

SOCIAL, INFORMATION AND HEALTH COMPONENT
APPENDIX 4 – WORKLOAD REPORT

Employee name: _____ **Job Title: Protective Family Service Social Worker**

Work Location: _____

Supervisor: _____ **Excluded Manager:** _____

STAGE 1 – Verbal discussion with supervisor – 14 days to respond.

STAGE 2 – Problem description:

Unable to meet MCFD policy/standards/expectations in the following areas:

Conducting Prior Contact Checks and File Reviews, receiving child welfare reports, completing Memos, assessing child welfare reports, completing the Screening Assessment Tool, consulting with Team Leader, making reports to the RCMP, coordinating investigations with the RCMP, completing the Safety Assessment, interviewing parents and children, developing and documenting Safety Plans and Family Plans, initiating, arranging and attending Family Case Planning Meetings, Family Group Conferences and Integrated Case Management meetings, assessing Out of Care Options, conducting home studies, criminal record checks, Prior Contact Checks, initiating, monitoring and renewing contracts for resources for Out of Care Option Care providers, opening CS and FS Cases on the ICM Computer system, applying for child's Medical Services Plan, cultural planning, determining cultural heritage, Family Decision Making Referrals, consulting with the Aboriginal Band, applying for children to be registered with their Aboriginal Community, contacting other Ministries and collaterals, completing referral document for foster parents, arranging for foster home, contacting child's school and other professionals involved with the child, arranging for family members to have access visits, ongoing home visits to children in foster care, having ongoing contact and giving direction to foster parents and care providers, assisting youth with criminal court, attending medical appointments and assessments with CICs, arranging integrated case management meetings for ongoing planning, completing and updating Careplans, completing Vulnerability Assessments, Vulnerability Reassessments, Strength and Needs Assessment, Reunification Assessments, completing Incidents on the ICM Computer System, Reportable Circumstances Reports, ensuring that the ICM Computer system is kept up to date, Opening Recordings, Review Recordings, Transfer Recordings and Closing Recordings, attending court, completing court documentation, arranging for service and serving all parties for multiple court hearing dates, preparing the Director's case for court hearings and writing Affidavits, reviewing testimony, meeting with Director's counsel and assisting with preparing witnesses, Special Needs Agreements and Voluntary Care Agreements, attending day long Mediations, completing referral documents for services for families, receiving assessing and monitoring reports from service providers regarding families and children, assessing progress towards service goals, returning phone calls in a timely manner, keeping Case Notes up to date, receiving Memos and Incidents from Centralized Screening, applying to committee to reassess reports from Centralized Screening, participating in mandatory webinars on policy changes, practice updates, legislation changes, completing Occupational Health and Safety Risk Assessment checklist.

Approximate time spent weekly keeping Time and Leave Management System up to date: _____.

Approximate amount of UNPAID time that signatories are performing on a weekly basis: _____.

What factors contribute to the problem?

- Workload Size
- Unavailability of Supervisor
- Inadequate equipment
- Malfunctioning Equipment
- Absence of Staff (Specify): _____
- Additional Functions assigned to the Employees (Specify)

- Training required
- Other: _____

Employee's Signature: _____ Date: _____

Supervisor's and Excluded Manager's Written direction – 14 days to respond.

A copy of the documentation will be forwarded to the employee(s), the next level of excluded manager and to the Local Union Chair through the appropriate union area office.

STAGE 3 – Referred to the Article 29 Committee.

Employee's signature: _____ Date: _____

Article 29 Committee response and recommendation – 30 days to respond.

Article 29 Committee Co-Chair's signatures: _____ Date: _____

Union: _____ Employer: _____

Copies of the response and recommendation to be sent to the Deputy Minister and the employee(s).