Services/Healthy Living and Sport fully and in detail the results of all inspections and any recommendations;

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will adhere to the principle of *Commitment to Collaboration* described in section 6 (p.3) and to the principles of administrative fairness⁴ including:

- those affected by a decision should be involved in the making of that decision;
- those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered; and
- decisions should be made within a timely, fair, and consistent process and be based on relevant facts and without bias.

The regional conflict resolution processes will clearly identify:

- the roles and positions of individuals within each organization who have responsibility for resolving conflicts;
- the steps and stages of the process from informal to formal;
- the timeframes for completing the process; and
what parties should do if they cannot reach a resolution.

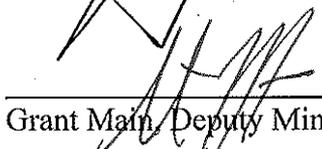
⁴ These principles are included in the British Columbia Ombudsperson fairness checklist. A template for dispute resolution is available on the Ministry of Education website – <http://www.bced.gov.bc.ca/specialed/>

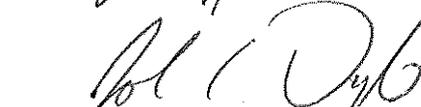
Supporting Information:

- Health Act Communicable Disease Regulation
www.bclaws.ca
- Public Health Act
http://www.leg.bc.ca/38th4th/1st_read/gov23-1.htm
- Food Premise Regulation
http://www.hls.gov.bc.ca/protect/ehp_foodsafety.html
- Food Safety Act
http://www.hls.gov.bc.ca/protect/ehp_foodsafety.html
- Tobacco Control Act
<http://www.health.gov.bc.ca/tobacco/violations.html>

Approved and agreed to this 7 day of Oct, 2010.


James Gorman, Deputy Minister of Education and Early Learning and Literacy


Grant Main, Deputy Minister of Healthy Living and Sport


John Dyble, Deputy Minister of Health Services

· PROTOCOL AGREEMENT

BETWEEN:

The Ministry of Education and the Ministry of Children and Family Development.

REGARDING THE FOLLOWING SERVICES:

*NURSING SUPPORT SERVICES FOR CHILDREN AND YOUTH
WITH SPECIAL HEALTH CARE NEEDS*

I. Background:

Nursing Support Services is part of a range of in-school health support intended to facilitate safe, consistent care and appropriate health support services for children and youth with special health care needs attending public and participating independent schools in British Columbia. The provision of this support promotes active, healthy participation and inclusion of children and youth with special health care needs in the school setting.

Children and youth with special health care needs may require a variety of support services including Nursing Support Services direct and delegated nursing care. Eligibility for Nursing Support Services is based on a nursing assessment.

II. Children Served:

School-aged children with special health care needs who require Nursing Support Services direct or delegated care that are enrolled in and attending:

- public schools;
- participating Group 1 and Group 2 independent school authorities.

III. Services Provided:

Provided that a parent/guardian and, when appropriate, the student, have consented, the Boards of Education, participating independent school authorities, the Ministry of Children and Family Development and where applicable, Delegated Aboriginal Child and Family Services Agencies through regional Health Authorities and contracted nursing agencies will co-ordinate the following services:

- consultation and collaboration among health care providers, educators, parents, students and relevant others concerning service planning, service delivery and monitoring of children and youth with special health care needs;

- nursing assessments of school-aged children with special health care needs to determine their eligibility for Nursing Support Services delegated or direct nursing care;
- individualized school health care plans based on a nursing assessment of the child or youth's health care needs and collaboratively developed with them and their families and involved health care providers, for children eligible for Nursing Support Services delegated or direct care;
- assessment, training, competency checks and monitoring of non-nurse school staff performing delegated nursing tasks when required, and in accordance with the *College of Registered Nurses of BC Practice Standard "Delegating Tasks to Unregulated Care Providers"*; and
- provision of direct nursing care for students identified by Nursing Support Services Coordinators, as having health care needs that are best addressed in this manner.

IV. Obligations of each Ministry:

The Ministry of Education

The Ministry of Education provides supplementary funding for special education through grants to Boards of Education and participating independent school authorities who are responsible for providing education programs for all school-aged children, including those who require Nursing Support Services. This may include providing school personnel to carry out health care support services.

The Ministry of Education through Boards of Education and participating independent school authorities will:

- identify and refer students with special health care issues to Nursing Support Services;
- obtain appropriate training of school personnel from Nursing Support Service Coordinators;
- facilitate appropriate training and monitoring of school personnel by Nursing Support Services Coordinators;
- provide access and space to allow for the safe provision of support services for students with special health care needs; and
- include Nursing Support Coordinators in a student's individual education planning (IEP) process when appropriate.

The Ministry of Children and Family Development will:

- contract with Health Authorities and nursing agencies for the delivery of Nursing Support Services, including direct and delegated nursing care for school-aged children who are eligible for Nursing Support Services; and
- provide policy and guidelines for the provision of Nursing Support Services.

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will adhere to the principle of *Commitment to Collaboration* described in section 6 (p.3) and to the principles of administrative fairness⁵ including:

- those affected by a decision should be involved in the making of that decision;
- those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered; and
- decisions should be made within a timely, fair, and consistent process and be based on relevant facts and without bias.

The regional conflict resolution processes will clearly identify:

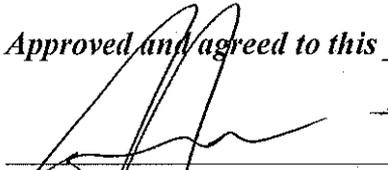
- the roles and positions of individuals within each organization who have responsibility for resolving conflicts;
- the steps and stages of the process from informal to formal;
- the timeframes for completing the process; and
- what parties should do if they cannot reach a resolution.

⁵ These principles are included in the British Columbia Ombudsperson fairness checklist. A template for dispute resolution is available on the Ministry of Education website – <http://www.bced.gov.bc.ca/specialed/>

Supporting Information:

- Practice Standard Delegating Tasks to Unregulated Care Providers
<http://www.crnbc.ca/downloads/429.pdf>
- Assigning and Delegating to Unregulated Care Providers
<http://www.crnbc.ca/downloads/98.pdf>

Approved and agreed to this 7 day of OCT., 2010.


James Gorman, Deputy Minister of Education and Early Learning and Literacy


Mark Sieben, Chief Operating Officer, Ministry of Children and Family Development

PROTOCOL AGREEMENT

BETWEEN:

The Ministry of Education, the Ministry of Children and Family Development, and the Ministries of Health Services and Healthy Living and Sport (through Health Authorities).

REGARDING THE FOLLOWING SERVICES:

SPEECH-LANGUAGE PATHOLOGY SERVICES

I. Background:

Since the early 1970's, speech-language pathology services for school-aged children in public schools have been provided within the school system, as a part of the special education services provided by Boards of Education. In the late 1980's, the provincial government reviewed ministry mandates for providing speech-language pathology services and confirmed that the Ministry of Education and Boards of Education would retain responsibility for speech-language pathology services for children and youth of school age enrolled in public schools.

Speech-language pathology is defined in the *Speech and Hearing Health Professions Regulation 413/2008* as "the health profession in which a person provides, for the purposes of promoting and maintaining communicative health, the services of assessment, treatment, rehabilitation and prevention of speech, language and related communication disorders and conditions, and vocal tract dysfunction, including related feeding and swallowing disorders."

Ministerial Order 149/89 indicates "A board of a school district shall provide speech-language therapy services for students of school age who attend a school in the district and whose education is adversely affected by oral communication difficulties." Communication difficulties are referred to in this protocol as communication disorders.

In some circumstances, the Ministry of Children and Family Development provides additional speech-language pathology services for school-aged children who qualify for such programs as Autism Funding or the At Home Program.

Speech-language pathology services for children younger than school age fall within the mandate of the Ministry of Children and Family Development and the Ministry of Healthy Living and Sport and are provided by speech/language pathologists working throughout the province in public health centres and contracted community agencies. To avoid disruption, services need to be organized as to promote joint planning, collaboration, and sharing of information when these children make the transition to school.

In some cases, communities may elect to consolidate resources provided by the Ministry of Children and Family Development, Boards of Education, participating independent school authorities, and regional Health Authorities, establishing local agreements for community speech-language pathology positions.

As of April 1, 2010, speech-language pathologists must be registered with the *College of Speech and Hearing Professionals in British Columbia*, and will be expected to adhere to their roles and responsibilities as defined in the *Speech and Hearing Health Professions Regulation 413/2008* and the College Bylaws.

II. Children Served:

School-aged children with suspected or confirmed communication disorders enrolled in and attending:

- public schools;
- participating Group 1 and Group 2 independent school authorities;
- band schools on First Nations Reserves (at the discretion of Band School authorities).

III. Services Provided:

Boards of Education, participating independent school authorities, regional Health Authorities, the Ministry of Children and Family Development, and where applicable, Delegated Aboriginal Child and Family Services Agencies will co-ordinate the following services:

- joint planning and collaboration among educators, parents, and speech-language pathologists during periods of transition (into school, between schools, and into adult services);
- identification and assessment of communication disorders;
- consultation and collaboration among educators, parents, and relevant others concerning the identification, assessment, service planning, service delivery and monitoring, and evaluation of services for children and youth with communication disorders;
- provision of training and support to school staff, parents and caregivers to foster the attainment of students' communication goals through classroom activities and in other environments;
- provision of ongoing individualized therapy or group therapy for children and youth identified as having communication disorders that are best addressed in this manner;
- planning and monitoring of tasks assigned to teaching assistants or paraprofessionals to support children and youth with communication disorders; and

- communication and collaboration between school and community service providers to support consistent plans of therapy across settings.

IV. Obligations of each Ministry:

Shared Planning

Policies and guidelines of all three ministries will encourage shared planning and a collaborative and co-ordinated approach that supports the needs of school-aged children. Privacy and information sharing policies for assessment, planning and intervention are in accordance with the *Freedom of Information and Protection of Privacy Act (FOIPOP)* and the *School Act, section 79*.

The Ministry of Education:

- provides funds to Boards of Education and participating group 1 and 2 independent school authorities as part of the per pupil allotment, to support the provision of speech-language services; and
- has legislation, policy and guidelines regarding Boards of Educations' provision of speech language pathology services through Ministerial Order and the *Special Education Service: A Manual of Policies, Procedures and Guidelines*.

The Ministry of Children and Family Development:

- contracts the delivery of the Early Intervention Therapy Program and has policy and guidelines for the provision of these services, including speech-language pathology services for children younger than school age with special needs and individualized transition plans for children entering school *Early Intervention Therapy Program Guidelines*; and
- provides funds for specialized therapies which may include speech-language pathology services for school-aged children who are eligible for Autism Funding, the Community Brain Injury Program and/or the At Home Program School Aged Extended Therapies, in addition to those available through Boards of Education and participating independent school authorities.

The Ministry of Health Services and the Ministry of Healthy Living and Sport:

- provide funding and/or policy direction to Health Authorities and delegates responsibility to the Health Authorities for speech and language services.

Health Authorities will:

- provide public health speech-language pathology services, and individualized transition plans for children entering school. These plans will be developed in consultation with parents, educators and school-based speech-language pathologists.

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will adhere to the principle of *Commitment to Collaboration* described in section 6 (p.3) and to the principles of administrative fairness⁶ including:

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- those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered; and
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The regional conflict resolution processes will clearly identify:

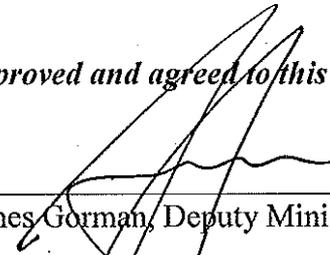
- the roles and positions of individuals within each organization who have responsibility for resolving conflicts;
- the steps and stages of the process from informal to formal;
- the timeframes for completing the process; and
- what parties should do if they cannot reach a resolution.

⁶These principles are included in the British Columbia Ombudsperson fairness checklist. A template for dispute resolution is available on the Ministry of Education website – <http://www.bced.gov.bc.ca/specialed/>

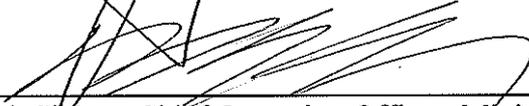
Supporting Information:

- *Freedom of Information and Protection of Privacy Act*
http://www.qp.gov.bc.ca/statreg/stat/f/96165_00.htm
- *School Act*
http://www.qp.gov.bc.ca/statreg/stat/S/96412_00.htm
- Ministerial Order 149/89. Support Services for Schools Order.
<http://www.bced.gov.bc.ca/legislation/schoollaw/e/m149-89.pdf>
- Special Education Services: A Manual of Policies, Procedures and Guidelines
<http://www.bced.gov.bc.ca/specialed/ppandg/toc.htm>
- Speech and Hearing Health Professionals Regulation 413/2008
www.health.gov.bc.ca/leg/notice/speech_and_hearing_health_professionals.html
- Ministry of Children and Family Development: Programs for children and youth with special needs
http://www.mcf.gov.bc.ca/spec_needs/

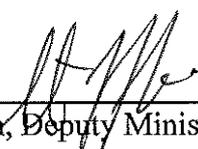
Approved and agreed to this _____ day of _____, 20____.



James Gorman, Deputy Minister of Education and Early Learning and Literacy



Mark Sieben, Chief Operating Officer, Ministry of Children and Family Development



Grant Main, Deputy Minister of Healthy Living and Sport



John Dyble, Deputy Minister of Health Services

PROTOCOL AGREEMENT

BETWEEN:

Ministry of Education and Ministry of Children and Family Development.

REGARDING THE FOLLOWING SERVICES:

EDUCATIONAL PROGRAMS IN YOUTH CUSTODY SERVICES CENTRES, THE MAPLES ADOLESCENT TREATMENT CENTRE AND COURT-ORDERED RESIDENTIAL ATTENDANCE PROGRAMS

I. Background:

Throughout the province, the Ministry of Children and Family Development establishes programs to serve the non-educational needs of school-aged students. Some of these take place in residential settings, including youth custody services centres, the Maples Adolescent Treatment Centre and court-ordered residential attendance programs. The Ministry of Education is required by its mandate to provide educational programs for students in these settings.

II. Target Population:

Children and youth of school age in youth custody services centres, the Maples Adolescent Treatment Centre and court-ordered residential attendance programs.

III. Services Provided:

- assessment
- accommodation for instruction
- therapy, counseling and rehabilitation
- instruction in accordance with the standards of the public school system, with adaptations to meet the requirements of the residential environment or special learning needs of the student.

IV. Obligations of each Ministry:

A. Establishment of a new program or expansion/reduction of an existing program

Ministry of Children and Family Development

- This Protocol Agreement is a revision of the original 1987 Protocol Agreement. Upon its execution, this Protocol Agreement is intended to replace the 1987 protocol agreement.
- Prior to establishing, expanding or reducing any program in a custodial or residential setting, the Ministry of Children and Family Development will consult with the Ministry of Education regarding any plans for development or significant changes to the facilities or operations of these programs. This consultation will occur as soon as planning for new or changes to existing facilities or programs are under way and should include information about location, projected capacity, timing, and nature of the population to be served. Potential impact on the educational program and resource requirements should be determined collaboratively.
- The superintendent (or designate) of the board of education which will be ultimately responsible for the supervision and delivery of the instructional program will be informed by the involved executive director (or designate) of the intention of the Ministry of Children and Family Development to establish, expand or reduce the custody services centre(s) or residential program(s) within the board's boundaries.
- The respective superintendent (or designate) will be afforded the opportunity to review the proposal and to comment, orally or in writing, to the Ministry of Children and Family Development. Sufficient lead time will be provided to enable budgeting and staff recruitment procedures to meet the requirements of educational mandates.

Ministry of Education

- The Ministry of Education will, by an order of the Minister, establish a provincial resource program (a "school") in every youth custody services centre and arrange for its operation through the appropriate board of education to provide educational programs to persons of school age, and will ensure an educational program is made available to young persons in the Maples Adolescent Treatment Centre and in court-ordered residential attendance programs.

B. Operation of ongoing programs

Ministry of Children and Family Development

- The Ministry of Children and Family Development will be responsible for provision and maintenance of appropriate classroom space and other suitable school facilities, furniture and fixtures, and will provide access to equipment and machinery that otherwise would be in place for youth custody services centres, the Maples Adolescent Treatment Centre or court-ordered attendance programs and is considered necessary to deliver an appropriate educational program.
- The Ministry of Children and Family Development will be responsible for providing any materials that would normally be provided by a parent in a public school.
- The Ministry of Children and Family Development will be responsible for the health and safety of the students on site and, within the limits of its operational responsibility, the health and safety of educational staff.
- The Ministry of Children and Family Development will be responsible for the provision of necessary measures of security, including any extraordinary behaviour management or control measures required.
- The Ministry of Children and Family Development will be responsible for the prompt notification to school officials of all students eligible for the educational program, and provision of pertinent information about each student necessary to deliver an effective, and where necessary, individual education program.
- The Ministry of Children and Family Development will be responsible for the provision of summer services, which may include requests of Boards of Education that they provide summer programs on a fee for service basis through agreements with the Ministry for Children and Family Development.
- The Ministry of Children and Family Development will be responsible for ensuring policy and procedures are in place to maintain liaison and coordination with the educational program.
- The Ministry of Children and Family Development will be responsible for the solicitation, screening and training of volunteers, who may be made available to the education program at the discretion of the board of education.

Ministry of Education

- The Ministry of Education will be responsible through local Boards of Education for the development and delivery of educational programs, in accordance with the School Act, related Regulations and Ministerial Orders. Costs of instructional personnel, educational equipment and materials, professional development of teaching staff, and staff and student travel necessary to carry out the instructional program will be the responsibility of the Ministry of Education.
- The Ministry of Education will provide funding to the Ministry of Children and Family Development for summer programs, consistent with the Memorandum of Understanding between the Ministry of Education and the Ministry of Children and Family Development dated May 10, 2004.
- The Ministry of Education, through local Boards of Education, will assure that a high standard of educational assessment is carried out upon entry to youth custody services centres, the Maples Adolescent Treatment Centre and court-ordered residential attendance programs, and that counseling and educational planning based on that assessment takes place for the duration of the placement.
- The Ministry of Education, through local Boards of Education, will assure that an evaluation of the effectiveness of the educational programs is carried out on a regular basis to ensure programs continually examine, improve and report on their growth and achievement in relation to the Goals of Education, the Principles of Learning, the Attributes of the Public School System and select features of quality schools agreed upon by educational partners.
- The local board of education will register promptly all students legally required, otherwise compelled, or interested in attending school while in youth custody services centres, the Maples Adolescent Treatment Centre and court-ordered residential attendance programs.
- The local board of education will be responsible for administration and will arrange for the assignment, supervision and evaluation of its employees as required by the School Act.
- The local board of education will be responsible for liaison and coordination with schools from which the youth originated or to which the youth may be released.
- The instructional program shall operate in accordance with the School Calendar Regulation that regulates the minimum number of hours and days of instruction in educational programs that a board of education must offer to students each year.

- Levels of instructional services will be determined by the ratio of one teacher for every eight (8) beds, including beds for remanded youths. The ratio will be calculated according to the Ministry of Children and Family Development rated operational resource capacity of the youth custody services centre and each court-ordered attendance program.
- Levels of instructional services for the Maples Adolescent Treatment Center will be based on previously established staffing levels and the estimated total annual enrolment in the educational program in the preceding school year
- The school district administrator or the school district superintendent (or designate) responsible, will afford the director of the youth custody services centre or manager of the Maples Adolescent Treatment Centre or manager of the court-ordered attendance program an opportunity to review and comment on the budget submissions for the program
- In the preparation of any budget submissions for the school program, the director of the youth custody services centre or manager of the Maples Adolescent Treatment Centre or manager of the court-ordered attendance program will be afforded an opportunity to review the budget proposals and to comment, orally or in writing, to the school district administrator and/or the school district superintendent responsible for the school program.
- A comprehensive, individualized educational assessment will be carried out and an Individualized Educational Plan, where required, will be developed within ten (10) school days of each youth's entry to the educational program.

V. Dispute Resolution:

Disagreements among protocol partners or service providers, should any occur, will whenever possible be addressed early and informally to preserve respectful working relationships and ensure that services are provided in keeping with the goals of this protocol.

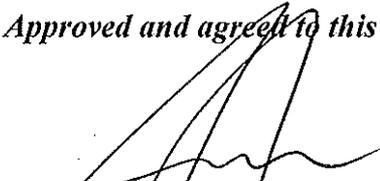
At the regional level, the parties to this protocol should have a process in place to guide resolving conflicts that may occur when providing services for children and families in an integrated manner as articulated in this protocol. The conflict resolution process will adhere to the principle of *Commitment to Collaboration* described in section 6 (p.3) and to the principles of administrative fairness⁷ including:

- those affected by a decision should be involved in the making of that decision;
- those affected by a decision should be informed and consulted in a meaningful way and have their point of view listened to and considered; and
- decisions should be made within a timely, fair, and consistent process and be based on relevant facts and without bias.

The regional conflict resolution processes will clearly identify:

- the roles and positions of individuals within each organization who have responsibility for resolving conflicts;
- the steps and stages of the process from informal to formal;
- the timeframes for completing the process; and
- what parties should do if they cannot reach a resolution.

Approved and agreed to this _____ day of _____, 20____.



James Gorman, Deputy Minister of Education and Early Learning and Literacy



Mark Sieben, Chief Operating Officer, Ministry of Children and Family Development

⁷ These principles are included in the British Columbia Ombudsperson fairness checklist. A template for dispute resolution is available on the Ministry of Education website – <http://www.bced.gov.bc.ca/specialed/>