Ministry of Children and Family Development

Case Review
Policy & Procedures

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CONTENTS

Introduction 2

Case Review Guiding Principles 3

Case Review Objectives 4

Overview of Case Review Procedures 5

Details of Case Review Procedures 5

1. **Review of Critical Injury and Fatality Reports** 5
2. **Determining Whether to Conduct a Case Examination** 6
3. **Completing a Case Examination** 6
4. **Conducting a Case Review** 8
5. **Organizational Development Plans** 15
6. **Final Report and Distribution** 16
7. **Executive Summary Posted on Ministry Internet Site** 16

Glossary of Acronyms/Definitions 17

APPENDIXES 18

A. **Case Review Process Flowchart** 18
B. **Legislation and Policy Related to Critical Injuries and Deaths** 19
C. **Case Review Timeline Summary Table** 21
D. **Role of Coroners Service of BC** 22
E. **Role of Representative for Children nd Youth** 23
F. **Case Examination and Review Decision Document** 24
G. **Protocol Agreement Between British Columbia Government Services Employees Union and the Directors of *Child Family & Community Services Act* Regarding the Conduct of Case Reviews** 26

INTRODUCTION

The case review process is a central component of the Ministry of Children and Family Development's (the ministry) quality assurance (QA) system. The objective of the case review process is to improve the delivery of services and outcomes for children, youth and families. The primary purpose of case reviews is to inform continuous improvement to policy and practice, achieve widespread, sustained service improvements across all program areas, and provide organizational learning. A secondary purpose is public accountability.

This document replaces the previous case review procedures from June 2003. In 2008, the *Integrated Case Review Framework* working document provided guidelines for conducting integrated file and integrated comprehensive reviews. Those guidelines have been incorporated into this document.

Case reviews are conducted to examine and learn from the facts of a case, to determine whether the ministry adequately met its mandate under the relevant legislation, standards and policies for various program areas, and to identify areas of strength and improvement. Case reviews also provide an understanding of the underlying practice and organizational factors which may impact service delivery.

In cases involving Aboriginal children and youth served by delegated Aboriginal agencies, the designated Director for Delegated Aboriginal Agencies (DDAA) retains the responsibility for quality assurance activities.

These policy and procedures incorporate the identification of underlying systems issues in the case review process and highlight the ministry's continuous quality improvement focus, including:

- Identifying and analyzing the cause and nature of practice issues;
- Supporting and promoting effective practice and service delivery; and,
- Supporting continuous organizational learning.

The regional directors responsible for QA, regional Assistant Deputy Ministers (ADM) and the Provincial Directors of Child Welfare and Youth Justice play key roles throughout the case review process.

The regional directors responsible for QA have responsibility for the day-to-day functions of quality assurance in the regions. The regional directors for QA:

- Consult and work with appropriate Provincial and Regional Directors on their decision to conduct case examinations and case reviews, and/or with decision making regarding all facets of case review;
- Provide information and progress updates on each case review to the appropriate regional Assistant Deputy Minister (ADM), Provincial Director of Child Welfare (PDCW) and/or the Provincial Director of Youth Justice (PDYJ);

- Inform the appropriate provincial director(s) of completion of case reviews and submit the completed draft case review to the appropriate regional ADM, PDCW and/or PDYJ prior to completing the Organizational Development Plan (ODP);
- Consult with the appropriate regional ADM and provincial director(s) on the draft report and ODP; and,
- Provide the appropriate regional ADM and provincial director(s) a copy of the final case review.

The PDCW and PDYJ are ultimately accountable for case reviews related to their program areas. As well, the PDCW or PDYJ can conduct a case review or, when they determine appropriate, assume the lead in conducting a case review at any point in the case review process.

In addition to the above noted responsibilities, the PDYJ is responsible for quality assurance, including case reviews, in the Maples Adolescent Treatment Centre (Maples), youth custody, and youth forensic psychiatric services.

The regional ADM, the PDCW and/or the PDYJ review all reportable circumstance reports related to their program areas.

The regional ADMs are responsible for quality assurance in their respective regions. Within this role, the regional ADMs are accountable for case reviews in their regions. Additionally, the regional ADMs:

- Ensure that the quality of case reviews meet the prescribed standards;
- Ensure the completion of case reviews are within the established timelines for each type of case review; and,
- Ensure regional QA processes are efficient and effective.

CASE REVIEW GUIDING PRINCIPLES

Case reviews are guided by the following principles:

Developmental Strengths-Based: Quality Assurance practice recognizes and builds on individual, team and organizational strengths, while acknowledging challenges, and provides support to encourage development that will facilitate improved practice and the achievement of desired outcomes.

Outcomes-based: Quality Assurance practice is outcomes-based, allowing for measurement of success in achieving positive outcomes for children, youth and families.

Transparent: Quality Assurance practice is conducted transparently, while respecting confidentiality.

Respectful: Quality Assurance practice is unbiased and respects the diversity of participants, including the children, youth, families, and communities served by the ministry.

Inclusive: Quality Assurance practice is based on the participation of and the relationships between staff, stakeholders, and service recipients.

Ecological Approach: Quality Assurance practice is contextual and holistic, taking into account the environment and the experiences of staff, stakeholders, and service recipients.

Case reviews also:

- Embrace the principles of fairness, timeliness, openness, and accountability;
- Respect individuals included in the case review process, and are guided by the best interests of the child or youth;
- Ensure information gathered through the case review process is relevant and factual;
- Ensure organizational accountability; and,
- Ensure confidentiality throughout the case review process.

It is important to note that a case review is not a performance management tool. If performance issues become apparent during the conduct of the case review, the case reviewer will refer any personnel matters to the appropriate director responsible for QA, who will notify the relevant manager.

CASE REVIEW OBJECTIVES

The objectives of case reviews are:

- To improve service delivery and outcomes for children, youth and families;
- To examine and assess case practice in relation to the fulfillment of delegated powers, duties and functions under legislation and policy, with particular attention to practice standards; and,
- To identify barriers to providing an adequate level of service.

These policy and procedures support an approach to case review that focuses on organizational learning and systemic improvement, and does not attribute blame to individual practitioners. Due to the risk of over-simplifying and viewing information in hindsight, it is recommended that the practitioner's perspective regarding challenges and barriers in delivering quality service are included in the review process. This is an essential step for the organization to not only understand what happened, but why it happened.

The intent of the case review process is to learn from what went wrong and what went right in both practice and underlying systems. While in some cases there is a clear link between practice and outcomes, one cannot overestimate the importance of looking beneath individual actions and decisions to examine the context in which practice occurs and how systemic issues affect outcomes. This type of organizational learning enhances service delivery. Improvements are identified and embedded in the organization's immediate and short term planning and in policy development to sustain effective, long term improvements. This approach will assist in enhancing practice delivery and make it easier to do well and harder to do poorly.

OVERVIEW OF CASE REVIEW PROCEDURES

Case reviews are usually precipitated by a reportable circumstance. All reportable circumstance reports from youth justice, child and youth mental health, child and youth with special needs, child protection, guardianship services, and adoptions are examined by a director responsible for QA.

The decision to conduct a case review is usually made by the director responsible for QA, in consultation with the appropriate provincial director. If the case is the responsibility of a delegated Aboriginal agency, the DDAA makes the decision in consultation with the PDCW. The case review process is comprised of the following main steps (See Appendix A: *Case Review Process Flowchart* for further detail of the process):

1. Reviewing Critical Injury and Fatality Reports
2. Determining whether to conduct a Case Examination
3. Completing a Case Examination
4. Conducting a Case Review
5. Completing an Organizational Development Plan
6. Developing and distributing a Final Report
7. Posting the Executive Summary on the ministry Internet Site

DETAILS OF CASE REVIEW PROCEDURES

1. REVIEW OF CRITICAL INJURY AND FATALITY REPORTS

The director responsible for QA, the regional ADM and the responsible provincial directors are informed of incidents within 24 hours of the ministry becoming aware of the incident using the appropriate initial reportable circumstance template or critical incident report, depending on the program area (child and family services, child and youth mental health, youth justice, children and youth with special needs, adoptions). There is a requirement across ministry program areas for fatalities and critical injuries of children in care and children known to the ministry[1] to be reviewed to determine whether more in-depth analyses of the circumstances are required. The PDCW and/or PDYJ review all critical injury and fatality reports for their respective program areas. This is the initial step in the case review process.

In each region, the primary responsibility for the review and analysis of reportable circumstances rests with the director responsible for QA, with support and consultation from the regional ADM, the PDCW, the PDYJ, and/or Provincial Director of Adoption (PDA), when appropriate. In the case of reportable circumstances from Delegated Aboriginal Agencies support and consultation occurs with the Director for Delegated Aboriginal Agencies (DDAA).

Each program area has policy and/or legislative requirements for reportable circumstances and/or critical incidents. When reviewing a reportable circumstance or critical incident report for

[1] "Known to the ministry" means that the family is or was receiving services in the previous 12 months. There is discretion to review circumstances where a family was receiving services beyond the 12 month time frame.

deaths or critical injuries, the director responsible for QA and the relevant provincial director(s) follow the policy and legislative requirements of each involved program area. Legislation and relevant policies regarding reportable circumstances and critical incidents for all program areas are documented in Appendix B.

2. DETERMINING WHETHER TO CONDUCT A CASE EXAMINATION

After the director responsible for QA and the relevant regional and provincial director(s) are notified of a reportable circumstance, the circumstances are reviewed and a decision is made whether or not to conduct a case examination. The director responsible for QA may consult with the relevant provincial director as determined necessary when deciding whether to complete a case examination. This decision is documented.

In cases led by the PDCW/PDYJ, the director responsible for QA and the regional ADM are consulted prior to the decision to complete a Case Examination.

A Case Examination must be completed in all of the following circumstances:

- Sudden unexplained deaths in infancy (also known as SUDI);
- Completed suicides where there has been active ongoing CYMH involvement;
- Deaths or critical injuries where the alleged offender is a parent, caregiver, out of care provider, respite provider, or prospective adoptive parent;
- A child or youth known to the ministry is charged with homicide;
- A child or youth directly or indirectly causes the death of another person; and,
- The policy or practice relating to the service received may have significantly contributed to the critical injury or death of the child.

Regional and provincial directors have discretion to conduct case examinations regarding other serious incidents which do not fall within the above parameters.

3. COMPLETING A CASE EXAMINATION

The intent of the case examination is to gather and analyze sufficient information to determine whether a case review is required.

Case examinations provide a brief review of the case based on the reportable circumstance, electronic information and, when appropriate, a review of files.

The essential elements of a Case Examination are:

- Name of child/youth, date of birth, gender, date of incident, Aboriginal status, legal status, and community;
- Family information;
- Reportable or critical incident details;
- Genogram, if available;
- Family, police, media response;
- Delegated Aboriginal Agency and level of delegation, if applicable;

- Program involvement;
- Practice strengths and concerns; and,
- For Youth Justice cases, a history of offences, court orders, and compliance with/enforcement of court orders.

If there is a decision to conduct a case examination, a reference group will be formed by the director managing the review (DMR). The DMR has the authority to determine composition of the reference group. Composition of the reference group may include any and all regional staff appropriate for the discussion such as:

- The director responsible for QA;
- The regional Executive Director of Service;
- The regional Director of Practice;
- The regional designated Director of Youth Justice, if applicable;
- The regional Director of Aboriginal Service Change, if applicable;
- Relevant program area managers and/or practice analysts and/or consultants;
- The manager responsible for the case;
- The Executive Director of the DAA or delegate if the circumstance involves services delivered by a Delegated Aboriginal Agency; and,
- Any others at the discretion of the director responsible for QA.

The purpose of the reference group is to ensure that the DMR has all available information and to provide expertise, advice and feedback from across all program areas involved with the case.

Documenting the Case Examination:

The *Case Examination and Review Decision* (CERD) document is completed after every case examination. Case examinations are usually between three and six pages in length. The document includes the decision regarding whether or not to conduct a case review, the rationale for the decision, and the type of case review to be conducted.

The essential steps in making a decision on whether to conduct a case review are:

A. Reviewing and distributing the *Case Examination and Review Decision* document to relevant parties;
B. Examining the criteria for conducting reviews and other considerations with the reference group;
C. Determining if a case review will be conducted or not and, if so, what type;
D. Recording on the *Case Examination and Review Decision* document the decision of whether to conduct a review and if so, the type of review; and,
E. Documenting the case examination decision and rationale in the Integrated Practice Analysis Tracking (IPAT) tool.

The DMR provides a copy of the completed *Case Examination and Review Decision* document for all case examinations to:

- The relevant regional ADM;
- The PDCW; and,

- Other provincial directors when appropriate.

Timeline for completing a case examination and review decision

A case examination and the decision to conduct a case review will be completed within thirty working days of the date of notification of the incident or death [see Appendix C: Case Review Timeline Summary Table].

4. CONDUCTING A CASE REVIEW

When determining whether to conduct a case review, the DMR considers the following:

- The nature of death or severity of injury according to the police, coroner or medical doctor;
- The extent of current and past ministry services to the child and family;
- The director's legal responsibility for the child/youth;
- The age and level of vulnerability of the child;
- The level of involvement of ministry staff, foster parents, other care providers, and/or contracted service providers in the case;
- Whether the incident occurred in a foster home, group home, prospective adoptive home, or facility of a contracted service provider;
- Evident practice issues that likely impacted the outcome; and,
- The level of public accountability required.

In addition to the above case specific factors, the following systemic factors are considered:

- Whether apparent learning will be attained most effectively through the case review process;
- Contextual issues at the community, regional and/or provincial level that may have affected the outcome; and,
- Evidence of barriers to meeting policy/standards.

Scope and Methodology:

There are two types of case reviews with differing methodologies and scope: file review and comprehensive review. The guiding principles and objectives of case review apply to both types. The decision on whether to conduct a file review or a comprehensive review is made based on the nature of ministry involvement and how questions/issues related to past involvement can best be examined. If more than one ministry program was involved in delivering services to the child and/or family, a review of those services is integrated into the case review if it is relevant to the terms of reference. The services could include child welfare, youth justice, child and youth mental health, and/or children and youth with special needs.

The DMR usually assigns responsibility for conducting the case review to the practice analyst/reviewer (hence forth referred to as *case reviewer*). There may be occasions when an

external contractor is hired to conduct a case review. The DMR ensures that the case reviewer has appropriate supervision/support throughout the case review process. Additionally, a subject matter expert may be engaged to assist with a case.

All file and comprehensive reviews will include the following:

- Background and chronology;
- Purpose of the case review;
- Ministry service streams to be examined;
- Ministry context at the time of the incident;
- Conclusions; and,
- ODP.

FILE REVIEW: an examination of the relevant case files and electronic records. A background of the family's involvement with the ministry or other service providers, a chronology of events, and analysis/discussion of those events are developed and included in the written report. There are no findings articulated in the report; however, an ODP may be developed. If further information is needed for a more in-depth understanding of the case, the file review can be elevated to a comprehensive review.

The timeline for a file review will not exceed 3 months from the decision to conduct the case review to completion and final sign off of the report.
[See Appendix C: Case Review Timeline Summary Table]

COMPREHENSIVE REVIEW: an examination of relevant case files and electronic records, the development of terms of reference, and conduct of staff and other stakeholder interviews. Family, Aboriginal community, and particular cultural community members may be interviewed to address areas outlined in the terms of reference for the review. A background of the family's involvement with the ministry and/or other service providers, a chronology of events, and an analysis/discussion are developed. Findings are articulated and included in a written report; an ODP may be developed.

The timeline for a comprehensive review will not exceed 8 months from the decision to conduct the case review to completion and final sign off of the report.

In cases where both the ministry and a delegated Aboriginal agency served the family, the review uses the same case review policies and procedures as outlined above and as appropriate. The appropriate ministry director and the DDAA will determine roles and responsibilities for the review, including who will lead the review.

All case reviews use a standard format, template and methodology. This includes a description of the methodology, demographic information on the child, and the circumstances regarding the death or critical injury.

During the case review process, if the case reviewer identifies relevant issues not included in the terms of reference, these issues will be brought to the attention of the DMR, who decides if these issues will be explored.

Conducting Case Reviews when legal proceedings are before the courts:

A Comprehensive Review may involve staff interviews which cannot be conducted while criminal proceedings are underway. In civil matters, consultation with Legal Services Branch should occur to determine whether or not to proceed. File Reviews can be completed while there are criminal proceedings underway. A File Review report can be shared with defence counsel if so requested during disclosure and/or examination for discovery.

There are distinct activities during conduct of a case review that include:

- Notification;
- Staff preparation;
- Information gathering and fact verification; and,
- Developing a report.

Notification:

When a case review is initiated, the reason for the review is clearly communicated by the DMR to all staff involved for the time period under review. Regardless of the type of case review to be conducted, all involved staff members are provided written information about the entire case review process and with opportunities to ask questions.

The notification letter includes the type and purpose of the case review; who will conduct the case review; the objectives of the case review; and, a summary of the process.

A copy of the notification letter is provided to:

- The Executive Director of Service;
- The Manager responsible for the case (designated manager); and,
- The DDAA in Provincial Office and the Executive Director of the DAA when a DAA is involved.

FOR COMPREHENSIVE CASE REVIEWS:

Terms of Reference:

If a comprehensive review is to be conducted, terms of reference are developed by the DMR. The terms of reference describe the scope, focus, and issues to be examined by the case reviewer. The DMR will consult with the PDCW and/or PDYJ and may consult with other quality assurance staff to ensure the terms of reference are appropriate, relevant, and comprehensive.

If the director responsible for QA, the PDCW, or the PDYJ initiates a case review and the subject child/youth is Aboriginal, the DDAA and/or the regional Director of Aboriginal Service Change (DASC) will be consulted on the terms of reference. If the adoption program area is involved, the PDA is consulted on the terms of reference. In a joint review involving a Delegated Aboriginal Agency, the terms of reference will be developed with the DDAA.

The terms of reference provide concise, clear guidelines on the essential questions to be examined in the case review. The terms of reference should be broad enough to allow for a full understanding of what happened, including the context within which services were provided, but focussed on the period of time and services directly related to the outcome.
Unless there are exceptional circumstances, the number of terms of reference should be limited to three, and address the following:

- Scope, including timelines, of both the case review and the period to be reviewed;
- The services to be reviewed (e.g. child protection, youth justice, etc); and,
- The key questions to be addressed in the review.

After the development of the terms of reference, the director responsible for QA provides a copy of them to the regional ADM, the PDCW, and other relevant provincial director(s).

Notification:

In the case of a comprehensive review, the Terms of Reference are included in the notification letter. A copy of the letter is also provided to the *British Columbia Government Service Employees Union (BCGEU)* Chairperson and/or designate.

A notification meeting is only held with involved staff when a comprehensive review is conducted.

The *June 2003 Protocol Between the British Columbia Government Service Employees Union (BCGEU) and the Directors in the Province of British Columbia* (see Appendix G) must be followed when the case involves members of the BCGEU. The protocol does not apply to staff who are not members of the BCGEU. Further, while ministry staff who are members of other unions may be involved in case reviews, there are no protocols with other unions. The DMR is responsible for complying with personnel policy and respecting staff rights under the collective agreement throughout the case review.

The DMR notifies the local BCGEU Chairperson and/or designate that a comprehensive review has been initiated. An information package is provided to the BCGEU Chairperson and/or designate and to involved staff members. Ministry staff and, where applicable, agency staff, are advised of their rights under their respective BCGEU/collective agreement (Section 10.8), given an overview of the case review process, and told the name of the designated manager.
The DMR or designate convenes a notification meeting either face-to-face or by teleconference with the BCGEU representative and the ministry and/or agency staff who will be involved and/or required to participate in the case review. Staff members are able to ask questions both at this time and throughout the case review process.

Notification of ministry/agency staff can be done as a group or individually if the DMR finds it necessary.

Ministry/agency staff is advised of a contact person for the case review in the DMR's Office. The DMR is responsible for the notification of family and community members who may be interviewed for the case review. The case reviewer provides the designated manager or DAA Executive Director with a list of staff to be interviewed and specifies available times for required interviews.

Staff Preparation:

In preparation for a case review, staff members involved in the review are responsible for ensuring that all file material is placed on the physical case file(s) for which they are or were responsible.

FOR COMPREHENSIVE CASE REVIEWS:

Staff members involved in a comprehensive review are given sufficient time to prepare for their interviews. Files for which the practitioner had responsibility are made available prior to and during the interview. For example, a social worker who conducted child protection investigations into a family's situation would be able to review those intakes in preparation for the interview. The designated manager facilitates this preparation in collaboration with the team leader(s) and/or practitioner(s) who were involved in the case.

The case reviewer provides five days notice of the interview to staff. Staff have adequate time and information to prepare for their involvement with the case review process and are actively involved in the preparation. This includes having approved time away from regular duties to review files and prepare for the interview.

Information Gathering and Fact Verification:

Information is gathered from all sources in a comprehensive, balanced and respectful manner when conducting a case review. The information gathering process begins with an examination of all written material related to the case.

The DMR's office requests the files under review be sent to them so the case reviewer can begin the examination of the files for the case review. The DMR's office or the regional office photocopies the files. This is negotiated with the designated manager. In cases involving a DAA, the DDAA's office is responsible for photocopying the files. Once photocopying has been completed, the files are returned to the originating office as soon as possible. A factual and

concise chronology is developed through the examination of files and other related written documentation.

Where it appears that practice has resulted in a child being left at risk, the DMR and the designated manager are advised immediately by the case reviewer. The case reviewer follows up in writing with this information to the respective DMR.

FOR COMPREHENSIVE CASE REVIEWS:

Comprehensive case reviews include formal interviews with staff, family members (if appropriate), and involved community members. When members of the BCGEU are interviewed, the *June 2003 Protocol Between the British Columbia Government Service Employees Union (BCGEU) and the Directors in the Province of British Columbia* is followed. BCGEU members are informed of their right under the collective agreement to have a designated representative of the BCGEU present at all interviews. BCGEU members are responsible for informing the DMR of their request to have a BCGEU representative present at the interview with as much notice as possible and prior to the interview being scheduled. When the presence of a BCGEU representative is requested, it is a joint responsibility between the BCGEU member and the DMR to ensure the interview schedule allows for a BCGEU representative to attend.

The case review process respects confidentiality and individuals who are interviewed are not to be identified by name in the case review report. The focus of information gathering is relevant to the issues/concerns identified in the terms of reference.

Facts obtained through the interviews are summarized and provided to the respective interviewee for fact verification. The interviewee is given an opportunity to review and respond to the fact summary within twenty working days of receiving the summary. If more time is needed, this is negotiated with the case reviewer and mutually agreed upon. Responses to the fact summary are considered in the case review. Differences of opinion are noted. When no response is received within the specified time period, this is considered verification of the facts. When a staff/community member chooses to not participate in the case review, this and the reasons provided are noted.

The release of the case review is governed by the *Freedom of Information and Protection of Privacy Act* (*FOIPPA).* In addition, there is legislation such as the *CFCSA* and the *Youth Criminal Justice Act* that govern the disclosure of information. A case review may contain personal information about a child or youth, the child or youth's family, and information regarding the practice of a number of ministry practitioners and other professionals. The disclosure provisions generally only entitle a person to have access to records concerning him or herself. Therefore, at the time of fact verification, an employee reviews only references pertaining to their own practice.

Developing a Report:

The case reviewer analyzes the information gathered during the case review. The information gathered primarily consists of a chronology of events, significant incidents, and contextual information. The information gathered is analyzed in relation to relevant legislation, policy, standards, and desired service outcomes. The case reviewer describes organizational and contextual factors that impacted practice. The report identifies strengths in practice, areas requiring improvement, and opportunities for learning.

FOR COMPREHENSIVE CASE REVIEWS:

From the analysis conducted in a Comprehensive Review, the case reviewer produces clearly stated findings that are relative to the terms of reference. These findings measure case practice against policy, standards, best practice, and sound clinical judgement. Findings may be positive as well as critical.

The DMR does **not** change or alter the findings of the case review, but reviews; the findings to ensure they are substantiated by the chronology or fact verification. Once the draft report is completed, it is then sent to the PDCW and/or PDYJ for support and consultation to ensure a high quality review before proceeding to ODP development.

During the case review process, the case reviewer provides regular updates to the DMR and designated manager on the progress of the case review. The DMR provides regular updates to the regional ADM and, when a director responsible for QA is managing a case review, regular updates to the relevant provincial director(s). If there are unforeseen delays in the completion of a case review, the director responsible for QA notifies the PDCW and/or the PDYJ and the regional ADM.

The case reviewer elicits feedback on the draft report from the involved staff before it goes to the DMR for review and feedback. The report acknowledges strengths in practice, identifies areas that may be improved upon, and recognizes opportunities for learning. The DMR may suggest edits to the chronology of the event section. The appropriate provincial director(s) is sent the draft report for their input prior to developing the ODP.

5. ORGANIZATIONAL DEVELOPMENT PLANS

Following the finalization of the report, the DMR schedules an ODP meeting. Developing an ODP is the final step in completing a case review. The ODP is developed to address any concerns identified in the case review. It is developed collaboratively and supports practice and organizational improvements.

The DMR coordinates the participation of key individuals which may include members of the regional management group including the regional ADM, the involved staff, and the case reviewer. The group develops not more than four goals relevant to the findings.

In cases involving a DAA, the DDAA includes the Executive Director of the DAA. In cases involving the adoption program area, the PDA is included.

ODPs may address the following areas:

a. Practice
b. Policy
c. Administration
d. Training
e. Legislation
f. Service Quality Evaluation
g. Organizational Change

ODP development follows the SMART principles: specific, measurable, action oriented, realistic, and time limited. According to the SMART approach, each ODP:

- Relates specifically to an issue identified in the case review;
- Describes a realistically achievable action/product that can be verified when it is complete;
- Targets specific steps/strategies that are focused on improving practice;
- Is relevant to staff;
- Is realistically achievable; and,
- Identifies a time when the action is to be achieved.

Upon reviewing the report and the ODP, the PDCW and/or PDYJ, the director responsible for QA, and the ADM may add goals to the ODP. When this is the case, the director responsible for QA is notified of the additions in writing and, when applicable, is consulted on the action plan associated with the added goals. The individual with responsibility for implementing each action articulated in the ODP is clearly identified as part of the process.

Prior to finalizing a report for a review conducted by the PDCW or PDYJ, the regional ADM is informed of the report and its content. The regional ADM has an opportunity to provide feedback on the final report and the ODP. If there are any changes as a result of this feedback, the participants of the ODP meeting are notified in writing.

The regional ADMs are accountable for ensuring completion of the ODPs. The directors responsible for QA are responsible for:

- Monitoring the ODPS and informing the appropriate regional ADM of progress towards completion of the ODPs: and,
- Addressing any issues or barriers to completion of ODPs within specified timelines.

In the case of a delegated Aboriginal agency, implementation, entry in to IPAT, and monitoring of the ODPs is the responsibility of Aboriginal Programs and Service Support (APSS).

The regional director responsible for QA is responsible for the entry and monitoring of ODPs in IPAT.

6. FINAL REPORT AND DISTRIBUTION

The DMR is provided with the final copy of the case review report, including the ODP. Once the DMR approves the final version of the report, it is sent to the regional ADM. It is then considered final and cannot be altered. A letter advising of the completion of the case review, as well as a copy of the case review report, is sent electronically to the PDCW and/or PDYJ.

The DMR or their designate ensures that the approved case review report is shared and debriefed with involved staff immediately following the finalization of the case review report. Participants are provided with verbal and written feedback on their practice. Involved staff members are provided with their own copy of the final case review report, marked "*Do Not Share*", "*Do Not Distribute*", and "*Confidential*."

The PDCW sends a copy of all case review reports to the RCY and sends a copy of all fatality case review reports to the BC Coroners Service. The Public Guardian and Trustee (PGT) is sent a copy of all case review reports where the PGT is the Guardian of Estate.

Collaterals/professionals who have participated in the case review are provided with a letter advising that the case review and the ODP have been completed. The letter also advises on how the report may be obtained under the *Freedom of Information and Protection Privacy Act* from the Ministry of Labour, Citizen's Services and Open Government, Information Access Operations.

As appropriate, family members may be invited to meet with senior staff and/or the DMR's representative to discuss the case review report.

7. EXECUTIVE SUMMARY POSTED ON MINISTRY INTERNET SITE

The case reviewer writes the executive summary of the case review report for posting on the ministry's internet site. To support consistency across the regions, all executive summaries adhere to the provincial template and guidelines. Once completed, each executive summary is sent to the PDCW for review and to ensure consistency. Subsequent posting of the case review executive summaries is managed by the PDCW.

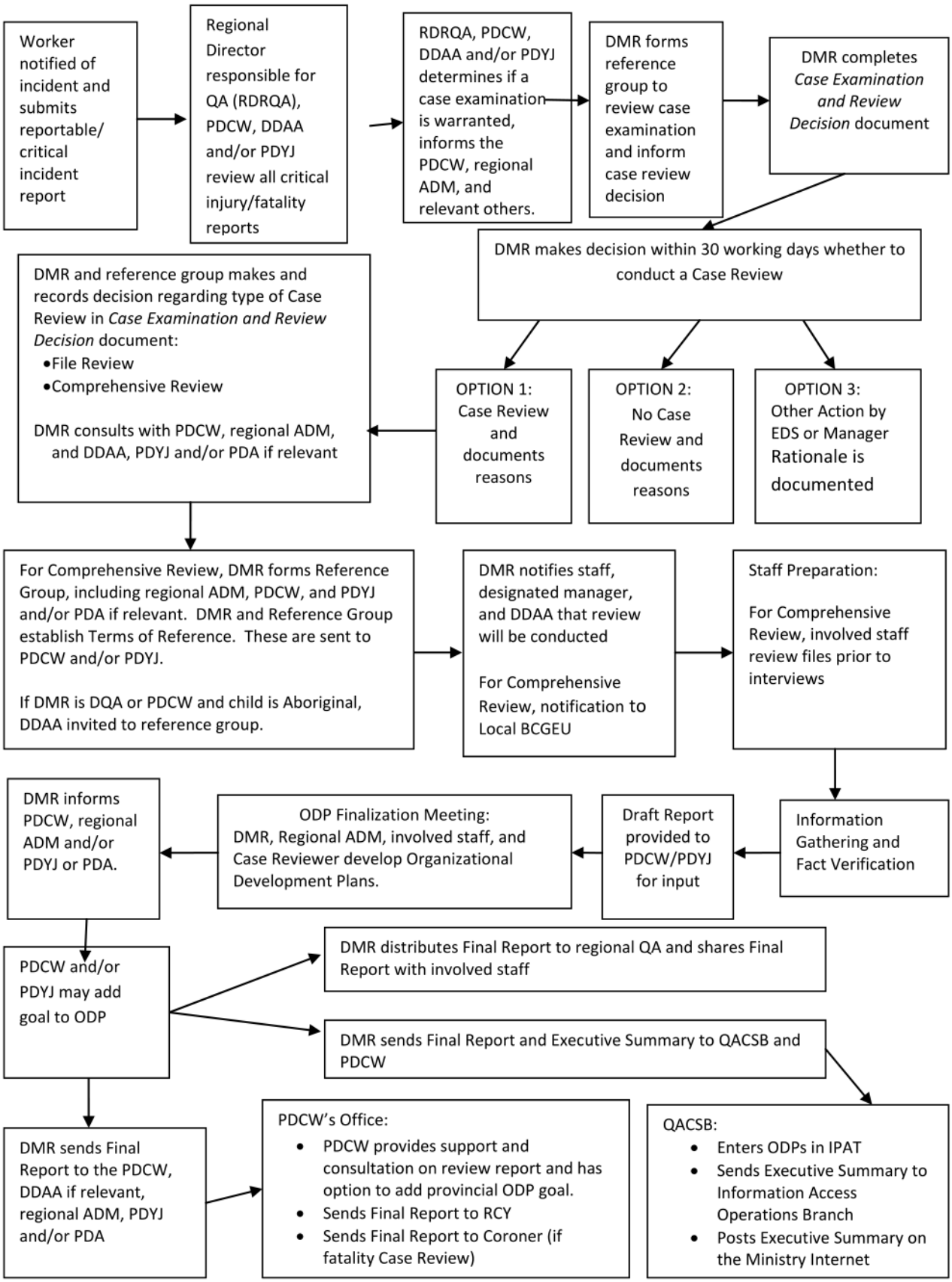
Glossary of Acronyms/Definitions

DMR	Director Managing the Review
ADM	Assistant Deputy Minister
APSS	Aboriginal Policy and Service Support
BCGEU	BC Government Service Employees Union
CFCSA	Child, Family and Community Service Act
CYMH	Child and Youth Mental Health
DAA	Delegated Aboriginal Agency
DDAA	Director for Delegated Aboriginal Agencies
DASC	Director of Aboriginal Service Change
DMR	Director Managing the Review
DQA	Director of Quality Assurance
FOIPPA	Freedom of Information and Protection of Privacy Act
IPAT	Integrated Practice Analysis Tracking
ODP	Organizational Development Plan
PDA	Provincial Director of Adoptions
PDCW	Provincial Director of Child Welfare
PDYJ	Provincial Director of Youth Justice
PGT	Public Guardian and Trustee
RCY	Representative for Children and Youth
SUDI	Sudden Unexplained Deaths in Infancy
YJ	Youth Justice

Consult*:* Obtaining the opinion of someone, typically a subject matter expert; with whom there is two-way communication

Organizational Development Plan: includes specific goals and strategies to address practice and/or organizational issues, further support positive practice and support identified organizational mechanisms.

APPENDIX A: Case Review Process Flowchart



APPENDIX B: Legislation and Policy Related to Critical Injuries and Deaths

***CFCSA* Section 93.2: Reviews relating to services**

(1) A director may conduct a review on any matter relating to the provision of a service under this Act for any of the following purposes:
  (a) to monitor a director's performance in the provision of the service;
  (b) to monitor the performance of any person or agency in the provision of the service;
  (c) to improve the provision of the service;
  (d) For public accountability.

(2) If a director conducts a review under subsection (1):
  (a) the director must prepare a written report of the review;
  (b) a director must finalize the report prepared under paragraph (a) of this subsection; and,
  (c) The review is not complete until the report is finalized under paragraph (b).

(3) Respecting reviews under subsection (1), a director may establish:
  (a) different types of reviews for different types of matters; and,
  (b) Different processes, time limits and types of reports for different types of reviews.

***CFCSA* Regulation Part 5.1 – Reviews Relating to Services: Criteria for when a director must consider conducting a review**

(1) In this section, **"critical injury"** means an injury to a child that may
  (a) result in the child's death, or
  (b) Cause serious or long-term impairment of the child's health.

(2) After a director becomes aware of the critical injury or death of a child, the director must consider conducting a review of that critical injury or death if
  (a) the child or the child's family was receiving a service under the Act at the time of, or in the year previous to, the critical injury or death of the child, and
  (b) In the opinion of the director, the service received, or a policy or practice relating to the service received, may have significantly contributed to the critical injury or death of the child.

Standard 25 of the *Child and Family Service Standards* states that a director designated under the *CFCSA* must be notified when there is a death or critical injury of a child who has received services within the past twelve months. The designated director undertakes an initial review to determine actions to be taken, including a more extensive review coordinated with other agencies, and when the child is Aboriginal, involving the Aboriginal community.

In October 2010, the directors responsible for QA were designated under Section 93.1 and 93.2 of the *CFCSA*. The PDCW also has designation under Section 93.1 and 93.2 of the *CFCSA.* Under this designation, the regional directors responsible for QA and the PDCW have responsibility for assessing critical injuries and deaths of children for all services under the *CFCSA to* determine

whether a case review should be conducted. The services under the *CFCSA* include children and youth with special needs, child welfare, youth services, and guardianship services.

Child and Youth Mental Health Policy states that a review of every reportable circumstance is conducted and that the review includes someone with mental health expertise. Reportable circumstances include, but are not limited to incidents where:

- A client completes suicide or homicide or a near fatal suicide attempt or homicide attempt. This guideline applies up to and including two years after the client's file is closed;
- An assault takes place on the premises where Child and Youth Mental Health (CYMH) services are provided or an active client commits a near fatal assault in the community;
- An assault of an active client takes place in the vicinity of the place where CYMH services are provided;
- A medication error occurs which results in harm;
- Serious harm results and the responsible Manager determines that a reportable circumstance has occurred.

The regional directors responsible for QA review all CYMH reportable circumstance reports. In accordance with CYMH policy, regional directors responsible for QA who do not have a clinical CYMH background seek the support of staff members who have a clinical background in CYMH practice when reviewing CYMH reportable circumstance reports. The director responsible for QA has responsibility for decision-making regarding the conduct of case reviews and for sign off of case reviews in the CYMH program.

Youth Justice Policy states that once a critical incident is identified, the circumstances surrounding the incident can be reviewed and, as appropriate, recommendations may be made in matters of practice or policy. Critical incidents include, but are not limited to:

- The death of a client;
- The death of another person directly linked to their involvement with a youth justice (YJ) client;
- A significant injury to a client or directly linked to a client likely to result in permanent disability, whether through self-harm or acts of others.

The director responsible for QA makes the decision regarding conducting and signing off of case reviews in the community youth justice program. The decision is made in consultation with the Regional Director, Provincial Youth Justice in their respective regions. In the case of a conflict of interest (if the Regional Director, Provincial Youth Justice had specific involvement in the case), the director responsible for QA consults with the PDYJ.

The director responsible for QA also works in collaboration with the PDYJ to determine whether the community youth justice case has had youth custody and/or Youth Forensic Psychiatric Services involvement. If so, a joint decision is made with the PDYJ on whether or not to conduct a case review. If a joint decision is made to conduct a case review, the case review is conducted collaboratively.

APPENDIX C: Case Review Timeline Summary Table

ACTIVITY/TYPE OF CASE REVIEW	TIMELINE
Review of Critical Injuries and Fatalities	Within 24 hours of learning of the incident or fatality
Completion of the Case Examination and Review Decision	Within 30 working days of notification of the incident or fatality
File Review	Within 3 months from the decision to conduct the case review to final sign off of the review report
Comprehensive Review	Within 8 months from the decision to conduct the case review to final sign off of the review report

APPENDIX D: Role of the BC Coroners Service

The **BC Coroners Service** is responsible for the investigation of all unnatural, sudden and unexpected, unexplained or unattended deaths. The Coroners Service makes recommendations to improve public safety and prevent deaths in similar circumstances. The **Child Death Review Unit** of the Coroners Service reviews the deaths of all children age 18 and under in BC. The intent of the reviews is to better understand how and why children die, and to use those findings to prevent other deaths and improve the health, safety and well-being of all children in BC. The coroner is responsible for ascertaining the facts surrounding a death and must determine the identity of the deceased and how, when, where and by what means the deceased died. **The death is then classified as natural, accidental, suicide, homicide or undetermined.**

APPENDIX E: Role of the Representative for Children and Youth

The **Representative for Children and Youth (RCY)** independently reviews and investigates deaths and critical injuries of children and youth receiving ministry services, with an emphasis on preventing children and youth from being harmed in any way. Incidents involving children and youth receiving services from ministry programs at the time of or in the year previous to the critical injury or death are automatically reported to the RCY. The RCY has investigators who review and investigate these critical injuries and deaths to improve services and outcomes for children and youth. When a child or youth receiving services from ministry programs dies or suffers a critical injury, particularly when abuse and neglect are factors, the RCY is responsible for working collaboratively with other public bodies and advocating for improvements to services for children, youth and their families. The RCY also has the power to release reports that are independent of government approval and that uniquely focus on the child welfare system.

The RCY has the discretion to determine the kind of review or investigation appropriate to the circumstances. The reviews and investigations can take a number of forms. The RCY can:

- Collect and review information on a number of injuries or deaths with similar characteristics to identify trends;
- Review all documents pertaining to a particular injury or death; or,
- Conduct a full-scale investigation of an individual death or injury, including interviews of witnesses.

Under some circumstances, the RCY has the power to compel other evidence when needed. The *RCY Act* does not authorize the RCY to investigate the critical injury or death of a child until the completion of the criminal investigation and court proceedings and, if a coroner investigates the death of a child, until the chief coroner either has no further directions with respect to the death or gives notice of an inquest. The *RCY Act* states that if a director responsible for the provision of a reviewable service has written procedures in place for investigating critical injuries or deaths and investigates a critical injury or death, that the RCY is not authorized to investigate until either the completion of the investigation or one year after the critical injury or death.

APPENDIX F: Case Examination and Review Decision Document

The intent of this document is to provide sufficient information to recommend whether or not a case review will be conducted. It is recommended that this document not exceed 2 – 3 pages except under very exceptional circumstances.

1. SUBJECT CHILD:

Name:	Gender:
Date of Birth: Click here to enter a date.	File No:
Date of Incident: Click here to enter a date.	Age at time of incident:
Aboriginal: Choose an item.	Legal Status: Choose an item.
Placement:	Community:

2. FAMILY:

Name	Birth Date	Relationship to Child
	Click here to enter a date.	
	Click here to enter a date.	
	Click here to enter a date.	
	Click here to enter a date.	
	Click here to enter a date.	

3. REPORTABLE CIRCUMSTANCES:

a) Date Reportable Circumstances submitted:

b) Reportable Issue (may include preliminary coroner findings):

4. FAMILY/POLICE/MEDIA/OTHER RESPONSE:

5. DELEGATED AGENCY:

a) Name:

b) Level of Delegation:

c) Agency Involvement:

6. PROGRAM INVOLVEMENT (identify type of team(s) involved):

a) Child and Family Services:

b) Child and Youth Mental Health:

c) Children and Youth with Special Needs:

d) Youth Justice:

6. PRACTICE STRENGTHS AND CONCERNS:

a) Strengths:

b) Concerns:

7. RECOMMENDATION:

a) Review to be completed: Choose an item.

b) If yes, type of review to be completed:

c) Rationale for Decision:

d) Delegated Aboriginal Agency to be involved:

e) Program areas to be involved:

f) Reviewer (if known):

_____

Name:
Practice Analyst/Case Reviewer
Date:

_____

Name:
Director of Quality Assurance
Date:

If relevant:

_____

Name:
Provincial Director of Child Welfare

APPENDIX G: Protocol Agreement Between British Columbia Government Services Employees Union and the Directors of *Child Family & Community Services Act* Regarding the Conduct of Case Reviews

Purpose

The purpose of this protocol is to facilitate timely and effective interaction between the Directors, delegated Ministry of Child and Family Development (ministry) staff and the British Columbia Government and Services Employee Union (BCGEU) during the conduct of Case Reviews for the Ministry of Children and Family Development.

Principles

The BCGEU and the ministry agree to the following guiding principles:

- We share the common interest of working towards a system that achieves the best possible outcomes for children and youth.
- We will respect each other's mandates and responsibilities.
- We will work collaboratively wherever possible to ensure that the BCGEU has the information it needs to do its work effectively, and to ensure that staff are treated fairly and respectfully.
- We will seek to ensure that our dealings are timely in all respects.
- We are committed to open communication at all levels of our organizations, and we will deal with any issues or concerns in a constructive manner.

Mandate of the Ministry of Children and Family Development

The Ministry of Children and Family Development works to ensure that some of the province's most vulnerable children and families have the best chance possible to succeed and thrive. The ministry's stated mission is to promote and develop the capacity of families and communities to:

- Care for and protect vulnerable children and youth
- Support adults and children with developmental disabilities

The ministry's role and mandate is to:

- Advance early childhood development through strategic investments
- Advance and support a community based system of family services that promotes innovation equity and accountability

- Advance the safety and well being of vulnerable children, youth and adults

The ministry provides services under the *Child, Family and Community Service Act*, the *Adoption* Act, the *Youth Justice Act,* and other relevant legislation and regulations. Standards, policies and guidelines guide the ministry's practice.

The core business area of the ministry relevant to this protocol is Child and Family Development. Services to children and families include child protection services, permanency planning including adoption services, child and youth mental health services, residential services and foster care, community youth justice services, parenting training and support, services to children with special needs, services to youth, and assessment and counselling services. The ministry has identified specific objectives related to each program area.

Mandate of the British Columbia Government and Service Employees Union

The role of the British Columbia Government and Service Employees Union is to provide effective representation to members at all levels of the public service in which members of the bargaining unit are employed. The role of the union during the conduct of Case Review is set out in article 10. 8 of the Master Agreement between the Government of the Province of British Columbia and the BC Government and Service Employees' Union.

Processes and Procedures

Processes and procedures relating to the conduct of Case Reviews are detailed in the attached policy document.

Dispute Resolution

When a concern/complaint occurs during a review or audit, the affected staff or BCGEU shop steward will bring the complaint forward to the practice analyst/reviewer. Should the concern remain, the director responsible for Case Reviews should be involved with the appropriate staff person and the shop steward from BCGEU to further resolve the complaint.

Confidentiality

The confidentiality provisions of *CFCSA* take precedence during the conduct of a Case Review. For staff, privacy provisions are governed by this act. Discussions regarding staff conduct that arise during the Case Review process should remain confidential to this process.

Annual Meeting

An annual meeting occurs between the director and the BCGEU to foster positive working relationships, review the protocol, and make any necessary changes of common interest, including matters related to this protocol.

Ongoing Review

This protocol is subject to ongoing review and revision as agreed upon.

Any comments or questions about this protocol should be addressed to the regional union representative for the BCGEU and by ministry staff to the regional authority Director.

Signed this 18 day of June, 2003.

Please Note

Beginning April 2, 2012, the *Child and Family Development Service Standards (2003)* are being incrementally replaced by the new ***Child and Youth Safety and Family Support Policies (CYSFS).***

What is new?

Effective April 2, 2012, **9 *Child Protection Response Policies (2012)* -** Chapter 3 of what will be the new ***Child and Youth Safety and Family Support Policies (CYSFS)*** - **replaced the following *Child and Family Service Standards*** (2003):

- CFS Standard 4: Cooperative Planning and Dispute Resolution Processes
- CFS Standard 11: When a Child Is at Immediate Risk of Harm
- CFS Standard 12: Assessing a Child Protection Report and Determining the Most Appropriate Response
- CFS Standard 13: Informing the Police
- CFS Standard 14: Family Development Response
- CFS Standard 16: Conducting a Child Protection Investigation
- CFS Standard 17: Concluding a Child Protection Investigation
- CFS Standard 18: Developing and Implementing a Plan to Keep a Child Safe
- CFS Standard 19: Removing a Child
- CFS Standard 20: Placements When a Child Comes into Care
- CFS Standard 21: Ending Child Protection Services to a Child and Family
- CFS Standard 22: Returning a Child to a Family

Effective February 12, 2013, **7 new policies *Supporting Continuum of Out-of-Care Placement Options, including New Permanency Option s. 54.01 (2013)* – some of which replace *Child and Family Service Standard 8: Informal Kinship Care (2003).***

What will continue and what if there is a discrepancy?

All remaining 2003 *Child and Family Development Service Standard*s will continue to be in effect until other new CYSFS policies are introduced at a later date. In the event of any discrepancy between the new CYSFS policies and any other existing policy or standard, the ***Child Protection Response Policies (2012)*** and the **7 new policies *Supporting Continuum of Out-of-Care Placement Options, including the new Permanency Option s. 54.01 (2013), take precedence.***

Where do I find the nine Child Protection Response Policies?
Child Protection Response Policies are located at the following intranet link:
http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cic/child_protection_response_policies.pdf

Where do I find the 7 new Supporting Continuum of Out-of-Care Placement Options, including the new Permanency Option s. 54.01 Policies (2013)? The new policies are at the following intranet links:

Policy 2.4: *Extended Family Program (EFP)* Extended Family Program
Policy 4.1: *Assessing Out-of-Care Care Providers* Assessing Out-of-Care Care Providers
Policy 4.2*: Supporting Extended Family Program Care Providers* Supporting EFP Care Providers
Policy 4.3: *Supporting Care Providers during Interim or Temporary Out-of-Care Custody Orders* Supporting Care Providers during Interim or Temporary Out-of-Care Custody Orders
Policy 4.4: *Supporting Guardian(s) under Section 54.01 and Section 54.1 Permanent Transfer of Custody* Supporting s.54.01 and s.54.1 Guardians
Policy 6.6: *Permanent Transfer of Custody under Section 54.01* Permanent Transfer of Custody s.54.01
Policy 6.9: *Permanent Transfer of Custody after Continuing Custody Order under Section 54.1* Permanent Transfer of Custody s.54.1

CHILD AND FAMILY DEVELOPMENT SERVICE STANDARDS

- **Child and Family Service Standards**
- **Children in Care Service Standards**



Ministry of Children and Family Development
November 3, 2003

Revised: June 28, 2004
[Revised - Smoke Free Environment for Children in Care policy: May 2008]

CONTENTS

Introduction 1

Glossary 5

Child and Family Service Standards 11

Standard 1: Screening and Best Approach to Service Delivery 13
Standard 2: Children and Families from Aboriginal Communities 15
Standard 3: Protocols 18
Standard 4: Cooperative Planning and Dispute Resolution Processes 20
Standard 5: Providing Services That Respect a Child's Culture and Identity 23
Standard 6: Promoting and Maintaining Continuity of Lifelong Relationships 25
Standard 7: Support Services to Strengthen Capacity 27
Standard 8: Informal Kinship Care 31
Standard 9: Care Agreements 38
Standard 10: Parental Contribution to a Child's Care 43
Standard 11: When a Child Is at Immediate Risk of Harm 46
Standard 12: Assessing a Child Protection Report and Determining the Most Appropriate Response 48
Standard 13: Informing the Police 52
Standard 14: Family Development Response 54
Standard 15: Youth Service Response 57
Standard 16: Conducting a Child Protection Investigation 59
Standard 17: Concluding a Child Protection Investigation 63
Standard 18: Developing and Implementing a Plan to Keep a Child Safe 65
Standard 19: Removing a Child 68
Standard 20: Placements When a Child Comes into Care 70
Standard 21: Ending Child Protection Services to a Child and Family 74
Standard 22: Returning a Child to a Family 76
Standard 23: Transferring or Ending Services 78
Standard 24: Case Documentation 81
Standard 25: Notification of Death, Critical Injuries and Serious Incidents 83

Children in Care Service Standards **87**

Standard 1: Preserving the Identity of an Aboriginal Child in Care 89
Standard 2: Providing Services That Respect a Child's Culture and Identity 92
Standard 3: Case Documentation for a Child in Care 95
Standard 4: Assuming Responsibility for a Child in Care 97
Standard 5: Ensuring a Child's Safety While in Care 100
Standard 6: Ensuring the Rights of a Child in Care 102
Standard 7: Involving the Public Guardian and Trustee 105
Standard 8: Involving a Child and Considering the Child's Views in Case Planning and Decision Making 108
Standard 9: Developing and Maintaining a Meaningful Relationship with a Child in Care 110
Standard 10: Meeting a Child's Need for Stability and Continuity of Lifelong Relationships 112
Standard 11: Assessments and Planning for a Child in Care 115
Standard 12: Supporting and Assisting a Child with a Change in Placement 119
Standard 13: Providing a Caregiver with Information 122
Standard 14: When a Child Is Missing or Has Run Away 124
Standard 15: Planning for a Child Leaving Care 127
Standard 16: Promoting Resiliency and Skills for Successful Community Living 129

Index **133**

INTRODUCTION

The purpose of the Child and Family Development Service Standards is to promote consistent high-quality service for vulnerable children, youth and families while enabling flexibility in the way services are provided to meet the unique needs, capacities and resources of communities.

The standards provide the mandatory framework for service delivery and apply to anyone providing service under the *Child, Family and Community Service Act* (CFCSA), including those delegated to deliver services under the CFCSA as well as contracted service providers. Specifically, the Child and Family Service Standards apply to family support services and agreements, youth services and child protection services under the act. The Child and Family Service Standards also make reference to the Standards for Youth Support Services and Agreements, which articulate required practice when providing a youth service response under s.2.1 of the CFCSA. The Children in Care Service Standards apply to meeting guardianship responsibilities for children in care.

The standards are not based on a particular service delivery model. Rather, they are designed to be flexible enough to work within a variety of service delivery approaches.

Why the standards were revised

The standards were revised in order to promote and support a change in child welfare practice in British Columbia. The revised standards are consistent with the Ministry of Children and Family Development's strategic shifts, best practice as identified through current research, and international accreditation standards.

How the standards were revised

The process of revising the standards began with a comparison of previous practice standards with the Council on Accreditation (COA) Standards to identify gaps and areas for further development. The revised standards were developed based on the ministry's strategic shifts, national and international research, and input from ministry staff, members of Aboriginal child welfare groups, including delegated Aboriginal agencies, and service providers.

The review process included a peer review by child welfare experts and stakeholders, including representatives of delegated Aboriginal agencies, the Child Welfare League of Canada, the COA, the Federation of Child and Family Services, the British Columbia Federation of Foster Parent Associations, and the University of Victoria.

Key themes of the standards

Several key themes weave through the standards. They include:

- strengthening the direct involvement of children and families in planning and decision making
- keeping Aboriginal children connected with their families and communities, and strengthening collaborative working relationships with Aboriginal communities
- promoting and maintaining stability and continuity of lifelong relationships for children
- involving community in actions to protect children and support families
- decision making based on thorough strength and risk–based assessments
- alternative responses to child protection reports
- offering and promoting collaborative planning and alternative dispute resolution processes as preferable to court-ordered decisions.

Format of the standards

Each standard includes the following areas:

- **Standard Statement**—Describes the level of practice required to meet outcomes associated with specific services.
- **Intent**—A brief description of the purpose and spirit of the standard, written in less formal language than the standard statement and policy.
- **References**—Information and links to key related material (e.g., legislation, COA and other standards, policies, and protocols).
- **Policy**—Practice for achieving the standards. It is anticipated that as regions gain capacity to draft policy, they will modify and enhance the policy or develop region-specific policy consistent with the provided policy to fit their community's specific needs, strengths and resources.
- **Administrative Procedures**—Administrative steps required to support the standards and policy (e.g., computer procedures and forms).
- **Additional Information**—Other related documents, such as reference guides, research and links to relevant Web sites.
- **Key Definitions**—Key terms used in the standards or policy (e.g., "stability and continuity of lifelong relationships"). These terms also appear in the glossary.

Language of the standards

The language used in the standards is written in the active voice (e.g., "Honour and follow all protocols…"). This allows the standards to be directive without using phrases such as "you must" or referring to the person has delegated responsibility for providing the service, such as the "social worker" or "supervisor."

With the exception of the administrative procedures, there is minimal use of procedural language in the standards. The language focuses on the intended outcomes of the service, rather than process or the steps to reach the outcomes. One result of this approach is that there is no reference to decision-making authorities or approval levels (e.g., supervisor or manager). The approach taken in the standards affords greater flexibility in practice and allows the standards to fit a variety of service delivery models currently existing in communities and in the future. Regions are required to have accountability processes in place that include approval procedures for critical decisions. Additional information on accountability and quality assurance processes and requirements is provided in the Quality Assurance Standards and policy.

The standards use specific phrases to describe certain common concepts. For example, child welfare literature commonly refers to "permanence" or "permanency planning." The standards refer to "stability and continuity of lifelong relationships," a concept similar in meaning to permanence, but broader and more descriptive. Also, because of the historic use of the term "permanence," the word can have unintended meaning, such as separation from family and extended family. These and other technical terms that may be unfamiliar to the reader are defined in the glossary.

Using standardized, culturally appropriate assessment tools

The policy paper "Assessment Tools to Promote Collaborative Practice and Service Delivery" provides a set of tools (i.e., a "toolbox") for assessing the strengths, risks, needs and capacities of children and families. The assessment toolbox contains tools that support best practice and decision making in a wide variety of services, including assessing strengths and risks in responding to child protection reports, comprehensive planning for children in care, and assessing prospective adoptive parents. Each assessment tool in the paper has been evaluated according to a consistent set of principles and criteria, and the strengths and limitations of the tools are described.

Where the standards and policy requires the use of "standardized, culturally appropriate assessment tools," this refers to tools in the assessment toolbox. The standards are written to allow flexibility in the use of tools, depending on the service provided and the circumstances of the child and family, while maintaining reasonable consistency in the use of tools. Deputy directors can provide information on what tools are available in their regions.

Effective date of the standards and how the standards will be revised

Each standard has an "effective date" and a "proposed review date." The standards will be reviewed and revised at least every 12 months. Revisions will be based on feedback from and consultation with ministry staff, service providers and stakeholders, and those receiving services. Revisions will also be made in response to changes in legislation, new research and ministry and regional priorities.

Reference guides and additional information

In addition to the standards, a number of reference guides and sources of additional information are available on specific topics. These include:

- *Parental Contributions to a Child's Care*
- *Custody to a Person Other Than a Parent Under the Director's Supervision*
- *Agreements with Child's Kin and Others*
- *Administrative Procedures: Alternative Dispute Resolution and Court Proceedings Under the Child, Family and Community Service Act*
- *Medical Benefits Guide for Children in Care*
- *Guidelines for Provision of Youth Services.*

Putting the standards into practice

The standards have been written to allow flexibility in practice and service delivery while promoting consistent, high-quality services in every community. Writing a single set of standards that applies to services delivered in the broad spectrum of human circumstances and with a wide variety of resources and service delivery approaches creates challenges.

At times there may be conflicts between certain requirements and what is best for children and families. Where exceptions to the standards are required, however, it is important that they be based on the principles of the CFCSA as well as the needs and circumstances of those served, and that the intent of the standard always be met. The intent statements in each standard can assist with the process of translating the standards into practice.

GLOSSARY

Aboriginal child: defined in the Child, Family and Community Service Act as a child:

- who is registered under the Indian Act (Canada)
- who has a biological parent who is registered under the Indian Act (Canada)
- who is a Nisga'a child
- who is under 12 years of age and has a biological parent who
  - is of Aboriginal ancestry, and
  - considers himself or herself to be Aboriginal, or
- who is 12 years of age or over, of Aboriginal ancestry, and considers himself or herself to be Aboriginal.

Aboriginal community: for the purposes of the standards, "Aboriginal community" is defined more broadly than the definition under the CFCSA. A child's Aboriginal community is one to which the child has a connection through culture, heritage or descent. It includes the community or communities with which the child identifies.

assessment: the process of collecting information on children and families in order to make informed decisions. Different supports, programs and services may be chosen depending on the outcome of the assessment.

care provider: a person who cares for a child under one of the out-of-care living arrangements available under the CFCSA, including sections 8, 35(2)(d), and 41(1)(b).

caregiver: a person with whom a child is placed by a director and who, by agreement with the director, has assumed responsibility for the child's day-to-day care.

child: a person under 19 years of age; includes a youth.

child with capacity: a child who is capable of understanding issues that affect him or her and who is able to give or refuse informed consent. An assessment of a child's capacity is based on the child's:

- age
- developmental level and maturity, and
- ability to understand the nature, complexity and effect of the decision or course of action.

critical injury: a serious injury or condition that may result in the child's death or may cause serious or permanent impairment of the child's health, as determined by a medical practitioner.

cultural plan: a framework required for developing an action plan for an Aboriginal child in care, which describes how a child's connection to the Aboriginal community is promoted and preserved, and may include:

- the identification and involvement of a person from the child's Aboriginal community to be his or her cultural contact or mentor
- ways in which the child's participation in culturally specific activities, including traditional customs and cultural activities that are unique to the community, will be promoted or preserved, and

- the identification of actions to facilitate the child's access to the Aboriginal community's oral history (including story telling), language, songs and dances, and involvement in ceremonial activities, arts and crafts or sports events and activities.

discrimination against a child: when a child experiences prejudice or is harmed on the basis of gender, sexual orientation, physical or developmental disability, culture, ethnicity, religion or race.

extended family: includes relatives related by blood or marriage and includes second and third generations. Extended family also includes persons who have a significant and/or meaningful relationship to a child or adult but are not related by blood or marriage, such as "godparents" or persons to whom the child refers to as "aunt" or "uncle."

Family or extended family in Aboriginal cultures includes relations and community people involved in "raising" a child and the people with whom the child was raised. It is a connection to the elders and ancestors.

family conference plan of care: (as defined by the CFCSA) plans developed through a family conference that will protect the child from harm, serve the best interests of the child, take into account the wishes, needs and role of the child's family and the child's culture and community. Plans of care contain information required under CFCSA sections 20 and 21.

family development response: an approach to child protection reports when, according to an assessment, the risk of harm can be managed through the provision of intensive, time-limited support services. It includes a strengths-based assessment of the family's capacity to safely care for a child, and provision of support services, instead of a child protection investigation.

formal and informal kinship care: terms used in the Council on Accreditation (COA) Standards to refer to arrangements where a child is cared for by relatives.

formal kinship care: living arrangements where children in care (by court order or agreement) are placed by a person delegated under the CFCSA with relatives approved as "caregivers" under the CFCSA.

informal kinship care: all out-of-home living arrangements not included in formal kinship care. Informal kinship care arrangements may or may not include support from a person delegated under the CFCSA. These arrangements include:

- the "child in home of relative program" (BC Employment and Assistance Act)
- agreements with a child's kin and others, and
- court orders placing a child in the interim or temporary custody of a person other than the parent under the director's supervision.

formal supports: resources within or outside the community that obtain their funding either through public (provincial or federal government) or private sources for specific, agreed-upon purposes. Formal supports provide individuals within and across all communities with professional public and private services in many domains, ranging from health to education and emergency public services.

informal supports: natural resources or "helpers" within the community that are not typically funded by government and that are part of or result from available resources and capacities within the community.

natural helpers: persons in a community who provide others with respected advice and help, or persons whose counsel and help is sought by others. Examples of natural helpers are religious leaders, elders, volunteers, family members, neighbours, and community leaders. Natural helpers may form informal networks including mutual aid and self-help groups.

parent: defined in the Child, Family and Community Service Act as:

- the mother of a child
- the father of a child
- a person to whom custody of a child has been granted by a court of competent jurisdiction or by an agreement, or
- a person with whom a child resides and who stands in place of the child's mother or father.

Note: The standards always refer to a child's parents in the singular ("a parent"). "A parent" is assumed to include all parents of a child.

plan of care: an action-based planning tool for children in care, used to identify specific developmental objectives based on continuous assessments of the child's evolving needs and the outcomes of previous decisions and actions. Care plans are completed by the child's worker with the involvement of the child, the family, the extended family and Aboriginal community if the child is Aboriginal, the caregiver, service providers and significant people in the child's life.

Public Guardian and Trustee: a public official appointed to carry out functions under the Public Guardian and Trustee Act and various other statutes, including the Infants Act. The Public Guardian and Trustee performs three broad categories of functions:

- protecting the legal rights of people with mental disabilities
- administering the estates of people who have died, usually where the deceased left no will and has no family member in the province willing or able to administer the estate, and for missing persons, and
- protecting the rights and interests of children and youth.

record: Schedule 1 of the Freedom of Information and Protection of Privacy Act defines *record* as "books, documents, maps, drawings, photographs, letters, vouchers, papers and any other thing on which information is recorded or stored by graphic, electronic, mechanical or other means, but does not include a computer program or any other mechanism that produces records."

resiliency: a concept that is parallel to capacity. Resiliency is the ability of the child, family or community to succeed or cope even in the face of significant adversity. This ability changes over time, and is enhanced by protective factors in the individual, family, community and environment.

serious incidents: circumstances involving a child who:

- is in life-threatening circumstances, including illness, serious accident or abduction
- has suffered a serious injury
- is continually running away to a situation that places him or her at high risk of death or injury
- is lost, missing or runaway in circumstances that would place the child at risk of death or serious injury (See Children in Care Service Standard 14: When a Child is Missing or Has Run Away)
- is a victim of abuse or neglect in a director-approved resource, day program, containment centre, institution or other non-ministry resource

- is a victim of abuse or neglect while in the director's care, regardless of the location or relationship to the person responsible for the abuse or neglect
- has observed, been involved in, or been exposed to a high-risk situation or disaster, such as fire or multiple abuse situations in a school, which may cause emotional trauma
- is missing for more than 10 days, or
- has been involved in crimes of violence, including homicide, serious assault, arson, armed robbery or major property damage.

smoke free environment: smoking does not take place at any time in enclosed spaces where children in care would be exposed to second-hand smoke or the residual toxins from second-hand smoke. This includes the foster caregiver's home and vehicle. This does not restrict spiritual activities relating to the use of tobacco.

special needs: a child with special needs has documented significant impairment associated with an ongoing physical, cognitive, communicative and/or emotional/behavioural condition that requires specialized care and support. One criteria for making a special needs agreement (SNA) is that the child has special needs.

stability and continuity of lifelong relationships: a term that describes a basic need in all children for continued or new relationships with family and significant people, including extended family and community connections. Children who have this need met have an increased potential for developing meaningful relationships with others into adulthood. This includes relationships with parents, siblings, extended family, friends, caregivers and others with a connection to the child through family, culture, faith, identity or community.

Stability and continuity of lifelong relationships is a primary consideration in planning and providing services for children. All services should promote stability and continuity of lifelong relationships by:

- promoting and facilitating regular ongoing contact with those significant to the child
- maintaining or, where required, developing enduring and stable living arrangements for the child as quickly as possible
- minimizing disruption of caregivers or care providers, and
- fitting services to meet the child's age, developmental level and sense of time.

standardized culturally appropriate assessment tool: a professionally developed and recognized framework for assessing strengths and problem areas in a family that takes into consideration the family's culture, including values, beliefs, habits, practices or customs, religion, and patterns of communicating and interacting within the family and community. Inherent in its use is the active, ongoing involvement of the family and, where appropriate, extended family members and other significant people identified by the family, as well as the sensitivity and competence of the assessor.

support services agreement: a written agreement that specifies services and timeframes and includes the parent's consent. The required information can be recorded on a Support Services Agreement form (Form CF2606) or another document that specifies the services and timeframes and includes the parent's signature.

visibility in the community: the amount of contact a child has with community members, including family members, neighbours, schools, public health nurses, agencies and others who are aware of the presence of a child in that community and who have an interest in his or her safety and well-being.

youth: a person who is 16 years of age or over but under 19 years of age.

youth service response: a differential response to youth in need of assistance through CFCSA s.12.1 and s.12.2 that involves screening, assessment, short-term planning and utilization of youth support services, such as youth-family mediation, mentorship, safe housing and outreach services. A youth services response may also provide comprehensive longer-term service planning for a youth receiving services for mental health issues, or receiving services through a youth agreement. Out-of-care supported living services may in turn use any number of youth services, such as one-to-one youth support workers, group supports and youth housing supports, including safe housing.

CHILD AND FAMILY SERVICE STANDARDS

Standard 1: Screening and Best Approach to Service Delivery 13
Standard 2: Children and Families from Aboriginal Communities 15
Standard 3: Protocols 18
Standard 4: Cooperative Planning and Dispute Resolution Processes 20
Standard 5: Providing Services That Respect a Child's Culture and Identity 23
Standard 6: Promoting and Maintaining Continuity of Lifelong Relationships 25
Standard 7: Support Services to Strengthen Capacity 27
Standard 8: Informal Kinship Care 31
Standard 9: Care Agreements 38
Standard 10: Parental Contribution to a Child's Care 43
Standard 11: When a Child Is at Immediate Risk of Harm 46
Standard 12: Assessing a Child Protection Report and Determining the Most Appropriate Response 48
Standard 13: Informing the Police 52
Standard 14: Family Development Response 54
Standard 15: Youth Service Response 57
Standard 16: Conducting a Child Protection Investigation 59
Standard 17: Concluding a Child Protection Investigation 63
Standard 18: Developing and Implementing a Plan to Keep a Child Safe 65
Standard 19: Removing a Child 68
Standard 20: Placements When a Child Comes into Care 70
Standard 21: Ending Child Protection Services to a Child and Family 74
Standard 22: Returning a Child to a Family 76
Standard 23: Transferring or Ending Services 78
Standard 24: Case Documentation 81
Standard 25: Notification of Death, Critical Injuries and Serious Incidents 83

CFS STANDARD 1: SCREENING AND BEST APPROACH TO SERVICE DELIVERY	
STANDARD STATEMENT	A person with the required educational qualifications, delegated authority, experience and competence screens a child's or family's eligibility for services to determine the best response, ensuring that services are coordinated and integrated. When services are requested by or for an Aboriginal child or family, work in partnership with the Aboriginal community and the identified delegated agency in the assessment, planning and delivery of services. When determining the best approach to service delivery, collaborate with community service providers and others who may have a role in supporting the child and family in keeping the child safe and healthy in his or her community.
INTENT	This standard emphasizes the importance of completing a careful assessment of all calls and requests for services as the basis for making good decisions about services that will fit a family's needs. A careful assessment involves the family and community, taking into account their strengths, needs, culture and beliefs, and focuses on the outcome of strengthening the family's capacity to safely care for the child.
REFERENCES	• CFCSA: s.2 Guiding Principles • *BC Handbook for Action on Child Abuse and Neglect*: Part III, "Support and Intervention Services," and Part IV, "Collaborative Planning and Information Sharing": http://www.mcf.gov.bc.ca/child_protection/pdf/handbook_action_child_abuse.pdf • COA: S10.2.03, S10.2.05, G8.1.02, G8.1.03, G1.2.02
POLICY	Offer services that: • are based on an assessment of the context and needs of the child and family • build on the strengths and capacities of the family, extended family and community • are provided in a climate of understanding and respect for the family's cultural background and traditions, socio-economic circumstances, ethnicity and spiritual beliefs, and • fit the child's or family's specific needs and are the least disruptive service alternatives available. Provide timely information on the services that are available in the community, including: • the process for accessing the services • whether services will be delayed • whether another service or organization is more appropriate, and if so, a description of it and the referral process, and • what further action may be taken in response to the call. **Working in partnership with delegated Aboriginal agencies** When responding to a request for services or a child protection report, if the child or family is Aboriginal, request the assistance of an Aboriginal service provider or identified delegated agency.

CFS STANDARD 1: SCREENING AND BEST APPROACH TO SERVICE DELIVERY	
	When responding to requests for services or child protection reports, honour and follow all protocols with Aboriginal agencies.
ADMINISTRATIVE PROCEDURES	Document all calls and include information on what action was taken in response to the call or request.
ADDITIONAL INFORMATION	• Working with Communities to Support Children, Youth and Families: A System of Care—Companion Document • Working with Communities to Support Children, Youth and Families: A System of Care—Discussion Document • Integrated Case Management Policy: http://www.mcf.gov.bc.ca/publications/integ_manage.htm
KEY DEFINITIONS	

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PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 2: CHILDREN AND FAMILIES FROM ABORIGINAL COMMUNITIES	
STANDARD STATEMENT	To preserve and promote a child's Aboriginal heritage and connection to his or her Aboriginal community, the following must be involved in all significant decisions when determining the child's Aboriginal connections, heritage and descent, and when assessing, planning and providing services for the child: • the child • the child's family • the child's extended family • the child's Aboriginal community • the identified delegated agency and any other community agencies involved with the child and family, and • any significant people identified by the child and his or her family or Aboriginal community.
INTENT	This standard acknowledges the importance of promoting and maintaining a child's Aboriginal heritage and connections with his or her Aboriginal community. Involving the Aboriginal child's family, extended family, community and others acknowledges their traditional responsibilities and roles in identifying resources for the child and in ensuring that services are sensitive to and build on the strengths of the child, family, extended family and Aboriginal community.
REFERENCES	• CFCSA: s.1(1), s.2, s.3(b), s.4(2) • CFCSA Regulations: Schedules 1 and 2 list Aboriginal organizations and designated representatives at: http://www.qp.gov.bc.ca/statreg/reg/C/ChildFamily/527_95.htm • UN Convention on the Rights of the Child, Article 30: http://www.unicef.org/crc/index.html • COA: S10.6.03
POLICY	From initial contact and throughout the period of involvement with a child and family, involve the Aboriginal community to: • identify the strengths within the Aboriginal community and heritage of the child and family • identify extended family members • identify, plan and deliver services that are culturally appropriate and accessible • provide information to help strengthen and support the Aboriginal child's home and in turn help ensure his or her safety and well-being • participate in the development and implementation of plans of care that will preserve the child's cultural identity • ensure that review processes are sensitive to cultural perspectives and are carried out in ways that are culturally appropriate • identify and develop an appropriate out-of-care living arrangement for the child, and • reunify Aboriginal children who have been removed from their homes and communities with their extended families and communities.

When a child's Aboriginal community is not known
In situations where a determination needs to be made about a child's Aboriginal ancestry, address questions to:

- the child
- the parent
- the child's extended family, and
- an Aboriginal delegated agency or off-reserve Aboriginal, Inuit or Métis organization that will assist in identifying the child's heritage and Aboriginal connections.

In addition, review any other available records that may assist in determining the child's Aboriginal ancestry.

When the child's Aboriginal community cannot be identified, follow existing protocols, or where a protocol does not exist, consult with an Aboriginal delegated agency or other Aboriginal organization closest to where the child lives.

When questions arise about whether a child is Aboriginal or how to involve an Aboriginal community where a protocol does not exist, consult with the appropriate regional staff or designated director, or closest delegated agency.

On learning that a child previously not known to have Aboriginal heritage may be Aboriginal, contact and involve the Aboriginal community or identified delegated agency.

When a child may be Métis
When questions arise about whether a child is Métis, explore the child's potential Métis heritage by consulting:

- the child
- the parents, or
- the Métis Commission.

If a child or parent objects to Aboriginal community involvement
If a child or a parent objects to the Aboriginal community's involvement, discuss the reasons for the objection and revisit opportunities to actively involve the Aboriginal community on an ongoing basis.

If the child or the parent continues to object to the Aboriginal community's involvement, determine whether it is in the child's best interests to involve the Aboriginal community, by considering whether:

- involving the Aboriginal community would be a barrier to making an agreement with the parent and the agreement is necessary to ensure the child's safety
- other Aboriginal community services are available in the family's community or area that would preserve the child's cultural identity
- there are other services in the community that would help preserve the

CFS STANDARD 2: CHILDREN AND FAMILIES FROM ABORIGINAL COMMUNITIES	
	child's cultural identity, and • involving the Aboriginal community could result in physical or emotional harm to the child or parent. **Providing a child's Aboriginal community with notice under the CFCSA** If a child's identified community receives services from a delegated Aboriginal agency, involve the agency in the planning for the child and family and advise the agency of any notice served to the designated representative under the CFCSA. If a child is a member of an Aboriginal community located outside B.C., notice of a hearing under the CFCSA must be served on the representative of the child's community. However, with the parent's consent, or the child's consent if 12 years of age or over, the Aboriginal organization in B.C. may be involved.
ADMINISTRATIVE PROCEDURES	Enter information on the child's Aboriginal status and community in MIS SWS. For information on providing Aboriginal agencies with required notice, see CFCSA Regulation Schedules 1 and 2: http://www.qp.gov.bc.ca/statreg/reg/C/ChildFamily/527_95.htm
ADDITIONAL INFORMATION	• ICS User Manual • Métis Commission: http://www.metiscommission.com/ • Métis Community Services: http://www.metis.ca/ • Métis Family Services: http://www2.vpl.vancouver.bc.ca/dbs/redbook/orgpgs/1/1997.html
KEY DEFINITIONS	**Aboriginal child:** defined in the *Child, Family and Community Service Act* as a child who: • is registered under the Indian Act (Canada) • has a biological parent who is registered under the Indian Act (Canada) • is a Nisga'a child • is under 12 years of age and has a biological parent who – is of Aboriginal ancestry, and – considers himself or herself to be Aboriginal, or • is 12 years of age or over, of Aboriginal ancestry, and considers himself or herself to be Aboriginal.

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PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 3: PROTOCOLS	
STANDARD STATEMENT	A designated director develops and maintains regional and local protocols related to the delivery of child and family services, including collaborative decision making and information sharing with: • police • school districts • health authorities • First Nations, Aboriginal communities, designated Aboriginal representatives and delegated Aboriginal agencies, and • other relevant agencies and organizations. Honour and follow all protocols related to the service provided, including provincial, inter-jurisdictional, regional and local protocols that reflect commitments negotiated among communities, agencies and organizations.
INTENT	This standard reflects the importance of regional and local protocols as the foundation for establishing positive collaborative working relationships with service providers and others involved in providing child welfare services. Protocols put into writing the agreements made with others related to the provision of services for the child and family. Honouring and following protocols demonstrates a commitment to others to work together to provide the best possible services.
REFERENCES	• Core Services Requirements for Regional Child and Family Development Authorities and Aboriginal Authorities: • BC Handbook for Action on Child Abuse and Neglect: http://www.mcf.gov.bc.ca/child_protection/pdf/handbook_action_child_abuse.pdf
POLICY	Develop, maintain and follow additional protocols related to the unique characteristics of specific communities. Establish working relationships with organizations that are parties to the protocols.
ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	
KEY DEFINITIONS	

DATE OF RELEASE: April 5, 2004 EFFECTIVE DATE: April 19, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 4: COOPERATIVE PLANNING AND DISPUTE RESOLUTION PROCESSES	
STANDARD STATEMENT	Develop all plans to address the safety and well-being of a child in partnership with the family, extended family and community and with the involvement of the child. When agreement on an issue cannot be reached, offer and promote an alternative means of resolving the issue, taking into consideration the views and culture of the child and family, as preferable to a court-ordered decision. Processes for resolving issues include traditional dispute resolution processes, family conferencing, mediation and other alternative dispute resolution processes consistent with a family's and community's views and culture.
INTENT	This standard promotes planning and working cooperatively with others to enhance a family's commitment to keeping a child safe. Where agreement on an issue can not be reached, traditional dispute resolution processes, family group conferencing, and mediation are offered to support the involvement of the child's family and community in developing a plan to keep the child safe. The plan builds on the family's and community's strengths and capacity.
REFERENCES	• CFCSA: s.20, s.22, s.23 • COA: G9.1
POLICY	Before making a referral to a cooperative planning or dispute resolution process, seek out the views of the child and family and explore existing or potential methods of resolving disputes. A referral to a traditional dispute resolution process, family conference, mediation or other alternative dispute resolution (ADR) process should not prevent or delay actions to protect a child's immediate safety. **Traditional ADR processes** Aboriginal communities and others may use traditional processes for resolving disputes. These processes may involve people occupying traditional roles as problem-solvers, and may be effective in reaching agreement on issues involving a child's safety and care arrangements. When a child or family has a connection to a community that uses traditional ADR processes, consider using these processes first. Circumstances where traditional ADR processes may *not* be appropriate include exceptions described in the general criteria for referring an issue to family conference, mediation or other ADR processes (see below). If a facilitator(s) is personally involved or may have a potential conflict of interest, determine whether it is appropriate to continue with the facilitator, or whether another facilitator is available to work with the child and family. **General criteria for referring an issue to a traditional dispute resolution process, family conference, mediation or other ADR processes** When seeking agreements with families on issues related to the safety and well-being of children, offer and promote traditional dispute resolution

processes, family conferences, mediation and other ADR processes as preferable to court-ordered decisions.

Issues that are not appropriate for these processes are limited, and include:

- the decision to conduct a child protection investigation
- the decision about whether a child needs protection and why, and
- decisions about resources or services that are not available.

Referring an outstanding issue to a family conference, mediation or ADR process may not be appropriate when there is a significant power imbalance or a potential for harm to any person during the process (e.g., sexual abuse or exploitation of a child, or family violence). If possible, physically exclude from the process individuals who pose significant risk to any person and explore other ways of obtaining the person's views.

Family conference
If available, offer and promote a family conference approach to a parent or extended family member when a plan needs to be developed to assist the family in keeping the child safe. This includes but is not limited to when a child needs protection.

Use a family conference to assist in developing a plan for:

- strengthening and supporting the family in caring for the child as part of a family development response
- supporting the youth in living successfully in the community, or
- reunification of the child with family or extended family.

Family conference for Aboriginal families
When offering a family conference to an Aboriginal parent or extended family, involve the Aboriginal community in the process to ensure that all family and extended family members are invited to assist in and are supported in assisting in the development of plans.

Mediation
Mediation can assist with reaching agreement on outstanding issues related to a plan and the types of services to be used to ensure a child's safety and well-being.

Use approved mediators on the Child Protection Mediation Program roster (see CFCSLIST Mediation Roster at):
http://www.mediator-roster.bc.ca/listall_cp.cfm

Issues appropriate for mediation include:

- the contents of a support services agreement to ensure a child's safety and well-being in the parent's home
- development of a plan for a child to reside with extended family or a person known to the child under informal or formal care arrangements

CFS STANDARD 4: COOPERATIVE PLANNING AND DISPUTE RESOLUTION PROCESSES	
	(e.g., kin agreement, custody to other person, restricted foster care) • a child's plan of care • the terms and conditions of an order by consent • the terms and conditions of a supervision, access or any other order.
ADMINISTRATIVE PROCEDURES	The regional Family Group Conference Coordinator logs referrals for family group conferences and tracks the status and outcome of conferences. Referral process for mediation: http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cfs/fgc_reference_guide.pdf
ADDITIONAL INFORMATION	
KEY DEFINITIONS	

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PROGRAM AREA: Child and Family Development Service – Transformation Division

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CFS STANDARD 5: PROVIDING SERVICES THAT RESPECT A CHILD'S CULTURE AND IDENTITY	
STANDARD STATEMENT	Throughout the period of involvement with a child, family and extended family: • respect the views, cultural and ethnic heritage, socio-economic circumstances, spiritual beliefs and identity of the child, family and extended family • support the child in understanding and cultivating his or her heritage, spiritual beliefs and identity, and • consult and involve the family's cultural or ethnic community as identified by the child and family in the planning and delivery of services.
INTENT	This standard requires that all services delivered to a child and family be planned and delivered in a way that is respectful of their language, customs, social views, spiritual beliefs, culture and identity (e.g., gender or sexual identity). The practice required to achieve this standard involves consulting with and involving people who are part of the child's or family's identified community in planning and delivering services.
REFERENCES	• CFCSA: s.3, s.4 • COA: G1.3.01
POLICY	When providing children and families with services: • seek to understand and consider the family's cultural beliefs, values, norms, fears and practices in all decisions and service provision • consult with organizations or individuals who are knowledgeable about the child and family identity • when necessary, use the services of a language and cultural interpreter to assist in assessment and planning • be respectful of the socio-economic circumstances and community norms and standards • consider and involve multiple community affiliations in the planning and delivery of services (e.g., Aboriginal community, the deaf community) • acknowledge and support the sexual and gender identity of the child and/or family • use materials that are translated into the language of the child and family, when available, and • collaborate with different cultural and spiritual groups in planning and delivering services.
ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	MCFD's cultural diversity Web page provides information on providing culturally competent services: http://www.mcf.gov.bc.ca/publications/cultural_competency/assessment_tool/tool_definitions3.htm

CFS STANDARD 5: PROVIDING SERVICES THAT RESPECT A CHILD'S CULTURE AND IDENTITY	
KEY DEFINITIONS	

DATE OF RELEASE: April 5, 2004 EFFECTIVE DATE: April 19, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 6: PROMOTING AND MAINTAINING CONTINUITY OF LIFELONG RELATIONSHIPS	
STANDARD STATEMENT	From initial contact and throughout the period of involvement with a child, family and extended family, always consider how actions and decisions made may affect the child's need for stability and continuity of lifelong relationships. In partnership with the child, family, extended family, Aboriginal community and identified delegated agency if the child is Aboriginal, and any other significant people, continually take steps to promote these relationships by: • regularly exploring all options for the child to live safely with family, extended family or others who have a significant relationship to him or her, or • if these living arrangements are not possible, finding alternative out-of-care living arrangements that will provide the opportunity to maintain and develop lifelong relationships.
INTENT	Promoting and preserving stable, enduring relationships for a child is central to maintaining the child's well-being. This standard applies to every service provided for the child, from supportive services to guardianship services. It reinforces the need to maintain positive significant relationships for the child throughout the time services are provided, and requires that the impact on the child's ongoing relationships be considered before actions are taken or decisions are made. This is an ongoing process, rather than a single event. Furthermore, the standard requires that when decisions about living arrangements are made or reviewed, every effort be made to have the child cared for by people who have a significant lifelong relationship with the child, including family or extended family.
REFERENCES	• CFCSA: s.2, s.4, s.71 • COA: S10.3.02
POLICY	Consider the child's need for stability and continuity of lifelong relationships throughout the period of involvement with a child and family, including when: • determining the most appropriate response to a request for service or child protection report (by obtaining information about the child and family and relationships with extended family and community) • planning and providing services for a child, family and extended family • developing, reviewing or supporting a plan for the child to live outside the family home • conducting an investigation (by exploring significant relationships, potential living arrangements and care options with the family and extended family) • if the child is Aboriginal, involving the extended family and Aboriginal community in determining how to ensure continuity of community relationships, heritage and culture for the child within the Aboriginal community.

CFS STANDARD 6: PROMOTING AND MAINTAINING CONTINUITY OF LIFELONG RELATIONSHIPS	
	For more information on promoting and maintaining continuity of lifelong relationships when a child comes into care, see Child and Family Service Standard 20: Placements When a Child Comes into Care. For additional service requirements for children in care, see Children in Care Standard 10: Meeting a Child's Need for Stability and Continuity of Lifelong Relationships.
ADMINISTRATIVE PROCEDURES	Enter all important contacts, relationships and relevant community information on MIS SWS.
ADDITIONAL INFORMATION	ICS User Guide
KEY DEFINITIONS	**stability and continuity of lifelong relationships:** a term that describes a basic need in all children for continued or new relationships with family and significant people, including extended family and community connections. Children who have this need met have an increased potential for developing meaningful relationships with others into adulthood. This includes relationships with parents, siblings, extended family, friends, caregivers and others with a connection to the child through family, culture, faith, identity or community. Stability and continuity of lifelong relationships is a primary consideration in planning and providing services for children. All services should promote stability and continuity of lifelong relationships by: • promoting and facilitating regular ongoing contact with those significant to the child • maintaining or, where required, developing enduring and stable living arrangements for the child as quickly as possible • minimizing disruption of caregivers or care providers, and • fitting services to meet the child's age, developmental level and sense of time.

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PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 7: SUPPORT SERVICES TO STRENGTHEN CAPACITY	
STANDARD STATEMENT	Provide services that build on strengths and promote resiliency within the children, youth, families and communities who require them. Provide information about and referrals to natural helpers and support services, and when required, arrange for support services through written, goal-oriented agreements. If the child is a youth, in addition to the above, consider providing youth-oriented services specifically designed to promote strength and develop resiliency in the youth. If the child or family is Aboriginal, see Child and Family Service Standard 2: Children and Families from Aboriginal Communities, for additional considerations and service requirements.
INTENT	This standard reflects current research showing that a trusting relationship with a child or youth and/or family and an agreement to work together to resolve issues is essential for working effectively and achieving positive outcomes for the child or youth and/or family. The standard also promotes services that identify and build on existing strengths and resiliency, rather than services that address only risks and deficits. Information about and assistance in accessing informal supports such as networks and self-help groups are explored and provided first, where these fit the youth or family's needs and circumstances. If additional formal or specialized services (e.g., treatment or counseling) requiring the director's involvement are necessary, they are specified in written agreements (e.g., support services agreement) that include the goals of the agreed-upon services.
REFERENCES	• CFCSA: s.5, 12.1, 12.2 • CFCSA Regulation: s.8 • Standards for Youth Support Services and Agreements: http://icw.mcf.gov.bc.ca/provserv/yserv/docs/ia/stand_youth_sup_serv.pdf • COA: S10.5
POLICY	Promote the strengthening of a youth's, family's, extended family's, and community's capacity by using natural helpers (e.g., friends, elders, spiritual leaders, extended family), informal supports (e.g., extended family, community members, volunteer-based agencies, spiritual or faith groups) and formal supports (e.g., employment, education and addiction services). **Referral to available community supports and specialized services** When responding to requests for support services, provide: • information about available services and existing networks • information about the importance of natural helpers, extended family and community members as support • assistance in connecting to community-based support services, including volunteer-based services and mutual aid support groups, and • if necessary, referrals to specialized services.

Written support service agreements with youth
For more information on youth-oriented support services and written agreements with youth, see the Standards for Youth Support Services and Agreements.

Written support service agreements with parents
Make a written support service agreement when:

- services are available and fit a child and family's needs, and
- the person delegated to enter into the agreement will remain involved in planning and arranging for the delivery of services.

Consider offering a support service agreement to a parent when the parent and person delegated to make an agreement agree to support services that:

- are part of a family development response to a child protection report (see Child and Family Service Standard 14: Family Development Response)
- result from alternative dispute resolution processes or mediation to meet the child's needs in the family
- are provided as part of a plan to keep the child safe, or
- are provided when ending protective services (see Child and Family Service Standard 21: Ending Child Protection Services to a Child and Family).

Planning and completing the agreement
Collaborate with the family, extended family and other involved community members in planning and completing the agreement, by:

- gathering relevant information about the family's strengths, needs and vulnerabilities
- considering the views of the child
- whenever possible, obtaining the parent's or the child's consent to the disclosure of information to the extent necessary for the provision of support services
- meeting with the parent and agreeing on the type and duration of the support services to be included in the agreement
- agreeing on the notice required to end the agreement, and
- signing the agreement with the parent before the provision of services, for a maximum initial term of six months.

If a child or parent is Aboriginal
If a child or parent is Aboriginal, inform the parent of services available through the Aboriginal community. Involve the Aboriginal community or identified delegated Aboriginal agency in planning, unless:

- the parent or child with capacity objects to the involvement, or
- the community or agency does not have the capacity to become involved.

CFS STANDARD 7: SUPPORT SERVICES TO STRENGTHEN CAPACITY	
	Providing services on an emergency basis When services are required on an emergency basis for up to 30 days, they may provide with the parent's verbal consent, with a signed agreement to follow. **Reviewing and renewing the agreement** Reach agreement with the parent on the process for reviewing the agreement, including the frequency of reviews. Review agreements every six months at minimum. After review, a support services agreement may be renewed for terms of up to six months each. At the request of anyone involved with the agreement, including the child, parent, involved Aboriginal community, or service provider, review the agreement to determine whether: • the agreement continues to meet the needs of the child and family, or • there is a significant change in the circumstances of the child, family or extended family that may require a change to the agreement. **Ending the agreement** Consider ending the agreement by giving the required notice if the child and family no longer need the services under the agreement.
ADMINISTRATIVE PROCEDURES	Give copies of the agreement to: • everyone who signed the agreement and • those involved in the provision of services under the agreement.
ADDITIONAL INFORMATION	• Working with Communities to Support Children, Youth and Families: A System of Care—Companion Document: 3. Services to Strengthen Families • A Guide to the Privacy Charter: http://icw.mcf.gov.bc.ca/regions/interior/docs/bp/v01_guide_to_privacy_of_information.pdf • Guidelines for Provision of Youth Services: http://icw.mcf.gov.bc.ca/manuals/docs/provserv/guidelines_youth_services.pdf • Research Review of Best Practices in Provision of Youth Services: http://icw.mcf.gov.bc.ca/manuals/docs/provserv/best_practice_youth_services.pdf
KEY DEFINITIONS	**support services agreement**: a written agreement that specifies services and timeframes and includes the parent's consent. The required information can be recorded on a Support Services Agreement form (Form CF2606) or another document that specifies the services and timeframes and includes the parent's signature. **youth:** a person who is 16 years of age or over but under 19 years of age.

DATE OF RELEASE: April 5, 2004 EFFECTIVE DATE: April 19, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 8: INFORMAL KINSHIP CARE	
STANDARD STATEMENT	If a parent is unable to care for a child, give priority to supporting a safe alternative living arrangement with a relative or person who is known to the child or who has a cultural or traditional responsibility to the child, which: • encourages the parent's involvement in decision making and planning to the greatest extent possible • supports the care provider in caring for the child, and in supporting the child in maintaining his or her relationships with siblings and family, and • continues until the child returns home or an alternative living arrangement is made that achieves continuity of lifelong relationships.
INTENT	This standard reflects the value of arranging for a child to live with a person known to the child or who has a cultural or traditional responsibility to care for the child when the child is temporarily unable to live with a parent. In addition to the emotional benefits for the child, such living arrangements help: • maintain and strengthen the child's connections with extended family and community • encourage the parent to maintain contact with the child and to be actively involved in planning for the child's care • increase the likelihood of reunifying the child with the parent • and promote the stability and continuity of relationships for the child. The existing capacities of the child's family, extended family and others who have a significant relationship with the child are respected and built upon. Informal care arrangements that can both achieve stability and continuity for the child until the child can return to the parent's care, and do so without the need for the director's continued involvement, are preferable to formal care arrangements.
REFERENCES	• CFCSA: s.2(e), s.3(e), s.5, s.8 • COA: Informal Kinship Care—S21.23 to 21.29, G9.9 • Working with Communities to Support Children, Youth and Families: A System of Care—Companion Document: 8.4 Kinship Care Home • MHR BC Employment and Assistance Manual: 11.4 (Child in Home of a Relative)
POLICY	When a child temporarily cannot live at home, consider alternative living arrangements, including: • an arrangement to live with a relative, supported through the BC Benefits program—Child in Home of a Relative (CIHR) Program—where financial assistance is required and further involvement by the worker is not required • an informal kinship care arrangement for the child to live with extended family or someone with a significant relationship to the child, and, if necessary, with support services, or • a written agreement with the child's kin or other person known to the child for the provision of financial and direct support for the living arrangement.

Criteria for making a written agreement with a child's kin and others
Consider making a written agreement with a child's kin or other person known to the child when:

- the parent is temporarily unable to care for the child
- the agreement meets the child's need for stability and continuity of lifelong relationships
- the circumstances of the family prevent the parent from caring for the child
- financial support is required to support the proposed living arrangement
- the agreement is needed to resolve the circumstances that have resulted in the parent being unable to care for the child
- the care provider supports the parent's ability to maintain regular contact with the child, and
- reunification of the child with the family is expected.

The child's parent identifies the proposed care provider and living arrangements. Where the parent does not propose a care provider, involve, with the parent's consent, a variety of people who know the child and family to identify possible alternative living arrangements and to plan for the child.

Note: The *Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories (April 2002)* does not apply to children in living arrangements made under s.8 of the CFCSA. There are no arrangements between provinces to manage, supervise or financially support these agreements.

If the child is Aboriginal
If the child is Aboriginal, advise the parent of services available through the Aboriginal community or identified delegated Aboriginal agency. Involve the community or agency in planning the agreement unless:

- the parent or child with capacity objects to the involvement, or
- the community or agency does not have the capacity to become involved.

(See Child and Family Service Standard 2: Children and Families from Aboriginal Communities.)

Assisting a parent in selecting a care provider
When an out-of-care living arrangement is proposed for a child, assist the parent in selecting a person who can safely care for the child. This includes helping the parent to:

- gather relevant information to determine the ability of a proposed care provider to safely care for the child
- identify the potential strengths and weaknesses of a proposed care provider, and
- identify any supports required to ensure the success of the living arrangement.

Determine the ability of the proposed care provider to safely care for the child, by considering whether the person:

- is able to safely care for the child
- has the readiness, capacity and commitment to provide care, and
- agrees with the plan to care for the child.

In order to ensure that the child will be safe with the proposed care provider:

- complete a review of any records of previous involvement with the proposed care provider
- discuss the proposed living arrangement with the care provider to ensure that he or she understands and agrees to the plan for the child
- complete a criminal record check on the proposed care provider and on any person over 18 years of age who lives in the home or may have significant or unsupervised access to the child
- obtain two references for the proposed care provider, including wherever possible one by a member of his or her extended family, to confirm the proposed care provider's ability to safely care for the child (obtain references verbally if appropriate and document the references), and
- determine whether the home environment will adequately meet the child's basic needs, by seeing the home or obtaining information from one of the following who can make this determination:
  - band social worker
  - public health nurse, or
  - another person in the proposed care provider's community able to accurately provide this information.

Making an agreement before completing a full care provider review
An agreement may be made for up to 60 days pending the completion of the requirements listed above. Before completing the agreement, ensure the safety and well-being of the child by:

- obtaining references, and
- contacting local police to determine whether they have reason to believe that a child may need protection while residing with that person.

Before the 60-day period has ended, complete the review of records and the criminal record check, and see the home (or obtain information from someone who can see the home and determine whether the home environment will adequately meet the child's basic needs).

Declining to make an agreement with a proposed care provider
If the results of a review of past records and references, a home visit and a criminal record check indicate that a proposed care provider would not provide a safe place for a child, discuss the concerns with him or her and with the child's family.

If the parent continues to allow the unsuitable care provider to care for the child:

- do not make an agreement to contribute financially to the child's care, and
- advise the parent that an assessment and possible investigation of the child's need for protection in that home will occur immediately.

Preparing to make an agreement
Before entering into an agreement with a child's kin or other person:

- to the extent possible, given the child's level of development:
  - consider the child's views and sense of safety regarding the proposed living arrangement, and
  - ensure that the child understands the reasons for and details of the proposed living arrangement (e.g., when the child will visit his or her family, and when he or she can expect to return home)
- ensure that the parent entering into the agreement with the care provider has custody of the child, by having the parent:
  - demonstrate that he or she is the child's primary caregiver
  - provide a valid custody order or agreement, or
  - with a valid custody order or agreement, acknowledge that the person entering into the agreement is the child's primary caregiver
- ensure that care of the child has been transferred from the parent to the care provider
- ensure that the care provider understands his or her obligations to meet the child's day-to-day needs
- advise the care provider to report the death of or critical injuries and serious incidents involving the child (see Child and Family Service Standard 25: Notification of Death, Critical Injuries and Serious Incidents)
- ensure that the care provider understands the importance of the child's need for stability and continuity of lifelong relationships
- ensure that the care provider understands and supports the goal of reunifying the child with his or her family
- determine how the child will access medical, dental and optical coverage (see Reference Guide: Agreements with Child's Kin and Others)
- discuss the financial support for the child provided by the director and/or the parent, and
- discuss potential formal and informal support services that may be required to support the proposed living arrangement.

Completing an agreement
Complete an agreement specifying:

- the transfer of care from the parent to the care provider
- the parent's and the care provider's obligations in meeting the day-to-day care and guardianship responsibilities for the child
- the terms of the agreement
- the time period in which the agreement is in effect, up to a maximum of 12 months

- the notice required to end the agreement
- the amount of financial support for the care provider under the agreement, and
- if required, the parental contribution to the child's care.

Have all parties sign the agreement.

Give copies of the signed agreement to the child, parent and care provider.

Supporting an agreement
Support a child's living arrangement through an agreement by:

- promoting and supporting the goal of reunification, including supporting the child's parent and exploring shared care options with the parent and the care provider
- promoting and supporting the child's connections to family, community and culture, by:
  - encouraging the child to maintain contact with parents and providing support for parental contact
  - providing the child with information about parental activities and progress towards family reunification or other options to ensure stability and continuity of lifelong relationships
  - providing assistance for the child in maintaining relationships with siblings through visits and shared activities wherever possible, and
  - providing assistance in addressing family conflicts
- determining the child's and care provider's needs and stabilizing the child's living arrangements
- connecting the care provider with natural helpers and informal supports, and providing, if necessary, formal support services such as respite, counseling or reunification services, and
- identifying and preparing extended family members who may be a resource for the child and care provider, either as temporary respite or as an alternative care provider if the child needs to be moved.

Reviewing and renewing an agreement
Review an agreement:

- at the request of the child, parent, care provider, or, if involved, a representative of the child's Aboriginal community, and
- at intervals relevant to the child's level of development.

Agreements may be renewed for periods of up to 12 months where:

- the conditions for making an agreement remain in effect (see "Criteria for making an agreement with a child's kin and others")
- no other alternative living arrangement (e.g., CIHR) is available or appropriate to meet the child's needs
- the agreement meets the child's need for safety, stability and continuity of lifelong relationships, and

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the total duration of the agreement, including all renewals, does not exceed the following maximum timelines:

12 months, if the child or the youngest child who is the subject of the agreement was under five years of age on the date that the agreement was made
18 months, if the child or the youngest child who is subject of the agreement was five years of age or over but under 12 years of age on the date that the agreement was made, or
24 months, if the child or the youngest child who is the subject of the agreement was 12 years of age or over on the date that the agreement was made.

If it becomes evident that reunification is not a likely option, inform the parent and the care provider of legally recognized options that will fulfill the child's need for stability and continuity of lifelong relationships, such as:

guardianship through the Family Relations Act
adoption
custom adoption, if the child is Aboriginal.

Ending an agreement
An agreement ends when any of the following apply:

the parent resumes care of the child
the child no longer resides with the care provider
the required written notice is given by the parent, the person delegated to enter the agreement, or the care provider
the criteria for the agreement no longer apply (see above, "Criteria for making a written agreement with a child's kin and others")
other actions are taken under the CFCSA relating to the care or custody of the child
the agreement expires.

An agreement is automatically terminated when:

the youth reaches 19
the child dies, or
the youth marries.

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<tr><td>ADMINISTRATIVE PROCEDURES</td><td>

Enter all important contacts, relationships and relevant community information on MIS SWS.
Advise the parent and the care provider that the person caring for the child may be eligible for the Child Tax Benefit and that if the care provider applies, the parent's Child Tax Benefit may be affected.

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<tr><td>ADDITIONAL INFORMATION</td><td>

ICS User Guide
Residents of B.C. with inquiries about the Child Tax Benefit can call 1-800-387-1193.

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CFS STANDARD 8: INFORMAL KINSHIP CARE	
KEY DEFINITIONS	

DATE OF RELEASE: April 5, 2004 EFFECTIVE DATE: April 19, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 9: CARE AGREEMENTS	
STANDARD STATEMENT	Consider a care agreement for a parent who is unable to care for a child, when: • support services and informal kinship care are unavailable or inadequate for the child's needs, and • the parent agrees to a plan of care for the child that includes maintaining regular contact and involvement with the child. In addition to the above, when a child needs protection, consider a care agreement as the preferred alternative to a court-ordered decision, if: • a person delegated to make a care agreement and the parent agree that the child needs out-of-home care • through collaborative planning or alternative dispute resolution processes, a plan can be developed to resolve the circumstances that cause the child to need protection, and • reunification of the child and family is expected. In developing a care agreement, when determining the period of the agreement, respect the child's sense of time, and recognize and consider developmental milestones that may occur. If the child is Aboriginal, see Child and Family Service Standard 2: Children and Families from Aboriginal Communities, for additional considerations and service requirements.
INTENT	This standard establishes the parameters within which voluntary care agreements and special needs agreements are made. Where a parent is temporarily unable to care for a child, informal kinship care arrangements are explored and supported before the child is placed in care by agreement. When a child needs protection and informal care arrangements are unavailable or inadequate to meet the child's needs, including the need for stability and continuity of lifelong relationships, care agreements are considered and promoted as preferable to removal.
REFERENCES	• CFCSA: s.6, s.7 • COA: S10.4.03
POLICY	When a child temporarily cannot live at home and support services and informal kinship care are unavailable or inadequate to meet the child's needs, consider: • a voluntary care agreement, or • a special needs agreement. **Criteria for a voluntary care agreement** Consider making a voluntary care agreement (VCA) with a child's parent when: • the services in the agreement would promote the family's capacity to care for the child within the timeframes allowed under the CFCSA, and • reunification with the parents is expected and meets the child's need for continuity and stability of relationships.

If a child needs protection, a VCA may be entered into as a means to keep the child safe when the parent agrees to services and a plan of care to assist in resolving the circumstances that cause the child to need protection. If the child is a youth, before entering into a VCA, consider using a youth service response as the preferred response to keep the youth safe.

Criteria for a special needs agreement
Consider making a special needs agreement (SNA) with a child's parent when:

- the child has special needs, and
- the agreement addresses or meets the child's need for security, stability and continuity of lifelong relationships.

Before offering a SNA, determine whether the child has special needs through an assessment completed by a qualified professional in the area of child development, such as a:

- psychologist
- psychiatrist or pediatrician
- physician
- psychiatric nurse, mental health or infant development worker
- special education teacher, or
- other health care professional who has knowledge of or has recently assessed the child.

Considerations for both VCA and SNA

If the child is Aboriginal
If the child is Aboriginal, advise the parent of services available through the Aboriginal community or delegated Aboriginal agency. Involve the community or agency in planning the agreement unless:

- the parent or child with capacity objects to the involvement, or
- the community or agency does not have the capacity to become involved.

(See Child and Family Service Standard 2: Children and Families from Aboriginal Communities.)

Preparing an agreement
Before entering into an agreement:

- to the extent possible, given the child's level of development:
  - consider the child's views about and sense of safety in regard to the proposed living arrangement
  - ensure that the child understands the reasons for and details of the proposed living arrangement, and
  - explain the rights children in care are entitled to and provide information on those rights
- ensure that the parent entering into the agreement has custody of the child, by having the parent:
  - demonstrate that he or she is the child's primary caregiver

- provide a valid custody order or agreement, or
- with a valid custody order or agreement, acknowledge that the person entering into the agreement is the child's primary caregiver

- arrange for ongoing sharing of confidential information among all parties involved
- confirm how the parent and other significant people in the child's life will maintain contact and involvement with the child
- agree on the timeframe for the agreement within the maximum timeframes established under the CFCSA
- determine the parent's contribution to the child's care (see Child and Family Service Standard 10: Parental Contribution to a Child's Care)
- confirm that the services being offered in the agreement are available, including the out-of-home living arrangement
- confirm the transfer of guardianship authority from the parent, and
- confirm the notice that must be given by the parent or the worker to end the agreement.

Completing an agreement
Complete the agreement with the parent, and the child when appropriate, specifying:

- the transfer of care from the parent to the caregiver
- a description of the initial plan of care and plan for parental contact
- where the child will reside
- the time period of the agreement, and
- the parental contribution to the child's care, if any.

Supporting an agreement
Support a child's living arrangement through an agreement by:

- promoting and supporting the goal of reunification, including supporting the child's family
- promoting and supporting the child's connections to family, community and culture, by:
  - encouraging the child to maintain contact with family and providing support for family contact
  - providing the child with information about parental activities and progress towards family reunification or other options to ensure stability and continuity of lifelong relationships
  - providing assistance for the child in maintaining relationships with siblings through visits and shared activities wherever possible, and
  - providing assistance in addressing family conflicts
- determining the child's needs and stabilizing the child's living arrangements, and
- identifying and preparing extended family who may be a resource, either as temporary respite or as an alternative care provider.

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Reviewing and renewing an agreement
Review an agreement with a parent:

at the request of the child, parent, or, if involved, a representative of the child's Aboriginal community
at intervals relevant to the child's level of development, or
before the agreement expires or is extended.

Consider renewing the agreement with the parent:

after a review of the agreement
when consistent with the child's plan of care and best interests, and
according to timeframes established under the CFCSA.

If the parent does not resume care of the child when the agreement ends, the term of the agreement may be extended for a maximum of 30 days in order to amend the plan for the child.

Ending an agreement
An agreement ends when any of the following apply:

the parent resumes care of the child
the child is not willing or able to reside with a caregiver
the required written notice is given by either the parent or the person delegated to enter the agreement
the criteria for making the agreement no longer apply (see above, "Criteria for a voluntary care agreement" or "Criteria for a special needs agreement")
other actions are taken under the CFCSA relating to the care or custody of the child
the agreement, including a 30-day extension, expires.

An agreement is automatically terminated when:

the youth reaches 19
the child dies, or
the youth marries.

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<tr><td>ADMINISTRATIVE PROCEDURES</td><td>Enter all important contacts, relationships and relevant community information on MIS SWS.</td></tr>
<tr><td>ADDITIONAL INFORMATION</td><td></td></tr>
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CFS STANDARD 9: CARE AGREEMENTS	
KEY DEFINITIONS	**special needs:** a child with special needs has a documented significant impairment associated with an ongoing physical, cognitive, communicative, and/or emotional/behavioural condition that requires specialized care and support. **youth service response:** a differential response to youth in need of assistance through CFCSA s.12.1 and s.12.2, which involves screening, assessment, short-term planning and utilization of youth support services, such as youth-family mediation, mentorship, safe housing and outreach services. A youth service response may also provide comprehensive longer-term service planning for a youth receiving services for mental health issues, or receiving services through a youth agreement. Out-of-care supported living services may in turn use any number of youth services, such as one-to-one youth support workers, group supports and youth housing supports, including safe housing.

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PROGRAM AREA: Child and Family Development Service – Transformation Division

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CFS STANDARD 10: PARENTAL CONTRIBUTION TO A CHILD'S CARE	
STANDARD STATEMENT	Support the parent in maintaining responsibility for contributing to a child's care, and make a written agreement with the parent detailing the contribution. If unable to reach an agreement with a parent on the amount or kind of contribution, offer and promote alternative dispute resolution processes for reaching agreement.
INTENT	When a child is in care or has an out-of-care living arrangement, the parent is encouraged to contribute either financially or in kind to the child's day-to-day care. This standard is consistent with a guiding principle of the CFCSA: that the protection and care of a child rests primarily with the parents. The standard reinforces the important role that financial and other contributions have in ensuring continuation of the parent's ongoing connection with and active commitment to the child. Maintenance contribution is often a contentious issue; resolution through the use of alternative dispute resolution processes is preferable to court-ordered decisions.
REFERENCES	• CFCSA: s.97 • Reference Guide: *Parental Contributions to a Child's Care:* http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cfs/refguide_parent_contribution.pdf
POLICY	Parents remain responsible for contributing to the care of a child unless the child is under an interim or continuing custody order. **Kinds of parental contribution and support** Parental contribution includes financial support as determined by an income test. Once the financial contribution is assessed, consider acknowledging in-kind contributions, such as clothing; transportation; school, recreational or activity fees; and other contributions related to the child's care. **Determining a parent's financial contribution** Determine a parent's financial contribution by applying the Federal Child Support Guidelines. (See administrative procedures.) Complete a review of parental contribution yearly if services are provided for terms beyond 12 months or circumstances have changed that permit waiving the parent's contribution. **Advising a parent of payment and enforcement procedures** Advise a parent of the payment and enforcement procedures for financial contribution. (See Reference Guide: Parental Contribution to a Child's Care.)

Waiving a parent's financial contribution
Consider waiving a parent's financial contribution when:

- the parent provides written confirmation that the total family income is derived from BC Benefits, Employment Insurance Canada or the Canada Pension Plan
- the services are required for less than 30 days, or
- the calculated financial contribution is under $25.00 per month
- in the case of a youth agreement, requiring the parent to contribute is not in the youth's best interests.

When the contribution is waived because services are required for less than 30 days, review the decision after 30 days. Where the services extend for longer than 30 days, apply for maintenance and backdate the maintenance to the first date of service provision.

Selecting an appropriate alternative dispute resolution process
If a child is in care by a court order and agreement is reached on an alternative dispute resolution process for determining the parental contribution, refer the matter to a mediator on the approved mediation roster. (See the CFCS list in the MCFD Intranet for the roster of approved mediators):
http://www.mediator-roster.bc.ca/listall_cp.cfm

When out-of-home care is provided without a court order, and an alternative dispute resolution process is needed to determine parental contribution, use community-based alternative dispute resolution services that are respectful of the culture and family, including services provided by volunteer-based organizations.

Applying for a maintenance order
If a child is in care by a court order, or is the subject of a voluntary care agreement, special needs agreement or youth agreement, and an agreement with the parent on financial contribution cannot be reached using mediation or other alternative dispute resolution processes, consider applying for a maintenance order. (See administrative procedures.)

Advising a parent of the need to reapply for the Child Tax Benefit
Provide the parent with all information about the loss of and reinstatement of the Child Tax Benefit when a child enters and leaves care or a youth agreement ends, and assist the parent with the Child Tax Benefit reinstatement process.

See Reference Guide: *Parental Contribution to a Child's Care* at
http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cfs/refguide_parent_contribution.pdf

CFS STANDARD 10: PARENTAL CONTRIBUTION TO A CHILD'S CARE	
ADMINISTRATIVE PROCEDURES	**Completing an agreement** • Complete the agreement with the parent (Form CF2615). • Provide the parent and the Financial Services Branch (MCFD) with copies. • File a copy in the child's and parent's file. **Applying for a maintenance order** • Complete and file Form 2 (Application for an Order) with the provincial court. • Obtain a date and time for a hearing from the registry. • Serve notice of the time, date and place of the hearing on the parent and any others requiring notice. • Provide the parent with information about the terms of the order, including the amount of financial contribution requested in the order. • Consult with contract legal counsel about the evidence required for the hearing. If you want to shorten or extend the timeframe for service or apply to dispense with the requirement for notice, consult with contract legal counsel. **Loss and reinstatement of Child Tax Benefit** On return of a child to a parent's care, or when a youth agreement ends, provide the parent with: • written information about how to reapply for the Child Tax Benefit, and • the Child Tax Benefit Application kit.
ADDITIONAL INFORMATION	Residents of B.C. with inquiries about the Child Tax Benefit can call 1-800-387-1193.
KEY DEFINITIONS	

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CFS STANDARD 11: WHEN A CHILD IS AT IMMEDIATE RISK OF HARM	
STANDARD STATEMENT	When information indicates that a child is at immediate risk of harm, on receiving that information take the necessary steps to ensure the child's immediate safety and health.
INTENT	In keeping with the overriding principle of the CFCSA—that the safety and well-being of children is paramount—this standard reinforces the need to take direct and immediate action to address circumstances where a child may be at immediate risk of harm. These actions are always unique to the child's circumstances and are taken in collaboration with other community service providers, such as police. The placement of this standard before the standard on "Assessing a child protection report and determining the most appropriate response" is purposeful. It provides the opportunity to first take action to resolve immediate safety issues before determining, in a thoughtful manner, the most appropriate ongoing response (e.g., family development response, investigation, no further action) that best fits the child's and family's circumstances.
REFERENCES	• CFCSA: s.25, s.26, s.27, s.28, s.29 • Infants Act: s.16 • COA: S10.3.03
POLICY	When a child may be at immediate risk of harm, take immediate action and provide the necessary services to ensure his or her safety and health. Steps to ensure a child's immediate safety include: • providing intensive in-home support services (e.g., homemaker services) • remaining with the child until the parents can be located • if the child agrees, taking him or her to stay with someone who will keep him or her safe • if the parent agrees, arranging for the child to stay with extended family or another person known to the child who can provide a safe place for the child • taking charge if required and taking the child to a safe place (e.g., day care, family home, hospital), • if the parent is available and consents, entering into a voluntary care agreement to place the child in an out-of-home living arrangement (e.g., foster home), or • removing the child. If personally unable to see the child, ask one of the following to see the child immediately: • a police officer • a public health nurse, or • another person who can determine whether the child's safety or health is in immediate danger.

CFS STANDARD 11: WHEN A CHILD IS AT IMMEDIATE RISK OF HARM	
	If the steps to ensure the child's safety include taking charge of the child, consent to necessary health care if the child who has been taken charge of has health needs that require immediate attention and a health care provider recommends treatment without delay. If at all possible, take the child to a health care provider who knows the child. Consent to necessary health care is limited to the child's right to consent to treatment under the Infant's Act. If the child is Aboriginal, work with the involved Aboriginal community or identified delegated agency to: • identify a safe place for the child, or • if necessary, identify an Aboriginal community member to see the child and determine whether the child is at immediate risk of harm. If the child is a youth, consider a youth service response if this response will meet the youth's need for immediate safety. See the Standards for Youth Support Services and Agreements for more information on responses to youth in high-risk situations. After taking steps to ensure the child's immediate safety, determine what further response is required. (See Child and Family Service Standard 12: Assessing a Child Protection Report and Determining the Most Appropriate Response).
ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	Standards for Youth Support Services and Agreements—Screening and Assessment, and Youth Agreements: http://icw.mcf.gov.bc.ca/provserv/yserv/docs/ia/stand_youth_sup_serv.pdf
KEY DEFINITIONS	

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CFS STANDARD 12: ASSESSING A CHILD PROTECTION REPORT AND DETERMINING THE MOST APPROPRIATE RESPONSE	
STANDARD STATEMENT	Assess every report received about a child's need for protection, and determine the most appropriate response within five calendar days of receiving the report. Appropriate responses include: • taking no further action • referring the family to informal and formal support services • providing a family development response • if the child is a youth, providing a youth service response • conducting a child protection investigation. If a child is at immediate risk of harm, see Child and Family Service Standard 11: When the Child Is at Immediate Risk of Harm.
INTENT	This standard requires that relevant information about a child and family be gathered within a timeframe appropriate to the reported circumstances. The information is used to determine the most appropriate response and requires the use of standardized assessment tools that have been developed and endorsed by leading practitioners and researchers to inform clinical judgment. An appropriate response takes into account the child's developmental level and vulnerability, and family and community strengths and capacities. The focus of the response is not on process but on achieving the best outcome for the child while promoting safety and minimizing the trauma associated with disruptive interventions.
REFERENCES	• CFCSA: s.13, s.14, s.15, s.16, s.27, s.96 • COA: S10.2.03, S10.2.05, S10.2.07, G8.1.02, G8.1.03, G1.2.02 • Guidelines for Provision of Youth Services: http://icw.mcf.gov.bc.ca/manuals/docs/provserv/guidelines_youth_services.pdf
POLICY	**Obtaining information from a reporter** When receiving a report about a child's need for protection, obtain from the reporter: • information relating to the basis of the reporter's belief that the child may need protection • the name, present location, description of and contact information for any child the reporter believes may need protection • the names of and contact information for the child's family and others who may be involved • the current circumstances of the child • the names of other people, organizations or agencies who may be familiar with the child's circumstances, and • the reporter's relationship to the child and family.

Providing a reporter with information about timeframe, outcome and responsibility

Discuss with a reporter:

- the estimated timeframe for the response
- if and how the reporter will be advised of the outcome of the assessment of the information received, and
- the reporter's possible ongoing responsibility as a resource to the child and family.

Confirm that the reporter's identity is confidential and will not be disclosed without the reporter's consent unless required in a court proceeding.

Gathering additional information related to a report

If additional information is needed to determine the most appropriate response, consider contacting the parent. If the subject of the report is a youth, consider speaking to the youth. Seek the parent's consent before to speaking to the youth, unless parental consent is not in the youth's best interests.

With the parent's consent, consider contacting the following for additional information:

- the child or other children (unless the child made the report)
- others who may have information needed to assess the report and determine the most appropriate response.

When individuals or organizations have been identified as having relevant information relating to a report, obtain this information whenever possible.

Assessing information related to a report

To assess a report, review:

- the information provided by the reporter
- all past records and other relevant and accessible information, and
- information provided by contacted individuals who provided relevant information about the child's circumstances.

If, after a review of all available information, it appears that the child may need protection as described in s.13 of the CFCSA, determine the most appropriate response to the report.

Determining the most appropriate response to a report

After completing a thorough assessment of all available information, use a standardized, culturally appropriate assessment tool to inform the decision about the most appropriate response, to ensure the child's safety and well-being and promote the family's and community's capacity to care safely for the child.

Appropriate responses could include:

- taking no further action

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<tr><th colspan="2">CFS STANDARD 12: ASSESSING A CHILD PROTECTION REPORT AND DETERMINING THE MOST APPROPRIATE RESPONSE</th></tr>
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referring the family to natural helpers, or informal or formal community-based support services
a family development response (see Child and Family Service Standard 14: Family Development Response)
investigating the child's need for protection (see Child and Family Service Standard 16: Conducting a Child Protection Investigation).

Responding to a child protection report involving a youth
If the subject of a child protection report is a youth, provide a response that will keep the youth safe and that fits his or her needs while building his or her capacity. In most circumstances, conducting a child protection investigation will not be the best response for a youth.
When determining the best response to a child protection report involving a youth, consider:

the youth's age
the youth's developmental level and capacity
the youth's strengths and needs, and
whether services that fit the needs of the youth are available in the youth's community.

A child protection investigation may be the best response for a youth who is developmentally delayed.
See the Standards for Youth Support Services and Agreements for additional information on youth assessments, planning, integrated service response, and alternatives for youth through a youth service response.
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<tr><td>ADMINISTRATIVE PROCEDURES</td><td>

Record the intake on MIS SWS.
Complete the review of information available on MIS SWS through a Prior Contact Check (see instructions in the ICS User Guide).
Where a file exists outside the office where the call is taken, contact the person with the most recent information about the child or family to discuss the report, and record the information provided.
If the family has recently moved to B.C., contact the child welfare authority from the family's home community and request and record any information they might provide.
Record the results of the assessment and the response taken in the electronic and physical files.

</td></tr>
<tr><td>ADDITIONAL INFORMATION</td><td>

Standards for Youth Support Services and Agreements: http://icw.mcf.gov.bc.ca/provserv/yserv/docs/ia/stand_youth_sup_serv.pdf
Best Practice Approaches to Violence Against Women in Relationships

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CFS STANDARD 12: ASSESSING A CHILD PROTECTION REPORT AND DETERMINING THE MOST APPROPRIATE RESPONSE	
KEY DEFINITIONS	**youth service response:** a differential response to youth in need of assistance through CFCSA s.12.1 and s.12.2, which involves screening, assessment, short-term planning and utilization of youth support services, such as youth-family mediation, mentorship, safe housing and outreach services. A youth services response may also provide comprehensive longer-term service planning for a youth receiving services for mental health issues, or receiving services through a youth agreement. Out-of-care supported living services may in turn use any number of youth services, such as one-to-one youth support workers, group supports and youth housing supports, including safe housing.

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PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 13: INFORMING THE POLICE	
STANDARD STATEMENT	Immediately inform the police if information is received indicating that: • a child has been physically harmed • a child has been sexually abused or sexually exploited, or • a criminal act may have occurred that affects the immediate safety of a child.
INTENT	The intent of this standard is to promote and support a collaborative working relationship with police in cases where it is possible that criminal charges will be laid. Informing police is the first step in clarifying roles and responsibilities when both the director and police are jointly investigating circumstances where a child may be a victim of a crime. Coordinating joint investigations reduces the trauma for a child associated with interviewing, medical exams and other investigative activities.
REFERENCES	• *BC Handbook for Action on Child Abuse and Neglect* http://www.mcf.gov.bc.ca/child_protection/pdf/handbook_action_child_abuse.pdf • Criminal Code of Canada: http://lois.justice.gc.ca/en/C-46/index.html • COA: S10.3.06 • Regional protocols with police
POLICY	If at any point it is believed that a child has been physically harmed, sexually abused or sexually exploited, or that a criminal act may have occurred that affects the immediate safety of a child, immediately: • inform the police of all information relevant to a potential criminal investigation • discuss with police the need for a coordinated joint investigation • follow all local and provincial protocols relevant to joint investigations, and • inform the police of the assessment of and planned response to the report. When required, coordinate with the police the involvement of services to support the victim, where available.
ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	
KEY DEFINITIONS	

DATE OF RELEASE: April 5, 2004 EFFECTIVE DATE: April 19, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 14: FAMILY DEVELOPMENT RESPONSE	
STANDARD STATEMENT	When a decision has been made to provide a family development response as the best response to a child protection report: • conduct an assessment of the family's situation, using standardized, culturally appropriate assessment tools • involve the child, family and extended family in the process, and • develop a plan to support the child and family that involves community service providers and addresses the child's safety and health throughout the process. If the child is Aboriginal, see Child and Family Service Standard 2: Children and Families from Aboriginal Communities, for additional considerations and service requirements.
INTENT	This standard supports the provision of an alternative response in circumstances where identified risks of harm to a child can be managed through the provision of intensive, time-limited support services rather than an investigation. A thorough assessment of strengths and risks within the family, and an ongoing goal-oriented relationship with the child and family, are fundamental components of this response. The family development response requires that the family be engaged and that both informal and formal community services be directly involved to address identified risks. The focus of this response is on achieving the outcome of building family capacity to safely care for the child by strengthening connections with extended family, natural helpers and community helping networks.
REFERENCES	• CFCSA: s.16(2), s.5 • COA: S10.3.04 • "Assessment Tools to Promote Collaborative Practice and Service Delivery": http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cfs/assess_tools_collab_pract.pdf
POLICY	**Initiating a family development response** Initiate a family development response when: • it has been determined through a standardized, culturally appropriate assessment tool that the nature of the harm and level of risk to the child may be appropriately addressed through a family development response (see Child and Family Service Standard 12: Assessing a Child Protection Report and Determining the Most Appropriate Response) • the family agrees to participate in the assessment of its strengths and risks, and • the family agrees to participate in support services to meet its needs as identified through an assessment of strengths and risks, including the ongoing involvement of the person initiating the family development response.

CFS STANDARD 14: FAMILY DEVELOPMENT RESPONSE	
	Monitoring the provision of ongoing services Throughout the period in which services are provided, regularly reassess the family's strengths and risks to ensure that the child is safe and that the services continue to meet the family's needs. If the family development response services are provided by a community service agency, ensure that an agreement is in place about roles and responsibilities in monitoring the family development response. An agreement includes information about how and when child protection reports will be referred to a person delegated to respond to reports under the CFCSA. **If risks cannot be managed through a family development response** If the reassessment indicates that the risks identified cannot be effectively addressed through a family development response: • report the circumstances to a person delegated to investigate the matter, and • make an agreement with the person conducting the investigation on further responsibilities and roles for involvement with the family. **Ending a family development response** Before ending a family development response: • ensure that an assessment of the family's progress shows that the parents are able to keep the child safe without further involvement of services provided through the family development response • involve the family in the decision to end the response • advise extended family, delegated agencies and community service providers involved with the family of the decision to end the response, and • give the family information about further informal and formal support services available in the community.
ADMINISTRATIVE PROCEDURES	Record the decision to provide a family development response on ICS. An electronic and physical family service file remains open during the period of the family development response to store all records created as a result of the response.
ADDITIONAL INFORMATION	
KEY DEFINITIONS	**family development response:** an approach to child protection reports when, according to an assessment, the risk of harm can be managed through the provision of intensive, time-limited support services. It includes a strengths-based assessment of the family's capacity to safely care for a child, and provision of support services, instead of a child protection investigation.

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PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 15: YOUTH SERVICE RESPONSE	
STANDARD STATEMENT	When a decision has been made to provide a youth service response as the best response to a child protection report: • conduct a further assessment of the youth's situation to assist the youth in addressing immediate risks and needs through a short-term safety plan • develop a longer-term service plan (if required) through identifying the youth's needs, strengths and personal/family/community resources. If the youth is Aboriginal, see Child and Family Service Standard 2: Children and Families from Aboriginal Communities, for additional considerations and service requirements.
REFERENCES	• CFCSA: s.12.1, s.12.2 • CFCSA Regulation: s.8 • Standards for Youth Support Services and Agreements: http://icw.mcf.gov.bc.ca/provserv/yserv/docs/ia/stand_youth_sup_serv.pdf • Youth Immediate Needs Assessment and Safety Plan (cf0704): http://icw.mcf.gov.bc.ca/forms/CF0706FILL_JUN04.pdf
POLICY	**Initiating a youth service response** For information on initiating a youth service response, see Child and Family Service Standard 12: Assessing a Child Protection Report and Determining the Most Appropriate Response. **Immediate needs assessment, safety plan and interim supports** If providing a youth service response, assess the youth's immediate risks and basic needs, which include but are not limited to: • food • clothing • shelter • safety • a contracted support worker • a protective intervention order • medical or other clinical treatment. Based on the immediate needs assessment, develop and implement a short-term safety plan to: • address identified needs and risks, and • support the youth during an interim period in which further assessment and planning can take place (plans may include reunification with or repatriation to family or home community). **Longer-term comprehensive youth service planning** Longer-term comprehensive youth service plans, such as youth-family reintegration plans and out-of-care supported independent living plans (e.g., youth agreements) may include:

CFS STANDARD 15: YOUTH SERVICE RESPONSE	
	• youth housing supports (where available), such as longer-term residency in a safe house • youth-family mediation • contracted youth support workers. If providing a youth services response, see the Standards for Youth Support Services and Agreements on "Screening and Assessment" and "Youth Agreements" for more detailed information on eligibility screening, assessment, planning and case management.
ADMINISTRATIVE PROCEDURES	See the Youth Services section of the MCFD Systems User Guide for MIS SWS administrative procedures related to support services to youth and youth agreements: http://icw.mcf.gov.bc.ca/rasp/sysops/user_guide/docs/sect/24Youth.pdf
ADDITIONAL INFORMATION/ RESOURCES	• Guidelines for Provision of Youth Services • Research Review of Best Practices in Provision of Youth Services
KEY DEFINITIONS	**youth:** a person who is 16 years of age or over but under 19 years of age.

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PROGRAM AREA: Child and Family Development Service – Transformation Division

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CFS STANDARD 16: CONDUCTING A CHILD PROTECTION INVESTIGATION	
STANDARD STATEMENT	After a thorough assessment of the information in a child protection report, if a decision is made to investigate, begin immediately if: • the child's safety or health may be in immediate danger, or • the child is vulnerable to serious harm because of age or developmental level. In all other circumstances, when a decision is made to investigate, begin a thorough investigation appropriate to the report within five calendar days. Each investigation includes, at minimum: • seeing the child and all other vulnerable children in the home • interviewing the child and all other vulnerable children in the home, where developmentally appropriate and with supports if necessary • directly observing the child's living situation • seeing and interviewing the parent • reviewing all relevant and necessary information related to the report, including existing case records and files, and • obtaining information from people who may have relevant knowledge of the family and/or child. Throughout the investigation, consider and provide services that ensure the child's safety, including out-of-home care options, and if the child is Aboriginal, work in partnership with the appropriate Aboriginal community or agency. Complete the investigation within 30 calendar days of beginning the investigation.
INTENT	This standard provides timelines and minimum requirements for an investigation undertaken in response to a child protection report. An investigation is a process of responding in a timely way to serious child protection concerns where a thorough assessment indicates that risks to the child cannot be managed through any other response (e.g., family development response, referral to community, youth services response). Working collaboratively with families is preferable, but not always possible. The focus of an investigation is on thoroughly gathering and assessing the information about the alleged incident and risks of future harm. Direct interviews with the child and family are essential to the investigation process, and where required, are coordinated with police and other involved agencies and persons.
REFERENCES	• CFCSA: s.13, s.16, s.17, s.18, s.19, s.25, s.26, s.27 • Infants Act: s.16 • COA: S10.3.04

CFS STANDARD 16: CONDUCTING A CHILD PROTECTION INVESTIGATION	
POLICY	**Determining an immediate response** Base a decision to immediately investigate a child's need for protection on: • the severity of harm to the child • the age and vulnerability of the child • whether there is current injury or harm to the child, and • the likelihood of immediate harm to the child. A child may be considered highly vulnerable when he or she: • is five years of age or under • is not visible in the community (e.g., is not attending daycare, public health, preschool, school), or • has a medical condition or developmental disability or displays behaviours that may affect his or her immediate health or safety. Consider protective factors in the child's life by considering the relationships and resources available to the child and his or her ability to access them. **Conducting an investigation when an immediate response is not required** When an immediate response is not required, begin a thorough investigation within five days. **If the child requires a medical examination** Further to the minimum requirements for conducting an investigation as described in this standard, arrange for a medical examination of the child as required according to the child's circumstances (e.g., when the child may have been physically harmed or sexually abused, or if the child has a medical condition that needs treatment). Whenever possible, obtain the parent's consent before the medical examination. If the parent refuses or is unable to give consent for the child's medical examination, consider: • authorizing a medical examination under s.17 of the CFCSA, or • removing the child and authorizing a medical examination. If the child has capacity to consent to medical treatment, the child's decision to accept or reject medical treatment may not be over-ridden. **Working with a family and involved extended family throughout an investigation** To the fullest extent possible, consistent with ensuring a child's safety, involve the family in planning and decision making throughout an investigation, by: • providing the reasons for the investigation • explaining how the investigation will proceed • asking the parent who else might play a role in keeping the child safe during the investigation

- determining who will be contacted and whenever possible obtaining the parent's agreement to contact
- seeking information from the parent about who else could contribute information to assist with the investigation, and
- attempting to work cooperatively with the parent to seek agreement on how to ensure the child's safety, using mediation or other alternative dispute resolution processes if necessary, unless this might jeopardize the child's safety or the investigation.

Involve the extended family and others who might play a role in keeping the child safe during the investigation.

Before seeing and interviewing a child
Make every effort to inform the parent before seeing and interviewing a child, unless this might jeopardize the child's safety or the investigation.

Obtain and consider relevant background information about the child and his or her family, including:

- the child's developmental level
- the child's emotional and behavioural state, and
- family and extended family relationships.

If the child is Aboriginal, contact the involved Aboriginal community or identified delegated agency according to established protocols, when planning to interview the child.

If unable to see or interview a child
If a child cannot be interviewed within a timeframe that will ensure his or her safety, arrange for another responsible person to see the child, and work with the person to ensure the child's immediate safety. Consider the following as possible alternatives for seeing or interviewing the child:

- police
- public health nurse
- band social worker, or
- another responsible person.

Moving a child
When a child must be moved to be interviewed, obtain the consent of the parent or the child, unless action has been taken to take charge of or remove the child.

When a child or family cannot be located
When a child is considered to be in immediate danger and the child or family cannot be located, make every effort to locate them, including:

- involving the police if the child is highly vulnerable, and
- arranging for information alerts to be placed on provincial and, where required, inter-provincial, federal and other information systems.

CFS STANDARD 16: CONDUCTING A CHILD PROTECTION INVESTIGATION	
	Provision of services during an investigation Consider natural helpers and informal and formal supports in the community as a means to keep a child safe during an investigation. If necessary, have the parent identify resources and people who can provide out-of-home care options for the child. Complete the investigation within 30 calendar days of commencement (see Child and Family Service Standard 17: Concluding the Investigation). When information is obtained during an investigation that indicates that the child does not need protection, the investigation may be ended, and, when required, an alternative response may be chosen.
ADMINISTRATIVE PROCEDURES	Place an alert on MIS SWS when a child or family cannot be located.
ADDITIONAL INFORMATION	
KEY DEFINITIONS	

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PROGRAM AREA: Child and Family Development Service – Transformation Division

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CFS STANDARD 17: CONCLUDING A CHILD PROTECTION INVESTIGATION	
STANDARD STATEMENT	A child protection investigation is concluded when all information is gathered to determine whether a child needs protection and what steps, if any, are required to address the child's need for protection. Complete each investigation within 30 calendar days. At the conclusion of the investigation, make all reasonable efforts to report the result of the investigation to the person who made the report. Inform the following of the results of the investigation and what further actions, if any, will be taken: • each parent who is involved in the child's care • the child • the Aboriginal community or identified delegated agency if the child is Aboriginal, and • extended family, community members, informal and formal support service providers and others involved with the family and who may play a role in keeping the child safe. Do not disclose the results of the investigation if doing so could: • endanger the child's safety or cause physical or emotional harm to any person, or • interfere with a criminal investigation into the matter.
INTENT	This standard provides timelines for completing a child protection investigation and requirements for reporting the results of the investigation. The purpose of a child protection investigation is to determine, in a timely way, whether there are reasonable grounds to believe that the child needs protection. The information gathered informs decisions about what further actions are needed to ensure the child's ongoing safety and well-being, including court actions. The investigation is concluded when sufficient information is gathered to make a plan to keep the child safe. The results of the investigation are shared with others who need the information to support and reinforce their roles and responsibilities in protecting and caring for the child. This information includes assessments, decisions made, and actions taken and planned.
REFERENCES	CFCSA: s.16
POLICY	To conclude an investigation, decide whether the child needs protection, by: • considering the relevant information collected during an investigation • examining the strengths and risks of the family, using a standardized, culturally appropriate assessment tool • considering what role natural helpers and informal and formal supports can play in keeping the child safe, and

CFS STANDARD 17: CONCLUDING A CHILD PROTECTION INVESTIGATION	
	• consulting with others who are familiar with or have specialized knowledge of the child's circumstances. **Informing about the results of an investigation** Inform those who are entitled to be notified of the results of the investigation as soon as possible after concluding the investigation. Disclose information either verbally or in writing, in accordance with the requirements of Part 5 of the CFCSA. When informing people about the results of the investigation, discuss their willingness and ability to play an ongoing role in keeping the child safe. If a criminal investigation is underway or being contemplated, consult with police to determine whether disclosing information will jeopardize the investigation.
ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	
KEY DEFINITIONS	

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PROGRAM AREA: Child and Family Development Service – Transformation Division

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CFS STANDARD 18: DEVELOPING AND IMPLEMENTING A PLAN TO KEEP A CHILD SAFE	
STANDARD STATEMENT	When a child needs protection, develop with the family and extended family, and involving the child, a plan that: • ensures the child's safety and well-being • is based on family strengths and risks identified using standardized, culturally appropriate assessment tools • whenever possible, through collaborative planning and alternative dispute resolution processes, establishes an agreement with the family about the need for natural helpers and informal and formal support services to keep the child safe • addresses the child's need for stability and continuity of lifelong relationships, and • to the fullest extent possible supports and strengthens the family's, extended family's and community's capacity to care for the child. On a regular and ongoing basis, and when there is a significant change in the circumstances of the child or family: • complete a reassessment of family strengths and risks that addresses the developmental needs of the child, and • review the results of the reassessment with the child, family, extended family and others involved to determine whether changes to the plan are required.
INTENT	This standard reinforces the importance of involving a family and community in developing a plan to build family and community capacity to keep a child safe. The plan is based on an assessment of identified strengths and risks and strives to engage the family in a trusting, cooperative working relationship. The most effective plans are those in which the family is actively involved in the decision making and actively participates in the development of strategies, solutions and services that work toward ensuring the child's safety and well-being. The plan includes processes for regularly reviewing the effectiveness of the plan and identifying required changes.
REFERENCES	COA: S10.3.04, S10.4.03, S10.5.01, S10.5.02
POLICY	As soon as possible after determining that a child needs protection, develop a plan to keep the child safe based on a culturally appropriate assessment of the strengths and risks of the child, family, extended family and community. Ensure that the plan outlines what steps are being taken to address the child's safety and well-being. If the child is a youth, consider using a youth service response in the plan to keep the youth safe (including, for example, youth-family mediation or safe housing).

CFS STANDARD 18: DEVELOPING AND IMPLEMENTING A PLAN TO KEEP A CHILD SAFE	
	Components of a plan A plan for a child in need of protection addresses: • strengths of the child and family that mitigate the safety risks to the child • identified risks to the child's safety • how the identified goals for the child and family will be met • the child's need for stability and continuity of relationships • strategies for keeping the child safe, including services to support or strengthen the family's capacity to care safely for the child, and • timeframes for review of the plan. Strategies for keeping the child safe are based on a careful assessment of identified strengths and risks, and can include: • providing information about and facilitating access to natural helpers and informal and formal support services, if adequate and available (for additional information on the provision of services, see Child and Family Service Standard 7: Support Services to Strengthen Capacity) • informal kinship care (for additional information on using kinship care to keep a child safe, see Child and Family Service Standard 8: Informal Kinship Care) • family conferencing, to facilitate development of a safety plan • if the child is a youth, providing a youth service response, including youth-family mediation, safe houses, and outreach/support workers • voluntary or special needs care agreements (see Child and Family Service Standard 9: Care Agreements) • a supervision order without removal • removing a child and placing with relatives or people known to him or her, or if necessary with another caregiver. When developing the plan, involve, collaborate with and consider the views of: • the child, family and extended family • if the child is Aboriginal, the appropriate Aboriginal community or identified delegated agency • other significant persons known to the child and family, and • service providers who can play a role in keeping the child safe. **Reassessing a plan to keep a child safe** On a regular and ongoing basis, reassess the plan to determine whether it is sufficient to keep the child safe. Reassess the plan when there are significant changes in the circumstances of the child or family, including: • a change in family composition (e.g., a child, youth or adult moving out of or into the family home; a death in the family) • a change in the physical or mental health of the child, family or extended family

CFS STANDARD 18: DEVELOPING AND IMPLEMENTING A PLAN TO KEEP A CHILD SAFE	
	• changes of significant support persons or in available resources (e.g., a close friend moving away; loss of or gaining employment) • involvement in criminal activities that pose a risk to the child. When determining whether the plan is adequate to keep the child safe, consider both the strengths and risks of the child, family, extended family, community and Aboriginal community. Offer and provide services and supports that build on the strengths of the child, family and community. Give ongoing consideration to whether the plan meets the child's changing physical and developmental needs. **Reviewing the results of a reassessment** Review and discuss the results of a reassessment of a plan to keep a child safe with those who were involved in the reassessment, including the child and others who play a role in keeping the child safe. Whenever possible, give a written copy of a revised plan to keep a child safe to those who are involved in implementing the plan.
ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	
KEY DEFINITIONS	

DATE OF RELEASE: April 5, 2004 EFFECTIVE DATE: April 19, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 19: REMOVING A CHILD	
STANDARD STATEMENT	When a child needs protection, consider removal only when: • the child is in immediate danger, or • after fully exploring support services, alternative care options and approaches (including alternative traditional dispute resolution processes, family conferencing and mediation), there are no other means to keep the child safe.
INTENT	This standard reflects the legislative grounds for removing a child: unless a child is in immediate danger, all options for keeping the child safe other than removal must be fully explored and implemented where available and adequate. The standard recognizes the intrusive and disruptive nature of this action, and the associated policy describes necessary legislative requirements and accountabilities once this action has been taken.
REFERENCES	• CFCSA: s.5, s.6, s.8, s.28, s.29.1, s.30, s.31 • COA: S10.1.01, S10.4.02
POLICY	When a child needs protection but is not in immediate danger, fully explore less disruptive measures to keep the child safe, including: • informal or formal support services, including a support services agreement with the parent (see Child and Family Service Standard 7: Support Services to Strengthen Capacity) • an agreement with the parent on a plan to address the child's immediate safety • an arrangement for the child to reside with extended family or someone with a significant relationship to the child, and if necessary with support services (see Child and Family Service Standard 8: Informal Kinship Care) • if the child is a youth, a youth service response, including, for example, a youth services agreement • an agreement with the parent for the child to reside in an out-of-home living arrangement (see Child and Family Service Standard 9: Care Agreements) • a referral to traditional dispute resolution, family conferencing, mediation or other alternative dispute resolution processes to assist in developing a plan to keep the child safe (see Child and Family Service Standard 4: Cooperative Planning and Dispute Resolution Processes) • taking charge of the child • a supervision order under s.29.1 of the CFCSA • an agreement with the parent to ensure that a person who has caused the child's need for protection has left or will leave the home. Where contact between a child and another person is likely to result in harm to the child, consider applying for a protective intervention order under s.28 of the CFCSA.

CFS STANDARD 19: REMOVING A CHILD	
	Notifying a parent of a child's removal As soon as possible after a child has been removed, if the child's parent was not present, make all reasonable efforts to contact the parent and explain the reasons for the removal. Wherever practicable, provide this information in writing. Provide the parent with information about what will happen next, including the date and time of the presentation hearing, if known. Advise the parent about where to obtain legal services.
ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	
KEY DEFINITIONS	

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PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 20: PLACEMENTS WHEN A CHILD COMES INTO CARE	
STANDARD STATEMENT	Give priority to placing a child with extended family, consistent with the child's best interests and need for stability and continuity of lifelong relationships. In addition to the above, if a child is Aboriginal, always give priority to placing the child within the child's Aboriginal cultural community. If the extended family or community cannot safely assume the child's care, give priority to placing the child with another Aboriginal family outside the child's Aboriginal cultural community. If these placement priorities are not possible, make every effort to place the child in a location: • where he or she can maintain contact with relatives and friends • in the same family unit as the child's brothers and sisters • that will allow the child to continue in the same school, and • that will allow continued contact with his or her cultural community. If an Aboriginal child is placed in a non-Aboriginal home, provide him or her with opportunities to maintain positive contact and involvement with the Aboriginal community or establish relationships with an alternative Aboriginal community or urban Aboriginal organization close to where the child lives.
INTENT	This standard reflects the need to maintain stability and continuity of relationships to the extent possible when a child comes into care. The standard is based on the evidence that there are significant benefits in placing a child with familiar caregivers, keeping siblings together, and maintaining relationships within the child's school, community and culture. Benefits for the child include: • a reduction of the trauma of leaving a parent's care • greater psychological and emotional stability • a greater sense of belonging and acceptance • an increased possibility of facilitating family reunification, and • preservation of family, cultural and community values. The intent is to respect, utilize and build on the existing capacities within the child's family and extended family and others who have a significant relationship with the child. If the child is Aboriginal, the child's identity is maintained and promoted through ongoing connections with and, wherever possible, continued care by extended family or members of the Aboriginal community.
REFERENCES	• CFCSA: s.4, s.35(2)(d), s.41(1)(b), s.42.2(4)(a), s.42.2(4)(c), s.42.2(7)(d) or s.49(7)(b), s.71, s.93(1)(g)(ii) • COA: S21.23 to S21.29 • Children in Care Service Standard 12: Supporting and Assisting a Child with a Change in Placement

CFS STANDARD 20: PLACEMENTS WHEN A CHILD COMES INTO CARE	
POLICY	To the fullest extent possible, make decisions about where to place a child through a consultative process that includes the child, family, extended family and other adults who have a significant relationship with the child. Whenever possible, make decisions about where a child will live before the child moves, in order to ensure that the child, family and new caregivers are properly prepared for the transition. Make placement decisions in a timely manner based on the developmental level of the child. In placement decisions, the child's best interests are paramount. Select a placement that is most likely to serve the child's best interests, including the need for stability and continuity of lifelong relationships, based on an assessment of his or her circumstances. **Giving priority to placement with a relative** When making placement decisions, give priority to placing the child with extended family, consistent with the child's best interests. In doing so, consider how the needs, personality and developmental level of the child match the abilities, capacities and resources of the extended family. **Maintaining contact with relatives and friends** Consider placing a child in a placement that will promote the maximum contact between the child and parents and other family members. Whenever possible, select caregivers who: • live in close geographic proximity to the child's extended family and friends, and • are willing to promote the child's regular contact with extended family and friends, consistent with his or her needs. When a child's best interests are served by living with caregivers who do *not* live close to the child's family and/or friends: • make efforts to involve family and extended family in decisions about the child • assist the child in maintaining contact with family, extended family and friends, subject to court-ordered access restrictions, and • offer support services to the family and extended family to help maintain or enhance their ongoing involvement with the child. **Keeping siblings together** Make efforts to keep siblings together to: • reduce the trauma of separation, and • promote continuity and stability of this lifelong relationship. If siblings live in separate placements, arrange for frequent and regular contact between them.

CFS STANDARD 20: PLACEMENTS WHEN A CHILD COMES INTO CARE	
	Keeping a child in the same school Make efforts to find a placement for a child in a location that will allow him or her to continue to attend the same school. **Preserving a child's culture and identity** Make efforts to preserve a child's culture and identity, by choosing a caregiver who: • respects the views, cultural and ethnic heritage, socio-economic circumstances, spiritual beliefs and identity of the child, family and extended family • is willing to work with the child's family and extended family to promote the child's culture and identity • is willing to promote and support ongoing contact with members of the child's cultural community, and • is willing to help the child develop a strong self-image that incorporates his or her culture and identity. **If the child is Aboriginal** If the child is Aboriginal, work in partnership with the involved Aboriginal community or identified delegated agency to choose a caregiver for the child. Consider all adult members of the child's extended family or other persons within the Aboriginal community as possible caregivers for the child. Actively follow up with suggested or recommended members of the child's family or community to determine whether they are willing or able to care for the child. Give priority to placing each Aboriginal child: • with his or her extended family or within his or her Aboriginal community • with another Aboriginal family, or • if these placement options are unavailable, in accordance with the other placement priorities described in this standard. **Placements in alternative out-of-care living arrangements** For information on s.8 of the CFCSA, "Agreements with a Child's Kin and Other," see Child and Family Service Standard 8: Informal Kinship Care. For information on s.35(2)(d), s.42.1(6)(b), s.41(1)(b), s.42.2(4)(a), 42.2(4)(c) and s.49(7)(b) of the CFCSA, court orders giving custody to a person other than a parent under the director's supervision, see the reference guide "Custody to a Person Other Than a Parent Under the Director's Supervision."
ADMINISTRATIVE PROCEDURES	Enter all important contacts, relationships and relevant community information on MIS SWS.

CFS STANDARD 20: PLACEMENTS WHEN A CHILD COMES INTO CARE	
ADDITIONAL INFORMATION	• Reference guide, “Agreements with Child’s Kin and Others” • Reference guide, “Court Orders Giving Custody to a Person Other Than a Parent Under the Director’s Supervision”
KEY DEFINITIONS	

DATE OF RELEASE: April 5, 2004 EFFECTIVE DATE: April 19, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 21: ENDING CHILD PROTECTION SERVICES TO A CHILD AND FAMILY	
STANDARD STATEMENT	When an assessment and review indicates that a child no longer needs protection, involve the following in the decision to end protection services and inform them of the decision: • each parent who is involved in the child's care • the child • the involved Aboriginal community or identified delegated agency if the child is Aboriginal, and • extended family, natural helpers in the community, providers of formal support services, and others involved in the plan to keep the child safe. If the child or family requests or agrees to receive additional services: • refer to natural helpers and informal and formal supports in the community, or • provide services through a written agreement (see Child and Family Service Standard 7: Support Services to Strengthen Capacity). For additional information on planning to keep a child safe, see Child and Family Service Standard 18: Developing and Implementing a Plan to Keep a Child Safe.
INTENT	This standard reinforces the need to involve a family, extended family and community in making the decision to end formal child protection services, and the importance of communicating this decision to all those who are involved in the service plan. Before ending child protection services, informal community-based services are offered and the required supports put in place to sustain and further build the parent's capacity to safely care for the child.
REFERENCES	COA: S10.5.04, S10.5.05, S10.5.06
POLICY	**Deciding to end child protection services** Child protection services provided for a child and family may be ended when a reassessment of the strengths and risks of a child, family and extended family shows that the circumstances that necessitated the provision of the services no longer exist, and that identified risks can be managed safely with the strengths and capacity of the family, extended family and community. Base the decision to end child protection services on: • a review of the circumstances that led to the child needing protection • information obtained by consulting with others who know the child and family and who may play a role in keeping the child safe • information obtained by consulting with others who may have specialized knowledge or expertise specific to the circumstances of the child and family, and

<table>
<tr><th colspan="2">CFS STANDARD 21: ENDING CHILD PROTECTION SERVICES
TO A CHILD AND FAMILY</th></tr>
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a reassessment of the strengths of and risks to the child, family and extended family, using a standardized, culturally appropriate assessment tool.
Planning for ending child protection services
When planning to end child protection services, ask the child, parent, family, extended family and involved Aboriginal community about people or resources that may provide them with informal or formal support.

Involve the child, parent, family, extended family and involved Aboriginal community in determining what, if any, services will be provided when child protection services end. Provide:

information on available services and existing support networks, and the importance of natural helpers, extended family and community members as support
assistance in connecting to community-based support services, including volunteer-based services and mutual aid support groups
if necessary, referrals to specialized services, and
formal services, through a written support service agreement, if informal support services are not available or adequate.

If voluntary services are provided through a written agreement, see Child and Family Service Standard 7: Support Services to Strengthen Capacity.

When child protection services have ended, inform the child, family and others who have a role to play in supporting the family and keeping the child safe.
</td></tr>
<tr><td>ADMINISTRATIVE PROCEDURES</td><td>If the agreement included the parent's financial contributions to the service, complete and forward the Termination of Support Services Agreement (S2612) to the Financial Services Division.</td></tr>
<tr><td>ADDITIONAL INFORMATION</td><td></td></tr>
<tr><td>KEY DEFINITIONS</td><td></td></tr>
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DATE OF RELEASE: April 5, 2004 EFFECTIVE DATE: April 19, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 22: RETURNING A CHILD TO A FAMILY	
STANDARD STATEMENT	When a decision is made to return a child to his or her family, develop a plan that supports the return based on the best interests of the child and that involves: • the child • the family • extended family members, if involved • the involved Aboriginal community or identified delegated agency if the child is Aboriginal • the child's caregiver or care provider, and • other community members, agencies and service providers who have a role in supporting or providing services to the child and family. For additional information on planning to keep a child safe, see Child and Family Service Standard 18: Developing and Implementing a Plan to Keep a Child Safe.
INTENT	The intent of this standard is to reinforce the importance of including everyone involved with a child and family in the decision to return a child home and planning for that return. It recognizes the crucial role that family, extended family and community members play in the child's ongoing safety and care.
REFERENCES	• CFCSA: s.4 • COA: G9.8 • Children in Care Service Standard 15: Planning for a Child Leaving Care • Child and Family Service Standard 10: Parental Contribution to a Child's Care
POLICY	**Deciding to return a child to a family** Base the decision to return a child to his or her family on a review of the service plan or plan of care. **Planning to return a child to a family** Planning for a child to return to his or her family includes: • reviewing the reasons why the child came into care or was placed in an alternative out-of-care living arrangement • reviewing the child's plan of care or service plan to ensure that objectives relating to the safety and well-being of the child have been achieved • providing required informal or formal support services and information on community resources to strengthen the capacity of the family to safely care for the child • ensuring that the child and family are provided with all relevant information and documents, including birth certificate, health care card, and medical and school reports • ensuring that the child and family receive the assistance needed to facilitate the child's transition to the care of his or her family • informing the parent about the steps that need to be taken to reinstate

CFS STANDARD 22: RETURNING A CHILD TO A FAMILY	
	benefits for the child, such as health care coverage and the Child Tax Benefit • ensuring that the child has all of his or her personal belongings when he or she returns to the family. In developing and reviewing the plan, involve the family, extended family, involved Aboriginal community, and other community members, agencies and service providers who may have a role in keeping the child safe. Ensure that the plan addresses the child's best interests and reflects his or her legal status and circumstances. For additional information on planning for a child in care to leave care, see Children in Care Service Standard 15: Planning for a Child Leaving Care.
ADMINISTRATIVE PROCEDURES	When a child service (CS) file is open and a child has returned to his or her family's care, close the electronic and physical files.
ADDITIONAL INFORMATION	
KEY DEFINITIONS	

DATE OF RELEASE: April 5, 2004 EFFECTIVE DATE: April 19, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 23: TRANSFERRING OR ENDING SERVICES	
STANDARD STATEMENT	When transferring responsibility for providing a child and family with services, or ending services, involve the child and family in planning for the change and inform them of the change. In addition, if responsibility for providing services is being transferred to another person, service area or delegated agency: • inform the child and family about how to contact the person who will be responsible for providing services • review the service plan to ensure continuity of services required for keeping the child safe • inform other involved extended family members, persons or agencies, and • follow all existing protocols and case transfer procedures. For additional information on involving others in planning for transferring or ending services, see Child and Family Service Standard 18: Developing and Implementing a Plan to Keep the Child Safe.
INTENT	The intent of this standard is to ensure that a child and family are fully involved in the decision to transfer or end services provided by the director. Furthermore, those who have ongoing roles and responsibilities in providing the child and family with services receive all relevant information about the change to or conclusion of the service plan.
REFERENCES	COA: G9.7.02, G9.7.03, G9.7.06
POLICY	Responsibility for providing services may be transferred to another person, service area or delegated agency, or services may be ended, when: • a child and family relocates to another geographical location • persons providing informal or formal support services are unable to continue providing services • the child and family requests a change in service and the services are still needed to keep the child safe and to strengthen the family's capacity to care safely for the child, or • the child and family requests that services be ended. **Transferring responsibility for provision of services** When transferring responsibility for providing services: • collaborate with the child, family and service providers in: – determining the timelines for transfer, and – preparing to support an integrated service plan • seek the views of the child and family, and encourage participation in planning the transfer • ensure that the child and family has the contact information for the person(s) who will be providing services

CFS STANDARD 23: TRANSFERRING OR ENDING SERVICES	
	• wherever possible, arrange telephone or face-to-face contact with the person accepting responsibility for the provision of services, in order to transfer full information about the child and family in a timely manner • with the informed consent of the child and family, ensure that necessary information, including assessments and service plans, is shared with those who will be providing services • wherever possible, with the consent of the child and family, inform extended family, the involved Aboriginal community, and involved agencies of the changes in service provision • ensure that the information in the files is complete, accurate and up to date. **Ending services** When planning to end services: • plan collaboratively with the child, family, extended family and others to determine what, if any, further informal community-based services are required, and • complete a reassessment of the strengths and risks of the child, family and extended family to ensure that the family has capacity to safely care for the child and has a network of informal support. When services have ended: • wherever possible, with the consent of the child or family, inform extended family, involved Aboriginal community, and involved agencies that services have been ended, and • ensure that the information in the files is complete, accurate and up to date. For information on ending child protection services, see Child and Family Service Standard 21: Ending Child Protection Services to a Child and Family. **Resolving any disagreement about transferring or ending services** Resolve any points of disagreement about transferring or ending services and the child's safety through alternative dispute resolution processes.
ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	
KEY DEFINITIONS	

DATE OF RELEASE: April 5, 2004 EFFECTIVE DATE: April 19, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 24: CASE DOCUMENTATION	
STANDARD STATEMENT	Document all significant information and actions taken during service provision, including: • requests for or referrals to services, and actions taken in response to them • child protection reports, and actions taken in response to them • assessments, service provision and investigations, and actions taken in response to them • major decisions, reviews, and results of family conferences, mediation, traditional alternative dispute resolution processes and other conferences, and • any other relevant information and actions taken during service provision.
INTENT	This standard requires that all services provided and significant actions taken by a person delegated under the act be documented. Records are thorough, accurate and complete and are accessible on request to those who have received services.
REFERENCES	• CFCSA: Part 5 • COA: G9.5, G9.5.05
POLICY	Ensure that information contained in files and case records is relevant, accurate, objective and complete. Review and update documentation about assessments, actions taken and services provided for each child and family within established procedures and timeframes. Include all records about a child or family, including file recordings, correspondence, assessments, court documents, medical documents and reports, and other professional reports about the child or family in the file. Ensure that the child's or family's case files are kept confidential and in a secure location at all times.
ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	• For records and forms procedures, see: http://icw.mcf.gov.bc.ca/forms/ • Freedom of Information and Protection of Privacy Act
KEY DEFINITIONS	**record:** Schedule 1 of the Freedom of Information and Protection of Privacy Act defines *record* as "books, documents, maps, drawings, photographs, letters, vouchers, papers and any other thing on which information is recorded or stored by graphic, electronic, mechanical or other means, but does not include a computer program or any other mechanism that produces records."

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PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CFS STANDARD 25: NOTIFICATION OF DEATH, CRITICAL INJURIES AND SERIOUS INCIDENTS	
STANDARD STATEMENT	Immediately inform the designated director when: • there is a death or critical injury of, or serious incident involving, any of the following: – a child in care – a child who is the subject of an agreement with a child's kin or other person, – a child placed in the interim or temporary custody of another person under the director's supervision, or – a child receiving respite services • there is a death or critical injury of a child who has received services within the past 12 months. Inform the child's family members and take action to support the family and extended family as appropriate to the circumstances and as soon as possible. If the child is Aboriginal, immediately inform the child's Aboriginal community or identified delegated agency. The designated director undertakes an initial review to determine what actions to take, including: • undertaking a more extensive review, coordinated with other agencies that are required to investigate or review • involving the Aboriginal community in the review if the child is Aboriginal, and • ensuring that those involved receive feedback and the opportunity to discuss the findings.
INTENT	This standard requires that the designated director be fully informed of the death of or critical injury involving a child who receives services under the CFCSA, or of a serious incident involving a child in care, a child placed in the interim or temporary custody of another person under the director's supervision or a child receiving respite services. It provides opportunities to objectively review, receive feedback and learn from these incidents. It also provides opportunities for the designated director to support individuals, including staff, who are affected by these events.
REFERENCES	
POLICY	**Informing and supporting the family and extended family** When there has been a death or critical injury of, or serious incident involving, a child in care, a child who is the subject of an agreement with a child's kin and others, a child placed in the interim or temporary custody of another person under the director's supervision, or a child receiving respite services, as soon as possible: • inform the child's family, extended family, community, and delegated agencies, and

- take action to support the family and extended family as appropriate to the circumstances as soon as possible.

Support options may include:

- referral to available community supports (see Child and Family Service Standard 7: Support Services to Strengthen Capacity)
- working with the child's family and community to assist in planning and coordinating a response that will help them cope with the situation and prevent further incidents from occurring
- financial or in-kind assistance for travel costs associated with medical treatment within available resources, and
- in the case of the death of a child in care, and within available resources, financial assistance for the family to attend the funeral.

Notifying the designated director of the death, critical injury or serious incident

Immediately notify the designated director of:

- the death or critical injury of, or serious incident involving, any of the following:
  - a child in care
  - a child who is the subject of an agreement with a child's kin or other person,
  - a child placed in the interim or temporary custody of another person under the director's supervision, or
  - a child receiving respite services
- the death or critical injury of a child who has received services within the past 12 months.

Submitting an initial report of death, critical injury or serious incident

Submit an initial report to the designated director within 24 hours of learning of a death, critical injury or serious incident.

Designated director's initial response

Within two working days, the designated director reviews the report and indicates whether:

- an additional written report is required, and
- specific information should be included.

Submitting an additional report about a death, critical injury or serious incident

Within 10 working days of being informed that an additional written report is required, prepare the report and submit it to the designated director.

Prepare the additional report in coordination with others who have or may have a role in providing information about the circumstances, including:

- the child's family, extended family and community
- agencies or individuals that are or were directly involved in providing the child with services

CFS STANDARD 25: NOTIFICATION OF DEATH, CRITICAL INJURIES AND SERIOUS INCIDENTS	
	• agencies that have a responsibility for investigating the incident, and • if the child is Aboriginal, the child's Aboriginal community. Prepare the additional report in coordination with any other agencies, including the police, coroner or school, that are involved in investigating the incident. Ensure that the child's family, extended family, and agencies or individuals that were directly involved in the incident or in providing services have the opportunity to discuss the content of the additional report. **Designated director's response to a required additional report** Within five working days of receiving a required additional written report, or at any time after receiving the initial report, the designated director will indicate whether a further review is required, the nature of the review, and whether a referral will be made to an external review body. **Involving the Public Guardian and Trustee** Where there has been a death or critical injury of a child in care or a serious incident that may affect the immediate safety or health of a child in care, consult with the Public Guardian and Trustee about the role they may play in protecting the child's financial or legal interests. (See Children in Care Service Standard 7: Involving the Public Guardian and Trustee).
ADMINISTRATIVE PROCEDURES	**Initial written report of death, critical injury or serious incident** Complete the initial written report of the death, critical injury or serious incident using the "Initial reportable circumstance" template in Word. (To access the template, select "Ministry template," then select "CFCS other templates," and "Initial Reportable Circumstance." **Additional written report of death, critical injury or serious incident** There is no required prescribed template for required additional written reports.
ADDITIONAL INFORMATION	
KEY DEFINITIONS	**care provider:** a person who cares for a child under one of the out-of-care living arrangements available under the CFCSA, including sections 8, 35(2)(d) and 41(1)(b) **caregiver:** a person with whom a child is placed by a director and who, by agreement with the director, has assumed responsibility for the child's day-to-day care. **critical injury:** An injury that may result in the child's death or may cause serious or permanent impairment of the child's health, as determined by a medical practitioner. **serious incidents:** circumstances involving a child who: • is in life-threatening circumstances, including illness or serious accident • is lost, missing or continually running away to a situation that places him or her at high risk of death or injury

CFS STANDARD 25: NOTIFICATION OF DEATH, CRITICAL INJURIES AND SERIOUS INCIDENTS	
	• is missing for more than 10 days • is a victim of abuse or neglect by an approved caregiver, caregiver's staff or caregiver's child • is the victim of abuse or neglect by a care provider or care provider's family in an out of care placement • has been exposed to a high-risk situation or disaster which may cause emotional trauma • has been involved in crimes of violence or major property damage, or • has been abducted

DATE OF RELEASE: June 28, 2004 EFFECTIVE DATE: July 12, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April, 2005

CHILDREN IN CARE SERVICE STANDARDS

Standard 1: Preserving the Identity of an Aboriginal Child in Care 89

Standard 2: Providing Services That Respect a Child's Culture and Identity 92

Standard 3: Case Documentation for a Child in Care 95

Standard 4: Assuming Responsibility for a Child in Care 97

Standard 5: Ensuring a Child's Safety While in Care 100

Standard 6: Ensuring the Rights of a Child in Care 102

Standard 7: Involving the Public Guardian and Trustee 105

Standard 8: Involving a Child and Considering the Child's Views in Case Planning and Decision Making 108

Standard 9: Developing and Maintaining a Meaningful Relationship with a Child in Care 110

Standard 10: Meeting a Child's Need for Stability and Continuity of Lifelong Relationships 112

Standard 11: Assessments and Planning for a Child in Care 115

Standard 12: Supporting and Assisting a Child with a Change in Placement 119

Standard 13: Providing a Caregiver with Information 122

Standard 14: When a Child Is Missing or Has Run Away 124

Standard 15: Planning for a Child Leaving Care 127

Standard 16: Promoting Resiliency and Skills for Successful Community Living 129

CIC STANDARD 1: PRESERVING THE IDENTITY OF AN ABORIGINAL CHILD IN CARE	
STANDARD STATEMENT	In partnership with the Aboriginal community and identified delegated agency, take ongoing action to establish or preserve the identity of Aboriginal children in care, by: • exploring a child's cultural connection, heritage, community or tribal history and descent • developing a cultural plan to promote the child's Aboriginal identity • making applications to pursue membership or entitlements, and • honouring and following the placement priorities for Aboriginal children in care (see Child and Family Service Standard 20: Placements When a Child Comes into Care).
INTENT	It is essential to work in collaboration with the Aboriginal community in establishing and preserving an Aboriginal child's identity and connection to culture and heritage. The intent of this standard is to reinforce the requirement that delegated individuals responsible for planning and providing services for an Aboriginal child in care work actively with individuals in the Aboriginal community, such as extended family and elders. This includes decisions and actions relating to planning living arrangements, arranging social and recreational activities for the child, and developing culturally appropriate plans of care. It also includes finding ways to help the child explore and understand the history, geography, language, customs and spiritual beliefs of his or her community, and to develop lifelong relationships with people in that community.
REFERENCES	• CFCSA: s.2, s.4, s.70, s.71(3) • Child, Family and Community Service Regulation • Indian Act • COA: G1.3, G1.3.01, S21.1.03, S37.6.03
POLICY	Preserving a child's Aboriginal identity is an ongoing process. When working with an Aboriginal child in care, take ongoing action to preserve and promote the child's Aboriginal identity throughout the time he or she is in care. Preserve and promote the child's contact and involvement with the Aboriginal community by: • determining the Aboriginal identity of the child • involving the child, the child's family, and the Aboriginal community in assessments, case planning and development of the plan of care • providing the child with information about his or her unique Aboriginal heritage, according to his or her developmental abilities • honouring and following the placement priorities for Aboriginal children in care • if unable to place the child within his or her extended family, Aboriginal community or another Aboriginal community, placing the child with a caregiver who has or is willing to develop an understanding of and sensitivity to the child's Aboriginal heritage and identity, and who is willing to support ongoing contact with the Aboriginal community, and

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providing the caregiver with information about the child's Aboriginal heritage.
Ensure that an Aboriginal child in care is:

registered under the Indian Act, where entitled
registered with the Nisga'a Lisims Government, where entitled
considered for membership within his or her Aboriginal community, or
considered for membership within the appropriate Métis or Inuit community.

If an Aboriginal child is placed in a non-Aboriginal home
If an Aboriginal child is placed in a non-Aboriginal home, in cooperation with the child, the family, the Aboriginal community and the foster parent, develop a cultural plan that:

identifies the child's Aboriginal community and the nature of that contact
provides information about the child's cultural heritage
identifies actions to facilitate the child's access to the Aboriginal community's oral history, language, songs and dances, and involvement in ceremonial activities, arts and crafts or sport events and activities, and
identifies opportunities for the child to participate in cultural instruction and events of his or her choice.

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<tr><td>ADMINISTRATIVE PROCEDURES</td><td>
Registering a child for status under the Indian Act
To apply for a child who was born on or after April 17, 1985 to be registered as an Indian under the Indian Act:

obtain a certified copy of the child's birth registration that shows the names of the child's parents (this document can be obtained from the Division of Vital Statistics for the province or territory where the child was born)
write a letter of intent to register the child and provide the name of the parent with whom the child should be registered (children are registered with only one parent), and
send the copy of the birth registration and the letter to the First Nation office or the nearest office of Indian and Northern Affairs Canada.

If the youth was born before April 17, 1985, contact Indian and Northern Affairs Canada to obtain the appropriate form.

Registering a child for First Nation membership
Membership in a First Nation may be decided by the First Nation itself or by Indian and Northern Affairs Canada. Contact the First Nation, or Indian and Northern Affairs Canada, if there is uncertainty about who makes decisions on membership for that First Nation.

Membership in other Aboriginal communities (Métis, urban-based, etc.)
To determine eligibility and application procedures for membership in other Aboriginal communities (e.g., Métis, urban-based, etc.), contact the organization that represents the child's Aboriginal community.
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CIC STANDARD 1: PRESERVING THE IDENTITY OF AN ABORIGINAL CHILD IN CARE	
ADDITIONAL INFORMATION	• Department of Indian and Northern Affairs Development http://www.ainc-inac.gc.ca/index_e.html • Métis Commission: http://www.metiscommission.com/
KEY DEFINITIONS	**Aboriginal child:** defined in the Child, Family and Community Service Act as a child who: • is registered under the Indian Act (Canada) • has a biological parent who is registered under the Indian Act (Canada) • is a Nisga'a child • is under 12 years of age and has a biological parent who – is of Aboriginal ancestry, and – considers himself or herself to be Aboriginal, or • is 12 years of age or over, of Aboriginal ancestry, and considers himself or herself to be Aboriginal. **cultural plan:** describes how a child's connection to the Aboriginal community is promoted and preserved, and may include: • the identification and involvement of a person from the child's Aboriginal community to be his or her cultural contact or mentor • ways in which the child's participation in culturally specific activities, including traditional customs and cultural activities that are unique to the community, will be promoted or preserved, and • the identification of actions to facilitate the child's access to the Aboriginal community's oral history (including story telling), language, songs and dances, and involvement in ceremonial activities, arts and crafts or sports events and activities.

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PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CIC STANDARD 2: PROVIDING SERVICES THAT RESPECT A CHILD'S CULTURE AND IDENTITY	
STANDARD STATEMENT	Throughout the period of involvement with a child, family and extended family: • respect the views, cultural and ethnic heritage, spiritual beliefs and identity of the child • demonstrate respect for the child's family and extended family by acknowledging the family's and community's strengths and values • support the child in understanding and cultivating his or her heritage, spiritual beliefs and identity, and • consult with and involve the child's cultural or ethnic community as identified by the child in the planning and delivery of services. If a child in care is being harmed by discrimination or racism, including disrespect for or discrimination based on the family's circumstances, take action by: • educating the child about discrimination and racism • educating the child about the history and strengths of his or her culture • educating the caregiver about steps he or she can take to address the discrimination and racism experienced by the child • supporting the child and caregiver when dealing with issues of discrimination and racism, and • making a formal report or application to end the discrimination.
INTENT	History, language, customs, spiritual beliefs, views and values are all elements of a child's culture and identity. This standard requires that services be sensitive to and respectful of these areas. This includes providing services that respect and support the child's understanding of and connection with the culture and community he or she identifies with (e.g., communities of interest such as the gay community). It involves including people from the child's community in the planning and delivery of services. Recognizing that children from minority groups are vulnerable to racism and discrimination, the standard requires that action be taken to address circumstances when racism and discrimination harm a child. Depending on the child's circumstances, this may range from educating the child to taking legal action to address the discrimination.
REFERENCES	• CFCSA: s.3(c), s.70(l), s.70(j), s.70(k) • Public Guardian and Trustee Act • Human Rights Code of British Columbia • COA: G1.3, G1.3.01, G1.3.02, G1.4.04, S21.1.03, S37.6.03
POLICY	Involve service providers, caregivers and community members who are knowledgeable about and sensitive to a child's views, cultural and ethnic heritage, spiritual beliefs and identity in case planning and provision of services, whenever possible. Provide services and take actions that are sensitive to and respect the views, cultural and ethnic heritage, spiritual beliefs and identity of a child, by: • meeting with the child and considering his or her views

<table>
<tr><th colspan="2">CIC STANDARD 2: PROVIDING SERVICES THAT RESPECT
A CHILD'S CULTURE AND IDENTITY</th></tr>
<tr><td></td><td>

exploring the possibility of extended family, friends and cultural groups or organizations providing cultural resources for the child
attempting to place the child with extended family or within the same culture (See Child and Family Service Standard 20: Placements When a Child Comes into Care)
placing the child with a caregiver who has or is willing to develop an understanding of and sensitivity to the child's cultural, racial and religious heritage, and is willing to support ongoing contact with members of the child's cultural, racial and religious community
providing the caregiver with information on the child's cultural heritage (See Children in Care Service Standard 13: Providing a Caregiver with Information), and
providing the services of a language and/or cultural interpreter to assist in assessment, planning and service delivery, when necessary and appropriate.

Support a child in care in understanding and cultivating his or her heritage, spiritual beliefs and identity, by:

determining the child's heritage and history
providing the child with information about his or her heritage and identity, according to the child's views and developmental level, and
encouraging and providing opportunities for the child to participate in the cultural and religious instruction and events of the child's choice, as well as helping the family to understand the child's right to make these choices when there is conflict or misunderstanding.

If a child in care is being harmed by racism or discrimination
Where a child in care is being harmed by racism or discrimination, make efforts throughout the time he or she is in care to educate and provide services to prevent further discrimination or address the consequences of discrimination.

Consult with and involve those who may play a role in addressing and ending the racism or discrimination, including the Public Guardian and Trustee.

Where it appears that a child may have been a victim of a crime because of his or her race or identity, consult with and report the matter to the police.
</td></tr>
<tr><td>ADMINISTRATIVE PROCEDURES</td><td>In circumstances where a child has been harmed by discrimination or racism, consult the Public Guardian and Trustee.</td></tr>
<tr><td>ADDITIONAL INFORMATION</td><td>

UN Convention on the Rights of the Child: http://www.unicef.org/crc/index.html
Public Guardian and Trustee of British Columbia: http://www.trustee.bc.ca/
British Columbia Human Rights Tribunal: http://www.bchrt.bc.ca/

</td></tr>
</table>

CIC STANDARD 2: PROVIDING SERVICES THAT RESPECT A CHILD'S CULTURE AND IDENTITY	
KEY DEFINITIONS	**discrimination against a child:** when a child experiences prejudice or is harmed on the basis of gender, sexual orientation, physical or developmental disability, culture, ethnicity, religion or race.

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PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CIC STANDARD 3: CASE DOCUMENTATION FOR A CHILD IN CARE	
STANDARD STATEMENT	Ensure that case documentation for a child in care is accurate and complete and includes information about: • the child's views, including understanding of and attitude towards identity and heritage • the child's history, genealogy and spiritual beliefs • the child's care experiences, learning experiences and progress, achievements, milestones and significant events, including photographs • creative works and writings completed by the child • the child's family history, medical history and current circumstances • services provided and actions taken for the child while in care, and • the child's written plan of care.
INTENT	This standard reflects the importance of keeping case records that are accurate and contain all relevant information relating to the services provided for the child, and of keeping these records confidential and secure. Creating objective and thorough records, including medical records, provides a record of the child's history while in care that may be useful and important in the future. It also ensures that the director's delegated authority has been properly documented and can be reviewed in the future.
REFERENCES	• CFCSA: Part V, Confidentiality and Disclosure of Information • COA: G9.5, G.9.6.06, G9.7.05, G9.8.04, S10.5.05
POLICY	Keep information in a child's file current and accurate. The file should include: • information about: – the child's history, including information about his or her beliefs and identity – the experiences, learning experiences and progress, achievements, milestones, and significant events of the child while in care, including the provision of ongoing services for the child – the child's family history, including current circumstances, medical history and visitation arrangements with the child – the child's citizenship or immigration status – the child's placement history • a description of the child, including a recent photograph • copies of records such as legal documents and the child's birth certificate, social insurance number, and MSP personal health number • medical, educational and other professional assessments, correspondence and reports • the child's plan of care, and • if the goal for the child is adoption, a certified copy of the registration of live birth. Ensure that the child's and family's case files are kept confidential and in a secure location at all times.

CIC STANDARD 3: CASE DOCUMENTATION FOR A CHILD IN CARE	
	If the child is Aboriginal In addition to the requirements listed above, case documentation for an Aboriginal child in care includes: • whether the child is Aboriginal, Métis or Inuit • the child's status registration number • the parent's place of residence at time of removal and the parent's band affiliation/membership, and • the child's cultural plan.
ADMINISTRATIVE PROCEDURES	Update the child's snapshot profile in the electronic and physical file annually or whenever there is a change in circumstances of the child or family.
ADDITIONAL INFORMATION	• Questions about access to records can be directed to the ministry's Information and Records Services Branch. • Questions about the retention and disposal of records can be directed to the ministry's Records Officer. • Systems User Guide: http://icw.mcf.gov.bc.ca/rasp/sysops/user_guide/docs/sect/24Youth.pdf
KEY DEFINITIONS	**record:** Schedule 1 of the Freedom of Information and Protection of Privacy Act defines *record* as "books, documents, maps, drawings, photographs, letters, vouchers, papers and any other thing on which information is recorded or stored by graphic, electronic, mechanical or other means, but does not include a computer program or any other mechanism that produces records."

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PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CIC STANDARD 4: ASSUMING RESPONSIBILITY FOR A CHILD IN CARE	
STANDARD STATEMENT	When assuming responsibility for a child in care: • determine the level of guardianship authority, duties and responsibilities to the child • establish the parent's and extended family's involvement with the child and the parent's continued rights and responsibilities regarding health care, education and spiritual upbringing • determine whether the child is Aboriginal, and if so, identify his or her Aboriginal heritage and community or First Nation, and ensure that those who are involved have authority to speak on behalf of the Aboriginal community • identify the child's ethnic community • identify and promote existing relationships with siblings, extended family and community, and • develop an understanding of the history and current circumstances of the child and family, by involving the child, the family, the child's Aboriginal community if he or she is Aboriginal, any significant people in the child's life, and community members who have been or will be involved in the child's life.
INTENT	This standard requires that when a child comes into care, the necessary first steps are taken to determine and understand the nature of guardianship responsibilities to the child. Guardianship responsibilities include: • understanding the history and current circumstances of the child and family • involving the parent and others, including cultural communities, in the day-to-day care and planning for the child, and • timely planning and decision making that supports reunification or the development of other plans to fulfill the child's need for stability and continuity of lifelong relationships.
REFERENCES	• CFCSA: s.70, s.71 • Indian Act • Family Relations Act • Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories • COA: S10.3.02, S21.2.03, S21.7.03
POLICY	When assuming responsibility for a child in care: • review the court order, adoption consent or agreement and determine the scope of the director's guardianship authority, duties and responsibilities, as well as the role of the child's parent while the child is in care • determine the child's ethnic background, citizenship and immigration status

CIC STANDARD 4: ASSUMING RESPONSIBILITY FOR A CHILD IN CARE	
	• develop an understanding of the history and current circumstances of the child and family, including whether the child is Aboriginal or has siblings (develop this with the involvement of the child, the family, the Aboriginal community if the child is Aboriginal, and community members who have been or will be involved in the child's life), and • contact the child's previous worker, caregiver, family and any other persons who have had a significant involvement with the child to enhance understanding of the child's situation and specific needs. **Providing stability and continuity for a child in care** When assuming responsibility for a child in care, provide stability and continuity for the child by: • determining the current status of the child's plan of care, including the overall goal and the services that are in place to support the overall goal • fully understanding the child's legal status and the extent to which the parents will continue to be involved with the child, and • developing an action plan that identifies the responsibilities of those involved in the case planning for the child to provide an out-of-care arrangement that will provide the opportunity for the child to maintain and develop lifelong relationships. **If the child is Aboriginal** In addition to the above, when assuming responsibility for an Aboriginal child in care: • inform and involve the child's parents, extended family, Aboriginal community and identified delegated agency in planning for and decision making about the child's care • record the child's status or membership number in the file or make applications to pursue membership or entitlements for the child • develop a cultural plan for the child, and . honour and follow the placement priorities for Aboriginal children in care (see Child and Family Service Standard 20: Placements When a Child Comes into Care).
ADMINISTRATIVE PROCEDURES	When assuming responsibility for a child in care verify that the information contained in the child's file and on the information system is accurate and complete.
ADDITIONAL INFORMATION	▪ Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories: http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cfs/protocol_provincial_territorial_2006.pdf • Aboriginal band addresses and related information: http://www.gov.bc.ca/arr/services/down/guidetoservices_2006.pdf • Aboriginal delegated child and family service agencies: http://www.mcf.gov.bc.ca/about_us/aboriginal/delegated/index.htm

CIC STANDARD 4: ASSUMING RESPONSIBILITY FOR A CHILD IN CARE	
KEY DEFINITIONS	

DATE OF RELEASE: April 5, 2004 EFFECTIVE DATE: April 19, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CIC STANDARD 5: ENSURING A CHILD'S SAFETY WHILE IN CARE	
STANDARD STATEMENT	In partnership with parents, caregivers, Aboriginal and ethnic communities and agencies, honour and respect a child's physical and emotional safety throughout the time he or she is in care.
INTENT	This standard reinforces the overriding principle of the CFCSA—that a child's safety and well-being are paramount—and the director's statutory responsibility to ensure a child's safety. This responsibility includes taking action to prevent harm to the child (e.g., providing training, safety equipment, and supervision) and responding promptly to circumstances where the child's safety may be jeopardized.
REFERENCES	• CFCSA: s.4, s.70 • COA: G1.4, G1.10, S10.3.03 • UN Convention on the Rights of the Child: http://www.unicef.org/crc/index.html
POLICY	**Ensuring the physical safety of a child in care** Take action to ensure the physical safety of a child in care, including: • ensuring that the child is provided with a safe and supportive living arrangement • responding promptly to information from others that indicates that the child's safety may be at risk, and taking the necessary steps to address the safety concern, and • ensuring that the child has the necessary equipment, training and, if applicable, licences to safeguard against accidents or injury when participating in available leisure, recreational or sports activities. If information is received about abuse or neglect of a child in care in a foster care home or a residential resource, see the Protocols for Foster Homes for determining further action: http://www.mcf.gov.bc.ca/foster/pdf/FHProtocols.pdf For information on actions to take when there is a death or critical injury of, or serious incident involving, a child in care, see Child and Family Service Standard 25: Notification of Death, Critical Injuries and Serious Incidents. **Providing for the emotional well-being of a child in care** Take action to provide for the emotional well-being of a child in care by: • ensuring that services for the child respect his or her views, cultural and ethnic heritage, spiritual beliefs and identity • promoting and providing opportunities for the child to have ongoing contact with his or her family (including parent and siblings), extended family, Aboriginal or cultural community, and friends • assisting the child in identifying significant people who can be contacted for assistance • including people from the child's identified community in case planning and decision making

CIC STANDARD 5: ENSURING A CHILD'S SAFETY WHILE IN CARE	
	• promoting and providing opportunities for the child's participation in events or activities within their identified community • placing a child with a caregiver who has or is willing to develop an understanding of and sensitivity to the child's views, cultural and ethnic heritage, spiritual beliefs and identity, and • remaining vigilant in keeping the child's environment a safe place for him or her to practise spiritual beliefs and have his or her spiritual beliefs respected. **If an Aboriginal child is placed in a non-Aboriginal home** If an Aboriginal child is placed in a non-Aboriginal home, in addition to the requirements listed above, develop a cultural plan for the child.
ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	Protocols for Foster Homes: http://www.mcf.gov.bc.ca/foster/pdf/FHProtocols.pdf
KEY DEFINITIONS	

DATE OF RELEASE: April 5, 2004 EFFECTIVE DATE: April 19, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CIC STANDARD 6: ENSURING THE RIGHTS OF A CHILD IN CARE	
STANDARD STATEMENT	Ensure that a child in care: • receives care consistent with the rights defined by s.70 of the CFCSA • is regularly informed of and educated about these rights and entitlements according to his or her developmental level, and • is aware of and assisted with the process of addressing and resolving circumstances where his or her rights have not been respected.
INTENT	This standard reinforces the requirement to respect the statutory entitlements of a child in care under s.70 of the CFCSA. This includes informing a child in care of these rights and the procedures available for enforcing them.
REFERENCES	• CFCSA: s.70 • COA: G1.4, G1.4.01–G1.4.04 • Standards for Foster Homes • UN Convention on the Rights of the Child
POLICY	Ensure that a child in care: • is fed, clothed and nurtured, respecting the child's identity and family background, and is given the same quality of care as other children in the placement (see Children in Care Service Standard 2: Providing Services That Respect a Child's Culture and Identity) • is consulted and consistently given the opportunity to express his or her views, according to his or her abilities, about significant decisions affecting him or her • to the extent possible given the child's level of development, is involved in and informed about and given a copy of the plan of care as the plan is developed and reviewed • has the means to keep his or her personal belongings secure • has reasonable privacy in daily routines, as would be provided by a reasonable parent in a family situation, according to the child's level of development and safety needs • is cared for in an environment that is free from corporal punishment • is informed of the standard of behaviour expected by his or her caregivers, and of the consequences if the standard is not met • is provided with medical and dental care when required • is provided with opportunities to participate in social and recreational activities according to his or her interests and abilities • is provided with the religious instruction and opportunities to participate in religious activities of his or her choice (see Children in Care Service Standard 1: Preserving the Identity of an Aboriginal Child in Care, and Children in Care Service Standard 2: Providing Services That Respect a Child's Culture and Identity) • is provided with guidance and encouragement to maintain his or her cultural heritage (see Children in Care Service Standard 2: Providing Services That Respect a Child's Culture and Identity)

CIC STANDARD 6: ENSURING THE RIGHTS OF A CHILD IN CARE	
	• is provided with an interpreter if language or disability is a barrier to involving the child in discussions about his or her care (see Children in Care Service Standard 2: Providing Services That Respect a Child's Culture and Identity) • is given privacy during discussions with members of his or her family, subject to an access order • is given privacy during discussions with a lawyer, an advocate from the Child and Youth Officer, the Ombudsman, a member of the Legislative Assembly or a member of Parliament, and • is informed about and assisted in contacting the Child and Youth Officer. When a child comes into care, inform him or her of these rights and assist him or her in understanding them, according to the child's developmental abilities. Review these rights with the child on a regular basis. In cases where the child reports that these rights have not been respected: • meet with the child and others involved to try to resolve the issue • if required, offer and promote an alternative dispute resolution process for resolving the issue • provide the child with information about the Child and Youth Officer, the Ombudsman or community or provincially based advocacy services, and • support the child throughout the period of time it takes to resolve the issue. The rights of children in care, as defined in s.70 of the CFCSA, do not apply to a child who is in a place of confinement, which includes a youth custody centre under the Young Offenders Act or a mental health facility under the Mental Health Act.
ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	• Know Your Rights: A Guide for Young People in Care: http://www.mcf.gov.bc.ca/child_family_service_act/pdf/KnowYourRights.pdf • Child and Youth Officer: http://www.rcybc.ca/ • Office of the Ombudsman of British Columbia: http://www.ombud.gov.bc.ca/ • Legislative Assembly of British Columbia—MLA Finder: http://www.leg.bc.ca/mla/3-1-1.htm • Client's Complaints Process: http://www.mcf.gov.bc.ca/complaints/index.htm • Federation of BC Youth in Care Networks: http://modena.intergate.ca/fbcyicn/maframe.html

CIC STANDARD 6: ENSURING THE RIGHTS OF A CHILD IN CARE	
KEY DEFINITIONS	

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PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CIC STANDARD 7: INVOLVING THE PUBLIC GUARDIAN AND TRUSTEE	
STANDARD STATEMENT	When the Public Guardian and Trustee is appointed as the guardian of an estate for a child in care, the Public Guardian and Trustee is: • provided with information about the child's circumstances • notified of any known event that could affect the child's legal or financial interests • consulted and involved in the child's case planning and the provision of services, as required to represent his or her legal and financial interests • contacted for any decision making about use of assets in a child's trust fund, and • notified immediately when a child in care for whom the Public Guardian and Trustee is guardian of the estate dies or suffers a serious injury.
INTENT	This standard reinforces the statutory responsibility to notify and involve the Public Guardian and Trustee under the CFCSA for specific children in care. When a child is in care, the director assumes varying responsibilities as guardian of the person, but not of the child's estate. The Public Guardian and Trustee protects the child's legal rights and financial interests, and, if appropriate, may take action on behalf of the child to address circumstances when these rights and interests need to be upheld.
REFERENCES	• CFCSA: s.50(1)(b), s.54.1, s.58(1) • Family Relations Act: s.23(1), s.29(3)(b) • Criminal Injuries Compensation Act • Infants Act • Adoption Act: s.24(2) • Public Guardian and Trustee Act • Wills Variation Act • Service Delivery Agreement Between the Ministry of Children and Family Development and the Public Guardian and Trustee of British Columbia • Child and Family Service Standard 25: Notification of Death, Critical Injuries and Serious Incidents
POLICY	**Involvement of the Public Guardian and Trustee** The Public Guardian and Trustee becomes the guardian of a child's estate when: • the court makes a continuing custody order under s.49 of the CFCSA • the child comes into care under s.29(3) of the Family Relations Act, or • when consent to the adoption of the child is given by the birth parent or other guardian who requested the director to place the child for adoption. When a child is in temporary custody, after the Public Guardian and Trustee has been consulted, consider making an application to court for the appointment of the Public Guardian and Trustee as guardian of the estate of the child in care: • when an event occurs that might affect the child's financial or legal

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<tr><td></td><td>interests, or
• at the request of the Public Guardian and Trustee.

Informing and involving the Public Guardian and Trustee
When the Public Guardian and Trustee is the guardian of the estate of a child in care, provide the Public Guardian and Trustee with a copy of:
• the continuing custody order, or
• the temporary custody order when the court has made an order to appoint the Public Guardian and Trustee as guardian of the child's estate.

When the Public Guardian and Trustee is appointed as the guardian of the estate of a child in care:
• inform the Public Guardian and Trustee about:
– the child's circumstances, and
– any known event that could affect the child's legal or financial interests
• and involve the Public Guardian and Trustee in:
– the child's case planning and the provision of services, as required to represent the child's legal and financial interests
– any decisions about the use of assets in the child's trust fund, and
– planning for a child who is being considered for a transfer of custody to another person under s.54.1 of the CFCSA.

When applying to transfer the custody of a child to another person under s. 54.1 of the CFCSA, provide the Public Guardian and Trustee with notice of the application as soon as possible, and at least 10 days before the court hearing. The Public Guardian and Trustee must provide consent for the order to transfer custody of the child to another person.

Inform the Public Guardian and Trustee if a child in care for whom the Public Guardian and Trustee is guardian of the estate dies or suffers a serious injury.

If the child in care is Aboriginal
If the child in care has Aboriginal status and has parents who lived on reserve at the time of the child's removal, Lands and Trust Services, Indian and Northern Affairs Canada may be trustee of some of the child's financial matters. Contact the Public Guardian and Trustee to determine whether Lands and Trusts Services (Indian and Northern Affairs Canada) needs to be involved.</td></tr>
<tr><td>ADMINISTRATIVE PROCEDURES</td><td>When involving the Public Guardian and Trustee in case planning, contact the designated trust managers from the Office of the Public Guardian and Trustee of British Columbia.

Informing the Public Guardian and Trustee of a death or serious injury
Notify the Public Guardian and Trustee of a death or serious injury of a child in care, by:
• completing and submitting the CF2681 "Notification to the Public Guardian and Trustee of British Columbia" Form for the child, available at: http://icw.mcf.gov.bc.ca/forms/CF2681FILL_JAN05.pdf</td></tr>
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CIC STANDARD 7: INVOLVING THE PUBLIC GUARDIAN AND TRUSTEE	
	• providing copies of supporting documentation, such as court orders and medical reports, in hard copy.
ADDITIONAL INFORMATION	• For information about the role of the Public Guardian and Trustee under the CFCSA, see: http://www.qp.gov.bc.ca/statreg/stat/C/96046_01.htm#section51 • Service Delivery Agreement Between MCFD and the Public Guardian and Trustee of BC: http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cic/cp_agree_public_guardian.pdf • Practice Guideline: Notification to the Public Guardian and Trustee Procedural Change Advisory: http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cic/cic_notification_trustee.pdf • Lands and Trusts Services (the department of Indian and Northern Affairs Canada that is responsible for meeting the legal obligation of the Crown relating to the administration of the Indian moneys provisions of the Indian Act for bands): http://www.ainc-inac.gc.ca/esd/
KEY DEFINITIONS	**Public Guardian and Trustee:** a public official appointed to carry out functions under the Public Guardian and Trustee Act and various other statutes, including the Infants Act. The Public Guardian and Trustee performs three broad categories of functions: • protecting the legal rights of people with mental disabilities • administering the estates of people who have died, usually where the deceased left no will and has no family member in the province willing or able to administer the estate, and for missing persons, and • protecting the rights and interests of children and youth.

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PROGRAM AREA: Child and Family Development Service – Transformation Division

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CIC STANDARD 8: INVOLVING A CHILD AND CONSIDERING THE CHILD'S VIEWS IN CASE PLANNING AND DECISION MAKING	
STANDARD STATEMENT	Involve and inform a child in care to the greatest extent possible in all case planning and decision making, according to the child's developmental level and taking into account his or her views.
INTENT	This standard reflects a basic right of a child in care under s.70 of the CFCSA, which is to be informed about his or her plan of care and consulted about significant decisions to the extent possible given developmental level. Any barriers to informing a child about and involving him or her in case planning and decision making are identified and addressed.
REFERENCES	• CFCSA: s.2(d), s.3(a), s.4(f), s.70(1)(b)(c) • COA: G9.1, G9.1.02, G9.6.06, S26.1.05, S27.1.05 • UN Convention on the Rights of the Child
POLICY	Facilitate the involvement of a child in care in case planning by: • including the child in all stages of the planning process, according to the child's developmental abilities • consulting with the child throughout ongoing discussions and planning reviews • encouraging the child to fully express his or her views, and supporting him or her in doing so • including caregivers and others who have a significant relationship to the child, consistent with the child's views and best interests, and • informing the child of all care plans and decisions, according to the child's developmental abilities. Take action to identify and address any barriers to informing and involving the child in all case planning and decision making. Possible actions include: • providing the child with an interpreter where required • involving people who can promote a greater understanding of the child's views about cultural, identity or other issues.
ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	• Federation of BC Youth in Care Networks: http://modena.intergate.ca/fbcyicn/maframe.html • Child and Youth Officer: http://www.rcybc.ca/
KEY DEFINITIONS	

DATE OF RELEASE: April 5, 2004 EFFECTIVE DATE: April 19, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CIC STANDARD 9: DEVELOPING AND MAINTAINING A MEANINGFUL RELATIONSHIP WITH A CHILD IN CARE	
STANDARD STATEMENT	Develop a meaningful relationship with a child in care by maintaining frequent contact and celebrating milestones and achievements with the child. Frequency of contact with a child is based on his or her level of vulnerability, developmental needs and visibility in the community, and is consistent with the goals of the plan of care. At minimum, have in-person contact with a child in care: • as soon as possible after the child comes into care • when the child moves into a foster home, other residential resource or other living arrangement • when there is a significant change in the child's circumstances, plan of care or family • when there is a change in whoever is responsible for providing guardianship services, and • privately at least every 90 days.
INTENT	This standard reflects the importance of developing a meaningful relationship with a child in care. Children in care experience many losses when they come into care, which adds to their vulnerability and loss of security. Maintaining regular in-person contact with a child in care assists in addressing this insecurity and further promotes the child's direct involvement in planning and decision making.
REFERENCES	• CFCSA: s.4(c) • COA: S21.4.02, S21.6.04
POLICY	Develop a meaningful relationship with a child in care by: • building the child's trust • engaging in open, honest and non-judgmental communication, and • participating in activities that the child enjoys. Maintain regular contact with the child by: • meeting the child in person and privately, both where he or she lives and outside the home • increasing the frequency of contact, depending on the child's circumstances, developmental needs or level of vulnerability • encouraging the child to initiate contact, and supporting him or her in doing so, and • meeting with the child on birthdays and other special occasions.
ADMINISTRATIVE PROCEDURES	Record information in the child's file about meetings with the child, including his or her views, significant events, and decisions or agreements reached with the child.

CIC STANDARD 9: DEVELOPING AND MAINTAINING A MEANINGFUL RELATIONSHIP WITH A CHILD IN CARE	
ADDITIONAL INFORMATION	Discussion paper: "Vulnerable Children and Youth":
KEY DEFINITIONS	**visibility in the community:** the amount of contact a child has with community members, including family members, neighbours, schools, public health nurses, agencies and others who are aware of the presence of a child in that community and who have an interest in his or her safety and well-being.

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CIC STANDARD 10: MEETING A CHILD'S NEED FOR STABILITY AND CONTINUITY OF LIFELONG RELATIONSHIPS	
STANDARD STATEMENT	Throughout the time a child is in care, make it a priority to promote the stability and continuity of lifelong relationships for the child, by: • actively supporting the child in maintaining positive attachments with parents, siblings, extended family, friends, caregivers and others, consistent with the child's best interests • making every effort to prevent unnecessary delays in decision making by using collaborative planning and alternative dispute resolution processes to reach agreements on developing and implementing the plan of care • reunifying the child with family or extended family, or if that is not possible, developing an alternative out-of-care living arrangement that will provide the opportunity to maintain and develop lifelong relationships, and • exploring on an ongoing, regular basis whether reunification with family or extended family is possible.
INTENT	Promoting and preserving stable, enduring relationships for a child in care is central to maintaining the child's well-being. This standard requires that, both before actions are taken and decisions are made, and throughout the time services are provided for the child in care, services be viewed in the context of how they will affect the child's relationships. This is an ongoing process rather than a single event. Furthermore, the standard requires that when decisions about living arrangements are made or reviewed, every effort be made to arrange for the child to be cared for by and have regular contact with people who have a significant lifelong relationship with the child, including family and extended family.
REFERENCES	• CFCSA: s.2(d), s.4(d), s.70(1), s.71 • COA: S10.3.02, S21.1.02, S21.3.03
POLICY	Promote continuity for a child in care by: • providing, promoting and supporting opportunities for the child to develop and maintain emotional attachments with parents, siblings, extended family and others who are significant in the child's life • maintaining the child's connections with his or her cultural and ethnic heritage, spiritual beliefs and identity • minimizing disruption in the child's life through strategies to promote stability identified in the child's plan of care, and • for Aboriginal children in care, facilitating connections to the child's family and culture, and assisting the child in following family traditions. Make every effort to meet the child's need for stability and continuity of lifelong relationships by: • using foster care as a temporary service for a child when no less disruptive measures are available • actively planning for an alternative out-of-care living arrangement with persons who have a significant relationship to him or her.

<table>
<tr><th colspan="2">CIC STANDARD 10: MEETING A CHILD'S NEED FOR
STABILITY AND CONTINUITY OF LIFELONG RELATIONSHIPS</th></tr>
<tr><td></td><td>Actively explore these living arrangements on an ongoing basis and where there is a potential change in the child's placement.

Explore alternative out-of-care living arrangements, including the following options:
• informal kinship care, including an agreement with the child's kin and others
• placement with a person other than the parent, under the director's supervision (s.35[2][d] or s.41[1][b])
• transfer to custody to a person who is not a parent (s.54.1)
• supporting an application for custody under the Family Relations Act
• adoption.

Promote stability and continuity of lifelong relationships for a child by:
• involving the child, family, extended family, the Aboriginal community if the child is Aboriginal, and significant people in the child's life in developing the plan of care
• implementing strategies that will support the child's maintaining stability and continuity of lifelong relationships
• identifying significant people in the child's life who may be interested in assuming custody
• actively promoting and supporting visits by the child to family members and significant people in the child's life, consistent with his or her best interests and plan of care, and
• informing and involving the caregiver in developing and implementing strategies to promote the child's stability and continuity of lifelong relationships.

If the child is Aboriginal
If the child is Aboriginal, in addition to the above, work with his or her Aboriginal community to identify members of the extended family or community who are willing and able to provide care for the child, and address any barriers that would prevent that placement.</td></tr>
<tr><td>ADMINISTRATIVE PROCEDURES</td><td>Enter an access order for a child in continuing custody on the child's legal screen as an associate order.</td></tr>
<tr><td>ADDITIONAL INFORMATION</td><td>• Achieving Out-of-Care Permanency for Children in Care: A Draft Permanency Planning Model for British Columbia</td></tr>
<tr><td>KEY DEFINITIONS</td><td>stability and continuity of lifelong relationships: a term that describes a basic need in all children for continued or new relationships with family and significant people, including extended family and community connections. Children who have this need met have an increased potential for developing meaningful relationships with others into adulthood. This includes relationships with parents, siblings, extended family, friends, caregivers and others with a</td></tr>
</table>

CIC STANDARD 10: MEETING A CHILD'S NEED FOR STABILITY AND CONTINUITY OF LIFELONG RELATIONSHIPS	
	connection to the child through family, culture, faith, identity or community. Stability and continuity of lifelong relationships is a primary consideration in planning and providing services for children. All services should promote stability and continuity of lifelong relationships by: • promoting and facilitating regular ongoing contact with those significant to the child • maintaining or, where required, developing enduring and stable living arrangements for the child as quickly as possible • minimizing disruption of caregivers or care providers, and • fitting services to meet the child's age, developmental level and sense of time.

DATE OF RELEASE: April 5, 2004 EFFECTIVE DATE: April 19, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CIC STANDARD 11: ASSESSMENTS AND PLANNING FOR A CHILD IN CARE	
STANDARD STATEMENT	Immediately and within a maximum of 30 days of a child coming into care: • complete an initial assessment of the child's needs • begin an initial plan of care for the child, and • address the child's health needs and urgent developmental needs. Within six months of the child coming into care, complete a full assessment and written plan of care with the involvement of the child, the family and extended family, the Aboriginal community if the child is Aboriginal, the caregiver, and any significant person involved in the child's care or life. Complete assessments and develop and implement a plan of care that promotes the child's well-being and achieves the best possible outcomes in the following areas: • health, emotional, spiritual and behavioural development • educational and intellectual development • culture and identity • family, extended family and social relationships • social and recreational involvement • social presentation and development of self-care skills related to assuming successful independent functioning, and • placement. Review the child's plan of care: • at least every 90 days while the child is in care • more frequently based on the child's developmental needs or if specified in the plan • if circumstances arise that make a review necessary • when there is a change in the overall goal, and • in preparation for the child leaving care. If required, based on the review, revise the child's plan of care.
INTENT	The intent of this standard is to ensure that every child who comes into care has a plan of care that: • is holistic, current and relevant to the child's unique circumstances and needs • reflects ongoing significant changes in the child's development, and • takes into account the child's family and community situation. The plan of care: • reflects and is responsive to ongoing assessments of the child's needs • ensures that services in place for the child support the overall goal and are focused on the best outcomes for the child, and • is developed in collaboration with the child, family, extended family and cultural community.

CIC STANDARD 11: ASSESSMENTS AND PLANNING FOR A CHILD IN CARE	
	The child's plan of care is a "living document" that is reviewed regularly or as significant circumstances change. The documentation accurately reflects the current needs of and goals for the child and the services in place to support them.
REFERENCES	• CFCSA: s.33.2(1)(b), s.35(1), s.42.1(5) • Adoption Act • Practice Standards and Guidelines for Adoption • COA: S5.2.05, S21.2.04, S21.2.05 • Service Delivery Agreement between MCFD and the Public Guardian and Trustee of B.C. • UN Convention on the Rights of the Child
POLICY	**Developing an initial written plan of care** Immediately, or within a maximum of 30 days of a child coming into care, assess the child's needs and develop an initial plan of care that includes: • the overall goal for the child, including establishing stable and ongoing living arrangements (e.g., return to parent or extended family) • contact with the child's parent, siblings, family, extended family, community and others involved with the child • a description of the services required to implement the plan of care • health care needs and appointments • where the child will attend school, including, wherever possible, strategies to ensure that the child can attend the same school • maintaining the child's involvement in social, recreational and spiritual instruction and activities. **Developing a plan of care** Within six months of a child coming into care, complete a thorough assessment of the child's needs and develop and implement a written plan of care that promotes the best possible outcomes for the child within the following developmental domains: • health, emotional, spiritual and behavioural development • educational and intellectual development • culture and identity • family, extended family and social relationships • social and recreational involvement • social presentation and development of self-care skills related to assuming successful independent functioning, and • placement. When appropriate and consistent with the child's best interests, invite and support the participation of significant people in the child's life in developing a plan of care, including: • the child

- the child's parents, family, extended family and community
- if the child is Aboriginal, a member of his or her Aboriginal community
- the child's caregiver
- an advocate for the child, and
- proposed care providers, caregivers or adoptive parents.

When developing a plan of care, ensure that the child in care:

- has health care needs met, including medical, dental, optical and hearing examinations
- is enrolled in a school, vocational or skills training program, or specialized educational program that meets the child's individual needs where he or she is of school age
- has a cultural plan, if the child is Aboriginal
- has consistent opportunities to participate in available and appropriate social and recreational activities according to individual abilities and interests
- has the appropriate autonomy, support and guidance to develop a positive identity, spiritual beliefs, and understanding of his or her cultural and ethnic heritage
- has opportunities to develop and enhance social skills and presentation,
- receives effective treatment and therapeutic support for persistent emotional and behavioural problems, and
- is cared for in a smoke free environment.

Reviewing a plan of care

At least every 90 days while a child is in care, complete a review of the child's written plan of care that includes:

- an assessment of whether the plan of care is effective in achieving the overall goal, particularly in relation to the child's need for stability and continuity of lifelong relationships
- a review of whether the services provided are effective in meeting the goals identified in the plan of care.

If required, based on the review, revise the child's plan of care.

Comprehensive review of a plan of care

Complete a comprehensive review of a child's plan of care every six months, or more frequently based on the child's developmental needs or if specified in the plan.

Complete a comprehensive review of a plan of care by:

- involving the child, and wherever possible the child's family and other significant people in the child's life, in the review of the plan
- reviewing the outcomes for the child within the developmental domains
- ensuring the services in place for the child address the child's needs as

CIC STANDARD 11: ASSESSMENTS AND PLANNING FOR A CHILD IN CARE	
	identified in those domains • determining whether the services in place for the child address the child's overall goal, including the child's need for stability and continuity of lifelong relationships. After the comprehensive review of the child's plan of care, if the overall goal for the child has changed, or if the services needed to address the goal have changed, document these changes on the child's written plan of care.
ADMINISTRATIVE PROCEDURES	The current assessment and planning tools for a child in care include: • the Looking After Children Assessment and Action Record and Comprehensive Plan of Care (LAC), used when a child is in: – continuing custody of a designated director – care under s.29 of the Family Relations Act, and – long-term care under the Adoption Act • the Comprehensive Plan of Care Assessment and Planning Guide for Children in Care (CPOC), used when a child is in care by agreement, interim order or temporary order. Consistent with his or her best interests, keep copies of the child's assessments and plans of care in his or her file. Give copies or parts of the plan of care to: • the child • the caregiver • the parent • members of the family who are involved in the child's care • the representative from the Aboriginal organization involved in the child's care or plan, and • any other person who plays a role in the child's care.
ADDITIONAL INFORMATION	Health Supports for Children in Care: http://www.mcf.gov.bc.ca/foster/pdf/health_supports_cic.pdf Orthodontic Benefits for Children in Continuing Custody http://www.mcf.gov.bc.ca/foster/pdf/cic_dental_guide.pdf Consent Forms for Aboriginal Children for Non-Insured Health Benefits
KEY DEFINITIONS	

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PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: Revised: Feb 2008 to include smoke free environment requirement

CIC STANDARD 12: SUPPORTING AND ASSISTING A CHILD WITH A CHANGE IN PLACEMENT	
STANDARD STATEMENT	When a child in care changes living arrangements, prepare the child before the move and support him or her throughout the transition, including: • keeping the child informed • assisting him or her in adjusting to the new living arrangement, and • providing information and opportunities to learn about the caregiver's family values, norms and routines. If the child is Aboriginal, see CFS 20: Placements When a Child Comes into Care, for placement priorities.
INTENT	This standard reflects the fact that a change in a child's care arrangements may be disruptive and emotionally destabilizing. All efforts are therefore made to prevent and mitigate the trauma that a child may experience when making this transition. Involving the child throughout the transition and providing opportunities to work through feelings resulting from the move helps mitigate some of the harmful effects of removal and any subsequent change in the child's living arrangement. A necessary change in a child's living arrangement provides an opportunity to review available living arrangements within the child's extended family and community.
REFERENCES	• CFCSA: s.70(f), s.71 • COA: G9.11.02, S21.1.03, S21.1.04, S21.2.01, S21.3.02, S21.3.06, S21.8.02, S37.7.03 For additional considerations and service requirements, see Children in Care Service Standard 9: Developing and Maintaining a Meaningful Relationship with a Child in Care, and Child and Family Service Standard 20*:* Placements When a Child Comes into Care.
POLICY	**Deciding to move a child in care** When deciding to move a child in care, consider the needs, overall goal and best interests of the child. To the fullest extent possible, place a child in care who is being moved with a caregiver who: • is most likely to meet the child's needs • has an appreciation of and sensitivity to the child's cultural and ethnic heritage, spiritual beliefs and identity • supports the child in understanding and cultivating his or her cultural and ethnic heritage, spiritual beliefs and identity • is willing and able to support and facilitate the child's move into a living arrangement that meets his or her need for stability and continuity of lifelong relationships • is willing to work with the child's family, extended family members, and Aboriginal or cultural community, if applicable, to support the child's connections to family (including parent and siblings), extended family and community, and

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supports the child in developing a strong sense of identity, resiliency, and self-care and independence skills, according to the child's developmental abilities and capacity.

Involve the following in the decision about where to place the child:

the child
the child's family, extended family and people with a significant relationship to the child to the fullest extent possible
the child's current caregiver, where this is consistent with the child's best interests
the proposed caregiver, and
the person delegated with responsibility for providing services to the child and caregiver.

If the child is Aboriginal
In addition to the above, if the child is Aboriginal, involve the child's Aboriginal community in identifying:

the strengths of the community and possible options for care of the child and family, and
members of the child's family, extended family or community who are willing and able to assume the child's care.

When placing the child, give priority to extended family or Aboriginal community members who are able to provide safe care for the child.

Preparing a child in care for a move
Whenever possible and appropriate, before moving a child in care, prepare him or her for the move as much as possible, by:

developing a plan with the child, the family, and Aboriginal community if the child is Aboriginal, to assist the child during the transition
arranging for at least one visit to the child's new home and, if possible, one overnight visit
discussing with the child, the child's worker and the caregiver:

the caregiver's expectations of behaviour
possible consequences of not meeting expectations
appropriate ways to express and resolve concerns, and
participation in family activities and household routines

developing a plan to support and promote the child's connections with the previous family.

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<tr><td>ADMINISTRATIVE PROCEDURES</td><td>Record a change in the child's placement on MIS SWS.</td></tr>
</table>

CIC STANDARD 12: SUPPORTING AND ASSISTING A CHILD WITH A CHANGE IN PLACEMENT	
ADDITIONAL INFORMATION	
KEY DEFINITIONS	

DATE OF RELEASE: April 5, 2004 EFFECTIVE DATE: April 19, 2004

PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CIC STANDARD 13: PROVIDING A CAREGIVER WITH INFORMATION	
STANDARD STATEMENT	Provide a caregiver with information, at the time of placement and as information becomes available throughout the period of the placement, about the care and safety of a child and any information relating to safety risks posed to the caregiver or the caregiver's family. Provide the caregiver with this information, in writing, as soon as possible. When planning to move a child from a caregiver's home, include the caregiver and any other significant person in the child's life in planning for the transition, unless this would compromise the child's immediate safety.
INTENT	This standard reinforces the importance of providing a caregiver with all necessary information in a timely manner to fully support him or her in the role of foster parent. When the caregiver receives thorough information about the child and the child's family in writing as it becomes available, he or she is better able to prevent harm to the child and ensure the safety of others in the home. Involving the caregiver in the development of the child's plan of care and sharing the written plan with the caregiver promotes collaboration in achieving the goals described in the child's plan of care.
REFERENCES	• CFCSA: s.79(1)(j) • Protocols for Foster Homes • COA: S21.8.05, S21.14.03
POLICY	Provide a caregiver with copies of the court order (made under the CFCSA), voluntary care agreement or special needs agreement, and the interim plan of care, when available. Provide the caregiver with relevant information, in writing whenever appropriate, about the child and family, including: • the child's full name, date of birth and legal status • information about the child's overall goal and plan of care, and the worker's expectations of the caregiver in supporting that plan • contact information for the person delegated to provide the child and caregiver with service • known medical and/or mental health history and needs (e.g., allergies) • any safety risks to the child, including the need to protect the child from contact with another person • any health or safety risks posed by the child toward the caregiver or any other person in the home • the child's daily care, including mealtime and bedtime routines, sleeping habits and food preferences • scheduled appointments with other service providers or professionals • the names of persons with access to the child and how access will be arranged • how contact with parents, family, extended family, friends and community members will be facilitated • the child's cultural and ethnic heritage, spiritual beliefs and identity

CIC STANDARD 13: PROVIDING A CAREGIVER WITH INFORMATION	
	• the child's school • the child's participation in sports, recreational clubs or activities • any allegations of abuse or neglect involving the child in previous placement settings, whether the allegations were investigated, and the outcome • notification procedures if the child is lost, goes missing or runs away, or if the child suffers a personal injury or is at serious risk of harm, and • any other information that will assist the caregiver in responding to the individual needs of the child. Involve the caregiver in: • assessments and case planning • preparing and supporting the child when moving or leaving care, and • providing opportunities for the child to establish stability and continuity of lifelong relationships.
ADMINISTRATIVE PROCEDURES	• Maintain all documentation and information in the child's file and case records. • Ensure that a copy of the information given to the caregivers is in the file.
ADDITIONAL INFORMATION	
KEY DEFINITIONS	

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PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CIC STANDARD 14: WHEN A CHILD IS MISSING OR HAS RUN AWAY	
STANDARD STATEMENT	Take action appropriate to the child's vulnerability using existing informal and formal community networks to locate a missing or runaway child in care and to safeguard the child from harm or the threat of harm. Immediately inform and involve family and extended family, and the Aboriginal community if the child is Aboriginal, to obtain their assistance in locating the child and responding to his or her needs once found.
INTENT	The intent of this standard is to ensure that the steps taken to locate a child and minimize the risk of harm associated with his or her behaviours are those that a reasonable and prudent parent would take. It acknowledges the fundamental role that family, extended family, friends and a child's community can play in locating and returning the child to a safe environment.
REFERENCES	Child and Family Service Standard 25: Notification of Death, Critical Injuries and Serious Incidents
POLICY	**When a child is missing or has run away** When a child is missing or has run away, notify as soon as possible: • the designated director, if the child is at high risk of harm • the child's parent, unless this compromises the child's safety, and • others who may play a role in locating the child. In addition, coordinate search activities with the police by: • notifying and providing the police with a recent photo and identifying pertinent information, including a list of known associates and friends • checking with the police about police efforts to locate the child, and • contacting appropriate international agencies for those children who may have been abducted to another country. In addition the above, develop and implement a plan to locate a missing or runaway child in care by: • if the child is Aboriginal, contacting the child's Aboriginal community to request assistance in locating the child • seeking out possible friends who may know the child's whereabouts • contacting persons or going to places where the child may be located • coordinating efforts with significant persons in the child's life or persons who have knowledge or expertise that could be useful in locating the child, to ensure that all possible options for finding the child and ensuring his or her safety are considered, and • contacting the appropriate designated director to consider using media assistance, when a review of the circumstances justifies releasing confidential information in order to ensure the child's safety. **If a child in care habitually runs away** For a child in care who habitually runs away under circumstances that place him or her at high risk of harm:

CIC STANDARD 14: WHEN A CHILD IS MISSING OR HAS RUN AWAY	
	• review the plan of care to develop strategies to address the high-risk behaviour • identify and involve individuals or community agencies that can assist in addressing the child's behaviour or minimize the risk associated with the behaviour • develop a safety plan in consultation with the child, and • determine who the child can contact to facilitate the return to care, and provide the child with that contact information. **When the child is located** • immediately advise the police and the designated director, if a Reportable Circumstance report was made, and all others who were notified that the child was missing, that he or she has been located • ensure that the child is safe and adequately cared for, if found outside the community or residence, and arrange for the child to return to a safe living arrangement • review the circumstances surrounding the child's departure • determine the child's activities and experience while missing and, where appropriate, meet with the child to find out about the impact of the experience on the child • determine whether the child needs medical treatment or therapeutic support • determine whether the child has sustained an injury that should be reported to the police • notify the Public Guardian and Trustee of any personal injury sustained by the child to assess whether the child may be entitled to criminal injury compensation (see Children in Care Service Standard 7: Involving the Public Guardian and Trustee) • determine whether the circumstances require notification of the designated director (see Child and Family Service Standard 25: Notification of Death, Critical Injuries and Serious Incidents), and • determine whether the child's plan of care needs to be reviewed and revised.
ADMINISTRATIVE PROCEDURES	• When a child is missing or has run away, place an alert on the system, providing any relevant information, and providing instructions in case the child is located after hours or on the weekend. • Update the alert weekly if the child is not found.
ADDITIONAL INFORMATION	• System User Guide: http://icw.mcf.gov.bc.ca/rasp/sysops/user_guide/docs/sect/24Youth.pdf • Hague Convention on the Civil Aspects of International Child Abduction

CIC STANDARD 14: WHEN A CHILD IS MISSING OR HAS RUN AWAY	
KEY DEFINITIONS	**Missing or runaway children** who may be at high risk of harm include those who: • have an acute physical or psychological condition • have limited ability to care for themselves or to understand the possible consequences of their actions • may have been abducted • would not normally go missing, and there is no apparent precipitating reason for them to run away, and/or • are known to have associations with people or places that have put them at significant risk of harm in the past.

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CIC STANDARD 15: PLANNING FOR A CHILD LEAVING CARE	
STANDARD STATEMENT	Before a child leaves care, support him or her in preparing for the transition. During the transition, support the child in adjusting to the change in care and living arrangements. If a child is leaving care to live with parents or in an alternative out-of-care living arrangement, support the child and parents or extended family throughout the transition by: • providing all relevant information, documents and assistance necessary to facilitate the transition to the new living arrangement • providing required informal or formal support services and information on community resources to strengthen the capacity of the family, extended family or care provider to safely care for the child • supporting contact with family, extended family, the Aboriginal community and identified delegated agency if the child is Aboriginal, and any other significant people in the child's life, and • supporting the child and the caregiver in adjusting to the change in their relationship. See Children in Care Service Standard 10: Meeting a Child's Need for Stability and Continuity of Lifelong Relationships, for more information on the needs of children for stability and continuity of relationships when leaving care. If the child is Aboriginal, provide information and documentation about his or her rights, Aboriginal community membership and entitlements. See Children in Care Service Standard 1: Preserving and Promoting the Identity of an Aboriginal Child in Care, for more information.
INTENT	This standard reinforces the importance of supporting a child in making a successful transition from care to an ongoing living arrangement that is stable, secure and enduring. To maximize the likelihood of a successful transition for the child, strong connections and relationships among the child, family, extended family and community are promoted and facilitated. Adequate formal and informal supports for the family and others involved in caring for the child are in place, as well as support for the child, parent, caregiver and others involved in implementing the plan through the transition to the new living arrangement.
REFERENCES	COA: G9.10, G9.10.01–G9.10.09
POLICY	**Preparing and supporting a child leaving care** Prepare and support a child leaving care by: • involving the child, relevant family members, caregivers and other significant persons when planning for the transition • agreeing on and arranging for necessary and appropriate services and supports to assist the child and the family after the child leaves care

CIC STANDARD 15: PLANNING FOR A CHILD LEAVING CARE	
	• if necessary or at the request of the child or family, arranging for a medical examination, and • ensuring that the child and caregiver have the opportunity to discuss the transition. When the child leaves care: • coordinate and monitor the child's transition so that a return to care, interruption of necessary services or further disruption in the child's living arrangement is avoided to the greatest extent possible • ensure that the child has all of his or her belongings • provide the child, if appropriate, and the person assuming care, with: – essential documents, such as the birth certificate and health care card – the child's medical and educational history and other relevant information, including copies of medical and school reports, and other relevant documents • provide the child and the person assuming care with information about the reinstatement of health care coverage, and • if applicable, provide the person assuming care of the child with information about the application for or reinstatement of the Child Tax Benefit.
ADMINISTRATIVE PROCEDURES	Close the child's electronic and physical case files after the child has left care, unless a youth agreement is made.
ADDITIONAL INFORMATION	• Useful Tips for Youth Leaving Care: http://www.mcf.gov.bc.ca/child_protection/pdf/useful_tips.pdf • Facilitator's Guide to Useful Tips for Youth Leaving Care: http://www.mcf.gov.bc.ca/child_protection/pdf/facilitators_guide_final.pdf
KEY DEFINITIONS	

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PROGRAM AREA: Child and Family Development Service – Transformation Division

PROPOSED REVIEW DATE: April 2005

CIC STANDARD 16: PROMOTING RESILIENCY AND SKILLS FOR SUCCESSFUL COMMUNITY LIVING	
STANDARD STATEMENT	Before a youth leaves care because he or she is reaching the age of majority, assist him or her in: • finding an appropriate place to live • obtaining basic living essentials • obtaining adequate financial and social support • obtaining information about health care coverage, therapeutic support and emergency assistance when necessary • securing funding for post-secondary education or training • identifying or maintaining relationships with family members, natural helpers, informal and formal supports, cultural community and other significant people, and • if the youth has a trust fund, obtaining information about the fund from the Public Guardian and Trustee. If the youth is Aboriginal, provide information and documentation about his or her rights, Aboriginal community membership and entitlements. For more information, see Children in Care Service Standard 1: Preserving and Promoting the Identity of an Aboriginal Child in Care.
INTENT	This standard requires that every effort be made to assist a youth in care, before he or she reaches the age of 19, in developing the capacity, skills, support and resources needed to face the challenges and adversities that accompany successful living in the community. The director works collaboratively with others to prepare the youth well in advance of leaving care: • through an ongoing process of building and assessing the youth's independent living skills, and providing education and opportunities to test skills • by establishing and strengthening the youth's connections with family, extended family, friends, community and informal and formal supports, and • by assisting the youth in obtaining basic living essentials such as food, clothing, shelter and stable income are in place before the youth leaves care.
REFERENCES	Ansell-Casey Life Skills Assessments: http://www.caseylifeskills.org/pages/assess/assess_index.htm
POLICY	**Supporting a youth in developing self-care and independence skills** Promote a youth's resiliency, and support the youth in developing self-care and independence skills, from the time he or she is admitted to care to the time he or she leaves care. Provide opportunities for the youth to develop these skills in a manner consistent with his or her age, developmental level and culture.

CIC STANDARD 16: PROMOTING RESILIENCY AND SKILLS FOR SUCCESSFUL COMMUNITY LIVING	
	Assessing a youth's capacity for successful living in the community Regularly assess a youth's capacity for successful living in the community and develop plans to build on the strengths and address the vulnerabilities identified: • by using standardized, culturally appropriate assessment tools • according to the youth's developmental level and plan of care, and • by involving others involved in the plan of care. **Assisting a youth in living successfully in the community** Involve others included in the youth's plan of care to provide information and support in obtaining: • basic living essentials, such as clothing, food, furniture and household supplies • adequate financial and social support, including employment or financial assistance • a place to live • information about the youth's rights and responsibilities as a responsible member of the community (e.g., a tenant, an employee, etc.) • informal or formal services or networks to support the youth in the community • health care coverage • community-, regionally and provincially based advocacy services, and • funding for post-secondary education or other training programs, including bursaries, scholarships and grants (e.g., Youth Education Assistance Fund). Provide the youth with or assist the youth in obtaining identification and personal records (e.g., birth certificate, life book, social insurance number). Provide the youth with information about how to request access to his or her file after leaving care. If the Office of the Public Guardian and Trustee is holding funds in trust for the youth, meet with the Public Guardian and Trustee to account for and transfer funds to the youth at 19 years of age.
ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	For those youth who are not capable of managing their legal and financial issues after they have turned 19, the Public Guardian and Trustee will ensure that the youth has the necessary support, by establishing a Committee, Representative or Power of Attorney to manage his or her financial issues.

CIC STANDARD 16: PROMOTING RESILIENCY AND SKILLS FOR SUCCESSFUL COMMUNITY LIVING	
KEY DEFINITIONS	

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Index

Note: Where a topic is addressed in detail in a standard, the relevant standard number is shown in bold, followed by the page numbers for the standard.

Aboriginal child, **CFS 2** (15–17)
- ancestry of, 5, 15
- defined, 5
- in care, **CIC 1** (88–91), 96, 98
- placed in a non-Aboriginal home, 70, 90, 101

Aboriginal community
- defined, 5
- involvement, when child or parent objects to, 16, 28, 32
- membership in, 90
- working in collaboration with, 1, 89
- working in partnership with, 13, 59, 72, 89, 100

alternative dispute resolution processes, **CFS 4** (20–22)
- in developing a plan to keep a child safe, 68
- in determining parental contribution to a child's care, 43, 44
- issues that are not appropriate for, 21
- traditional dispute resolution processes, 20
- *See also* mediation

alternative out-of-care living arrangements, 72, 113
- *See also* informal kinship care

assessment, **CIC 11** (115–118), 13
- defined, 5
- for special needs, 39
- in family development response, 54–55
- in youth service response, 57
- of child protection report, **CFS 12** (48–51)
- of youth's capacity for living in the community, 129
- of youth's immediate needs, 57
- of strengths and risks, 54–55, 65–67, 74, 79
- *See also* assessment tools

assessment tools
- current, 118
- standardized, culturally appropriate, 3
  - defined, 8

best interests. *See* child, serving best interests of

capacity
strengthening, **CFS 7** (27–30), 13, 65, 74
in family development response, 54–55
See also child, with capacity

care agreement, **CFS 9** (38–42)
as preferred alternative to court-ordered decision, 38

care provider, **CFS 8** (30–36)
assisting a parent in selecting, 32
defined, 6
proposed, declining to make an agreement with, 33
review of, 32
See also informal kinship care

caregiver
defined, 6
providing with information, **CIC 13** (122–23)
relatives approved as, 6
selection of, 71, 72
for Aboriginal child, 72
See also formal kinship care

case documentation, **CFS 24** (81–82)
for a child in care, **CIC 3** (95–96)
for an Aboriginal child in care, 96

change in placement, **CIC 12** (119–121)
deciding on, 119
if the child is Aboriginal, 119
preparing child for, 120

child
as victim of a crime, **CFS 13** (51)
at immediate risk of harm, **CFS 11** (46–47)
culture and identity of (*also* cultural identity of)
preserving, 15, 16, 72
providing services that respect, **CFS 5** (23–24)
defined, 5
discrimination against. *See* discrimination
interviewing, 52, 61
need for stability and continuity of lifelong relationships, **CFS 6** (24–25)
See also stability and continuity of lifelong relationships
protection of. *See* protection
removing, **CFS 19** (68–69)
returning to family, **CFS 22** (76–77)
safety of. *See* safety
serving best interests of, 16, 70, 76, 77, 119
with capacity
defined, 5
to consent to medical treatment, 60

See also child in care

child in care
Aboriginal, preserving identity of, **CIC 1** (89–91)
assessments, **CIC 11** (115–18)
assuming responsibility for, **CIC 4** (97–98)
case documentation for, **CIC 3** (96)
changing placement of, **CIC 12** (119–121)
considering views of, **CIC 8** (108)
culture and identity (*also* cultural identity of)
providing services that respect, **CIC 2** (92–94)
emotional well-being of, providing for, 100–01
ensuring safety of, **CIC 5** (99–101)
financial interests of, **CIC 7** (105–107)
involving in planning and decision making, **CIC 8** (108)
leaving care, **CIC 15** (127–28), **CIC 16** (129–30)
meaningful relationship with, **CIC 9** (110–11)
missing, **CIC 14** (124–126)
need for stability and continuity of lifelong relationships, **CIC 10** (112–114)
See also stability and continuity of lifelong relationships
planning for, **CIC 11** (115–18)
respecting culture and identity of, **CIC 2** (92–94)
rights of, **CIC 6** (102–03)
runaway, **CIC 14** (124–126)
See also child

Child and Family Development Service Standards
effective date of, 3
format of, 2
review process for, 3
revision of, 3

Child and Family Service Standards.
See Child and Family Development Service Standards

Child Tax Benefit
eligibility for, 36
inquiries, 45
loss of, 44, 45
reinstatement of, 44, 45

child protection investigation
conducting, **CFS 16** (59–62)
concluding, **CFS 17** (63–64)
informing about results of, 63–64
provision of services during, 61–62
purpose of, 63

child protection reports, **CFS 12** (48–51)
alternative responses to
See family development response

See youth service response
appropriate responses, 48
involving youth, 50
obtaining information from reporter

child protection services
ending, **CFS 21** (74–75)

child's best interests. *See* child, serving best interests of

Children in Care Standards.
See Child and Family Development Service Standards

collaborative planning, **CFS 4** (20–22)

conflict of interest
of (ADR) facilitator, 20

consent
child's
to medical treatment, 47, 60
parent's
before medical examination, 60
Public Guardian and Trustee's, 106
to contact others for information, 49
to disclosure of information, 28, 79
to disclosure of reporter's identity, 51
to health care, 46
to services on emergency basis, 29
See also child, with capacity

continuity of lifelong relationships.
See stability and continuity of lifelong relationships

continuing custody order, 43, 105, 106

contracted service providers, 1

cooperative planning, **CFS 4** (20–22)

Council on Accreditation (COA), 1

criminal investigation, 64

critical injury of a child
defined, 5
notification of, **CFS 25** (83–86)
reporting on, 84

cultural identity. *See* child, culture and identity,
and child in care, culture and identity

cultural plan
defined, 5
developing, 89, 90, 91, 98, 101

death of a child
notification of, **CFS 25** (83–86)
reporting on, 84

delegated Aboriginal agency
involving in planning, 17, 28, 32

designated director
developing protocols, **CFS 3** (18)
notifying about death, critical injuries and serious incidents, **CFS 20** (83–86)
notifying about missing or runaway child in care, 124–125
response to death, critical injuries and serious incidents, **CFS 20** (83–86)

developmental domains. *See* outcomes

discrimination
defined, 6
child in care harmed by, 92–93
See also racism

dispute resolution. *See* alternative dispute resolution processes

documentation. *See* case documentation

ending services, **CFS 23** (78–79)

extended family
defined, 6

family conference, **CFS 4** (20–22)
for Aboriginal families, 21
plan of care
defined, 6

family development response, **CFS 14** (54–55)
defined, 6

financial support
for proposed living arrangement, 32, 34
See also parental contribution

First Nation
registering a child for membership in, 90

formal kinship care
defined, 6

formal supports
defined, 6

guardianship
responsibilities to child, **CIC 4** (97–98)

immediate risk of harm
child at, **CFS 11** (46–47)

Infant's Act
child's right to consent to medical treatment under, 47

Indian Act
registering a child for status under, 90

informal kinship care, **CFS 8** (31–36)
defined, 6

informal supports
defined, 6

involvement of children and families in planning, **CFS 4** (20–22)

lifelong relationships.
See stability and continuity of lifelong relationships

maintenance order
applying for, 44–45

mediation, **CFS 4** (20–22)
issues appropriate for, 21–22
See also alternative dispute resolution processes

mediators
approved, 21, 44

Métis
when a child may be Métis, 16
membership in community, 90

missing child, **CIC 14** (124–26)
See also serious incidents

natural helpers
defined, 7
during an investigation, 62, 63
using, 27

needs assessment. *See* assessment

outcomes
in developmental domains, 115, 116

parent
defined, 7

parental contribution to a child's care, **CFS 10** (43–45)
waiving, 44

permanency planning.
See stability and continuity of lifelong relationships

placement priorities, **CFS 20** (70–73)
for Aboriginal child, 72, 89–91

plan of care, **CIC 11** (115–118)
child's right to be informed of, 108
defined, 7

plan to keep a child safe
developing and implementing, **CFS 18** (66–67)
See also safety

police
consulting with, 64
informing, **CFS 13** (52)
involving
when child is missing, 124–25
when family cannot be located, 61
where child a victim of a crime, 93
protocols, 18

protection
determining whether a child needs, **CFS 17** (63–64)
when a child needs
care agreement, 38
plan to keep child safe, **CFS 18** (65–67)
removal, **CFS 19** (68–69)

protective intervention order, 68

protocols, **CFS 3** (18)
with Aboriginal agencies, 14, 61
where none exist, 16
for foster homes, 100

Public Guardian and Trustee, **CIC 17** (105–107)
defined, 7
involving
missing child, 125
discrimination or racism, 93
death, critical injury or serious incident, 85
and trust fund for youth, 130

racism
child in care harmed through, 92–93

record
defined, 7

reference guides
list of, 3

religious instruction, 93, 102

removing a child, **CFS 19** (68–69)

resiliency
for successful community living, **CIC 16** (129–130)
promoting, 27
defined, 7

returning a child to a family, **CFS 22** (76–77)

reunification
supporting goal of
in care agreements, 40
in informal kinship care, 35
when not a likely option, 36

rights of a child in care, **CIC 6** (102–104)

safety
of a child, **CFS 4** (20–22), **CFS 18** (65–67), 20, 33, 46–47, 59–61, 63–64
of a child while in care, **CIC 5** (100–01)
of a missing or runaway child, 124–25
plan, short-term, 57
of a youth, 57–58

serious incident,
defined, 7–8
notification of, **CFS 25** (83–86)

service plans. *See* youth service plans

siblings
in separate placements, 71
maintaining relationships with, 31, 35, 40, 112
keeping together, 71
benefits of, 70

smoke free environment, **CIC 11** (117)
defined, 8

special needs
defined, 8

special needs agreement, **CFS 9** (38–42)

stability and continuity of lifelong relationships, **CFS 6** (25–26)
defined, 8
for children in care, **CFS 20** (70–73), **CIC 10** (112–14)
legally recognized options that fulfill a child's need for, 36

strategic shifts, 1

support services, **CFS 7** (27–29)
in family development response, 54–55
in informal kinship care, 31–35

support service agreements, **CFS 7** (27–29)

traditional alternative dispute resolution processes.
See alternative dispute resolution processes

transferring responsibility for service provision, **CFS 22** (78–79)

visibility in the community
defined, 8
frequency of contact based on, 110

voluntary care agreement, **CFS 9** (38–42)

youth
assessing basic needs of, 57
child protection report involving, 50, 57
defined, 8
developing resiliency in, 27
leaving care, 128, 129
preparing for successful community living, **CIC 16** (129–30)
registering for status under the Indian Act, 90
safety of, 47, 65
safety plan for, 57
support service agreements with, 28

youth agreement
and Child Tax Benefit, 44–45
parental contribution, 43
in youth service planning, 57–58

youth service plans
longer-term comprehensive, 58–59
short-term safety, 57
See also service plans

youth service response, **CFS 15** (57–58), 65, 66
as preferred response, 39
defined, 8
for youth at immediate risk of harm, 47

Page 177 of 555 to/à Page 193 of 555

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Protocols for Foster Homes Framework



Ministry of Children & Family Development
Child and Family Development Division
October, 2002

Protocols for Foster Homes Framework

This document contains the *Protocol for Investigating Reports of Abuse or Neglect in a Foster Home Framework* and the *Protocol for Resolving Issues between Foster Parents and Ministry Staff Framework.* This Protocol Framework is to be used in concert with the *Regional Foster Home Protocol Procedures* (see pg. 4 of this document). For protocol investigations concerning foster homes managed by delegated Aboriginal Child and Family Service Agencies refer to the Resource Protocols between delegated Aboriginal Child and Family Service Agencies and MCFD regions.

Desired Outcome

- Children and youth in care live in a safe environment where they receive high quality care.
- Staff and foster parents are knowledgeable about the protocols and use them to enhance the quality of care provided to children in care and the relationship between staff and foster parents.

Foundations

- The safety and well being of the child is paramount.
- A spirit of mutual respect, fairness, and teamwork; and a commitment to problem solving and clear communication characterize these protocols.
- Foster parents are entitled to support by the person(s) of their choice when issues or concerns arise about their foster home.
- Subject to availability, every effort will be made to ensure that investigations are performed by experienced staff who are trained in the use of these protocols.
- If concerns that a child has been or is likely to be abused or neglected arise during the course of these protocols, the ministry must assess the concern and, where necessary, investigate.
- Information may be shared among delegated staff and with police or community resources when it is necessary to ensure the safety or well being of a child. Delegated staff may, at times, be constrained by legislation from full disclosure of information about an investigation.
- Actions taken under these protocols with respect to Aboriginal caregivers are carried out in a manner that is sensitive to their specific cultural identity.
- Actions taken under these protocols are carried out with sensitivity to the cultural, racial and religious heritage of participants. Interpretation and translation services should be provided as necessary.
- The Director has final decision-making authority about the placement of children.

Assuring Quality Foster Care

Foster parents and staff, as a regular part of their work together, routinely discuss the provision of quality foster care for each child or youth in care. As part of this work, discussions, plans and outcomes are recorded and tracked.

When concerns arise regarding the care of children and youth, the worker arranges to discuss the matter with the foster parent as soon as possible. The nature of this discussion is informal and collaborative.

Any results or remedies arising from the discussion and a date to review any subsequent plans are tracked and recorded on the ministry's management information system (SWS MIS). The foster parent is advised that the information has been recorded and that they may request a copy of the Quality of Care Review Details and the Quality of Care Review Results sections of the Quality of Care Review Report.

At the next Foster Home Review, all concerns that have been addressed since the previous Foster Home Review will be reviewed and, if necessary, a plan to address any outstanding concerns will be developed for implementation.

Quality of care concerns that arise during the course of a Protocol Investigation are addressed as outlined above.

The *Protocol for Resolving Issues between Foster Parents and Ministry Staff* is used in case of disagreements.

Protocol for Investigating Reports of Abuse or Neglect in a Foster Home Framework

Scope

This protocol applies whenever delegated staff receive a report that a child needs protection according to the "Guidelines for Undertaking a Protocol Investigation" (p.4). For protocol investigations concerning foster homes managed by delegated Aboriginal Child and Family Service Agencies refer to the Resource Protocols between delegated Aboriginal Child and Family Service Agencies and MCFD regions

Investigation

Protocol investigations are conducted following the requirements laid out in the *Practice Standards for Child Protection,* and the *Standards for Foster Homes*.

The investigation and any resulting actions are tracked and recorded on the Ministry of Children and Family Development's management information system (SWS MIS). Upon completion, the report is printed and placed on the CS file with any accompanying documents. A summary report is written and distributed to the foster parents, the Resource file and the Director.

The investigation commences when a foster parent is notified that an investigation will take place.

Communication

A communication plan for sharing information about the progress of the investigation, specifying dates and mechanisms for updating all parties is created and given to:

- Foster parents and their support person (if applicable)
- MCFD staff as identified in the Regional Foster Home Protocol Procedures

All decisions must be communicated to the foster parents in person and followed up in writing sent by registered mail. The subject child, the reporter and, if appropriate, the parents and the designated representative of the subject child's aboriginal community, are advised of the outcome of the investigation.

Support

Staff provide the foster parent with the name and telephone number of the local BCFFPA support person (after December 31, 2002, the designated foster parent support organization) or the FAFP support person and offer to make contact on the foster parent's behalf. Resource Protocols between delegated Aboriginal Child and Family Service agencies and MCFD regions include support arrangements. Foster parents may not wish to use one of these support persons and may identify someone else in their community to provide support to them. Non-ministry support persons must sign an oath of confidentiality before participating in any interviews or meetings.

Timelines

Time is of the essence in this protocol.

- Foster parents must be updated every 2 weeks
- Investigation findings must be reported to Foster Parents and involved MCFD staff no more than 30 days from the commencement of the investigation.
- The decision regarding future use of the home and required remediation must be reported to foster parents, in person, no more than 45 days from the commencement of the investigation.

Payment

- If children in care are moved from the home during an investigation, foster parents will receive their full maintenance and, if applicable, service payments, as outlined in the contract with the ministry, during the investigation. Payment will continue:
  - for 45 days **or**
  - until the foster parent has been informed (in person or by registered mail if they are not available to meet) of the decision regarding future use of their home,
    whichever is longer.

Payment will not be made during appeals. However, if the decision under appeal is overturned, payment will be made retroactively to the date payment was stopped.

Reviews and Appeals

Within 7 working days of receiving written notification of the result of the investigation, the foster parents may make a written request for a review by the Director, who may refer the matter to the Protocol for Resolving Issues Between Foster Parents and Ministry Staff Framework. The review is completed in 30 days.

Training See Page 4. **Quality Assurance** See Page 4.

Protocol for Resolving Issues Between Foster Parents and Ministry Staff Framework

Scope

This protocol applies whenever foster parents and staff have a disagreement over an issue that cannot be resolved in discussions between the foster parent, the worker and the worker's supervisor. Issues relating to children in care are dealt with using the MCFD Complaints Process. Information about the Complaints Process Policy can be found at http://www.mcf.gov.bc.ca/complaints/index.htm . Each delegated Aboriginal agency has a Complaints Process for resolving issues relating to provision of service.

Wherever possible staff and foster parents seek to prevent issues from arising by practicing:

- open and direct communication; and,
- a co-operative problem-solving approach which aims to achieve "win-win" solutions.

When issues arise, staff provides information about this protocol to foster parents and assist them in accessing the protocol.

Support

Staff provide the foster parent with the name and telephone number of the local BCFFPA support person (after December 31, 2002 the designated foster parent support organization) or the FAFP support person and offer to make contact on the foster parent's behalf. Foster parents may not wish to use one of these support persons and may identify someone else in their community to provide support to them. Non-ministry support persons must sign an oath of confidentiality before participating in any interviews or meetings.

Local Resolution

Wherever possible staff and foster parents try to resolve issues quickly and locally. Discussions between foster parents and staff are informal and collaborative in nature.

An issue for resolution may be expressed verbally or in writing. The person receiving the concern confirms with the other person that this protocol is being requested. The protocol commences when confirmation is received, which may be verbal or in writing.

The confirmation and the results of discussions between foster parents and staff are documented and distributed to all participants.

Formal Resolution

If the issue is not resolved at the local level, either party may make a written request for resolution of the issue by a non-involved manager.

With consent of the parties, the non-involved manager may work with the parties to resolve the dispute. If this is not desired by either party, or is unsuccessful, the non-involved manager has discussions with all parties who may be helpful in resolving the issue, reviews all information, makes a decision and informs all parties of the decision.

Timelines

Local Resolution

Within 7 working days of receiving a protocol request, confirmation of receipt is provided to the person making the request.

Within 30 working days of the start of the protocol, staff and foster parents resolve issues at the local level.

Formal Resolution

Within 7 working days of receiving written results from the final local resolution, either person may make a written request for resolution of the issue by a non-involved manager.

Within 30 working days of receiving the written request for a resolution, the non-involved manager distributes a written resolution/decision to all involved; contacting foster parents by registered letter.

Reviews and Appeals

Within 7 working days of receiving the written results of the formal resolution process from the designated non-involved manager, either party may send a written request for a review to the Director.

Within 30 working days of receiving the request for a review, the Director carries out a review of the issues in dispute, reaches a decision and notifies the foster parents, in writing by registered mail, and the Regional Executive Director of the decision.

Training ***See Page 4*** **Quality Assurance** *See Page* 4

Application

These Protocols apply to:

- All caregivers who have signed a Family Care Home Agreement.
- Caregivers who have signed a Client Service Agreement, who reside in the care setting and have no more than one full-time equivalent employee.

Regional Foster Home Protocol Procedures

Each region will be responsible for formulating and documenting regional foster home protocol procedures to ensure the requirements of the Protocols for Foster Homes Framework are met and the roles and responsibilities of involved staff are clearly defined and delineated. Consultation with the regional foster parent support organizations during this process is encouraged.

The Regional Foster Home Protocol Procedures and the Protocols for Foster Homes Framework jointly will form the *Protocols for Foster Homes*.

Each region's foster home protocol procedures document will be posted on the ministry Internet site.

During regularly scheduled audits, files with protocol investigations or reviews placed on them will be audited based on the requirements set out in the Framework and in the pertinent regional foster home protocol procedures.

Training

The region, in consultation with the regional foster parent support organizations will provide joint protocol training to staff and foster parents regarding the Protocols for Foster Homes Framework, Regional Foster Homes Protocol Procedures and other issues pertinent to the effective, efficient and accountable use of the protocols.

Quality Assurance

The Regional Foster Parent Teambuilding Partnership Forum will be responsible for monitoring regional trends and developing mechanisms to address concerns.

Guidelines for Undertaking a Protocol Investigation

A Protocol Investigation should be undertaken in the following circumstances:

- If a child in care has been, or is likely to be, physically harmed by the child's caregiver;
- If a child in care has been, or is likely to be, sexually abused or exploited by the child's caregiver;
- If a child in care has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person and if the child's caregiver is unwilling or unable to protect the child;
- If a child in care has been, or is likely to be, physically harmed because of neglect by the child's caregiver;
- If a child in care is emotionally harmed by the caregiver's conduct;
- If a child in care is deprived of necessary health care;
- If a child in care's development is likely to be seriously impaired by a treatable condition and the child's caregiver refuses to provide treatment; and,
- If a child in care's caregiver is unable or unwilling to care for the child and has not made adequate provision for the child's care.

For the purposes of this document, but without limiting the meaning of "sexually abused" or "sexually exploited", a child has been or is likely to be sexually abused or sexually exploited if the child has been, or is likely to be:

- encouraged or helped to engage in prostitution, or
- coerced or inveigled into engaging in prostitution.

For the purposes of this document, a child is emotionally harmed if the child demonstrates severe

- anxiety,
- depression,
- withdrawal, or
- self-destructive or aggressive behaviour.

PROTOCOLS FOR FOSTER HOMES

PART 1: **Protocol For Investigating Abuse or Neglect In Foster Homes**

*

PART 2: **Protocol For Resolving Issues Between Foster Parents and Vancouver Island MCFD Staff**

*

PART 3: **Protocol For Reviewing Quality of Care Concerns in Foster Homes**

*

Ministry of Children and Family Development
Vancouver Island Region

TABLE OF CONTENTS

PART 1: PROTOCOL FOR INVESTIGATING ABUSE OR NEGLECT IN FOSTER HOMES

Purpose 7

Definitions 8

Scope 8

Support 8

Application of the Protocol – Determining Whether to Investigate or Conduct a Quality of Care Review 9

Grounds for Commencing a Protocol Investigation 9

Investigation Steps:

- Stage 1 – Assessing Child Protection Report and Determining Response 10
- Stage 2 – The Protocol Investigation 11
- Stage 3 – The Protocol Investigation Outcome 12
- Stage 4 – Meeting to Report Investigation Results 13
- Stage 5 – Resolving Disagreements About the Investigation 13
- Stage 6 – Service Quality Assurance 13

Timeframes 14

Documentation 14

Records Management 16

APPENDICES –

- Appendix 1-A: Sample Letter #1 – From CSM (Child Protection) informing foster parents that an investigation has begun and the reasons. 17
- Appendix 1-B: Sample Letter #2 – From CSM (Child Protection) informing foster parents that a report has been received that does not require investigation but that may require a quality of care review. 18
- Appendix 1-C: Sample Letter #3 – From child's social worker informing the parent apparently entitled to custody that an investigation has begun. 19
- Appendix 1-D: Sample Letter #4 – From child's social worker to child's Aboriginal band, agency or community informing them that a report has been received and an investigation has begun 20

Table of Contents (continued)

Appendix 1-E:	Sample Letter #5 – From child's social worker informing the child with capacity about the investigation	21
Appendix 1-F:	Sample Letter #6 – From CSM (Child Protection) informing foster parents of the investigation outcome (sent with the protocol investigation summary) WHERE THE HOME IS TO REMAIN OPEN	22
Appendix 1-G:	Sample Letter #7 – From CSM (Child Protection) informing foster parents of the investigation outcome (sent with the protocol investigation summary) WHERE THE HOME IS TO BE CLOSED WITHOUT CAUSE	23
Appendix 1-H:	Sample Letter #8 – From CSM (Child Protection) informing foster parents of the investigation outcome (sent with the protocol investigation summary) WHERE THE HOME IS TO BE CLOSED WITH CAUSE.	24
Appendix 1-I:	Sample Letter #9 – From child's social worker informing child with capacity about the investigation decisions.	25
Appendix 1-J:	Sample Letter #10 – From child's social worker informing parent apparently entitled to custody about investigation outcome (sent only where the parent was informed at the start of the investigation)	26
Appendix 1-K:	Sample Letter #11 – From child's social worker to representative of child's Aboriginal band, agency or community informing them about the investigation outcome	27
Appendix 1-L:	Detailed Protocol Investigation Report Format	28
Appendix 1-M:	Guidelines for Preparing the Protocol Investigation Summary.	30
Appendix 1-N:	Consent to Contact a Support Person	31
Appendix 1-O:	Non-Disclosure and Confidentiality Agreement	32

TABLE OF CONTENTS

PART 2: PROTOCOL FOR RESOLVING ISSUES BETWEEN FOSTER PARENTS AND VANCOUVER ISLAND MCFD STAFF

Purpose 34

Support 35

Application of the Protocol 35

Steps to Resolution:

- Stage 1 – Local Resolution Process 35
- Stage 2 – Formal Resolution Process 36
- Stage 3 – Final Resolution by Director of Integrated Practice (or uninvolved designate) 36

Documentation 37

Service Quality Assurance 37

Records Management 37

APPENDICES –

- Appendix 2-A: Consent to Contact a Support Person 38
- Appendix 2-B: Non-Disclosure and Confidentiality Agreement (Resolving Issues Between Foster Parents and MCFD Staff) 39

TABLE OF CONTENTS

PART 3: PROTOCOL FOR REVIEWING QUALITY OF CARE CONCERNS IN FOSTER HOMES

Purpose 41

Support 41

Application of Protocol 42

Review Steps :

- Stage 1 – Assessment of the Quality of Care Concern 42
- Stage 2 – The Quality of Care Review 43
- Stage 3 – The Quality of Care Review Decisions 44
- Stage 4 – Meeting to Report the Review Results 44
- Stage 5 – Resolving Disagreements About the Review 45
- Stage 6 – Service Quality Assurance 45

Documentation 46

Records Management 46

APPENDICES –

- Appendix 3-A: Sample Letter #2 – From the CSM (Child Protection) Informing foster parents that a report has been received that does not require investigation, but that may require a quality of care review 47
- Appendix 3-B: Guidelines for Preparing a Quality of Care Review Report 48
- Appendix 3-C: Consent to Contact a Support Person 49
- Appendix 3-D: Non-Disclosure and Confidentiality Agreement (Resolving Issues Between Foster Parents and MCFD Staff) 50

Protocol
For Investigating Abuse or Neglect In Foster Homes



Vancouver Island Region

PROTOCOL
FOR INVESTIGATING REPORTS OF ABUSE OR NEGLECT IN FOSTER HOMES

Purpose

The Ministry of Children and Family Development (MCFD), Vancouver Island Region has developed the following protocols for dealing with issues and concerns about foster parents:

- Protocol for Investigating Abuse or Neglect in Foster Homes
  In circumstances where there have been allegations that a child has been or is likely to be harmed in the foster home, the *Protocol for Investigating Abuse or Neglect in Foster Homes* is to be applied.

- Protocol for Reviewing Quality of Care Concerns in Foster Homes
  Where there have been allegations that the rights of a child in care have been breached or the quality of care provided to a child has not met the standards as described in the *Standards for Foster Homes,* a Quality of Care Review is to be conducted.

  Use the *Protocol for Reviewing Quality of Care Concerns in Foster Homes*, which is located within this document, following the *Protocol for Investigating Abuse or Neglect in Foster Home*. See Practice Advisory #12 (September, 2006) *Foster Parent Protocols* for further information.

- Protocol for Resolving Issues between Foster Parents and Ministry Staff
  The *Protocol for Resolving Issues between Foster Parents and Ministry Staff* applies whenever there is a disagreement between a social worker and a foster parent regarding:

  - care issues
  - plans of care
  - goals for the child
  - issues regarding caregiver standards
  - caregiver support
  - administrative or financial issues, or
  - any other issue not covered by the *Protocol for Investigating Abuse or Neglect in Foster Homes* and that are not about the services to the child

  Please refer to the *Protocol for Resolving Issues between Foster Parents and Ministry Staff*.

- Complaint Resolution Process
  Where the foster parent has a complaint on behalf of a child in care, about the quality or eligibility of services for that child, the foster parent may contact one of the Regional Complaint Resolution Consultants to discuss their eligible concerns.

This document replaces the former regional protocols released in 2003. These protocols have been developed in partnership with the BC Federation of Foster Parents Association (BCFFPA),

the Federation of Aboriginal Foster Parents (FAFP), and the Foster Parent Support Services Society (FPSSS).

Foster parents and the staff of the Vancouver Island Region share responsibility for meeting the public's expectations about the quality of care children receive in foster homes. These expectations are mandated by law under the *Child, Family and Community Service Act (CFCSA).*

The goal of the protocols is to clarify the roles, responsibilities and rights of everyone involved in investigations. It is acknowledged that the highly vulnerable children foster parents care for and high standard of care expected of them puts them in a position where there are more likely than the general population to undergo scrutiny and receive concerns about the care they provide. Moreover, given the complexity of decisions surrounding the children and families in which foster parents are involved, there is a need for an effective framework for resolving differences while strengthening foster care placements and preserving relationships between caregivers and the Ministry.

Definitions

For the purposes of this document:

- "child" means a person under the age of 19
- "foster home" means a foster parent with a resource file (RE) for which MCFD is responsible
- "foster parent" means a "caregiver" as defined in the *CFCSA*
- "MCFD director" means a person delegated by a director under *CFCSA* for MCFD

Scope

This protocol framework applies whenever a report is made that a child under the age of 19 has been or is likely to be abused or neglected in a ministry foster home. It includes children in care and children placed in foster homes for respite. It does not apply to foster homes under the exclusive responsibility of CLBC or delegated Aboriginal agencies. This protocol is to be used in concert with the following: *Child, Family and Community Service Act (CFCSA); Protocols with the Public Guardian and Trustee of British Columbia; Child and Family Development Service Standards; Children in Care Service Standards; Caregiver Support Service Standards; Quality Assurance Standards;* policies and procedures developed within the MCFD regions*;* and, the *Protocol For Investigating Abuse or Neglect in Foster Homes under the Responsibility of Community Living British Columbia*

Support

This protocol is intended to ensure that foster parents receive the support they desire during an investigation. Foster parents have a right to a support person of their choice.

Ministry staff ensures that the support person(s) for the foster parent(s) understands and signs a confidentiality agreement prepared by the Director, prior to the support person's involvement in the protocol process.

Application of the Protocol
Determining Whether to Investigate or Conduct a Quality of Care Review

Whenever information is received regarding concerns about the care or treatment of a child in a foster home, the director has a duty to assess the information and determine if an investigation is required.

Use the *Protocol for Investigating Allegations of Abuse or Neglect in Foster Homes* in circumstances where there have been allegations that a foster child has been or is likely to be harmed. Where there have been allegations that the rights of a child in care have been breached or the quality of care provided to a child has not met the standards as described in the *Standards for Foster Homes,* a Quality of Care Review is to be conducted. Use the *Protocol for Reviewing Quality of Care Concerns in Foster Homes*. See Practice Advisory #12 (September, 2006) *Foster Parent Protocols* for further information.

Grounds for Commencing a Protocol Investigation

A protocol investigation should be undertaken whenever information is received indicating that:

- a child has been, or is likely to be, physically harmed by the child's caregiver;
- a child has been, or is likely to be, sexually abused or exploited by the child's caregiver;
- a child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person and if the child's caregiver is unwilling or unable to protect the child;
- a child has been, or is likely to be, physically harmed because of neglect by the child's caregiver;
- a child is emotionally harmed by the caregiver's conduct;
- a child is deprived of necessary health care;
- the development of a child is likely to be seriously impaired by a treatable condition and the child's caregiver refuses to provide treatment; and,
- the caregiver of a child is unable or unwilling to care for the child and has not made adequate provision for the child's care.

For the purpose of this document, but without limiting the meaning of "sexually abused" or "sexually exploited", a child has been or is likely to be sexually abused or sexually exploited if the child has been, or is likely to be:

- encouraged or helped to engage in prostitution, or
- coerced or inveigled into engaging in prostitution.

For the purposes of this document, a child is emotionally harmed if the child demonstrates severe:

- anxiety,
- depression,
- withdrawal, or
- self-destructive or aggressive behaviour.

Investigation Steps

The following steps constitute a protocol investigation:

- Stage 1 – Assessing the child protection report and determining the most appropriate response (max 5 days)
- Stage 2 – The protocol investigation (max 30 days)
- Stage 3 – The protocol investigation outcome
- Stage 4 – Meeting to report the investigation results
- Stage 5 - Resolving disagreements about the investigation
- Stage 6 – Service quality assurance

Stage 1 - Assessing a child protection report and determining the most appropriate response

When a report has been made that a child may need protection, as described under *Grounds for Commencing a Protection Investigation* (on previous page), it must be assessed as follows:

Investigating Social Worker (Child Protection)

The investigating social worker is responsible for all aspects of the investigation, from commencement to conclusion. The social worker:

- Receives and assesses the report;
- Consults and shares information with the Community Services Manager, the designated Team Leader, the resource social worker, and the child's social worker;
- Completes an immediate safety assessment for each child in the foster home;

Community Services Manager (Child Protection and Guardianship) – or designate

- Makes the decision about the appropriate response to a child protection report within 5 days of receiving the report, based on the information received regarding the safety and well-being of a child in a foster home;
- During the investigation, determines any immediate action needed to ensure the safety and well-being of any children in the home;
- Approves the investigation plan and oversees implementation of the plan;
- Determines, in consultation with the Team Leader responsible for the resource, if the child can remain in or be returned to the home;
- Informs the foster parents in writing with a copy to the resource Social Worker, within 5 days of the commencement of an investigation.

Community Services Manager (Resources) – or designate

- Ensures that the foster parent is informed of their right to access a foster parent support person;

Resource Social Worker

- In the event that the decision is made not to conduct a protocol investigation, the resource social worker informs the foster parent of the report and the decision. All reports will also be discussed between the foster parent and the resource worker in the annual review.
- Confirms with the foster parent(s) that they have received a letter informing them of the investigation, advises the foster parent(s) of the investigation process and their rights, including the right to access available supports.

Child's Social Worker

- The director responsible for the child's care completes and submits a Reportable Circumstances report using the "Alleged Abuse or Neglect of a Child in Care by an Approved Caregiver" template. Reports are submitted as soon as possible after the report is received when a decision has been made to commence a protocol investigation.
- The Public Guardian and Trustee is informed through the Reportable Circumstances report when there is a death, critical injury, or serious incident involving a child who is in the care of the director, or whenever there is an allegation of abuse or neglect in a foster home that results in a decision to investigate.
- Informs the parents of children in the foster home that an investigation under this protocol will be commenced and the reasons. This occurs in all cases when a child is in care by agreement and respite care. Parents of children in care by court order are informed as appropriate.

Stage 2 – The protocol investigation

Investigating Social Worker (Child Protection)

- Plans and carries out the investigation according to the Child and Family Development Service Standards;
- At the commencement of the investigation, meets with the foster parents to explain:
  - the concerns,
  - the process of the investigation;

Community Services Manager (Child Protection and Guardianship) – or designate

- Informs the foster parents in writing of the investigation and updates the foster parent on progress every two weeks during the investigation.
- Makes decisions about placement of the child if it becomes necessary to change placements.

Community Services Manager (Resources) – or designate

- Ensures that a support person is available to the foster parent.

Resource Social Worker

- Throughout the investigation or intervention, the resource social worker honours and follows all protocols relating to the foster parent(s).
- Throughout the investigation or intervention, the resource social worker assists the foster family by providing information and offering ongoing support.
- Ensures the foster parent is provided with a list of people and/or organizations to contact for support during a protocol investigation.
- With the written consent of the foster parent, contacts and informs the support person(s) and/or agency identified by the foster parents that an investigation has begun, and arranges for the support person(s) where indicated to sign a confidentiality agreement (see Appendix O), prepared by the director prior to the support person's involvement in the protocol process.
- Provides the investigating social worker with relevant information about the foster home.

Child's Social Worker

The primary responsibilities of the child's Social Worker:

- If the child is moved from the foster home during the investigation, continues all payments related to service and maintenance for up to 45 days from the date the child is

moved unless it is determined earlier than 45 days that the child will not be replaced in the home (The appropriate manager may extend payments beyond 45 days in cases of financial hardship or other unusual circumstances.)

- Maintains contact with and support for the child throughout the investigation.
- Prepares and assists the child in the case of a placement change or any other changes in the child's comprehensive plan of care.
- Informs the child's parent or legal guardian and, where the child is aboriginal, the child's aboriginal community, and for children over the age of 12 years, the child, about any changes in plans or placement of the child.
- Provides the investigating social worker with information about the child's history and circumstances.
- Involves the child and ensure the child's views are taken into consideration in any contemplated planning or placement changes and communicate related decisions to the child and, as applicable, the child's parent or legal guardian, relevant delegated staff and others involved with the child.

Foster Parent Support Person(s)

The support person may be affiliated with:
- Foster Parent Support Services Society support workers
- Federation of Aboriginal Foster Parents support workers,
- designated foster parent support persons, and
- friends or family and/or any person the foster parent identifies as a support.

A foster parent support person:
- Provides information to the foster parent(s) on the process regarding protocol investigations.
- Provides information on avenues of support available to the foster parent(s).
- Supports the foster parent(s) throughout the process of the protocol investigation.
- Maintains confidentiality regarding information about the foster parent(s), foster parents' family and/or children in care by signing a non-disclosure and confidentiality agreement (see Appendix 0).
- Contributes to maintaining a relationship between Ministry staff and the foster parent(s).

Stage 3 – The protocol investigation outcome

Investigating Social Worker (Child Protection)
- At the conclusion of the investigation Determines if a child has been or is likely to be harmed by the foster parent.

Community Services Manager (Child Protection and Guardianship) – or designate
- Informs the foster parents in writing, or designates a team leader to do so, of the results of the investigation and decisions affecting the foster parents.
- Ensures that involved parties are advised of the outcome of the review and supporting reasons, and receive copies of relevant documentation.
- Makes decisions about placement of the child if it becomes necessary to change placements.

Child's Social Worker
- Meets with the child at the conclusion of the investigation to explain and discuss any issues, decisions, or changes, including any of the child's concerns.

Stage 4 – Meeting to report the investigation results

Investigating Social Worker (Child Protection)

- At the conclusion of the investigation, meets with the foster parents to explain the findings of the investigation.

Resource Social Worker

- At the conclusion of the investigation, joins the investigating social worker in the meeting to discuss the outcome of the investigation with the foster parents. Support persons may be included as requested by the foster parents, as long as they have signed a confidentiality agreement prepared by the director.

Stage 5 - Resolving disagreements about the investigation

Foster parents

- If the foster parent is dissatisfied with the process or outcome of the investigation, the foster parent may, within 14 days of receiving the written decision of the investigation, forward a written request for a review of the decision to the Community Services Manager (Child Protection and Guardianship).

Community Services Manager (Child Protection and Guardianship) – Stage 1

- Within 30 days of receiving the request, review the investigation, reach a decision, and provide written notification to the foster parents of the decision and the reasons for the decision. The Community Services Manager may choose to meet with the foster parents in person to provide the written decision.

- If the foster parent is not satisfied with the decision of the involved Community Services Manager (Child Protection and Guardianship) at the Stage 1 review level, the foster parent may, within 14 days of receiving that decision, forward a written request for a Stage 2 review by the Director of Integrated Practice (or uninvolved designate).

Review by Director of Integrated Practice (or uninvolved designate) – Stage 2

Within 30 days of receiving a request for a review, the Director of Integrated Practice (or uninvolved designate) may complete a review of the investigation, reach a decision, and notify the foster parents (and where applicable the specialized residential resource contractor) of the decision by registered letter.

- The decision of the Director of Integrated Practice (or uninvolved designate) is final.

Stage 6 – Service quality assurance

Director of Integrated Practice

- Ensures there is a regional system of tracking:
  - the number and type of issues requiring assessment or investigation under this protocol,
  - the number of homes with more than one investigation under this protocol in the past year,
  - the levels and types of homes involved (restricted, regular, specialized level 1, 2 or 3), and
  - the number of years of service of the foster parent(s) involved.

- Ensures that, in conjunction with regional staff, regional foster parent organizations and the Federation of Aboriginal Foster Parents, there is an annual review and discussion of issues requiring resolution under this protocol, which addresses such issues as:
  - any additional training or support required by foster parents or delegated staff,
  - the appropriate matching of children to the skills and resources of foster homes involved,
  - the identification of any patterns in the use of the protocol which would guide regional actions to be taken.

Timeframes

Time is of the essence in this protocol. Foster parents shall be informed of the decision to investigate within 5 days of receiving the report. They shall also be informed of the status of the investigation every two weeks from the decision to commence an investigation. The period of time under which the investigation shall occur is 30 days unless extenuating circumstances require the length of time to be extended. In instances where the time period must be extended, the reasons will be explained in writing to the foster parent.

Documentation

Documentation on MIS includes:

- Foster Home Identifying Information;
- Date and nature of the report
- Investigation findings (including whether the report is substantiated);
- Recommendations
- Cross reference to full documentation on file.

The following is documented on the *Detailed Protocol Investigation Report Format* (See Appendix L):

- Foster Home identifying information;
- nature and source of report;
- CICs currently and previously in the home
- Protocol Process including interviews, findings, and recommendations

The foster parent is to receive a summary report of the investigation at its conclusion (see Appendix M). This report shall be drafted by the investigating social worker or other person deemed appropriate by the designated supervisor. It contains:

- nature and description of report
- a summary of steps taken;
- the findings;
- the decision about the ongoing use of the home; and
- recommendations.

A decision **not** to proceed with a protocol investigation is also documented. The decision will include a summary of the report regarding the foster home, the reasons for not initiating a protocol investigation and what, if any, response is taken. The documentation is placed on the foster parent's resource file.

Sample Letters, Consent to Contact a Support Person and a Confidentiality Agreement are included at the end of this document.

Records Management

All records created and received by the MCFD director under this protocol will remain under the custody and control of the director.

The investigating social worker enters the protocol investigation on the resource (RE) file on MIS/SWS and, in that location, stores all records created under this protocol including: a printed copy of the protocol investigation; investigation notes; interviews; correspondence; and all other supporting documentation. All documents are stored on the file in chronological order with the signed copy of the protocol investigation on top. Copies of the protocol investigation may be stored in ORCS/ARCS.

If the Public Guardian and Trustee requests any records created under this protocol, the director may disclose such records to the Public Guardian and Trustee, pursuant to S. 79(h) of the *Child, Family and Community Service Act* and in accordance with the director's protocol with the Public Guardian and Trustee.

Appendix 1-A

Sample Letter #1 – From the CSM (Child Protection) informing the foster parents that an investigation has begun and the reasons.

Letterhead

Date

Foster parents
Address
City
Postal Code

Dear

On *(date)* my office received a report concerning a child placed in your care. I have looked into the concern and have asked a child protection social worker to investigate. I am sending you this letter so that you know what was reported and to explain what will happen next.

The report we received concerned *(child's name)*. I am not entitled to tell you who made the report, but the person's main concern was:

(Give a brief summary of the report of abuse or neglect)

I have asked for an investigation because:

(Give a brief explanation)

The social worker who is conducting the investigation will meet with you in person to inform you about the investigation. Your resource social worker will also be at the meeting to provide support to you. Your resource social worker will explain the process to you and the help available through the foster parent association. At the meeting, you will have the chance to give your views of the report and ask any questions you have.

Your resource social worker will act as a support person during the investigation. Your resource social worker will also give you a letter with the name of a person from your foster parent association who can provide support. You have a right to a support person of your choice. You may also hire a lawyer to represent you.

At the end of the investigation, the investigating social worker will prepare a summary of the investigation. I will send you a copy of that summary and the ministry's decision about the matter by *(date)*.

You will find an easy-to-use guide to the investigation process in the Protocols for Foster Homes kit. The kit also contains a detailed description of the process as well as a checklist that you may find helpful.

I encourage you to discuss any concerns about this process with your resource social worker or a representative of the foster parent association. Thank you for your cooperation in this matter.

Sincerely,

Community Services Manager, Child Protection

cc: BCFFPA support person
Investigating protection social worker

Appendix 1-B

Sample Letter #2 – From the CSM (Child Protection) informing the foster parents that a report has been received that does not require investigation but that may require a quality of care review.

Letterhead

Date

Foster parents
Address
City
Postal Code

Dear

On *(date)* my office received a report concerning a child placed in your care. I have looked into the concern and am satisfied that there is no reason to investigate any further. I am sending you this letter so that you know what was reported and how the ministry and foster parents deal with these situations.

The report we received concerned *(child's name)*. I am not entitled to tell you who made the report, but the person's main concern was:

(Give a brief summary of the report of abuse or neglect)

I have decided that an investigation is not required because:

(Give a brief explanation)

I have discussed the concern with the child's social worker(s) and your resource social worker. They and other ministry staff are now required to assess whether there is any remaining concern about the child's care in your foster home. Your resource social worker will contact you as soon as possible to talk over the report and to let you know whether any further review of the concern is necessary.

If you do not feel that you have been treated fairly in this process, you may ask the manager responsible for your foster home *(name and phone number of Community Services Manager responsible for the resource)* to begin a formal process to resolve the issue under the Protocol for Resolving Issues. You will find both a summary and a detailed description of this process in the Protocols for Foster Homes kit.

I am sending a copy of this letter to the ministry staff involved with your foster home and the child. A copy will also be placed on the child's file and your foster home file.

I encourage you to participate fully in discussing this matter when you meet with your resource social worker and to raise any questions you have.

Sincerely,

Community Services Manager, Child Protection

cc: Child's social worker
Resource social worker
Community Services Manager responsible for the resource
Community Services Manager responsible for the child

Appendix 1-C

Sample Letter #3 – From the child's social worker informing the parent apparently entitled to custody that an investigation has begun.

Note: Restricted to non-CCO situations unless an access order has been granted.

Letterhead

Date

Child's parent
Address
City
Postal Code

Dear

We recently received a report of possible abuse or neglect of your child while in foster care. I am not entitled to tell you who made the report, but the person's main concern was:

(Give a brief summary of the report of abuse or neglect)

A manager for the ministry has looked into the report and has asked a social worker to investigate. The social worker who will conduct the investigation is *(name of social worker)*.

At the end of the investigation, I will send you a letter to let you know what decision we have made about the placement of your child in the foster home.

If you have any questions about the report or investigation, please contact me. I will be happy to discuss them with you.

Sincerely,

Child's social worker

cc: Family Services file
Resource social worker
CIC file

Appendix 1-D

Sample Letter #4 – From the child's social worker to the child's aboriginal band, agency or community informing them that a report has been received and an investigation has begun.

Note: Only the designated representative of the child's band, agency or community who has already been involved with the child should receive this information.

Letterhead

Date

Aboriginal band, agency, community
Address
City
Postal Code

Dear

We recently received a report of possible abuse or neglect of *(child's name)*. The child is a member of *(name of band, agency or community)*. I am sending you this letter so that you know what was reported and how the investigation will proceed.

The report we received indicated that:

(Give a brief summary of the report of abuse or neglect)

The ministry has assigned a child protection social worker to investigate the report. The name of this social worker is *(name of social worker)*.

At the end of the investigation, I will send you a letter to let you know what decision we have made about the placement of the child in the foster home.

If you have any questions about the report or investigation, please contact me. I will be happy to discuss them with you.

Sincerely,

Child's social worker

cc: Investigating social worker
Child's file

Appendix 1-E

Sample Letter #5 – From the child's social worker informing the child with capacity about the investigation.

Letterhead

Date

Child's name
Address
City
Postal Code

Dear

We recently received a report about the care you are receiving in your foster home. A child protection social worker will meet with you soon to talk about the report. The social worker will also talk to your foster parents and other people who may have information about your foster home.

If you have any questions or worries about what is happening, contact me and I will meet with you to talk them over. If you feel that you would like to have someone *(from your band/community if aboriginal)* with you when you talk to the child protection social worker, let me know and I will try to make sure that the person can be there.

Sincerely,

Child's social worker

cc: Investigating social worker
Child's file

Appendix 1-F

Sample Letter #6 – From the CSM (Child Protection) informing the foster parents of the investigation outcome (sent with the protocol investigation summary) WHERE THE HOME IS TO REMAIN OPEN.

Letterhead

Date

Foster parents
Address
City
Postal Code

Dear

On *(date)*, I informed you that the ministry had started an investigation into a report concerning *(child's name)*. The child protection social worker who conducted the investigation was *(name of social worker)*. The investigation is now complete.

I have considered the information gathered during the investigation and have consulted with other ministry staff. We have now reached the following decision:

(State the decision regarding any action needed to ensure the safety and well-being of any children in the home)

The reason for my decision is:

(Give reasons)

We have also reached a decision about the future use of your home:

(State the decision regarding future use of the home)

I have included a copy of the investigation summary with this letter. A copy of this letter and the investigation summary will be placed on the child-in-care's file and on your foster home file.

Your resource social worker and the child protection social worker who conducted the investigation will meet with you as soon as possible to discuss the investigation and the decision. At the meeting, you will have the chance to give your views of the investigation and to discuss any unresolved issues or any support you need.

If you feel the investigation was unfair in any way, you can ask for a review by the Office of the Director of Integrated Practice and Policy. You must send your request in writing within 14 days of receiving this letter. Send your letter to:

(Office of the Director of Integrated Practice and Policy and address)

The Office of the Director of Integrated Practice and Policy will review the investigation and inform you of the result of the review within 30 days. Your resource social worker or BCFFPA support person can provide you with more information and support if you decide to ask for a review. You will find an easy-to-use guide that describes the review process in the Protocols for Foster Homes kit. You can also ask for a review by the Ombudsman at any time.

I encourage you to raise any concerns about the investigation with your resource social worker or BCFFPA representative. Thank you for your cooperation in this matter.

Sincerely,

Community Services Manager, Child Protection

Appendix 1-G

Sample Letter #7 – From the CSM (Child Protection) informing the foster parents of the investigation outcome (sent with the protocol investigation summary) WHERE THE HOME IS TO BE CLOSED WITHOUT CAUSE.

Letterhead

Date

Foster parents
Address
City
Postal Code

Dear

On *(date)*, I informed you that the ministry had started an investigation into a report concerning *(child's name)*. The child protection social worker who conducted the investigation was *(name of social worker)*. The investigation is now complete.

I have considered the information gathered during the investigation and have consulted with other ministry staff. I regret to inform you that we will no longer be placing children in your home.

Due to the circumstances of the complaint and the statements made by you and others concerning the allegations, I am not able to conclude with certainty that the allegations that led to the investigation actually occurred as reported. However, the ministry's obligation to children in care is to act solely in their best interests. Given all the circumstances, I have concluded that the ministry would not be fulfilling its obligation if it continued to place children in your home.

Please accept this letter as notice that your foster home is now considered closed. Your contact with the ministry will terminate on *(date)*.

If you feel the investigation was unfair in any way, you can ask for a review by the Office of the Director of Integrated Practice and Policy. You must send your request in writing within 14 days of receiving this letter. Send your letter to:

(Office of the Director of Integrated Practice and Policy and address)

The Office of the Director of Integrated Practice and Policy will review the investigation and inform you of the result of the review within 30 days. Your resource social worker or BCFFPA support person can provide you with more information and support if you decide to ask for a review. You will find an easy-to-use guide that describes the review process in the Protocols for Foster Homes kit. You can also ask for a review by the Ombudsman at any time.

I encourage you to raise any concerns about the investigation with your resource social worker or BCFFPA representative. Thank you for your cooperation in this matter.

Sincerely,

Community Services Manager, Child Protection

Appendix 1-H

Sample Letter #8 – From the CSM (Child Protection) informing the foster parents of the investigation outcome (sent with the protocol investigation summary) WHERE THE HOME IS TO BE CLOSED WITH CAUSE.

Letterhead

Date

Foster parents
Address
City
Postal Code

Dear

On *(date)*, I informed you that the ministry had started an investigation into a report concerning *(child's name)*. The child protection social worker who conducted the investigation was *(name of social worker)*. The investigation is now complete.

I have considered the information gathered during the investigation and have consulted with other ministry staff. We have now reached to following decision:

(State the decision)

The reason for our decision is:

(Give reason or reasons)

I regret to inform you that after carefully examining the investigation findings, we have decided that we will no longer be placing children in your home. Our reason(s) for this decision is/are:

(Give reason or reasons)

Please accept this letter as notice that your foster home is now considered closed. Your contract with the ministry will terminate on *(date)*.

I have included a copy of the investigation summary with this letter. A copy of this letter and the investigation summary will be placed on the child-in-care's file and on your foster home file.

Your resource social worker and the child protection social worker who conducted the investigation will meet with you as soon as possible to discuss the investigation and the decision. At the meeting, you will have the chance to give your views of the investigation and to discuss any unresolved issues or any support you need.

If you feel the investigation was unfair in any way, you can ask for a review by the Office of the Director of Integrated Practice and Policy. You must send your request in writing within 14 days of receiving this letter. Send your letter to:

(Office of the Director of Integrated Practice and Policy and address)

The Office of the Director of Integrated Practice and Policy will review the investigation and inform you of the result of the review within 30 days. Your resource social worker or BCFFPA support person can provide you with more information and support if you decide to ask for a review. You will find an easy-to-use guide that describes the review process in the Protocols for Foster Homes kit. You can also ask for a review by the Ombudsman at any time.

I encourage you to raise any concerns about the investigation with your resource social worker or BCFFPA representative. Thank you for your cooperation in this matter.

Sincerely,

Community Services Manager, Child Protection

Appendix 1-I

Sample Letter #9 – From the child's social worker informing the child with capacity about the investigation decisions.

Letterhead

Date

Child's name
Address
City
Postal Code

Dear

We have finished our investigation about the care you are receiving in your foster home. We have looked carefully at all of the information and have come to these decisions.

About your placement:

What will happen next:

If you have any worries or questions about the investigation or anything else, contact me and I will meet with you to discuss them.

Sincerely,

Child's social worker

cc: Child's file

Appendix 1-J

Sample Letter #10 – From the child's social worker, informing the parent apparently entitled to custody about the investigation outcome (sent only where the parent was informed at the start of the investigation).

Letterhead

Date

Child's parent
Address
City
Postal Code

Dear

I wrote to you on *(date)* to inform you that the ministry had started an investigation into a report we received about your child in foster care. We have now completed the investigation.

We have carefully considered all of the information gathered during the investigation and have decided on the following action.

(Describe any actions taken)

(State the decision about the child's placement)

Our reason for this decision is:

Your child is *(doing well/not doing well)* and we have provided the following support:

(Describe the support provided)

If there is any change in this decision, you will be notified as soon as possible. If you have any questions or worries about this decision, please contact me to discuss them.

Sincerely,

Child's social worker

cc: Child's file

Appendix 1-K

Sample Letter #11 – From the child's social worker to the representative of the child's Aboriginal band, agency, or community informing them about the investigation outcome.

Note: Only the designated representative of the child's band, agency or community who has already been involved with the child should receive this information.

Letterhead

Date

Representative of aboriginal band, agency, community
Address
City
Postal Code

Dear

I wrote to you on *(date)* to inform you that an investigation had begun into a report we received about *(child's name)* while in foster care.

The investigation has now been completed. After reviewing the findings of the investigating child protection social worker, we have reached the following decision:

(State decision regarding the continued placement of the child in the foster home)

If there is any change in this decision, you will be notified as soon as possible. If you have any questions or worries about this decision, please contact me to discuss them.

Sincerely,

Child's social worker

cc: Child's file

Appendix 1-L

Detailed Protocol Investigation Report Format

This format is for recording information gathered during protocol investigations. It is recommended that investigating workers use this format to prepare updates and record interviews as they occur in order to facilitate the preparation of the final report.

A. Identifying Information

1. Family Care Home Identifying Information

a. Name(s) of caregivers
b. Contracting agency, if applicable
c. Resource file number
d. Level of care/type of resource
e. Office code/name

2. Nature and Source of Allegation

a. Date of intake
b. Source of concerns
c. What happened
d. Where did it happen
e. When/how often did it happen
f. Other relevant information from the complaint intake

3. Current CIC(s) Identifying Date (complete for each CIC)

a. Name
b. Birth date
c. Legal status
d. Date of placement/duration of placement
e. Social Worker
f. Team Leader
g. CS file number

4. Past CIC(s) Identifying Date (complete for each CIC)

a. Name
b. Birth date
c. Legal status
d. Social Worker
e. Team Leader
f. Placement dates

B. Protocol Process

a. Date investigation commenced
b. Immediate Safety Assessment, Plan and Actions taken
c. Report status
    i. Initial
    ii. Update #1, 2, …
    iii. Final draft
    iv. Final
d. Anticipated completion date

C. Results of the Initial Investigation

1. Prior Contacts Before Interview

a. Team Leaders
b. Social Workers
c. Community Services Managers
d. Police (if appropriate)
e. Files reviewed
f. Review of previous investigations (if applicable)

2. Interviews (list all interviews in the order in which they occurred)

(If an important party is not interviewed, provide an explanation)

a. Children in care
b. Alleged abuser (if appropriate)
c. Witnesses
d. Consultation with other professionals (e.g., doctors, police, therapists, social worker)
e. Supporting documentation (e.g., police or medical reports)

D. Results of the Investigation

a. Summary of the findings
b. Identify any concerns about caregiver functioning

E. Recommendations

a. If CIC removed, explain why, duration, and barriers to returning, if any
b. Whether or not home should remain open or be closed
c. Caregiver concerns and how they are being dealt with (if appropriate)
d. Additional recommendations (e.g., training, areas for further assessment, supports needed)

Investigating Social Worker

Signature
Name
Date

District Office

Code/name
Team Leader
Phone number

Appendix 1-M

Guidelines for Preparing the Protocol Investigation Summary For Foster Parent

Copies of the Protocol Investigation Summary sent to anyone other than ministry staff or foster parents must be screened to ensure they conform to privacy legislation (*FOIPPA*) and the confidentiality provisions of the *CFCSA*.

Your Protocol Investigation Summary should include all of the following information. Use these headings to ensure that summaries are consistent:

Date:

Name(s) of Foster Parent(s)/Caregiver(s):

Name of Investigation Child Protection Social Worker:

Name of Resource Social Worker:

Child's social worker:

Nature of the report (physical, sexual, or emotional abuse, neglect):

Description of the report (list specific concerns in summary format):

Child's Information (for each child in care in the foster home and the foster parents' children):

Child's Name:

Age/DOB:

Gender:

Subject of report? Y/N

Investigation start date:

Immediate Actions taken to ensure the safety and well-being of the child(ren) in care:

Investigation completion date:

Investigation findings, including whether the report is substantiated:

Recommended actions to ensure the continued safety and well-being of the child(ren) in care:

_____

Signature of Investigating Child Protection Social Worker
Date:

_____

Signature of Investigating Child Protection Team Leader
Date:

_____

Signature of Community Services Manager for Child Protection
Date:

Appendix 1-N

CONSENT TO CONTACT A SUPPORT PERSON

I,_____,

consent to the Director's delegate contacting _____

_____

(name of agency and/or other support person) and inviting the named person(s) to attend interviews with me related to the Protocols for Foster Homes.

_____	_____
Name of Foster Parent	**Name of Foster Parent**
_____	_____
Signature	**Signature**
_____	_____
Address	**Address**
_____	_____
Address	**Address**
_____	_____
Date	**Date**
_____	_____
Witness Name	**Witness Name**
_____	_____
Signature	**Signature**
_____	_____
Date	**Date**

Appendix 1-O

NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT

I, _____,
(Print name)

- am aware that as a support person for a foster parent who is subject to a Foster Home Protocol Investigation, I may receive information of a personal nature related to the foster family or to a child in care of the Director and

- will not to disclose any information that I may receive in my role as a support person to any other person, in accordance with S.75 of the *Child, Family and Community Services Act* of British Columbia, unless compelled by law to do so.

_____
Signature of Support Person

Signed this _____ day of _____, 20_____

_____
Witness Name

_____
Witness Signature

_____
Date

Protocol
For Resolving Issues Between Foster Parents and Vancouver Island MCFD Staff



Vancouver Island Region

PROTOCOL
FOR RESOLVING ISSUES BETWEEN FOSTER PARENTS AND
VANCOUVER ISLAND MCFD STAFF

Purpose

The Ministry of Children and Family Development (MCFD), Vancouver Island Region has developed the following protocols for dealing with issues and concerns about foster parents:

- Protocol for Investigating Abuse or Neglect in Foster Homes
  In circumstances where there have been allegations that a foster child has been or is likely to be harmed in the foster home, the *Protocol for Investigating Abuse or Neglect in Foster Homes* is to be applied.

- Protocol for Reviewing Quality of Care Concerns in Foster Homes
  Where there have been allegations that a child's rights have been breached or the quality of care provided to a child has not met the standards as described in the *Standards for Foster Homes,* a Quality of Care Review is to be conducted.

  Use the *Protocol for Reviewing Quality of Care Concerns in Foster Homes*, which is located within this document, following the *Protocol for Investigating Abuse or Neglect in Foster Home* (see page xx). See Practice Advisory #12 (September, 2006) *Foster Parent Protocols* for further information.

- Protocol for Resolving Issues between Foster Parents and Ministry Staff
  The *Protocol for Resolving Issues between Foster Parents and Ministry Staff* applies whenever there is a disagreement between a social worker and a foster parent regarding:
  - care issues
  - plans of care
  - goals for the child
  - issues regarding caregiver standards
  - caregiver support
  - administrative or financial issues, or
  - any other issue not covered by the *Protocol for Investigating Abuse or Neglect in Foster Homes* and that are not about the services to the child

- Complaint Resolution Process
  Where the foster parent has a complaint on behalf of a child in care, about the quality or eligibility of services for that child, the foster parent may contact one of the Regional Complaint Resolution Consultants to discuss their eligible concerns.

  The purpose of this protocol is to ensure that:
  - Issues between the Vancouver Island Region and foster parents are resolved quickly, informally and locally, whenever possible.

Support
This protocol is intended to ensure that foster parents receive the support or help they need to resolve issues in a fair and transparent manner. Foster parents have a right to a support person of their choice.

Ministry staff ensures that the support person(s) for the foster parent(s) understands and signs a confidentiality agreement prepared by the Director, prior to the support person's involvement in the protocol process (see Appendix B).

Application of the Protocol
Social Workers and foster parents develop professional and respectful working relationships. Prior to the commencement of this protocol, both parties are expected to make every effort possible to informally resolve issues and concerns that arise. When this is not possible, the Local Resolution Process (Stage 1) may be applied.

Steps to Resolution
- Stage 1 – Local Resolution at district office level (max17 days)
- Stage 2 – Formal Resolution involving Community Services Manager (max 30 days)
- Stage 3 – Final Resolution by the Director of Integrated Practice (max 30 days)

Stage 1 – Local Resolution Process (Optional but recommended)
A preliminary local meeting, chaired by the Resource Team Leader, may be requested by either party.

Foster Parents or Social Worker
- Either the foster parent(s) or involved Social Worker may request a meeting if preliminary attempts at resolution were unsuccessful. Additional participants may include only those parties directly involved with the issue.

Resource Team Leader
- Receives notice from either the foster parent(s) or the Social Worker of an issue that requires resolution. The notice identifies the issue(s) and possible resolution.
- Immediately confers with the Resource Social Worker and Team Leaders, as appropriate.
- Within 10 days, convenes a meeting between the foster parent(s), the Resource Social Worker, the child's Social Worker and others involved with the issue to review the concerns and make every effort to reach a resolution.
- Within 7 days of the meeting, notifies in writing all relevant parties of the results of the meeting.

Resource Social Worker
- Schedules a meeting within 10 days of receiving the request and advises all participants.
- Advises the relevant Team Leaders about the issue and the meeting.
- If no agreement is reached at this Stage 1 Local Resolution meeting, the Resource Social Worker informs the foster parent(s) of how the proceed to the Stage 2 Formal Resolution process.
- Provides support and consultation to the foster parent(s) throughout the process.

Stage 2 – Formal Resolution Process (Resolution by Community Services Manager)
If an issue is unresolved, either party may request the involvement of a Community Services Manager. This stage of resolution is completed within 30 days of the Community Services Manager receiving written request for a Stage 2 resolution.

Foster Parent(s)

- Within 7 days of receiving the written results of the Stage 1 Local Resolution meeting with the Resource Team Leader, the foster parent(s) may request in writing that the Community Services Manager to resolve the issue.
- Accompanied by support person(s), if involved, the foster parent(s) participate in and present the concerns and suggested solutions during the Stage 2 resolution process.

Community Services Manager

- Within 7 days of receiving the request for a Stage 2 Formal Resolution, the Community Services Manager contacts the foster parent(s) and arranges a meeting.
- Convenes a meeting of the involved Team Leader, the foster parent(s) and any support person(s) they have chosen, and any other staff or parties who may be helpful in resolving the issue.
- Listens to and reviews the concerns and suggestions of both parties. *When an issue has a direct effect on a child in care, the child's views are taken into consideration in any decision.*
- In coordinating the Formal Resolution Process, the Community Services Manager may:
  - interview the foster parent(s) and any other relevant parties, including children in care,
  - conduct a review of the relevant files,
  - interview involved staff and service providers,
  - ask for written submissions from the involved parties, and
  - consider any other options that may be helpful or appropriate, including alternate dispute resolution processes.
- When reaching a resolution of the issue, the following factors should be considered:
  - the obligation of the Director to ensure the safety and well-being of children in care,
  - the best interests of the child,
  - principles of administrative fairness (e.g. timeliness, unbiased review)
  - the child's rights under the Child, Family and Community Service Act, Section 70,
  - the reasons for decisions and the concerns about the issue,
  - past efforts to resolve the issues,
- Within 30 days of receiving the written request for a resolution, notifies all parties in writing of the decision.

Stage 3 – Final Resolution by Director of Integrated Practice (or uninvolved designate)

- Within 30 days of receiving a request for a review, the Director of Integrated Practice (or uninvolved designate) may review the decisions reached at stage 2 and notify the foster parents (and where applicable the specialized residential resource contractor) of the decision by registered letter.
- The decision of the Director of Integrated Practice (or uninvolved designate) is final.

Documentation

When the issues have been resolved, regardless of the stage at which resolution took place (i.e.: Stage 1, 2 or 3), the foster parent will receive a letter from the appropriate authority as outlined in Stages 1, 2 and 3. The letter will articulate the outcome of the Protocol and any further planning or actions required, if necessary. This letter shall be filed on the Resource (RE) file and reviewed during the subsequent foster parent annual review.

Service Quality Assurance

Director of Integrated Practice

- Ensures there is a regional system of tracking:
  - The number and type of issues requiring formal resolution under this protocol,
  - The number of homes with more than one issue requiring formal resolution under this protocol in the past year,
  - The levels and types of homes involved (restricted, regular, specialized level 1, 2 or 3),
  - The number of years of service of the foster parent(s) involved.
- Ensures that, in conjunction with regional staff, regional foster parent organizations and the Federation of Aboriginal Foster Parents, there is an annual analysis of issues requiring resolution under this protocol, which addresses such issues as:
  - Any additional training or support required by foster parents or delegated staff,
  - The appropriate matching of children to the skills and resources of foster homes involved,
  - The identification of any patterns in the use of the protocol which would guide regional actions to be taken.

Records Management

All records created and received by the MCFD director under this protocol will remain under the custody and control of the director.

All correspondence received and generated under this protocol shall be filed on the Resource (RE) file.

Appendix 2-A

CONSENT TO CONTACT A SUPPORT PERSON

I,_____,

consent to the Director's delegate contacting _____

_____

(name of agency and/or other support person) and inviting the named person(s) to attend interviews with me related to the Protocols for Foster Homes.

_____	_____
Name of Foster Parent	**Name of Foster Parent**
_____	_____
Signature	**Signature**
_____	_____
Address	**Address**
_____	_____
Address	**Address**
_____	_____
Date	**Date**
_____	_____
Witness Name	**Witness Name**
_____	_____
Signature	**Signature**
_____	_____
Date	**Date**

Appendix 2-B

NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT (Resolving Issues Between Foster Parents and MCFD Staff)

I, _____,
(Print name)

- am aware that as a support person for a foster parent , I may receive information of a personal nature related to the foster family or to a child in care of the Director and

- will not to disclose any information that I may receive in my role as a support person to any other person, in accordance with S.75 of the *Child, Family and Community Services Act* of British Columbia, unless compelled by law to do so.

_____
Signature of Support Person

Signed this _____ day of _____, 20____

_____
Witness Name

_____
Witness Signature

_____
Date

Protocol
For Reviewing Quality of Care Concerns in Foster Homes



Vancouver Island Region

PROTOCOL
FOR REVIEWING QUALITY OF CARE CONCERNS
IN FOSTER HOMES

Purpose

The Ministry of Children and Family Development (MCFD), Vancouver Island Region has developed the following protocols for dealing with issues and concerns about foster parents:

- Protocol for Investigating Abuse or Neglect in Foster Homes
  In circumstances where there have been allegations that a foster child has been or is likely to be harmed in the foster home, the *Protocol for Investigating Abuse or Neglect in Foster Homes* is to be applied.
- Protocol for Reviewing Quality of Care Concerns in Foster Homes
  Where there have been allegations that a child's rights have been breached or the quality of care provided to a child has not met the standards as described in the *Standards for Foster Homes,* a Quality of Care Review is to be conducted.

Please refer to the *Protocol for Reviewing Quality of Care Concerns in Foster Homes*.

- Protocol for Resolving Issues between Foster Parents and Ministry Staff
  The *Protocol for Resolving Issues between Foster Parents and Ministry Staff* applies whenever there is a disagreement between a social worker and a foster parent regarding an issue not covered by the above protocols. Issues may include:
  - payments or contracting,
  - support services to the foster parent, and
  - placement of or moving the child.

- Complaint Resolution Process
  Where the foster parent has a complaint on behalf of a child in care, about the quality or eligibility of services for that child, the foster parent may contact one of the regional complaint resolution consultants to discuss their eligible concerns.

The purpose of this protocol is to set out the procedure for reviewing concerns over the quality of care a child is receiving in a foster home, **where the child's safety is not at issue.**

Support

This protocol is intended to ensure that foster parents receive the support they desire during a quality of care review. Foster parents have a right to a support person of their choice.

Ministry staff ensures that the support person(s) for the foster parent(s) understands and signs a confidentiality agreement prepared by the Director, prior to the support person's involvement in the protocol process.

Application of the Protocol

This protocol applies to foster homes approved by a director designated under Section 91 of the *Child, Family and Community Service Act* (the *Act*), where the caregiver resides in the care setting and has no more than one full-time equivalent employee.

This protocol applies where there are concerns about possible breaches of:
- Standards for Foster Homes, and
- The Rights of Children in Care, as defined by Section 70 of the *Act.*

Review Steps

The following steps constitute a quality of care review:

Stage 1 – Assessment of the quality of care concern (max 5 days)
Stage 2 - The quality of care review (max 30 days)
Stage 3 – The quality of care review decisions
Stage 4 – Meeting to report the review results
Stage 5 – Resolving disagreements about the review
Stage 6 – Service quality assurance

Stage 1 – Assessment of the Quality of Care Concern

Either the child's social worker or the resource social worker may have or may receive a quality of care concern.

Child's Social Worker and Resource Social Worker
- Either social worker informs the other and, in conjunction with their team leaders, within 5 days of receiving the concern, determines whether the concern should be responded to using this protocol.
- Honours and follows all protocols relating to a foster parent.

Resource Team Leader
- Makes the decision whether to initiate a quality of care review.
- Notifies the Resource Team Leader of the decision.
- Ensures that the concern and the decision to conduct a review are recorded on both the child's file and the resource file.

Resource Social Worker
- Informs the foster parents by telephone or in person, within 5 days of the decision to conduct a quality of care review:
  - about the director's obligation to respond in accordance with the protocols,
  - about the concern and the ministry's decision to conduct a review,
  - of the foster parent's right to ask for support,
  - how to contact a support person through the BCFFPA.
  - about the ministry's expectations during a quality of care review.
- Approaches the quality of care review process in a supportive manner.
- Ensures that the support person understands and signs an oath of confidentiality prepared by the Director, prior to the support person's involvement in the protocol process (see Appendix C)

Child's Social Worker

- Ensures that any other appropriate protocols are followed (for example, with the child's school or the designated representative of the child's aboriginal community, if involved).

Stage 2 – The Quality of Care Review

The quality of care review is completed and the foster parents notified of the outcome within 30 days of the start of the review.

Child's Social Worker and Resource Social Worker

- Gather information about the concern by:
  - speaking with the person who originally reported the concerns,
  - reviewing respective files on the child and the foster parents, including the child's comprehensive plan of care,
  - meeting with the child (with capacity) to hear the child's views and ensure they are taken into consideration,
  - meeting with the foster parents and obtain their views and suggestions on how to address the concern, and
  - talking to other children in the foster home who may have relevant information about the concern.
- Prepare a report on the findings and recommended action plan and submit it to the involved Team Leaders (see Appendix B).

Resource Social Worker

- Provides the foster parents with written information about support available and how to contact the Foster Parent Support Services Society (FPSSS).

Support Person

- If support is requested by the foster parent:
  - offers information about the quality of care process,
  - provides support and consultation as needed, including informing the foster parents of their right to legal counsel (at their expense),
  - acts as an observer and provides support and consultation, as requested, when the foster parents participate in interviews and in any related subsequent delegated staff contact with the foster parents.

Child's Social Worker

- Supports and involves the child and advocates for the child's needs and well-being throughout the quality of care review,
- Determines the child's views about the need for additional support and, where the child requests support or advocacy, arranges for the requested support or advocacy,
- Consults with and involves the child's parent and, if the child is aboriginal, the child's aboriginal community about any changes in plans for, or placement of, the child,
- Personally informs the child (with capacity) about the quality of care review process, the ministry's internal complaint resolution process, and other services available, including:
  - Office of the Representative for Children and Youth,
  - Office of the Ombudsman.

Team Leaders

- Provide consultation and direction to involved social workers

Stage 3 – The Quality of Care Review Decisions

Involved Team Leaders and Social Workers

- Jointly discuss the report and action plan, taking into consideration:
  - whether the match between the child's needs and the skills and resources of the foster home is appropriate,
  - whether the quality of care concern affects the continued use of the home and in what way, and
  - whether additional supports, training, services, or other resources are needed.
- On the basis of this review, decide on a final action plan that includes the responsibilities of those involved and a timetable for the plan.

Child's Social Worker and Resource Social Worker

- Place a copy of the quality of care review report (see Appendix B) and any action plan or decisions on the child's file and the resource file, including summary information regarding any subsequent related decisions.

Stage 4 – Meeting to Report the Review Results

Resource Social Worker

- Arranges a meeting with the foster parents and the child's social worker to discuss the action plan to address the concern:
  - foster parents may ask for a support person already involved to attend the meeting, and
  - social workers may ask their team leaders or others involved with the child or foster parent to attend the meeting .
- At the meeting, discusses with the foster parents:
  - the quality of care review findings and action plan,
  - any unresolved issues or additional supports or service needed,
  - the process available to them if they are not satisfied with the outcome of the quality of care review,
  - the support available to them from FPSSS,
  - other people who will be notified of the quality of care review outcome (only when necessary to ensure the safety and well-being of the child), and
- Ensures that involved parties are advised of the outcome of the review and supporting reasons, and receive copies of relevant documentation.

Child's Social Worker

- Within 7 days of this meeting:
  - meets with the child to discuss any issues, decisions, or changes arising from the quality of care review, including any concerns of the child's,
  - where the decision involves a change in plans for or placement of the child, and where the child is aboriginal, involves the child's aboriginal community,
  - where the decision involves a change in plans for or placement of the child, determines the child's views about the need for additional support and, where the
  - child requests support or advocacy, arranges for the requested support or advocacy, and
  - informs the person who raised the concern of the outcome of the quality of care review.

Stage 5 – Resolving Disagreements about the Review

Foster parents

- If the foster parent is dissatisfied with the outcome of the quality of care review, the foster parent may, within 14 days of being informed of the outcome of the Quality of Care Review forward a written request for a review of the decision to the Community Services Manager responsible for resources.

Community Services Manager (Resources) – Stage 1

- The Community Services Manager may:
  - Within 30 days of receiving the request, review the quality of care review, reach a decision, and provide written notification to the foster parents of the decision and the reasons for the decision. The Community Services Manager may choose to meet with the foster parents in person to provide the written decision.
- If the foster parent is not satisfied with the decision of the involved Community Services Manager at the Stage 1 review level, the foster parent may, within 7 days of receiving that decision, forward a written request for a Stage 2 review by the Director of Integrated Practice (or uninvolved designate).

Review by Director of Integrated Practice (or uninvolved designate)) – Stage 2

- Within 30 days of receiving a request for a review, the Director of Integrated Practice (or uninvolved designate) may review the Quality of Care Review, reach a decision, and notify the foster parents (and where applicable the specialized residential resource contractor) of the decision by registered letter.
- The decision of the Director of Integrated Practice (or uninvolved designate) is final.

Stage 6 – Service Quality Assurance

Director of Integrated Practice

- Ensures there is a regional system of tracking:
  - the number and type of issues requiring formal resolution under this protocol,
  - the number of homes with more than one issue requiring formal resolution under this protocol in the past year,
  - the levels and types of homes involved (restricted, regular, specialized level 1, 2 or 3), and
  - the number of years of service of the foster parent(s) involved.
- Ensures that, in conjunction with regional staff, regional foster parent organizations and the Federation of Aboriginal Foster Parents, there is an annual review and discussion of issues requiring resolution under this protocol, which addresses such issues as:
  - any additional training or support required by foster parents or delegated staff,
  - the appropriate matching of children to the skills and resources of foster homes involved,
  - the identification of any patterns in the use of the protocol which would guide regional actions to be taken.

Documentation

Documentation on MIS includes:

- Foster Home Identifying Information;
- Date and nature of the concern (including what s.70 rights or foster parent standards are allegedly breached)
- Quality of Care Review findings (including whether the concerns are substantiated);
- Recommendations
- Cross reference to full documentation on file.

The following is documented on the *Quality of Care Review Report Format* (See Appendix B):

- Foster Home identifying information;
- nature and source of concern;
- CICs currently and previously in the home
- Review process including interviews, findings, and recommendations

A decision **not** to proceed with a Quality of Care is also documented. The decision will include a summary of the concern regarding the foster home, the reasons for not initiating a Quality of Care Review and what, if any, response is taken. The documentation is placed on the foster parent's resource file.

Records Management

All records created and received by the MCFD director under this protocol will remain under the custody and control of the director.

Appendix 3-A

SAMPLE LETTER #2 – From the CSM (Child Protection) informing the foster parents that a report has been received that does not require investigation but that may require a quality of care review.

Letterhead

Date

Foster parents
Address
City
Postal Code

Dear

On *(date)* my office received a concern about (*child's name*) currently placed in your home. I am not entitled to tell you who made the report, but the person's main concern was:

(Give a brief summary of the quality of care concern)

I have decided that an investigation is not required because:

(Give a brief explanation)

However, given that this concern is about the breach of (*child's name*) under section 70 of the *CFCSA* and/or the Standards for Foster Homes I have determined that a *Quality of Care Review* is required.
I have discussed the concern with the child's social worker(s) and your resource social worker. They and other ministry staff will review the concern within 30 days under the region's *Protocol for Reviewing Quality of Care Concerns in Foster Homes*. Your resource social worker will contact you as soon as possible to discuss this matter and to let you know whether any further review of the concern is necessary.

If you do not feel that you have been treated fairly in this process, you may ask the manager responsible for your foster home *(name and phone number of Community Services Manager responsible for the resource)* to begin a formal process to resolve the issue under the Protocol for Resolving Issues. You will find both a summary and a detailed description of this process in the Protocols for Foster Homes kit.

I am sending a copy of this letter to the ministry staff involved with your foster home and the child. A copy will also be placed on the child's file and your foster home file.

I encourage you to participate fully in discussing this matter when you meet with your resource social worker and to raise any questions you have.

Sincerely,

Community Services Manager, Child Protection

cc: Child's social worker
Resource social worker
Community Services Manager responsible for the resource
Community Services Manager responsible for the child

Appendix 3-B

Guidelines for Preparing a Quality of Care Review Report

Copies of the Quality of Care Review Report sent to anyone other than ministry staff or other authorized persons must be screened to ensure they conform to privacy legislation (*FOIPPA*) and the confidentiality provisions of the *CFCSA*.

Your Quality of Care Review Report should include all of the following information. Use these headings to ensure that summaries are consistent:

Date:

Name(s) of Foster Parents:

Name of Resource Social Worker:

Name of Child's Social Worker:

Description of the quality of care concern:

Child's Name:

Age/DOB:

Gender:

Quality of care review start date:

Quality of care review completion date:

Quality of care review findings (summarize relevant information gathered from interviews, file review, other sources):

Recommended action plan to address the quality of care concern:

_____ _____

Signature of Resource Social Worker Date:

_____ _____

Signature of Child's Social Worker Date:

_____ _____

Signature of Supervisor of the Resource Social Worker Date:

_____ _____

Signature of the Supervisor of the Child's Social Worker Date:

Appendix 3-C

CONSENT TO CONTACT A SUPPORT PERSON

I,_____,

consent to the Director's delegate contacting _____

_____

(name of agency and/or other support person) and inviting the named person(s) to attend interviews with me related to the Protocols for Foster Homes.

_____	_____
Name of Foster Parent	**Name of Foster Parent**
_____	_____
Signature	**Signature**
_____	_____
Address	**Address**
_____	_____
Address	**Address**
_____	_____
Date	**Date**
_____	_____
Witness Name	**Witness Name**
_____	_____
Signature	**Signature**
_____	_____
Date	**Date**

Appendix 3-D

NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT (Resolving Issues Between Foster Parents and MCFD Staff)

I, _____,
(Print name)

- am aware that as a support person for a foster parent, I may receive information of a personal nature related to the foster family or to a child in care of the Director; and

- will not to disclose any information that I may receive in my role as a support person to any other person, in accordance with Section 75 of the *Child, Family and Community Services Act* of British Columbia, unless compelled by law to do so.

_____
Signature of Support Person

Signed this _____ day of _____, 20_____

_____
Witness Name

_____
Witness Signature

_____
Date

CHILD AND FAMILY DEVELOPMENT SERVICE STANDARDS

Caregiver Support Service Standards



Ministry of Children and Family Development
Effective Date: December 4th, 2006

[Revised – Smoke Free Environment for Children in Care policy: May 2008]
[Revised to include definition of 'significant and unsupervised' and new assessment for relief care providers: May 2013]

CONTENTS

INTRODUCTION 1
GLOSSARY 5
Standard 1: Recruitment and Retention 10
Standard 2: Screening, Assessment and Approval 12
Standard 3: Assessment and Approval of Restricted and Specialized Caregivers 19
Standard 4: Recruitment, Assessment and Approval of Aboriginal Caregivers 24
Standard 5: Initiating, Modifying and Ending Agreements 26
Standard 6: Monitoring and Reviewing Agreements 31
Standard 7: Caregiver Continuing Learning and Education 33
Standard 8: Documentation 35
Standard 9: Sharing Placement Information with a Caregiver 37
Standard 10: Selecting a Care Giving Home 39
Standard 11: Allowable Number of Children in a Care Giving Home 43
Standard 12: Placement 46
Standard 13: Planning and Supporting Changes in Placement 48
Standard 14: Collaborative Assessment and Planning 50
Standard 15: Supportive Practice 53
Standard 16: Relief, Respite and Child Care 55
Standard 17: Ongoing Monitoring and Annual Reviews 59
Standard 18: Reportable Circumstances 63
Standard 19: Caregiver Protocols 66
Standard 20: Transferring or Closing a Care Giving Home 67
Standard 21: Monitoring of and Liaison with Staffed Children's Residential Services 70

Appendix A: Rights of Children in Care (*CFCSA*, s.70) 72
Appendix B: Record Checks 73
Appendix C: Agreements and Payment Rates 92
- Foster Family Care Home Payment Rates 93
- Relief/Respite Care Rates 96
- Notice Requirements 101
- Sample Letter: Caregiver's Obligations as an Employer 103

Appendix D: Insurance for Caregivers 105
Appendix E: Screening, Assessment & Approval Roles & Responsibilities for All Non-Primary Caregiver Situations for Children & Youth in Care 107
Appendix F: Relief Care Provider Assessment Guide & Checklist 110

INTRODUCTION

The purpose of the Caregiver Support Service Standards is to promote and enhance the safety and well-being of children in care by providing caregivers with high-quality services throughout the care giving process. The care giving process is intended to be temporary, with the goal of reuniting children with their families wherever possible. If this is not possible, alternative permanent living arrangements are made (e.g., adoption or transfer of custody under section 54.1 of the *Child, Family and Community Service Act*). Stability and continuity of relationships for children with special needs, who are in care, are often achieved through a child living with skilled caregivers on a long-term basis and maintaining frequent and ongoing contact with his or her family.

The standards provide the mandatory framework for service provision involving caregivers and apply to anyone providing services under the *Child, Family and Community Service Act* (*CFCSA*), including those delegated to provide services under the *CFCSA* and contracted service providers. Specifically, the Caregiver Support Service Standards apply to persons working with caregivers who provide temporary, long-term respite and/or relief care for children in care. The standards do not apply to persons caring for children under a section 8 agreement (Agreements With a Child's Kin and Others) or court orders granting custody to a person other than a parent under the director's supervision.

Why the standards were developed

Caregivers in family care home and group settings provide an invaluable service for children in care. Promoting and sustaining a collaborative partnership between caregivers and other members of a child's team is essential to providing safe, nurturing and stable living environments. Developing and supporting caregiver services requires a broad range of knowledge and skills. Recruiting, assessing, approving, contracting, training, monitoring and supporting caregivers are distinct tasks that are carried out within the complex role of providing caregiver support services. Staff working in this role are required to have knowledge in the areas of clinical assessment, collaborative planning, contract management, child development, diplomacy, conflict resolution and integrated case management.

The Caregiver Support Service Standards were developed to provide a framework for:

- consistent, timely and high-quality service delivery involving caregivers to enhance the safety and well-being of children in care
- the development of collaborative plans to return children to their families wherever possible, and
- the promotion of stability and continuity of lifelong relationships for children, including adoption.

How the standards were developed

The standards were developed based on the guiding principles of the *Child, Family and Community Service Act* and on the ministry's goals, national and international research, and input from ministry staff, members of Aboriginal child welfare groups, including delegated Aboriginal agencies, and service providers.

The development process included broad consultation with:

- regional resource workers and team leaders
- contracted regional foster parent support services
- resource staff and foster parents from several delegated Aboriginal agencies
- the BC Federation of Foster Parent Associations
- the Federation of Aboriginal Foster Parents, and
- the Federation of BC Youth in Care Networks.

Key themes of the standards

In order to achieve excellence in the provision of support for caregivers and the provision of services by caregivers, the standards focus on key areas relating to care giving, including:

- planned recruitment and retention of caregivers
- supportive practice to sustain caregivers
- inclusion of caregivers and resource staff in the child's team using integrated case management practice
- collaborative assessment and planning for children
- promoting and maintaining stability and continuity of lifelong relationships for children
- keeping Aboriginal children connected with their families and communities, and strengthening collaborative working relationships with Aboriginal communities.

Format of the standards

Each standard includes the following areas:

- Legislation – identifies relevant legislation
- Standard – describes the standard of practice required to meet outcomes associated with specific services
- Policy – describes practice for achieving the standard
- Procedures – describes administrative steps required to support the standards and regional policy (e.g., computer procedures and forms)
- Additional Information/Resources – provides additional relevant information and lists key related material (e.g., other standards, policies and protocols; reference guides; and relevant websites).

Language of the standards

The standards use specific phrases to describe certain common concepts. For example, child welfare literature commonly refers to *permanence* or *permanency planning*. The standards refer to "stability and continuity of lifelong relationships," a concept similar in meaning to permanence, but broader and more descriptive. (Both terms include adoption.) The standards use "stability and continuity of lifelong relationships" because *permanence* can have unintended meanings, such as separation from family and extended family. These and other technical terms are defined in the glossary.

Effective date of the standards and how the standards will be revised

The standards are effective on December 4, 2006. Future revisions will be based on feedback from and consultation with ministry staff, service providers and stakeholders, including those receiving services. Revisions will also be made in response to changes in legislation, new research and ministry and regional priorities.

Additional information sources

This document includes appendices containing information that users of the standards may need to refer to frequently:

- Appendix A: Rights of Children in Care (*CFCSA*, s.70)
- Appendix B: Record Checks
- Appendix C: Agreements and Payment Rates (includes the Foster Family Care Home Payment Tables, Notice Requirements, and Sample Letter: Caregiver's Obligations as an Employer)
- Appendix D: Insurance for Caregivers.

A number of sources of additional information are available on specific topics, and are referred to in the standards. These include:

- Child and Family Development Service Standards
- Children in Care Service Standards
- Standards for Foster Homes
- Standards for Children's Staffed Residential Services
- Structured Analysis Family Evaluation: http://www.safehomestudy.org/
- In Your Grasp family resource database: http://www.inyourgrasp.bc.ca/.

Putting the standards into practice

The standards have been written to allow flexibility in practice and service delivery to meet the best interests of children in care while promoting consistent, high-quality services in every region. The standards relate to caregivers of all children in care, including children with special needs. The standards apply to all persons who are involved in providing services under the *CFCSA* for children in care and as such who are part of a child's team.

In order to preserve and promote a child's Aboriginal heritage and connection to his or her Aboriginal community, the practice of placing an Aboriginal child with an Aboriginal caregiver if possible is emphasized, as well as developing and maintaining the child's cultural plan.

At times, there may be conflicts between certain requirements in these standards and what is best for children and families. Where exceptions to the standards are required, however, it is important that they be based on the principles of the *CFCSA*, as well as the needs and circumstances of those served. Every exception to the standards is approved by the regional director of *CFCSA* and is documented in accordance with the requirements set out in Caregiver Support Service Standard 8: Documentation.

A collaborative approach to assessment and planning, emphasized throughout the standards, is a solution-oriented process that is inclusive and respectful of a child and all those who play a significant role in the child's life. The strength of the process lies in the collective knowledge and input of the child's team members. The child's team discusses and determines each team member's roles and responsibilities, including sharing information about the child, seeing and interviewing the child, and following up with tasks and activities identified in the child's plan. Each team member plays a role in implementing the plan, reviewing progress and updating goals and priorities.

Regular peer evaluation of the child's team will ensure that all team members are fulfilling their respective roles, duties and responsibilities with regard to the child's care. The child, family and caregiver are integral members of the team. An Aboriginal child's team also includes the relevant Aboriginal community, the identified delegated agency and significant people identified by the child and his or her family or Aboriginal community.

GLOSSARY

Aboriginal child: defined in the *Child, Family and Community Service Act (CFCSA)* as a child:

- who is registered under the *Indian Act* (Canada)
- who has a biological parent who is registered under the *Indian Act* (Canada)
- who is a Nisga'a child
- who is under 12 years of age and has a biological parent who:
  - is of Aboriginal ancestry, and
  - considers himself or herself to be Aboriginal, or
- who is 12 years of age or over, of Aboriginal ancestry, and considers himself or herself to be Aboriginal.

Aboriginal community: for the purposes of the standards, "Aboriginal community" is defined more broadly than the definition under the *CFCSA*. A child's Aboriginal community is one to which the child has a connection through culture, heritage or descent. It includes the community or communities with which the child identifies.

bed-specific agreement: contracts for a specific number of placements. For a Level 2 home, the maximum is three placements; for a Level 3 home, the maximum is two placements. If a home is going to be used on a regular basis, a bed-specific agreement is the preferred option.

caregiver: a person with whom a child is placed by a director and who, by agreement with the director, has assumed responsibility for the child's day-to-day care.

Note: The standards always refer to a caregiver in the singular ("a caregiver"). "A caregiver" is assumed to include more than one prospective or actual caregiver for a child.

caregiver development: ongoing informal and/or formal training and education that develops or enhances a caregiver's skills, abilities and overall capacity to provide care that meets a child's needs.

child: a person under 19 years of age; includes a youth.

child in care: all children in care of a director designated under the *Child, Family and Community Service Act*. The children are in care under the *Child Family and Community Service Act*, the *Adoption Act*, or the *Family Relations Act*.

child's team: people who are involved in planning and caring for a child, including the child according to his or her developmental abilities, the child's family and extended family members, caregiver, caregiver's worker, child's and family's worker, involved community members, service providers and other significant people in the child's life. For an Aboriginal child, members of the child's Aboriginal community and, where it exists, members of the child's delegated Aboriginal agency are also involved.

child-specific agreement: purchases one placement for a specific child. When the child leaves the home, the agreement is terminated, unless the plan is to use the bed for another child within 30 days of the discharge of the original child.

client services agreement: a generic agreement used for a number of different kinds of services. The agreement is usually intended for larger residential settings, such as group homes or staffed residential resources, and for children who require intense therapeutic services and who cannot be accommodated within a regular or specialized family care home setting. In special circumstances it may be appropriate to use the Client Services Agreement Residential Child Care Resource Component Services Schedule to contract for care giving services within a family care home setting. (**Note:** The client services agreement has been replaced by the **third party service agreement**, which will be distributed to staff through the Contract Writing Tool beginning in the fall 2006.)

collaborative assessment and planning: a solution-oriented, strength-based process that is inclusive and respectful of the child and others who play a significant role in the child's life. The strength of the process is dependent on the collective knowledge and input of team members, each of whom has an important role in contributing to assessments and planning, implementing the plan, reviewing progress, and updating goals and priorities.

critical injury: an injury that may result in the child's death or may cause serious or permanent impairment of the child's health, as determined by a medical practitioner.

designated director: a person designated by the Minister under section 91 of the *CFCSA*.

director: a social worker delegated by the designated director to carry out the duties and responsibilities mandated by the *CFCSA*.

extended family: includes family members related by blood or marriage and includes second and third generations. Extended family also includes persons who have a significant and/or meaningful relationship to a child or adult but are not related by blood or marriage, such as "godparents" or persons to whom the child refers to as "aunt" or "uncle."

Family or extended family in Aboriginal cultures includes relations and community people involved in "raising" a child and the people with whom the child was raised. It is a connection to the Elders and ancestors.

family care home: a family or person approved by and funded by a director to care for children who are in care of the director. Persons who provide family care home services are referred to as caregivers. Family care home services are provided from private homes where caregivers reside. There are three types of family care homes:

regular family care home: director-approved family who provides care for children of varying ages and needs. Unlike restricted family care homes, the child placed in the home is not normally known by the caregiver.

restricted family care home: director-approved family who provides care for a child known or related to them. Approval is restricted to the specific child placed in the home and terminates when that child leaves or is discharged from care. A restricted home may be re-approved if the child previously in care at that home returns to it, or to provide respite or relief services for that child.

specialized family care home: director-approved family who provides care and support for a child in care who may present with complex health needs and/or challenging behaviours that interfere with his or her quality of social interactions and daily functioning. Each of the three levels of specialized family care homes has specific approval, experience and training requirements. Level 2 and 3 homes may also provide specialized assessment and intervention services.

family care home agreement: a contract between the ministry and the caregiver that sets out the purpose of the agreement, the obligations of the caregiver, the obligations of the director, and the term of the agreement. These agreements were developed in consultation with the BC Federation of Foster Parent Associations, are designed specifically for caregivers, and meet the requirements of the *CFCSA*.

formal supports: resources within or outside the community that obtain their funding either through public (e.g., provincial or federal government) or private sources for specific, agreed-upon purposes. Formal supports provide individuals within and across all communities with professional public and private services in many domains, ranging from health to education and emergency public services.

inclusive caring/fostering: an approach to care giving that involves a child's family wherever possible, including making day-to-day decisions about the child's care, planning for significant events in the child's life, participating in activities involving the child, regularly visiting the child, and attending caregiver education and learning sessions on positive parenting, skill development, child development, and other special topics.

informal supports: natural resources or "helpers" within the community that are not typically funded by government and that are part of or result from available resources and capacities within the community.

learning plan: throughout the participatory assessment process, prospective caregivers are asked to identify their particular strengths, capacities and learning needs. Once caregivers are approved, a more specific learning plan is developed with caregivers to identify both their core training needs and any specific training required to care for a particular child. The learning plan includes all types of training and education activities the caregiver will be asked to participate in and will include a record of completion. The learning plan puts caregiver continuing learning and education into action. The learning plan is supported and updated by the director as part of supportive practice and is formally reviewed and updated during the annual review process.

mandatory training (currently called **The BC Foster Parent Education Program**): training that is required of caregivers by a director of the *CFCSA*.

participatory assessment: an assessment approach that explores care giving skills, suitability and readiness with the prospective caregiver. The process involves identifying strengths and needs pertaining to the family's past and current functioning. A participatory assessment is carried out *with* (not *for* or *on*) prospective caregivers.

parent: defined in the *CFCSA* as:

- the mother of a child
- the father of a child
- a person to whom custody of a child has been granted by a court of competent jurisdiction or by an agreement, or
- a person with whom a child resides and who stands in place of the child's mother or father.

Note: The standards always refer to a child's parents in the singular ("a parent"). "A parent" is assumed to include all parents of a child.

plan of care or **child's plan:** an action-based planning tool for children in care, used to identify specific developmental objectives based on continuous assessments of the child's evolving needs and the outcomes of previous decisions and actions. Care plans are completed by the child's worker with the involvement of the child, the family, the extended family, the caregiver, service providers, significant people in the child's life, and for an Aboriginal child, the child's Aboriginal community.

positive parenting: an approach to parenting that helps to ensure a child in care receives a consistent quality of care that assists him or her in developing positive behaviour and social skills.

pre-service caregiver orientation or information sessions: during the screening process, prospective caregivers are invited to attend a series of orientation or information sessions that:

- provide information about the recruitment, participatory assessment and approval process
- outline the ministry's expectations of caregivers, including the team approach to caring for children and their families
- promote awareness and understanding of the diverse needs of children in care, and
- introduce positive and effective styles of parenting.

This allows prospective caregivers to gain a realistic understanding of the rewards and challenges of care giving, in order to assess their own readiness and capacity.

recruitment: includes three types of efforts to attract potential caregivers:

general recruitment: focuses on public awareness of care giving, conveying to the public a general message about helping children.

child-specific recruitment: focuses on recruitment of relatives or close friends who can provide a home for a child, or advertises the need for a family for a specific child.

targeted recruitment: focuses on recruitment of families who can meet the needs of specific groups of children and youth.

relief: in-home and out-of-home alternative care giving arrangements for a child in care provided for a caregiver.

respite: out-of-home care provided by the director for a child's parents, with whom there is a support services agreement.

serious incident: circumstances involving a child who:

- is in life-threatening circumstances, including illness or a serious accident
- is lost, missing or continually running away to a situation that places him or her at high risk of death or injury
- is missing for more than 10 days
- is a victim of alleged abuse or neglect by an approved caregiver, caregiver's staff or caregiver's child
- is the victim of alleged abuse or neglect by a care provider or care provider's family in an out-of-care placement
- has been exposed to a high-risk situation or disaster that may cause emotional trauma
- is alleged to have committed a crime involving violence or major property damage, or
- has been abducted.

smoke-free environment: smoking does not take place at any time in enclosed spaces where children in care would be exposed to second-hand smoke or the residual toxins from second-hand smoke. This includes the caregiver's home and vehicle. This does not restrict spiritual activities relating to the use tobacco.

stability and continuity of lifelong relationships: a term that describes a basic need in all children for continued or new relationships with family and significant people, including extended family and community connections. Children who have this need met have an increased potential for developing meaningful relationships with others into adulthood. This includes relationships with parents, siblings, extended family, friends, caregivers and others with a connection to the child through family, culture, faith, identity or community.

Stability and continuity of lifelong relationships is a primary consideration in planning and providing services for children. All services should promote stability and continuity of lifelong relationships by:

- promoting and facilitating regular ongoing contact with those significant to the child
- maintaining or, where required, developing enduring and stable living arrangements for the child as quickly as possible
- minimizing disruption of caregivers, and
- fitting services to meet the child's age, developmental level and sense of time.

youth: a person who is 16 years of age or over but under 19 years of age.

CSS STANDARD 1: RECRUITMENT AND RETENTION	
LEGISLATION	*CFCSA* **s.93 (Other powers and duties of directors)** 93 (1) A director may do one or more of the following: (d) establish residential services for children and youths;
STANDARD	A regional designated director works in partnership with staff, caregivers, the relevant Aboriginal community, and community partners to establish, annually review, and, where necessary, revise a regional resource plan to reflect forecasted community placement requirements. A director develops ongoing recruitment and retention strategies in collaboration with other program areas, ministries, service providers, foster care organizations and the community that are responsive to this plan. When recruiting Aboriginal caregivers, the director consults with identified delegated Aboriginal agencies and works in partnership with Aboriginal communities and services to encourage and strengthen the recruitment and retention of Aboriginal caregivers. (For more information on recruitment of Aboriginal caregivers, see Caregiver Support Service Standard 4: Recruitment, Assessment and Approval of Aboriginal Caregivers.)
POLICY	**Recruitment** The director develops recruitment strategies designed to attract a wide range of caregivers, in order to: • place children where there will be the least amount of disruption in their lives • ensure that, whenever possible, children are placed with extended family or with persons who have a significant relationship with the child, and/or in their own community, and • reflect the diversity of children requiring care. In addition, the director develops recruitment strategies for caregivers who have the flexibility and commitment to help a child reunite with his or her family, and where this is not possible, to provide a long-term living arrangement through adoption (concurrent planning). In accordance with the regional resource plan, the director focuses on a combination of: • general recruitment • child-specific recruitment, and • targeted recruitment. The director determines the types and number of recruitment activities as required. The director develops and carries out recruitment strategies in a manner that is sensitive to children requiring care and their families, culture and privacy.

CSS STANDARD 1: RECRUITMENT AND RETENTION	
	The director provides prospective caregivers with information and application packages, and follows through with the screening and assessment process in a timely manner. **Retention** The director develops retention strategies in accordance with the regional resource plan to retain and promote the learning and education of existing caregivers, in order to: • continue to meet the complex needs of children in care • provide stability of placement • ensure continuity of care and relationships, and • address key components of retention, which include training, support, and recognition of and respect for caregivers. Retention activities may include: • ongoing caregiver training and education (see Caregiver Support Service Standard 7: Caregiver Continuing Learning and Education) • involvement of caregivers in collaborative assessments and planning for children (see Caregiver Support Service Standard 14: Collaborative Assessment and Planning) • provision of specific suggestions (e.g., about caring for the child or accessing training) and follow-up support • year-round special events acknowledging the importance of caregivers • recognition of caregivers through special events and activities throughout the year such as "foster family month," birthday cards and telephone calls • annual caregiver reviews to acknowledge strengths and identify needed supports • using feedback from caregivers to improve support and services. The director regularly evaluates recruitment and retention strategies in collaboration with those who were involved in developing them to determine effectiveness and make recommendations for future recruitment.
PROCEDURES	
ADDITIONAL INFORMATION / RESOURCES	Caregiver Support Service Standard 4: Recruitment, Assessment and Approval of Aboriginal Caregivers Public Affairs Branch Newspaper Advertising Process: http://icw.mcf.gov.bc.ca/execops/docs/comm_newspaper_advertising.pdf For information on Public Affairs Bureau media policy and procedures, see: http://icw.mcf.gov.bc.ca/execops/docs/pab_media_policy.pdf

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
LEGISLATION	***CFCSA* s.93 (Other powers and duties of directors)**
STANDARD	In collaboration with a prospective caregiver, a director completes a screening, assessment and approval process that is comprehensive, understandable, respectful and transparent. The director uses an assessment process that takes a holistic view of the caregiver and is inclusive of all people who may play a role in care giving, such as extended family. The director uses a strengths-based participatory assessment approach that is sensitive to the prospective caregiver. The director bases approval on the outcomes of and recommendations made during the screening and assessment process, and on successful completion of pre-service caregiver information or orientation sessions.
POLICY	**Screening** When a prospective caregiver expresses interest in becoming a caregiver, the director provides him or her with information about the complete screening, assessment and approval process. The director advises the prospective caregiver of ministry standards and expectations with regard to maintaining the safety and well-being of children in care. The director conducts a prior contact check and collects basic information using a set of consistent screening questions to determine whether the prospective caregiver meets the following minimum requirements: • is 19 years of age or older • expresses an interest in caring for children as part of his or her motivation for becoming a caregiver • is willing to provide temporary care while working with families to support the goal of returning children to the family, and/or to promote continuity and stability of lifelong relationships, including adoption, for children • accepts and supports the practice of providing an environment free of abuse and physical punishment • accepts and supports the practice of providing a smoke free environment • is willing to comply with relevant ministry standards (e.g., Standards for Foster Homes) • agrees to work with an Aboriginal child's community to maintain the child's connections and traditions, as described in the child's cultural plan • agrees to attend and participate in the region's information/orientation sessions and ongoing foster parent education

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
	• has a home that has adequate space and privacy for a child in care (for more information on space and privacy requirements, see Standards for Foster Homes, Standard E: Environment of Care) • does not have a self-disclosed criminal record or record with the ministry that indicates that he or she poses a risk to a child, and • agrees to a consolidated criminal record check completed by the Ministry of Justice and *Criminal Record Review Act* check completed by the Criminal Record Review Program. (See Appendix B: Criminal Record Check Policy and Procedures for Caregivers). If a prospective caregiver meets the screening requirements and has agreed to proceed to the next stage, the director provides the prospective caregiver with an application form. When the completed application form has been received, the director begins the comprehensive participatory assessment and approval process. If the screening requirements are not met, the director discontinues the process, providing the person with reasons verbally and in writing. ***Note:*** A person who is a recent resident of British Columbia is eligible to apply to become a caregiver. The person needs to fulfill the assessment requirements listed below including obtaining references and verified criminal record checks from the applicant's place of origin. **Assessment** The purpose of a participatory assessment process is to explore and assess with a prospective caregiver his or her ability to care for children, including his or her strengths, capacities, resiliency, readiness, skills and experience with children. A number of concurrent activities take place as part of the participatory assessment process, including: • an assessment conducted via a series of questionnaires and interviews, including visits to the prospective caregiver's home to complete a home study • criminal record checks for everyone in the home 18 years of age and over (See Appendix B: Criminal Record Check Policy and Procedures for Caregivers) • prior contact checks for everyone in the home 18 years of age and over (see policy at http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cfs/prior_contact_checks_policy.pdf) • medical assessment of prospective caregiver(s)

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
	• three (3) reference checks via letter, questionnaire or interviews: at least one is from a relative or member of the extended family; one is from a neutral party (someone who does not have a significant personal relationship with applicant). (Note: Information sessions or pre-service orientation sessions are a mandatory part of the assessment process.) **Assessing a prospective caregiver's ability to care for a child** The director interviews the prospective caregiver, his or her children, and any other person residing in the caregiver's home, using the Structured Analysis Family Evaluation (SAFE) assessment framework. If the director has not received the SAFE training, he or she uses the following topic areas to guide and complete an assessment: • personal history (including childhood) and life changes • family relationships and history (e.g., extended family, current and/or ex-spouse, children) • family dynamics (e.g., parenting styles, communication patterns, discipline, difficulties with applicant's children) • resilience and ability to manage transitions • emotional and psychological health • education and employment history • history of any type of violence, abuse and criminal activity • health, mental health and addictions • finances and housing history • physical and social environment • social supports and community involvement • motivation for care giving and availability • knowledge of and attitudes to cultural and social diversity, and • previous care giving experience. If health-related concerns arise with a prospective caregiver or a member of the caregiver's family, the director discusses this with his or her supervisor to determine the most appropriate response. The safety and well-being of a child in care are the prime considerations. (For more information, see Additional Information/Resources.) Based on the information acquired through the SAFE or other assessment, the director assesses the prospective caregiver's ability to care for a child. Criteria include the prospective caregiver's ability to: • provide an environment free from harm and physical discipline

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
	• respond to a child's health and behavioural needs by providing a safe, nurturing, respectful and healthy environment for the child • promote a child's physical, intellectual, cultural and spiritual development • respect and promote the rights of a child in care as outlined in s.70 of the *CFCSA* (see Appendix A: Rights of Children in Care [*CFCSA*, s.70]) • respect and promote a child's and family's wishes, strengths, goals, identity, views, and cultural and ethnic heritage • work collaboratively with the family, extended family, involved community members and other members of a child's team • be open and respectful towards other beliefs and cultures • work with an Aboriginal child's community by supporting the child in maintaining cultural connections and traditions, as described in the child's cultural plan • work with a child's cultural community by supporting the child in maintaining cultural connections and traditions, as described in the child's plan of care • understand the challenges associated with care giving • assess his or her own strengths and limitations • initiate and access formal and informal learning and development opportunities, and • make use of support networks. *Collecting criminal record information* In order to protect children from people whose criminal record indicates that they present a risk to children, the director completes a criminal record check, which includes requests for: • voluntary disclosure of any criminal offence and/or pardon by prospective caregivers or those having significant and unsupervised access to children • consent to a consolidated criminal record check • consent to a *Criminal Record Review Act* check. **(See Appendix B: *Criminal Record Check Policy and Procedures for Caregivers* for procedures regarding conducting the criminal record checks)** Consolidated Criminal Record Check: The director requests a consolidated criminal record check • before offering a caregiver a contract or agreement for service with a director to work with children, and

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
	• in relation to any other person 18 years of age and over who is not entering into a contract or agreement for service to work with children, but who is or will be living in the caregiver's home or will be having significant and unsupervised access to children. Note: 'Significant and unsupervised' applies to: o individuals aged 18 years of age and over who are visiting/staying overnight for more than 30 days in the home where the child lives, and o anyone in an intimate partner relationship with the prospective and or approved caregiver who regularly visits and/or stays in the home where the child lives. Significant and unsupervised does not apply to individuals who are child minding, babysitting, hosting sleepovers, and/or participating in activities outside the home. In these types of situations, the caregiver is expected to act as a "prudent parent" to ensure a child's safety and best interest and obtain advice and support from the resource worker and/or child's worker as needed. See Appendix E: Screening, Assessment & Approval Roles & Responsibilities for All Non-Primary Caregiver Situations for Children & Youth in Care. *Criminal Record Review Act* check: The director requests a *Criminal Record Review Act* check following approval of a prospective caregiver but before an agreement or contract is signed. Persons 18 years of age and over who will be or are residing in the prospective caregiver's home are not required to have a *Criminal Record Review Act* check completed. (However, they are required to have a consolidated criminal record check as mentioned previously under the sub heading: Consolidated Criminal Record check.) *Criminal Record Review Act* checks cannot be completed for children under 18 years of age. The director therefore asks the prospective caregiver whether his or her child (or any other child under 18 who is living in the home): • has been involved with police • has been involved in any criminal activities, and • has exhibited or currently exhibits behaviour that could pose a risk to children placed in the home. (For more information on conducting and evaluating criminal record checks for prospective caregivers, see Appendix B: Criminal Record Check Policy and Procedures for Caregivers).

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
	The status of a caregiver's criminal record and any change in the criminal record of other adults who have significant or unsupervised contact with the child are discussed as part of the annual review. When checks are required: This process of collecting criminal record information is repeated: • every three years for a Consolidated Criminal Record Check • every five years for a Criminal Record Review Act Check. If at any time the director becomes aware that a person who was previously approved has an outstanding charge for, or has been convicted of, a crime that might affect the person's ability or suitability to care for children, the director conducts a new criminal record check. New criminal charges or convictions: The director advises prospective and approved caregivers of their ongoing responsibility to disclose any criminal charges or convictions as outlined in Foster Homes Standard B.2.3: Reportable Incidents. *Written home study report* The director prepares a written home study report documenting all of the information acquired, including results of reference checks, criminal record checks, medical assessment and interviews. The director reviews the home study with the applicant and obtains his or her signature on the document. If all components of the home study are satisfactory, the director may recommend to the relevant team leader or supervisor: • approval of the applicant, and • the children for whom the prospective caregiver is best suited to care. **Approval** The team leader or supervisor reviews the completed home study, discusses the recommendation with the director, and makes the final approval decision. (Note: At this point, a *Criminal Record Review Act* check is requested.) When a prospective caregiver is approved, the care giving home is available for placement and the resource file remains open. The director: • discusses the agreement with the caregiver (see Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements) • develops a learning plan with the caregiver to identify skills, strengths and learning needs and determine a timeframe within which to commence the mandatory training

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
	• provides the caregiver with information about sources of support, including the BC Federation of Foster Parent Associations (BCFFPA), the Federation of Aboriginal Foster Parents (FAFP), and the Foster Parents After-Hours Support Line • refers the caregiver to the regional agency providing the mandatory training and support services, and • discusses and identifies potential relief providers. **Non-approval** If a prospective caregiver is not approved, as soon as possible the director advises him or her both verbally and in writing of the reasons for the decision. The director advises the non-approved prospective caregiver of the region's process for addressing any disagreements that might arise as a result of the decision. The director documents the decision and reasons for approval or non-approval in the relevant resource file.
PROCEDURES	The director opens a resource file for each prospective caregiver. Information is entered on MIS SWS. The following relevant forms are located on the ministry intranet site: • CF0605 – Physician's Report on Applicant • CF1611 – Application to Provide Restricted/Regular Family Care.
ADDITIONAL INFORMATION / RESOURCES	• *CFCSA*, s.70: Rights of Children in Care (see Appendix A) • Caregiver Support Service Standard 2: Screening, Assessment and Approval • Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements • Caregiver Support Service Standard 6: Monitoring and Reviewing Agreements • Foster Homes Standard B.2.3: Reportable Incidents • Cultural plan – Children in Care Service Standard 1: Preserving the Identity of an Aboriginal Child in Care • Structured Analysis Family Evaluation: http://www.safehomestudy.org/ • BC Centre for Disease Control: http://www.bccdc.org/ • Health Canada Infection Control Guidelines: http://www.phac-aspc.gc.ca/dpg-eng.php#infection

CSS STANDARD 3: ASSESSMENT AND APPROVAL OF RESTRICTED AND SPECIALIZED CAREGIVERS	
LEGISLATION	***CFCSA* s.93 (Other powers and duties of directors)**
STANDARD	In collaboration with a prospective caregiver, a director completes an assessment and approval process that is comprehensive, understandable, respectful and transparent. The director uses an assessment process that takes a holistic view of the caregiver and is inclusive of all people who may play a role in care giving, such as extended family. The director uses a strengths-based participatory assessment approach that is sensitive to the prospective caregiver. The director bases approval on the outcomes of and recommendations made during the screening and assessment process, and on successful completion of pre-service caregiver information or orientation sessions.
POLICY	In addition to the screening process for all prospective caregivers that is outlined in the Caregiver Support Service Standard 2: Screening, Assessing and Approval, a director follows the assessment and approval process outlined below for restricted and specialized care giving homes. **Restricted homes** A restricted family care home may be considered if the living arrangement best meets the child's needs and the prospective caregiver: • demonstrates an ability to provide a safe environment for the child • is 19 years of age or older • demonstrates the maturity and stability to provide care for the specific child • accepts and supports the practice of providing an environment free of abuse and physical punishment, • accepts and supports the practice of providing a smoke free environment, and • has a significant relationship with the child or the child's family or cultural community. Before placing a child in the home, the director conducts a preliminary assessment to evaluate the caregiver's capacity to provide for the safety and well-being of the child, by: • visiting the caregiver's home and interviewing the prospective caregiver and others living in the home • completing checks of references for the home, either by phone or personal visit • completing prior contact checks (see policy at http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cfs/prior_contact_checks_policy.pdf)

CSS STANDARD 3: ASSESSMENT AND APPROVAL OF RESTRICTED AND SPECIALIZED CAREGIVERS	
	• requesting voluntary disclosure of any criminal offences that may relate to the person's ability and suitability to care for a child, and • calling local police to determine whether they would have concerns about a child's safety when residing with the prospective caregiver. If the above information is satisfactory, the director may recommend interim 60-day approval of the prospective caregiver to the team leader or supervisor. As soon as possible and no longer than 60 days following placement, the director: • completes a home study using the topic areas outlined in the assessment section of Caregiver Support Service Standard 2: Screening, Assessment and Approval • obtains consents for the consolidated criminal record check to be completed by the Ministry of Justice and for a *Criminal Record Review Act Check* completed by the *Criminal Record Review Program* (see Appendix B: Criminal Record Check Policy and Procedures for Caregivers), • obtains the results of the Consolidated Criminal Record Check from the Ministry of Justice, and • reviews the medical assessment and reference checks. If health-related concerns arise with a prospective caregiver or a member of the caregiver's family, the director discusses this with his or her supervisor to determine the most appropriate response. The safety and well-being of a child in care are the prime considerations. (For more information, see Additional Information/Resources.) The director prepares a written home study report documenting all of the information acquired, including results of reference checks, criminal record checks, medical assessment and interviews. The director reviews the home study report with the prospective caregiver and obtains his or her signature. If all the components of the restricted home study are satisfactory, the director may recommend approval of the applicant to the relevant team leader or supervisor. The director's team leader or supervisor reviews the completed home study for final approval. (Note: at this point, a *Criminal Record Review Act* check is requested.) When a prospective restricted caregiver is approved, the care giving home is available for placement and the resource file remains open. The director: • discusses the agreement with the caregiver (see Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements)

CSS STANDARD 3: ASSESSMENT AND APPROVAL OF RESTRICTED AND SPECIALIZED CAREGIVERS	
	• develops a learning plan with the caregiver to identify skills, strengths and learning needs and determine a timeframe within which to commence the mandatory training • provides the caregiver with information about sources of support, including the BC Federation of Foster Parent Associations, the Federation of Aboriginal Foster Parents, and the Foster Parents After-Hours Support Line • refers the caregiver to the regional agency providing the mandatory training and support services, and • discusses and identifies potential relief providers. *Non-approval* If a prospective restricted caregiver is not approved, as soon as possible the director advises him or her both verbally and in writing of the reasons for the decision. If a child is placed in the home, the child is removed in accordance with information outlined in the Caregiver Support Service Standard 13: Planning and Supporting Changes in Placement, and the Children in Care Service Standard 12: Supporting and Assisting a Child with a Change in Placement. The director advises the non-approved prospective caregiver of the region's process for addressing any disagreements that might arise as a result of the decision. The director documents the decision and reasons for approval or non-approval in the relevant resource file. **Specialized family care homes** A specialized family care home is first approved as a regular family care home. The director may consider making an exception when an applicant has unique qualifications that would meet specific needs of children requiring care. Each of the three levels of specialized family care homes have specific skills, experience and training requirements that require approved caregivers to participate in a levels assessment and approval process. *Preliminary assessment* The director begins the preliminary assessment by reviewing the completed specialized family care home application form received from the caregiver. The director then: • reviews the complete resource file and existing home study • contacts all social workers, who have had a child placed with the caregiver, and asks for feedback on particular areas of skill and ability

CSS STANDARD 3: ASSESSMENT AND APPROVAL OF RESTRICTED AND SPECIALIZED CAREGIVERS	
	noted on the specialized family care home assessment and checklist • consults with other members of the resource team who have knowledge of the caregiver, and • consults with his or her team leader or supervisor. Once these steps have been completed, the director meets with the caregiver to complete the assessment according to the specialized family care home assessment and checklist. In addition, the director advises the caregiver of the following ministry expectations: • a Level 2 caregiver may work outside the home but must have an emergency plan in place should a child return to the home unexpectedly • a Level 3 caregiver may work outside the home as long as he or she is available on a full-time basis, up to 24 hours a day, when required. *Assessment* The assessment covers four areas—education and training, child-related experience, knowledge, and demonstrated skills and abilities—which are discussed and evaluated to determine the assessment ratings. (For more information, see the specialized family care home assessment and checklist.) If health-related concerns arise with a prospective caregiver or a member of the caregiver's family, the director discusses this with his or her supervisor to determine the most appropriate response. The safety and well-being of a child in care are the prime considerations. (For more information, see Additional Information/Resources.) Criteria for designation of specialized family care home include: • level of the caregiver according to the assessment points on the specialized family care home assessment and checklist • capacity and willingness of the caregiver to meet service expectations at the recommended level of care • area/regional needs and available homes, and • regional resource plan and budget. The director reviews the home study with the applicant and obtains his or her signature. If all components of the home study are satisfactory, the director may recommend to the relevant team leader or supervisor: • approval of the applicant, and • the children whom the prospective caregiver is best suited to care for. *Approval and levels designation* After reviewing the completed specialized family care home assessment and checklist, the director discusses the recommendation for approval and designation with his or her team leader. The agreed-upon recommendations are referred to the appropriate regional manager or designate for the final

CSS STANDARD 3: ASSESSMENT AND APPROVAL OF RESTRICTED AND SPECIALIZED CAREGIVERS	
	approval and levels designation decision. *Non-approval* If a caregiver is not approved, as soon as possible the director advises him or her both verbally and in writing of the reasons for the decision. The director advises the non-approved caregiver of the region's process for addressing any disagreements that might arise as a result of the decision. The director documents the decision and reasons for approval or non-approval in the relevant resource file.
PROCEDURES	The director opens a resource file for each prospective caregiver. Information is entered on MIS SWS. The following relevant forms are located on the MCFD intranet site: • CF0605 – Physician's Report on Applicant • CF1611 – Application to Provide Restricted/Regular Family Care • CF2454 – Application for Assessment: Specialized Family Care • CF2442 – Specialized Family Care Home Assessment and Checklist
ADDITIONAL INFORMATION / RESOURCES	• *CFCSA*, s.70: Rights of Children in Care (see Appendix A) • Caregiver Support Service Standard 2: Screening, Assessment and Approval • Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements • Caregiver Support Service Standard 6: Monitoring and Reviewing Agreements • Foster Homes Standard B.2.3: Reportable Incidents • Cultural plan – Children in Care Service Standard 1: Preserving the Identity of an Aboriginal Child in Care • Structured Analysis Family Evaluation: http://www.safehomestudy.org/ • BC Centre for Disease Control: http://www.bccdc.org/ • Health Canada Infection Control Guidelines: http://www.phac-aspc.gc.ca/dpg-eng.php#infection

CSS STANDARD 4: RECRUITMENT, ASSESSMENT AND APPROVAL OF ABORIGINAL CAREGIVERS	
LEGISLATION	***CFCSA* s. 93 (Other powers and duties of directors)**
STANDARD	In partnership with Aboriginal communities, a director develops recruitment strategies for Aboriginal caregivers in response to the needs identified in the regional resource plan. When recruiting and assessing Aboriginal caregivers, in addition to the requirements identified in Caregiver Support Service Standard 2: Screening, Assessment and Approval, the director respects and considers the different cultural identities and community values within Aboriginal communities. The director consults with a prospective caregiver's Aboriginal community and where one exists, the Aboriginal delegated agency to determine the values and community standards that should be included as part of an assessment process. The director uses this information with a strengths-based approach to assess the caregiver's capacity to care for children.
POLICY	Consistent with the priorities for selecting a care giving home outlined in Caregiver Support Service Standard 10: Selecting a Care giving Home, the director involves Aboriginal communities and, where one exists, the Aboriginal delegated agency in the development of the regional resource plan. When undertaking recruitment strategies focusing on Aboriginal caregivers, the director works in partnership with each Aboriginal community and, where one exists, the Aboriginal delegated agency to develop recruitment strategies based on the community's unique culture and values. When seeking an Aboriginal caregiver for an Aboriginal child, the director works in partnership with people from the child's community and where possible the Aboriginal delegated agency to determine the best way of finding an appropriate caregiver from within the community, if that is in the best interest of the child. The director invites and involves community members to support a potential caregiver throughout the process if necessary by assisting with required forms and activities. The director uses the screening, participatory assessment and approval process outlined in Caregiver Support Service Standard 2: Screening, Assessment and Approval, giving consideration to the unique cultural identity and values of communities being served. In consultation with the primary caregiver, the director determines who else could play a role in care giving and who should be included in the participatory assessment and approval process. The director considers previous difficulties and challenges in the life of a prospective Aboriginal caregiver not as barriers but as opportunities for the

CSS STANDARD 4: RECRUITMENT, ASSESSMENT AND APPROVAL OF ABORIGINAL CAREGIVERS	
	person to have developed coping strategies and to demonstrate his or her overall resiliency. During the participatory assessment process, the director addresses any issues that may be of concern if a child is placed in the home and engages in a solution-focused approach with the prospective caregiver to resolve the concern and learn about how the caregiver solves problems. The assessment may show the potential of a prospective caregiver once he or she has made further efforts to resolve feelings and change negative behaviours resulting from traumatic or significant emotional events. In this circumstance, the approval decision may be delayed to accommodate the time that the prospective caregiver needs to complete the required work. When unsure about approval, the director seeks support and guidance about the areas of concern from advisors within the Aboriginal community before making a decision.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	• Caregiver Support Service Standard 2: Screening, Assessment and Approval • Caregiver Support Service Standard 10: Selecting a Care giving Home

CSS STANDARD 5: INITIATING, MODIFYING AND ENDING AGREEMENTS	
LEGISLATION	***CFCSA* s.93 (Other powers and duties of directors)** 93 (1) A director may do one or more of the following: (g) make agreements, including but not limited to agreements (i) with any person for the provision of residential or other services
STANDARD	Upon approval of: • an initial caregiver assessment and home study • a specialized family care levels assessment, or • an annual review of a caregiver, a director reviews the family care home agreement with the caregiver, including the terms of the agreement and the services expected. Remuneration is based on the services defined in the agreement. When necessary, the director modifies an existing family care home agreement, with the informed consent of the involved caregiver. If the modification will result in a decrease in payment to the caregiver, the director gives the caregiver notice 60 days before the effective date of the modification. The director decides whether to renew an agreement with a caregiver based on an assessment of recent annual reviews and in accordance with the regional resource plan.
POLICY	In keeping with the regional resource plan, the level of care outlined in family care home agreement is based on the caregiver's qualifications, experience, training and skills. The director discusses a family care home agreement with a caregiver following approval of the caregiver and before placing a child. When applicable, the director negotiates exceptional funding in order to meet the child's needs. The director's supervisor signs the family care home agreement. The director provides the caregiver with a copy of the agreement. **Note:** If there is a primary caregiver in a home who has a partner, advise both adults that it is important for each one to sign the family care home (or other) agreement in order to ensure that the following benefits outlined in the agreement apply to each person: • general liability insurance • extended property damage insurance, and • Caregiver Legal Representation Indemnity. Advise each caregiver that if he or she decides not to sign the agreement, these benefits do not apply. (For more information, see Appendix D.)

CSS STANDARD 5: INITIATING, MODIFYING AND ENDING AGREEMENTS	
	Note: If there are two caregivers in a home, both are required to attend foster parent education and other learning opportunities and undertake independent study as specified in Schedule A, 4(f) of the family care home agreement. The director advises the caregiver of situations that can result in contract modifications (e.g., when a child is moved from the caregiver's home and the resulting number of children being cared for is reduced). **Initiating agreements** There are two types of agreements used in the provision of residential resources for children in care: • the family care home agreement • the client services agreement (**Note:** This agreement has been replaced by the **third party service agreement**, which will be distributed to staff through the Contract Writing Tool beginning in the fall 2006.) **Family care home agreement** The family care home agreement is used for restricted, regular and Level 1 specialized family care homes, and is child specific. For Level 2 and Level 3 specialized family care homes, the director can use either a child-specific agreement or a bed-specific agreement. However, the bed-specific agreement is the preferred option, and is used wherever possible. In circumstances determined by the needs of the child and the services outlined in the child's plan of care, exceptional one-time-only or ongoing payments may be made to supplement the regular payments under the family care home agreement. Given the flexibility provided by the use of exceptional payments within family care home agreements, the majority of caregivers will be adequately compensated using this type of agreement. Only in exceptional circumstances that require financial compensation or services beyond that available within a Level 3 family care home agreement can the use of a client services agreement (third party service agreement) be considered. The following exceptional circumstances are taken into consideration by a director, in consultation with his or her supervisor, when deciding whether a client services agreement (third party service agreement) is the most appropriate agreement to use with a specialized care giving home: • the caregiver requires compensation that is significantly greater than a Level 3 family care home rate, and the amount is other than a known exceptional ongoing monthly payment • the family care home is the only home willing to care for the child and the only viable placement option for the child, who must be the only child in the home

CSS STANDARD 5: INITIATING, MODIFYING AND ENDING AGREEMENTS	
	• the caregiver would not normally be considered for care giving, but is being considered because of his or her relationship to the child or his or her ability to provide a culturally relevant environment for the child. If the **only** outstanding issue is the payment amount, the director determines whether exceptional ongoing payments can be authorized for the additional expenditures, and ensures that there are funds for these options in the regional budget. For more information, see "Exceptional ongoing monthly payments on family care home agreements," below. **Client services agreement** If the director decides that a family care home agreement is not an option, a client services agreement (third party service agreement) is used, along with the Residential Child Care Resource Component Service Schedule. The director advises the caregiver of the following limitations of the client services agreement (third party service agreement): • A caregiver contracted through this agreement is not covered by the Caregiver Legal Representation Indemnity. • A caregiver contracted through this agreement does not receive the regular foster rate, as rates under a client services agreement are negotiated individually and include all of the services required for the child. In addition, any increases in the family foster care rate do not apply to client services agreements. • A caregiver contracted through this agreement is required to comply with the Standards for Staffed Residential Resources and with other regulations, including those of the Workers Compensation Board, Employment Insurance, and Revenue Canada. **Note:** The director should not attempt to advise the caregiver about potential fiscal or legal implications. Instead, the director encourages the caregiver to seek accounting, tax, or legal advice from a qualified professional. • A caregiver contracted through this agreement is required to meet all of the obligations specified in the agreement and the accompanying component services schedule. The director advises the caregiver in writing of his or her obligations as a contractor. (A sample letter is included in Appendix C: Agreements and Payment Rates.) **Exceptional ongoing monthly payments on family care home agreements** A caregiver may require additional funding beyond the family care home payment to meet the needs of the child or youth based on the plan of care. Examples of additional costs include shelter, transportation, relief beyond the standard amount, day care, or child and youth workers working directly with the child in the caregiver's care.

CSS STANDARD 5: INITIATING, MODIFYING AND ENDING AGREEMENTS	
	In order to determine whether ongoing monthly payments are required by a caregiver, the director reviews the family care home payment to ensure that it has either been expended or committed. In addition, the director considers whether alternative funding exists, through either parental contribution or alternative benefit coverage. The director determines the amount of the ongoing monthly payment, based on the needs of a specific child and negotiations with the caregiver. The regional manager approves the proposed amount, based on the availability of funds in the regional budget. For more information on payment amounts, see the Foster Family Care Homes Payment Tables in Appendix C: Agreements and Payment Rates. **Modifying agreements** Modifications to agreements are made with the caregiver's knowledge and consent. When considering modifying the terms and conditions of the agreement, the director initiates a thorough planning and review process involving the caregiver, which includes: • discussing the proposed changes with the caregiver • notifying the caregiver in writing about the proposed modification(s) and reasons for it/them, and • if the modification will result in a decrease in payment to the caregiver, providing the caregiver with notice of the modification 60 days before its effective date. The director uses a modification agreement to reflect the changes in the agreement, including remuneration and bed capacity. If the caregiver does not consent to the proposed modification(s) and there is no workable compromise, the director considers ending the contract in accordance with procedures outlined in the following section. **Ending agreements** When considering ending an agreement, the director discusses the reasons with the caregiver, relevant staff and supervisor. A family care home agreement or client services agreement can be ended if: • a caregiver asks to end the agreement • the agreement is ended on notice – before the end of the agreement and after providing 60 days notice (s.11.01[b] of the family care home agreement) • the agreement is ended for cause, based on breach by either party of a material term and written notice that the agreement will terminate immediately or at some future date (s.11.01[a] of the family care home agreement) • the term of the agreement is up and it will not be renewed.

CSS STANDARD 5: INITIATING, MODIFYING AND ENDING AGREEMENTS	
	With a client services agreement, it is necessary to communicate the intention to terminate the services in writing, consistent with the notice provisions in the termination section of the agreement. Within a week of deciding to end an agreement, the director provides the caregiver with written reasons for the decision, and the appropriate notice. (For information on required notice for ending an agreement, see Notice Requirements in Appendix C: Agreements and Payment Rates.) In addition, the director provides the caregiver with information about who to contact if he or she disagrees with the decision (see Caregiver Support Service Standard 20: Transferring or Closing a Care giving Home).
PROCEDURES	**Family care home agreements** The director uses the RAP system to produce agreements and initiate exceptional ongoing monthly payments to cover costs for shelter, transportation, relief, child and youth care workers, day care and other required services.
ADDITIONAL INFORMATION / RESOURCES	For information on insurance for caregivers, see Appendix D For information on family care home agreements, see Resource and Payment (RAP) Contracts in the Systems User Guide: http://icw.mcf.gov.bc.ca/rasp/sysops/user_guide/docs/sect/07Contracts.pdf

CSS STANDARD 6: MONITORING AND REVIEWING AGREEMENTS	
LEGISLATION	
STANDARD	As part of contract management, a director reviews and monitors agreements for utilization, financial accountability and fulfillment of component services and contractual obligations.
POLICY	**Monitoring agreements** The director monitors an agreement to review: • a caregiver's budget and expenses, including exceptional ongoing payments and requests for one-time-only expenses, and • the caregiver's compliance with the obligations outlined in the agreement. The director identifies and discusses with the caregiver any concerns that arise and develops ways to address them. (If, as a result of the reviewing and monitoring processes, modification of an agreement is required, see "Modifying agreements" in Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements.) **Reviewing agreements** The director reviews and discusses the terms and conditions of an agreement with a caregiver: • during caregiver annual reviews • in advance of 60 days prior to the end of the agreement, and • at any time that concerns arise about the agreement. Agreements are reviewed at these times in order to determine: • the relevance of the conditions of the agreement • the caregiver's intention and ability to fulfill the conditions of the agreement, and • whether adjustments are needed. The director discusses the caregiver's progress and plan for completing the mandatory training required by the director. If there are ongoing concerns about completing the training, the director carefully considers whether to renew the agreement.
PROCEDURES	

CSS STANDARD 6: MONITORING AND REVIEWING AGREEMENTS	
ADDITIONAL INFORMATION / RESOURCES	For information on family care home agreements, see Resource and Payment (RAP) Contracts in the Systems User Guide: http://icw.mcf.gov.bc.ca/rasp/sysops/user_guide/docs/sect/07Contracts.pdf

CSS STANDARD 7: CAREGIVER CONTINUING LEARNING AND EDUCATION	
LEGISLATION	
STANDARD	A director discusses and develops a learning plan with a caregiver that outlines how learning needs and mandatory training will be addressed. The director supports a caregiver at the time of approval and during reviews to meet his or her learning needs and mandatory education requirements.
POLICY	**Learning plan** Based on a caregiver's identified learning needs, the director develops and follows up on a plan with the caregiver to ensure that he or she receives information and/or education on topics including: • expectations and responsibilities of caregivers and the director • the role of the caregiver in providing temporary care for a child and support for the family until the child returns home or to another stable, lifelong family living arrangement, and • sensitive and responsive practices to use with a child's family to maintain the family's involvement with the child, consistent with the child's plan and cultural plan • knowledge of a child's unique culture in order to preserve the child's identity and connection to his or her community • child development and parenting skill development • restraining procedures outlined in a child's plan of care that have been approved by members of the child's team, including a health care provider who is knowledgeable about the child and restraining techniques. For more information about the use of physical restraint, refer to Standard B.3 and Appendix 2 in Standards for Foster Homes. • how best to address the individual needs and interests of a child and the unique situation of his or her family in accordance with the child's plan and cultural plan. **Mandatory education** The director advises the caregiver that it is mandatory for all ministry or delegated Aboriginal agency caregivers who sign a family care home agreement or contract to complete the approved ministry caregiver education program within two years from the date of his or her approval. The director refers the caregiver to the regional foster parent support service that provides the mandatory education. The director regularly discusses with the caregiver his or her progress with the education program, and identifies and addresses barriers affecting successful completion.

CSS STANDARD 7: CAREGIVER CONTINUING LEARNING AND EDUCATION	
	Continuing learning and education On an ongoing basis, the director: • identifies and discusses with the caregiver his or her short- and long-term learning and development needs, based on the unique characteristics of the child and the child's plan • assists and supports the caregiver in developing the skills required for meeting the child's needs, by providing or identifying sources of relevant information, including books, articles, and learning opportunities offered by other ministries (e.g., information on addictions issues) • advises the caregiver about learning opportunities to enhance care giving knowledge and skills. The director encourages the caregiver to participate in ongoing learning opportunities, particularly in areas such as: • positive parenting – approaches based on praise, encouragement and structuring the setting for success, which allow a child to develop positive behaviour and social skills and learn responsibility and self-control • inclusive care giving – using a variety of ways to include a parent in the care of his or her child, in order to promote continuity of care and consistency of parenting practices, increase the family's capacity to care for the child, and strengthen the relationship between the child's family and the caregiver • learning about the child's culture and community.
PROCEDURES	The director documents the date and title of completed BC Foster Parent Education Program modules on MIS S WS.
ADDITIONAL INFORMATION	Foster Family Handbook: http://www.mcf.gov.bc.ca/foster/pdf/handbook.pdf Standards for Foster Homes, Standard B.3 and Appendix 2: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf

CSS STANDARD 8: DOCUMENTATION	
LEGISLATION	***CFCSA* Part 5**
STANDARD	A director documents all significant information about a caregiver and actions taken during service provision. The director advises the caregiver of the required documentation that is kept on file. Documentation regarding a caregiver is accurate and complete and includes information relating to: • screening, assessment and approval processes • agreements and financial records • placement of and planning for children in care • caregiver education and skill development, and • monitoring, reviews, reportable circumstances, protocols and dispute resolution processes. The director arranges for the caregiver to sign and receive a copy of all relevant records.
POLICY	The director maintains confidential, accurate and up-to-date documents and keeps them in a secure location. When a caregiver has participated in an application, approval or dispute resolution process, the director obtains his or her signature on the relevant documentation and provides him or her with a copy. Signatures are obtained in order to show that the caregiver has seen the document. (Signatures are required on all documents identified with a * in the list below.) Documentation to be kept on a caregiver's file includes but is not limited to: • application and consent forms* • home study* • reference, medical, criminal and prior contact checks • approval documentation* • verification of completion of pre-service orientation* • family care home agreement or client services agreement* • invoices and records of payment for additional expenses • caregiver learning and education plan (including mandatory training record) and record of completed education* • levels assessment* • child's referral form and care arrangements* (including caregiver's tasks and responsibilities resulting from collaborative planning, and information

CSS STANDARD 8: DOCUMENTATION	
	about home visits) • ongoing monitoring and annual reviews* • protocols* (summary sent by registered letter) • steps taken to resolve and results of a dispute resolution* • reportable circumstances and incident reports* (see Caregiver Support Service Standard 18: Reportable Circumstances) • placement and monitoring documentation • summary of information regarding children placed in home, including child's name, age, placement dates, length of stay, reason for moving • placement decision and supporting reasons • communication between caregiver and worker including communication during home visits • correspondence • any other documentation as required. The director advises the caregiver to: • keep a confidential record of contact between the caregiver and the family, extended family and community of the child in care, according to the child's plan, which can be given to the director upon request, and • submit the record for storage on the appropriate child service, family service and/or resource files as soon as possible after a child leaves the care giving home. (For more information on caregiver records of children in care, see "Closing a home" in Caregiver Support Service Standard 20: Transferring or Closing a Care giving Home.)
PROCEDURES	
ADDITIONAL INFORMATION / RESOURCES	• Child and Family Service Standard 24: Case Documentation • Children in Care Service Standard 11: Assessing and Planning for a Child in Care

CSS STANDARD 9: SHARING PLACEMENT INFORMATION WITH A CAREGIVER	
LEGISLATION	***CFCSA* s. 79 (Disclosure without consent)** 79 A director may, without the consent of any person, disclose information obtained under this Act if the disclosure is (j) made in Canada to caregivers and the information relates to children in their care, or (k) made in Canada and necessary for the administration of this Act.
STANDARD	A director provides a caregiver with information about a child in care wherever possible before the child is placed, at the time of placement, and as it becomes available throughout the child's stay. The director provides the caregiver with a written copy of the caregiver's responsibilities as outlined in the child's plan of care.
POLICY	When considering a placement for a child in care, the director provides a proposed caregiver with written referral information from the child's guardianship or child protection worker and discusses the potential placement. (See Children in Care Service Standard 13: Providing a Caregiver with Information). During the placement process, the director ensures that the caregiver receives relevant information, including:: • the child's full name, date of birth and legal status • information about the child's overall goal and plan of care, and the worker's expectations of the caregiver in supporting that plan • contact information for the person delegated to provide the child and caregiver with service • known medical and/or mental health history and needs (e.g., allergies) • any safety risks to the child, including the need to protect the child from contact with another person • any health or safety risks posed by the child toward the caregiver or any other person in the home, the caregiver's home and personal belongings • the child's daily care, including mealtime and bedtime routines, sleeping habits and food preferences • scheduled appointments with other service providers or professionals • the names of persons with access to the child and how access will be arranged • how contact with parents, family, extended family, friends and community members will be facilitated • the child's cultural and ethnic heritage, spiritual beliefs and identity • the child's school • the child's participation in sports, recreational clubs or activities

CSS STANDARD 9: SHARING PLACEMENT INFORMATION WITH A CAREGIVER	
	• any allegations of abuse or neglect involving the child in previous placement settings, whether the allegations were investigated, and the outcome • notification procedures if the child is lost, goes missing or runs away, or if the child suffers a personal injury or is at serious risk of harm, and • any other information that will assist the caregiver in responding to the individual needs of the child. Throughout the placement, the director ensures that the caregiver continues to be provided with all relevant information about the care and safety of the child, including procedures for meeting special dietary needs, administering medications, and the use of restraints that are approved by members of the child's team including a health care provider who is knowledgeable about the child and the subject area. For more information about the use of physical restraint please refer to Standard B.3 and Appendix 2 in the Standards for Foster Homes. The director ensures that the caregiver is advised of the child's plan of care and receives written information about the caregiver's responsibilities arising from the child's plan of care. Before and during a child's change in placement, the director ensures that the current caregivers knows the reasons for the child's move and when the move is scheduled to occur, and receives relevant information about the new placements.
ADDITIONAL INFORMATION/ RESOURCES	Children in Care Service Standard 13: Providing a Caregiver with Information Standards for Foster Homes, Standard B.3 and Appendix 2: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf

CSS STANDARD 10: SELECTING A CARE GIVING HOME	
LEGISLATION	***CFCSA* s.70 (Rights of children in care)** (See Appendix A) ***CFCSA* s.71 (Out-of-home living arrangements)** 71 (1) When deciding where to place a child, a director must consider the child's best interests. (2) The director must give priority to placing the child with a relative or, if that is not consistent with the child's best interests, placing the child as follows: (a) in a location where the child can maintain contact with relatives and friends; (b) in the same family unit as the child's brothers and sisters; (c) in a location that will allow the child to continue in the same school. (3) If the child is an aboriginal child, the director must give priority to placing the child as follows: (a) with the child's extended family or within the child's aboriginal cultural community; (b) with another aboriginal family, if the child cannot be safely placed under paragraph (a); (c) in accordance with subsection (2), if the child cannot be safely placed under paragraph (a) or (b) of this subsection.
STANDARD	A director selects a caregiver for a child in care on the basis of the child's assessed needs and strengths. The first priority is extended family. In addition, for an Aboriginal child in care, the director always gives priority to selecting a caregiver within the child's Aboriginal community. If the extended family or community cannot safely assume the child's care, the director gives priority to Aboriginal caregivers outside the child's Aboriginal community. The director involves the community in planning for selection of a caregiver and placement. When an Aboriginal child in care is placed with a non-Aboriginal caregiver, the director assists the caregiver in maintaining and providing opportunities for, according to the child's plan: • positive contact between the child and his or her Aboriginal community, and • involvement of the child in activities in his or her Aboriginal community.
POLICY	The director considers the child's best interests when selecting a caregiver for a child in care. To the fullest extent possible, the director makes decisions about where to place a child through a consultative process that includes the child, family, extended family and other adults who have a significant relationship with the child. The director uses this approach to placement decision-making when a child first comes into care and if a change of placement is required.

CSS STANDARD 10: SELECTING A CARE GIVING HOME	

	Selection priorities
	The director gives priority to placing the child with extended family, consistent with the child's best interests. The director considers how the child's needs, personality and developmental level match the abilities, capacities and resources of the extended family.
	
	If placement with a child's extended family is not consistent with the child's best interests, the director gives priority to placing the child:
	• in a living arrangement that will promote the maximum contact between the child and parents and other family members, whenever possible selecting a caregiver who:
	  • lives in close geographic proximity to the child's siblings, extended family and friends, and
	  • is willing to promote the child's regular contact with siblings, extended family and friends, consistent with the child's needs;
	• in the same family as the child's brothers and sisters, in order to reduce the trauma of separation and promote the stability and continuity of lifelong relationships (if siblings have separate living arrangements, the child's team facilitates frequent and regular contact between them)
	• in a community that will allow the child to continue to attend the same school, day care and/or recreational activities.
	
	When a child's best interests are served by living with a caregiver who does *not* live close to the child's family and/or friends, the child's team:
	• makes efforts to involve the family and extended family in decisions about the child
	• assists the child in maintaining contact with the family, extended family and friends, subject to court-ordered access restrictions, and
	• offers support services to the family and extended family to help maintain or enhance their ongoing involvement with the child.
	
	The director gives priority to placing each Aboriginal child:
	• with his or her extended family
	• within his or her Aboriginal community
	• with another Aboriginal family, or
	• if these placement options are unavailable, in accordance with the other placement priorities described in this standard.
	
	The director works in partnership with the involved Aboriginal community or identified delegated agency to choose a caregiver for the child. The director considers all adult members of the child's extended family or other persons within the Aboriginal community as possible caregivers for the child.

CSS STANDARD 10: SELECTING A CARE GIVING HOME	
	The director actively follows up with suggested or recommended members of the child's family or community to determine whether they are willing and able to care for the child. **Caregiver qualities** Wherever possible, the director selects a caregiver who: • has been identified by the child as a person with whom he or she would choose to live • has the strengths, capacities, skills and experience necessary to provide safety for the child and promote the child's well-being • will work collaboratively with the child's family, social workers and other members of the child's team towards the goal of returning the child to the family or providing a living arrangement that promotes stability and continuity of lifelong relationships in accordance with the child's plan • respects and promotes the rights of children in care under the *CFCSA*, and • is aware of his or her own strengths and limitations and will access and utilize the supports and training available to fulfill the child's needs. In addition to considering the above characteristics, the director makes efforts to preserve a child's culture and identity by choosing a caregiver who is willing to: • work with the child's family and extended family to promote the child's culture and identity • promote and support ongoing contact with members of the child's cultural community • participate in the development and implementation of a child's cultural plan • learn about and respect the views, cultural and ethnic heritage, socio-economic circumstances, spiritual beliefs and identity of the child, family and extended family, and • help the child develop a strong self-image that incorporates his or her culture and identity. When considering placing a child in a care giving home, the director determines the compatibility of the child with those already living in the home, based on: • the number of children living in the home (including children in care, the caregiver's own children, and any others) • their age, gender, developmental level, needs and wishes, and • discussions with social workers who have children placed in the home. (For more information on the maximum number of children in a care giving home, see Caregiver Support Standard 11: Allowable Number of Children in a Care giving Home.)

CSS STANDARD 10: SELECTING A CARE GIVING HOME	
	The director uses staffed children's residential services only when an assessment of the child's needs and best interests determines that placement of a child in a family care home is neither appropriate nor possible. The director considers all other placement options first, and uses staffed residential resources only when the child's needs cannot be met within a family care home, or as a last resort.
PROCEDURES	The director participates in the region's placement decision-making process for reviewing the referral to and placement of children in staffed residential resources.
ADDITIONAL INFORMATION/ RESOURCES	• Caregiver Support Standard 11: Allowable Number of Children in a Care giving Home • Standards for Staffed Children's Residential Services

CSS STANDARD 11: ALLOWABLE NUMBER OF CHILDREN IN A CARE GIVING HOME	
LEGISLATION	
STANDARD	The number of children placed by a director in a care giving home is based on the needs of the children and the capacity of the caregiver to provide the necessary services.
POLICY	**Maximum number of children** The director ensures that the number of children placed in any one home, especially children with special needs, does not exceed the family's capacity to provide quality care. To meet this objective and to preserve the distinct characteristics of family living, there can be no more than six children, including the caregiver's own children, living in any type of care giving home. In addition, no more than two of the six children are to be under the age of two. When determining how many children a care giving home may accept for care, the director considers reducing the number when any of the children living in the home have significant developmental, emotional, behavioural or medical needs that require specialized care. Since some children require more individualized attention, fewer children are cared for in family care homes providing care for infants, children or youth with therapeutic or special needs. *Family care homes* The maximum number of all children residing in any family care home is six. This includes situations such as sleepovers. • The maximum number of children that can be placed in a restricted, regular or Level 1 home is six. • The maximum number of children that can be placed in a Level 2 home is three. • The maximum number of children that can be placed in a Level 3 home is two. The maximum number of preschool-aged children in a home is four, except when there are three children under 2-1/2 years. In either situation, no more than two children can be under the age of two. If a family care home has a mixed designation, the maximum number of children will be consistent with the home's highest designation. **Exceptions** When considering an exception to the number of children in a care giving home, a director ensures that the health, care, safety, protection and supervision of the child are maintained, and that the caregiver is be able to meet the requirements of the family care home agreement and have sufficient time to adequately care for each child according to his or her plan of care.

CSS STANDARD 11: ALLOWABLE NUMBER OF CHILDREN IN A CARE GIVING HOME	
	When deciding about placing additional children in a family care home, the director assesses: • the caregiver's capacity to adequately care for all children placed in the home • congruency with the child's written comprehensive plan of care and the child's best interests, and • a determination that the placement is in the child's best interest. *Circumstances for placements exceeding the allowable number* The director may consider an exception in the following situations: • the placement of sibling groups (other than sibling groups, any exception is considered a short-term arrangement and children are placed in a more suitable resource as quickly as possible) • placement of children in a home in which they have lived previously • youth in care who have children • short-term emergency placements, and • provision of short-term respite or relief. **Criteria to consider for placements exceeding the allowable number** The director uses the following criteria when considering additional placements. *a) The number, ages and characteristics of the children:* • the number, chronological and functional age, characteristics and needs of all children currently under the care of the caregiver (including children receiving day care services in the care giving home) *b) Caregiver's capacity:* • the caregiver's capacity to provide care, including an evaluation of the caregiver's health, strength, mobility and other responsibilities that the caregiver may have (e.g., care of dependent family members, work outside the home, babysitting other children) • potential changes in interactions of the caregiver and children (including the caregiver's own children) that might be created as a result of this combination of children, and the impact of such changes (assessment of impact should consider behavioural, developmental, medical, psychological, social and personal safety issues) • additional supports the caregiver may require to meet the needs of the increased number of children, which could include respite, in-home help for housekeeping or child care, and day care • the amount of space available, including appropriateness of sleeping arrangements and ability to evacuate all children in the event of an emergency.

CSS STANDARD 11: ALLOWABLE NUMBER OF CHILDREN IN A CARE GIVING HOME	
	Information about the caregiver's capacity obtained through discussions with each social worker who has a child placed in the care giving home. The director documents that he or she has conducted an assessment of the caregiver's capacity to care for additional children. **Authority to approve exceptions** A regional director of *CFCSA* approves an exception, and reviews the decision every six months, or more frequently as required. **Reviews** Care giving homes with children placed above the maximum capacity set by policy may require additional supports. In accordance with a regionally developed monitoring and tracking plan, the director reviews and assesses: • the health and safety of children placed in the home • the progress of children in care toward meeting developmental outcomes, and • the impact of the additional children on the caregiver and all others living in the home. Reviews are conducted every 90 days in the first year. After the first year, if the placement is stable, reviews occur every six months; if the placement is not considered stable, reviews continue to be conducted every 90 days. In addition, a regional director of *CFCSA*, resource supervisors and workers regularly review the activity level and history of homes that exceed the policy limits in order to inform the regional resource plan. These reviews consider such factors as: • the frequency with which the region exceeds the policy limits for placement of children in care giving homes • the number of homes that are being approved to exceed the policy limit, and • circumstances under which approvals are granted.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	

CSS STANDARD 12: PLACEMENT	
LEGISLATION	***CFCSA* s.70 (Rights of children in care)** (see Appendix A) ***CFCSA* s.71 (Out-of-home living arrangements)** 71 (1) When deciding where to place a child, a director must consider the child's best interests. (2) The director must give priority to placing the child with a relative or, if that is not consistent with the child's best interests, placing the child as follows: (a) in a location where the child can maintain contact with relatives and friends; (b) in the same family unit as the child's brothers and sisters; (c) in a location that will allow the child to continue in the same school. (3) If the child is an aboriginal child, the director must give priority to placing the child as follows: (a) with the child's extended family or within the child's aboriginal cultural community; (b) with another aboriginal family, if the child cannot be safely placed under paragraph (a); (c) in accordance with subsection (2), if the child cannot be safely placed under paragraph (a) or (b) of this subsection. ***CFCSA* s.94 (Agreements with caregivers)** 94 A director may, by agreement, authorize a caregiver to carry out any of the director's rights and responsibilities with respect to the care, custody or guardianship of a child.
STANDARD	A director supports a caregiver during the placement process in caring for the child and working with the child's family in accordance with the child's plan.
POLICY	Wherever possible, decision-making about where a child will live is shared among the child's team members, including the child and family. The director provides a proposed caregiver with written referral information from the child's guardianship or child protection worker and discusses the potential placement. Wherever possible, the child's team arranges a pre-placement visit for the child and family with the caregiver to assess the viability of the placement from the perspectives of all involved. The director provides the child's worker with relevant information about the caregiver to share with the child and family (e.g., family composition, routines and hobbies).

CSS STANDARD 12: PLACEMENT	
	Before placing the child, or as soon as possible, and in collaboration with the child's worker, the director verbally and in writing provides the caregiver with relevant information needed to care and plan for the child. The director continues to update the caregiver with information about the child throughout the child's stay. (For information on the type of information to be shared, see Caregiver Support Service Standard 9: Sharing Placement Information with a Caregiver.) At the beginning of a placement, the director plans with the caregiver how best to support the caregiver in providing a safe and stable living arrangement for the child. The director discusses ways of supporting the caregiver in caring for the child in accordance with the child's plan of care. The director provides ongoing support, especially during transitions. All children's cultures are of equal significance and respected while in care. For an Aboriginal child, the director ensures that a caregiver receives, understands and supports the cultural plan. The director discusses ways to maintain the child's connection with his or her Aboriginal community, in accordance with the child's plan (e.g., by making arrangements for a relief caregiver who is a member of the child's Aboriginal community). **Staffed children's residential services** When a decision is made to place a child in a staffed children's residential resource, the director follows the same process as for placement in a care giving home, as outlined above. The director monitors the appropriateness and length of a placement to ensure that the child does not remain in a staffed residential resource any longer than is necessary. Placement of children in specialized residential resources is limited to a maximum period of 12 months. Exceptions are limited to meeting extraordinary health, educational and/or behavioural needs.
PROCEDURES	The director participates in the region's placement decision-making process for reviewing the referral to and placement of children in staffed residential resources.
ADDITIONAL INFORMATION/ RESOURCES	• Child and Family Service Standard 20: Placements When a Child Comes into Care • Children in Care Service Standard 1: Preserving the Identity of an Aboriginal Child in Care • Children in Care Service Standard 2: Providing Services That Respect a Child's Culture and Identity • Children in Care Service Standard 5: Ensuring a Child's Safety While in Care • Children in Care Service Standard 6: Ensuring the Rights of a Child in Care

CSS STANDARD 13: PLANNING AND SUPPORTING CHANGES IN PLACEMENT	
LEGISLATION	
STANDARD	A director works with a caregiver and all members of a child's team to plan for the child and promote stability in the child's living arrangement. The director collaboratively plans for changing a child's placement according to the child's best interests. The director assists and supports a caregiver before, during and after a child changes placement in order to reduce the amount of disruption for the child and caregiver during the transition.
POLICY	**Moving to another placement** The priority is always to maintain a child in a living arrangement that meets his or her best interests. Before deciding on a change in placement, the child's team exhausts all other options and reviews the child's plan, giving careful consideration to whether a family member is able to care for the child. The director considers whether providing additional support will allow the child to safely stay in the current living arrangement. If a change in placement is necessary and in the best interests of the child, the director makes the decision in collaboration with the child's team. In order to ensure that the child, family and both the current and proposed caregivers are well prepared for the change, the director participates in developing a plan that addresses the activities and supports needed to promote a positive transition experience for all concerned. Significant components of a transition plan include: • facilitation of communication between current and proposed caregivers regarding the care of the child • number and frequency of pre-placement visits based on the child's developmental stage, and the amount of contact that might already exist between the child and proposed caregiver • return or transfer of the current caregiver's records about the child. **Return to family or community** When a child is returning to family or other permanent out-of-care living arrangement, the director assists the caregiver in preparing the child for the transition. The director supports the caregiver in adjusting to the change in the relationship with the child. A significant component of the plan is ensuring that adequate time is given to supporting reunification according to the unique circumstances of the child. Transition support for all changes in living arrangements includes: • providing timely information and discussing with the caregiver the reasons

CSS STANDARD 13: PLANNING AND SUPPORTING CHANGES IN PLACEMENT	
	why the move is in the child's best interest • assisting the caregiver in developing positive and supportive ways of explaining and discussing the change in placement with the child • involving the caregiver in planning for the child's move and determining what support the caregiver and caregiver's family and community may need to help the child make the transition • supporting the caregiver in helping prepare the child for a move by fully participating in transition activities, including visits to the proposed caregiver or family • encouraging and helping the caregiver to develop ways of promoting ongoing contact with the child after the change in placement, according to the child's best interests • acknowledging the range of responses that occur during a change, including joy, relief, grief and loss, and encouraging activities that honour the experiences of all involved. For Aboriginal children, as part of collaborative planning, the director seeks guidance from the child's Aboriginal community, identified delegated agency, caregiver, and family about the best approach to support the child's move. If agreement on an issue cannot be reached, the director offers and promotes alternative dispute resolution processes, taking into consideration the views and culture of persons involved in the dispute.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	• Children in Care Service Standard 10: Meeting a Child's Need for Stability and Continuity of Lifelong Relationships • Children in Care Service Standard 12: Supporting and Assisting a Child with a Change in Placement • Child and Family Service Standard 4: Cooperative Planning and Dispute Resolution Processes

CSS STANDARD 14: COLLABORATIVE ASSESSMENT AND PLANNING	
LEGISLATION	***CFCSA* s.70 (Rights of children in care)** (see Appendix A) ***CFCSA* s.94 (Agreements with caregivers)** 94 A director may, by agreement, authorize a caregiver to carry out any of the director's rights and responsibilities with respect to the care, custody or guardianship of a child.
STANDARD	A director participates, and encourages a caregiver to participate, in the collaborative assessment and planning process as a valued member of a child's team. The director strategizes with the caregiver on how he or she can best: • fulfil his or her responsibilities in meeting the goals and objectives of the child's plan, and • address the child's safety and well-being in all aspects of his or her life. For an Aboriginal child, the director works in partnership with significant and involved people from the Aboriginal community throughout the assessment and planning process, including the development and implementation of the child's cultural plan. The child's team members periodically evaluate their working relationships, roles and responsibilities in developing, supporting and implementing the child's plan.
POLICY	The director facilitates a caregiver's participation in all assessment, planning and review processes. Participation includes attending meetings, and when the caregiver cannot attend in person, communicating the caregiver's information, views and experience, and sharing relevant or significant information from the caregiver's individual service records on the child. Wherever possible, the director ensures that a caregiver has access to the supports needed to enable his or her participation in assessment and integrated service planning meetings. A caregiver and his or her worker assist in planning regarding: • identifying and responding to the care and safety needs of a child • identifying and responding to any health or safety risks posed by the child or the family toward the caregiver or any other person in the home • authorizing the caregiver to provide consent for routine school outings and medical treatment for the child, such as immunizations, general check-ups and non-emergency family physician/medical clinic office visits • visiting arrangements, and • change of living arrangements for the child or caregiver.

CSS STANDARD 14: COLLABORATIVE ASSESSMENT AND PLANNING	
	Team member roles and responsibilities All members of a child's team identify and determine clear roles and responsibilities when assessing and planning for the child and implementing the child's plan of care and cultural plan. For an Aboriginal child, involved members of the child's Aboriginal community may take on particular roles and responsibilities in relation to the child's cultural plan. Consistent with integrated case management guidelines, the members of the child's team will designate one person for the role of case manager. The designated case manager coordinates ongoing communication and progress reviews, and monitors team members' roles and responsibilities in fulfilling the child's plan of care and cultural plan. The child's team continues to invite and encourage participation of people of significance to the child in planning for the child, even if they have previously not participated. **Team reviews** As part of a region's quality assurance practices, the child's team conducts periodic peer evaluations to: • review the efficacy and consistency of practice • resolve issues that may be a barrier to the success of the child's plan of care and cultural plan, and • make any adjustments to the plan, roles or responsibilities. Peer evaluation may include: • examining the roles of each team member and the team as a whole to determine whether all the appropriate resources and supports are in place, and, if not, developing a plan to address this • reviewing how the team is working together to meet the needs of the child and family • reviewing how the team has resolved issues or differences and the use of any alternative dispute resolution measures. **Progress reviews** The child's team regularly reviews progress on the goals outlined in the child's plan, looking specifically at how: • the child's well-being, including developmental and safety needs, is being maintained • the child's strengths, capacity and abilities are being promoted and supported • the cultural, socio-economic, social and community context and spiritual beliefs of the child, family and caregiver are being respected and honoured.

CSS STANDARD 14: COLLABORATIVE ASSESSMENT AND PLANNING	
	Progress reviews can create opportunities to develop and monitor plans to reunite a child with family or extended family, or to move a child to an out-of-care living arrangement that promotes stability and continuity of lifelong relationships.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	• Child and Family Service Standard 2: Children and Families from Aboriginal Communities • Child and Family Service Standard 4: Cooperative Planning and Dispute Resolution Processes • Child and Family Service Standard 5: Providing Services That Respect a Child's Culture and Identity • Children in Care Service Standard 1: Preserving the Identity of an Aboriginal Child in Care • Children in Care Service Standard 2: Providing Services That Respect a Child's Culture and Identity • Children in Care Service Standard 8: Involving a Child and Considering the Child's Views in Case Planning and Decision Making • Children in Care Service Standard 11: Assessments and Planning for a Child in Care • Children in Care Service Standard 15: Planning for a Child Leaving Care • Integrated Case Management User's Guide: http://icw.mcf.gov.bc.ca/manuals/man_provserv_icm.shtm • Standards for Foster Homes: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf • Standards for Children's Staffed Residential Services: http://www.mcf.gov.bc.ca/child_protection/pdf/standards_residential_services.pdf • Family Care Home Agreement: Schedule A, part 1, section 4 • Collaborating and Advocating for Children and Youth in Care: http://www.mcf.gov.bc.ca/foster/pdf/CollabAdvoc3.pdf

CSS STANDARD 15: SUPPORTIVE PRACTICE	
LEGISLATION	
STANDARD	A director employs supportive practice in all dealings with a caregiver and provides support services consistent with the expectations of the caregiver outlined in: • a child's plan • foster home or staffed children's residential service standards, and • contractual agreements.
POLICY	Support is consistently identified as a crucial and significant factor in the retention of caregivers. The director communicates with a caregiver in a manner that is supportive and responsive to the complexities of the placement and the needs of the child. Frequent contact at the beginning of a placement and ongoing contact as required assists in promoting the stability of a child in care living in the home. Supportive practice includes: • listening, and providing advice when appropriate or requested • responding to a caregiver's requests in a timely manner • facilitating access to professional support services for a caregiver relevant to the child's needs (e.g., mental health, drug and alcohol, and behaviour management services) • promoting and facilitating access to formal and informal support networks (e.g., mutual aid, peer support, natural helpers, foster parent organizations, and/or community resources) • facilitating access to appropriate tangible supports (e.g., relief, or child and youth care worker) and reimbursement for additional expenses • encouraging the caregiver to participate with other members of the child's team in planning for the child • encouraging and facilitating the use of formal dispute resolution processes (e.g., mediation) to deal with conflicts that might arise between the caregiver and others • promoting and facilitating access to foster parent education and learning opportunities • facilitating key transitions (e.g., the beginning or ending of placements and services) • meeting with caregivers during times of crisis • periodically reviewing and assessing with the caregiver the level of support provided and required.

CSS STANDARD 15: SUPPORTIVE PRACTICE	
	Supportive practice assists a caregiver in: • supporting the goal of returning a child to the family and promoting stability and continuity of lifelong relationships, according to the child's plan, and • promoting healthy transitions during placement disruptions and separations. The director informs a caregiver that additional support is available from the British Columbia Federation of Foster Parents Associations, the Federation of Aboriginal Foster Parents, the Foster Parent After-Hours Support Line, and regional foster parent support services. For an Aboriginal caregiver, the director involves people from the relevant Aboriginal community to provide additional information and support.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	Standards for Foster Homes, Standard B.3 and Appendix 2: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf Standards for Children's Staffed Residential Services: http://www.mcf.gov.bc.ca/child_protection/pdf/standards_residential_services.pdf Family Care Home Agreement: Schedule E BCFFPA: http://www.bcfosterparents.ca FAFP: http://www.fafp.ca In Your Grasp website: http://www.inyourgrasp.bc.ca

CSS STANDARD 16: RELIEF, RESPITE AND CHILD CARE	
LEGISLATION	
STANDARD	A director discusses the need for and provision of relief, respite or child care services with a caregiver. The director assists the caregiver in arranging for these services if required. Before a child in care is placed in a relief caregiver's home, the caregiver providing relief is assessed and approved.
POLICY	Relief is important for both the child in care and the caregiver in most family care homes. All levels of caregivers may provide other foster caregivers with relief (both in-home and out-of-home) to in order to provide support when necessary. In addition, all levels of caregivers may provide respite services (out-of-home care provided by a director for a child's parent with whom there is a support agreement) for families whose children are not in care. **Relief** The director assists the caregiver in planning and arranging for periodic relief if necessary, on a schedule that best meets the needs of the child in care and the caregiver. Wherever possible, use a ministry approved caregiver. If a caregiver selects a person who is willing to provide relief but who is not approved by the ministry, that person must consent to and receive • a consolidated criminal record check, and • a prior contact check that are conducted by a resource worker. In addition, the prospective relief caregiver is assessed by the foster caregiver who requires the relief using the Relief Care Provider Assessment Guide & Checklist included as Appendix F. The information resulting from the consolidated criminal record check, the prior contact check, and the assessment guide and checklist are discussed by the resource worker and foster caregiver. A decision regarding approval of the prospective relief caregiver is made jointly by the resource worker and foster caregiver. The child's worker decides whether or not the child is placed with the relief care providers in order to ensure the suitability of the person and placement for a child in care. The child's worker in consultation with his or her supervisor decide whether a child can be placed in the relief care provider's home for longer than 14 days.

CSS STANDARD 16: RELIEF, RESPITE AND CHILD CARE	

	In order to enhance stability for the child, the preferred plan is for the child to be cared for by the same relief care providers.
	
	Allowable number of children in a care giving home
	The maximum allowable number of children in a care giving home includes children who are placed in the home for relief or respite purposes. Exceptions require approval from the regional director of *CFCSA*. For more information about the number of children that can be placed in a care giving home, see Caregiver Support Service Standard 11: Allowable Number of Children in a Care giving Home.
	
	Relief for restricted, regular and Level 1 family care homes
	Payments under a Family Care Home Agreement with restricted, regular and Level 1 family care homes do not include money for relief. The relief provider obtains reimbursement at the established relief/respite rates either by invoicing the ministry or through a contract with the ministry.
	
	Relief for specialized level 2 and 3 family care homes
	Service payments for a specialized family care home include funds to cover the equivalent cost of three days of relief per month per child or per bed at the established relief/respite rates. Except in extraordinary situations (see "Supplementary relief"), the cost of any additional relief must be paid by the caregiver using the balance of the service payment.
	
	Supplementary relief
	Supplementary relief for specialized family care homes may be necessary as a result of:
	• situational factors in the family care home, such as:
	  • personal illness or tragedy
	  • illness, death or marriage of an immediate member of the caregiver's family
	  • absence due to attendance at ministry-initiated or -recommended training
	• demanding and extraordinary needs of the child in care which, without relief or support for the caregiver, could jeopardize the placement
	• a restricted or regular home being the only available home but unable to meet some of the service requirements outlined in the comprehensive plan of care.
	
	The director assesses and documents all requests for supplementary relief in exceptional situations where:
	• more than the equivalent cost of three days per month of relief is clearly required to maintain a placement, and
	• the cost would require the caregiver to spend an unreasonable or disproportionate amount of the service payment.

CSS STANDARD 16: RELIEF, RESPITE AND CHILD CARE	
	Payment for supplementary relief Payments for supplementary relief cannot be initiated by the RAP system. The caregiver purchasing the supplementary relief submits a written invoice to the resource office. The invoice should include: • the child's name, sex and date of birth • the number of days of relief service for which payment is required, including the dates of service • the rate of pay (e.g., dollars per day) • the name and telephone number of the person providing the supplementary relief • the name, address and telephone number of the caregiver receiving the service, and • the signature of the caregiver receiving the service. The director forwards the invoice to the appropriate regional Financial Services Branch for payment. The number of days of service for which reimbursement is requested is the equivalent of the cost of three days of relief service subtracted from the cost of the actual number of relief days received. The authorization process for supplementary relief payments is the same as for one-time-only payments. A Family Care Home Authorized Approval form (CF1614) outlining the details of the service is required. **Payment to family care homes providing relief** *Restricted and regular family care homes* Restricted or regular family care homes providing relief or respite are paid the restricted/regular family care home rate appropriate to the age of the child in care, plus $10.00 daily. (For more information, see the Foster Family Care Home Payment Tables in Appendix C: Agreements and Payment Rates.) The Respite/Relief Care/Take Charge form (CF1234) is used to initiate payment. It is completed by the caregiver, approved by the child's worker and/or appropriate spending authority, and forwarded to the regional Financial Services Branch. (**Note:** Payment is based on the per diem rate and is not paid on a 24-hour clock basis.) *Specialized family care homes* Some Level 1, 2, and 3 homes are established to provide relief for other caregivers or respite for parents or other adults caring for children who are receiving services under a support services agreement but who are not in the director's care. The relief caregiver receives payment according to his or her

CSS STANDARD 16: RELIEF, RESPITE AND CHILD CARE	
	designated home level. The rate for a relief/respite home is entered in Schedule B of the specialized family care home agreement. If a Level 2 or 3 home is providing both relief/respite and ongoing care, separate specialized family care home agreement schedules with accompanying documentation are submitted to the regional Financial Services Branch. Level 2 and 3 homes may provide respite/relief service even if a respite/relief placement results in a total number of children in excess of the limits established for ongoing placements, providing the caregiver has been approved to manage this extra capacity by the regional director of *CFCSA*. **On-going child care** If day care services are required to supplement the care provided by a caregiver, day care subsidies are available. If day care is part of the child's plan of care and there is a cost in excess of the subsidy for which the caregiver requests additional funds, the director assesses the request. For more information regarding applying for child care, please refer to the Child Care Subsidy Procedures Manual: http://icw.mcf.gov.bc.ca/rasp/sysops/user_guide/docs/sect/child_care_subsidy.pdf Whenever possible, the children are placed in licensed facilities. If none is available, and unlicensed family day care is to be used, the director and caregiver are responsible for screening and monitoring the placement.
PROCEDURES	Level 1, 2 and 3 relief/respite caregivers must submit a Respite/Relief Care/Take Charge form (CF1234) to initiate payment for their services.
ADDITIONAL INFORMATION/ RESOURCES	**Resources** Standards for Foster Homes, Standard F.1: Alternative Care Arrangements at: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf Child Care Subsidy Procedures Manual: http://icw.mcf.gov.bc.ca/rasp/sysops/user_guide/docs/sect/child_care_subsidy.pdf For information on **Relief/Respite Care** rates, see Appendix C: Agreements on Payment Rates. For information on assessing prospective relief caregivers, see Appendix F: Relief Care Provider Assessment Guide & Checklist For information on liability and extended property insurance when providing relief or respite service, see Appendix D: Insurance for Caregivers.

CSS STANDARD 17: ONGOING MONITORING AND ANNUAL REVIEWS	
LEGISLATION	
STANDARD	A director begins to monitor a child's safety and well-being as soon as a child in care moves into a caregiver's home. The director maintains ongoing contact with the caregiver as circumstances require. In addition to regular contact and monitoring, the director conducts an annual review with each caregiver as part of a region's quality assurance practices.
POLICY	**Ongoing monitoring** The director is responsible for monitoring on an ongoing basis: • the safety and well-being of each child in care • the effectiveness of each caregiver in achieving the goals and objectives for each child in care • the progress of each child in care measured against his or her plan, and • the adherence of each care giving home to the approved, relevant standards. The director informs a caregiver about a director's responsibility and purpose in carrying out ongoing monitoring and conducting annual reviews. The director develops a monitoring plan with the caregiver that includes regular contact by phone and e-mail and in person. In-person contact occurs at a minimum of once every 90 days. The director sees the physical environment of the home, including sleeping arrangements. Wherever possible during visits to a care giving home, the director sees and interviews all children placed in the home. Otherwise, the director obtains information about the child's experience in the placement through discussion with the child's worker. The director documents in the caregiver's resource file any changes in the physical environment and the child's experience in the care giving home as part of monitoring the home. Ongoing monitoring includes separate interviews with each child in care and caregiver to discuss their individual experiences with and/or any concerns about: • the provision of a safe, nurturing environment that promotes the well-being of each child • the caregiver fulfilling his or her responsibilities in implementing the goals and objectives for each child and family as identified in the child's plan • honouring of the child's views, culture, identity, spiritual beliefs and wishes, and for Aboriginal children, following the cultural plan • maintaining family connections as outlined in the child's plan, and

CSS STANDARD 17: ONGOING MONITORING AND ANNUAL REVIEWS	
	• the quality of care in the home. In addition, the director reviews the caregiver's: • records of the day-to-day care of the child, and • adherence to the Standards for Foster Homes. **Annual reviews** The director conducts an annual review of all family care homes, including restricted family care homes. The director informs a caregiver of the objectives and participation expectations of the annual review. Continuing approval of a caregiver is contingent on a successful annual review. The director provides a caregiver with a schedule for his or her annual review, which occurs within 30 working days of the anniversary date of the initial approval. The director informs the caregiver about which records and activities will be reviewed and who will be interviewed as part of the review process. The director reviews file documentation, caregiver notes and records about the child, and contacts each social worker who has a child placed in the care giving home to discuss strengths of and concerns about the caregiver's care for the child. The director conducts home visits to interview all caregivers in the home. Other adults and children living in the care giving home may also be included in this process, when relevant. In collaboration with a child's worker, the director determines who will: • see and interview a child who is able to communicate in a comfortable space alone and apart from the caregiver, or • see a child who cannot communicate in a comfortable space apart from the caregiver. The director discusses the following topics with a caregiver during annual reviews: • all placements and changes in placement • changes and progress of the child in his or her development • implementation of the child's plan • the director–caregiver partnership, including providing and receiving positive feedback, and dispute resolution • the caregiver's experience with the available supports and relationships with child's team members • the caregiver's skills and capacities, noting any areas that require additional education, and planning to access that education

CSS STANDARD 17: ONGOING MONITORING AND ANNUAL REVIEWS	
	• additional people living in the home • concerns, if any, about the care of children resulting from discussions with social workers, and a plan to address the concerns • timely completion of the mandatory BC Foster Parent Education Program • health and safety issues and confidential storage of a child's records • significant changes for the caregiver and his or her home environment, and • the caregiver's responsibilities as outlined in the family care home agreement or service contracts and the Standards for Foster Homes. The information arising from these discussions is used to review and, if necessary, revise the profile of a child who can be placed in the care giving home. If concerns about a caregiver arise from the annual review, the director develops a plan with the caregiver to address them. **Reviews when care giving home is not providing service or is not being used** If a care giving home has not been providing service for two months or more, the director conducts a review with the caregiver and discusses other possible uses for the home. If concerns arise relating to a caregiver, the director develops a plan with the caregiver to address them. The director discusses with the caregiver and provides the caregiver with appropriate notice of potential contract changes. (See Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements.) If the home will not be used in the future, the director ends the agreement. (See Caregiver Support Service Standard 20: Transferring or Closing a Care giving Home.) Bed occupancy is monitored as part of the region's overall tracking and evaluation in relation to the regional resource plan.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	• Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements • Caregiver Support Service Standard 20: Transferring or Closing a Care giving Home • Child and Family Service Standard 24: Case Documentation

CSS STANDARD 17: ONGOING MONITORING AND ANNUAL REVIEWS	
	• Standards for Foster Homes: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf • Foster Family Handbook: http://www.mcf.gov.bc.ca/foster/pdf/handbook.pdf

CSS STANDARD 18: REPORTABLE CIRCUMSTANCES	
LEGISLATION	
STANDARD	A director ensures that a caregiver is aware of his or her obligation to report to the appropriate delegated worker all information of significance to the safety and well-being of a child in his or her care. The director follows up on reports that relate to a caregiver and confirms that a designated director is aware of reportable circumstances that relate to a child in care. A director advises a caregiver that the ministry sends the initial report about a child involved in a reportable circumstance to the Public Guardian and Trustee (GT), when the PGT is guardian of the child's estate, and that the PGT may request a copy of the final report.

POLICY	The director informs a caregiver in writing of the requirement to report to his or her worker all information of significance regarding the safety and well-being of a child, including:
	• death, critical injuries and serious incidents (to be reported immediately)
	• issues relating to the caregiver's ability to care for the child and/or changes in the caregiver's home that affect or might affect the child's care (to be reported as soon as possible)
	• reportable incidents outlined in the Standards for Foster Homes (Standard B.2: Reportable Incidents).
	
	If the caregiver's worker is not available, the report is made to an alternate delegated worker or to a supervisor in the same district office. If an immediate report is necessary after regular office hours, the report is made to the relevant After Hours service.
	
	Death, critical injuries and serious incidents
	The director immediately informs a child's worker and ensures that a designated director is also immediately informed when:
	• there is a death, critical injury or serious incident involving any of the following:
	  • a child in care
	  • a child placed in the interim or temporary custody of another person under the director's supervision, or
	  • a child receiving respite services
	• there is a death or critical injury of a child who has received services or whose parent has received services under the *CFCSA* within the past 12 months.

CSS STANDARD 18: REPORTABLE CIRCUMSTANCES	
	Services include a child protection investigation or an assessment and referral for services. In non-urgent situations, the director follows up as appropriate to the circumstances. **Note:** Although these standards apply to workers who provide caregivers with services, a child's worker and a director are also informed immediately of a death, critical injury or serious incident relating to: • a child who is the subject of an agreement with a child's kin or other person, or • a child placed in the interim or temporary custody of another person under a director's supervision **Issues relating to a caregiver and/or care giving environment** The director follows up on caregiver reports of changes in care giving circumstances. Reporting expectations for caregivers are outlined in the Standards for Foster Homes (Standard B.2: Caregiver Practices). **Responding to a report from a caregiver** The director determines the type of response required in consultation with relevant workers, supervisors and managers, based on the nature of the circumstances. Responses can include: • reviewing and assessing the nature of the circumstances and any previous reports • determining the impact, if any, on the caregiver's ability to care for the child • providing support (e.g., discussing and debriefing traumatic events with a caregiver) • participating in collaborative planning regarding appropriateness of the placement for the child • making recommendations for change, based on issues raised by the circumstances, to ensure the safety or well-being of the child.
PROCEDURES	**Initial written report of death, critical injury or serious incident** The initial written report of the death, critical injury or serious incident is completed using the "initial reportable circumstance" template in Word. **Additional written report of death, critical injury or serious incident** There is no required prescribed template for required additional written reports.

CSS STANDARD 18: REPORTABLE CIRCUMSTANCES	
ADDITIONAL INFORMATION/ RESOURCES	• Foster Homes Standard B.2.3: Reportable Incidents • Child and Family Service Standard 25: Reportable Circumstances • Family Care Home Agreement • Standards for Staffed Children's Residential Services: http://www.mcf.gov.bc.ca/child_protection/pdf/standards_residential_services.pdf

CSS STANDARD 19: CAREGIVER PROTOCOLS	
LEGISLATION	
STANDARD	A designated director develops and maintains regional protocols that are related to: • investigating reports of abuse or neglect of a child in care, and • resolving issues between a caregiver and ministry staff. A director informs a caregiver about: • expectations of caregivers during an investigation and/or review under a protocol, and • the obligations of the director's delegate to respond in accordance with the protocols. When an investigation or review is initiated under a protocol, the director assists a caregiver in accessing available supports and services. The director honours and follows all protocols relating to a caregiver.
POLICY	The director works collaboratively with persons who are parties to the protocols and who are involved in a protocol process. The director ensures that a caregiver is provided with a list of people and/or organizations to contact for support during a protocol investigation or review. In accordance with the protocol, the director ensures that involved parties are advised of the outcome of the protocol process and supporting reasons, and receive copies of relevant documentation. The director is available to provide a caregiver with support when requested or appropriate.
PROCEDURES	The director retains a copy of all relevant documentation on the process, results and recommendations of the protocol on the resource file.
ADDITIONAL INFORMATION/ RESOURCES	• Protocols for Foster Homes: http://www.mcf.gov.bc.ca/foster/pdf/FHProtocols.pdf • Regional protocols for conducting investigations

CSS STANDARD 20: TRANSFERRING OR CLOSING A CARE GIVING HOME	
LEGISLATION	
STANDARD	A designated director develops a thorough planning and review process for transferring or closing care giving homes. If a caregiver moves to another region or a decision to close a home is made by a director or a caregiver, each party gives appropriate notice of intent, as specified in the agreement or contract. In situations where a director decides to close a home with cause, notice of intent as specified in the agreement or contract is not required. When a decision to transfer or to close a home is made, the director: • plans for the transition of a child in the home, considering the child's needs and wishes • plans transferring or closing activities with the caregiver that are respectful and congruent with reasons for transferring or closing a home, and • documents the process and the decisions made as required in Caregiver Support Service Standard 8: Documentation.
POLICY	**Transferring a home** If a caregiver is relocating from one region to another, the director communicates with a worker in the receiving region as soon as possible about: • the timing and reasons for the transfer • resources available to support the transfer • a written plan for the transfer • any concerns about the caregiver, and • the caregiver's contract and history. The director completes the necessary documentation, as outlined in Caregiver Support Service Standard 8: Documentation. The director sends the relevant caregiver information to the contact person in the receiving area before the move wherever possible, and in all instances within 30 days of the transfer. The director advises the caregiver of contact information in the receiving region. If the caregiver is relocating to another region with a child in care, the director contacts the child's worker and the receiving worker to review the reasons for the move and the child's plan of care, and to develop a plan that addresses the stability and continuity of the placement.

CSS STANDARD 20: TRANSFERRING OR CLOSING A CARE GIVING HOME	
	(For more information, see Inter-Regional Protocol: Transfer of Authority Between Directors, Schedule C.) **Closing a home** When considering closing a care giving home where there has been no breach of contract i.e. without cause, the director engages in a review process with team members and the caregiver to determine whether or not to close the home. When applicable, the director discusses options other than closure with a caregiver and team members, referring to the requirements outlined in the regional resource plan. The director considers asking a caregiver to change the type of service he or she provides, to respite, specialized care, or caring for children of different ages. When considering closing a care giving home where there has been a breach of contract i.e. with cause, the director discusses the reasons with team members and the caregiver. If a decision is made to close a home, the director: • informs the caregiver in person of the decision and the reasons for the closure in person, with confirmation in writing • provides the caregiver with written notice of termination of the agreement within the required period, as outlined in the agreement or contract, and • obtains the caregiver's records relating to the care and planning for all children who have lived in the home, including daily records, care plans, and family information, and returns them to the relevant family service or child service files. The director facilitates a respectful and supportive closure process, regardless of the reason for the closure. When a child is moved from a family care home because of closure of the home, the director provides the child and caregiver with support services to minimize disruption and address any separation or grief concerns. Wherever possible, the director offers the caregiver an exit interview to review his or her care giving experience. During an exit interview, the director: • acknowledges and honours the caregiver's experience, noting his or her strengths and contributions • if appropriate, discusses the caregiver's reasons for his or her decision to discontinue care giving, and • discusses the caregiver's experience of or views on a region's recruitment, retention, development and support practices.

CSS STANDARD 20: TRANSFERRING OR CLOSING A CARE GIVING HOME	
PROCEDURES	The director decides cooperatively with the receiving worker whether to administratively assign the caregiver's existing agreement to the receiving worker or to terminate the existing contract. (For more information, see Inter-Regional Protocol: Transfer of Authority Between Directors, Schedule C.)
ADDITIONAL INFORMATION/ RESOURCES	• Notice Requirements, in Appendix C: Agreements and Payment Rates • Caregiver Support Service Standard 8: Documentation • Caregiver Support Service Standard 17: Ongoing Monitoring and Annual Reviews • Caregiver Support Service Standard 19: Caregiver Protocols • Inter-Regional Protocol: Transfer of Authority Between Directors, Schedule C • Family Care Home Agreement: Section 11

CSS STANDARD 21: MONITORING OF AND LIAISON WITH STAFFED CHILDREN'S RESIDENTIAL SERVICES	
LEGISLATION	
STANDARD	A director provides ongoing liaison with staffed children's residential services to monitor for: • consistent referral, assessment, planning, treatment and discharge practices • participation in integrated case management processes as members of a child's team for the duration of the child's stay • responsive program development to meet the needs of children receiving care and their families • provision of services under their contracts, and • adherence to the Standards for Staffed Children's Residential Services and the fulfilment of community care licensing and accreditation requirements.
POLICY	**Note:** Monitoring, reviewing and supporting placements in staffed children's residential services is distinct from the supportive role referred to in Caregiver Support Service Standard 15: Supportive Practice. The director informs relevant care providers within the residential resource about a director's responsibilities and purpose in monitoring the child's care. In consultation with relevant care providers, the director develops a monitoring schedule outlining the nature and frequency of contact. Frequency of contact is based on the ages, vulnerabilities and number of children in the residential resource. Contact occurs in person at a minimum of once every three months. In collaboration with the child's worker, during visits to the residential resource, the director sees and wherever possible interviews each child in care in the residential setting about topics relating to their rights in care. The director interviews each relevant care provider separately to discuss his or her individual experience with and/or concern about: • the provision of a safe and nurturing environment that promotes the well-being of each child • carrying out his or her responsibilities in implementing the goals and objectives identified in each child's plan • honouring each child's views, culture, identity, spiritual beliefs and wishes, and for an Aboriginal child, following the cultural plan • maintaining family connections as outlined in each child's plan • reviewing daily records of the care of each child • adherence of the residential resource to the Standards for Staffed Children's Residential Services, and • the quality of care in the residential resource.

CSS STANDARD 21: MONITORING OF AND LIAISON WITH STAFFED CHILDREN'S RESIDENTIAL SERVICES	
	The director maintains a record of all monitoring visits to the residential resource for inclusion on the agency/service contract file, as part of contract management and the region's quality improvement practices. The director advises a child's worker of any concerns relating to a child's care. The director documents a child's experience in the residential resource and provides the child's worker with information for documentation on the child service file.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	• Integrated Case Management User's Guide: http://icw.mcf.gov.bc.ca/manuals/man_provserv_icm.shtm • Standards for Staffed Children's Residential Services: http://www.mcf.gov.bc.ca/child_protection/pdf/standards_residential_services.pdf

Appendix A: Rights of Children in Care (*CFCSA*, s.70)

70 (1) Children in care have the following rights:

(a) to be fed, clothed and nurtured according to community standards and to be given the same quality of care as other children in the placement;

(b) to be informed about their plans of care;

(c) to be consulted and to express their views, according to their abilities, about significant decisions affecting them;

(d) to reasonable privacy and to possession of their personal belongings;

(e) to be free from corporal punishment;

(f) to be informed of the standard of behaviour expected by their caregivers and of the consequences of not meeting their caregivers' expectations;

(g) to receive medical and dental care when required;

(h) to participate in social and recreational activities if available and appropriate and according to their abilities and interests;

(i) to receive the religious instruction and to participate in the religious activities of their choice;

(j) to receive guidance and encouragement to maintain their cultural heritage;

(k) to be provided with an interpreter if language or disability is a barrier to consulting with them on decisions affecting their custody or care;

(l) to privacy during discussions with members of their families, subject to subsection (2);

(m) to privacy during discussions with a lawyer, the child and youth officer or a person employed or directed by the child and youth officer under the *Office for Children and Youth Act*, the Ombudsman, a member of the Legislative Assembly or a member of Parliament;

(n) to be informed about and to be assisted in contacting the child and youth officer under the *Office for Children and Youth Act*, or the Ombudsman;

(o) to be informed of their rights under this Act and the procedures available for enforcing their rights.

(2) A child who is removed under Part 3 is entitled to exercise the right in subsection (1) (l), subject to any court order made after the court has had an opportunity to consider the question of access to the child.

(3) This section does not apply to a child who is in a place of confinement.

APPENDIX B

Criminal Record Check Policy and Procedures for Caregivers

May 2013

Updated to include:
Wording regarding 'Significant and Unsupervised'

BRITISH COLUMBIA
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Ministry of Children and Family Development

Introduction 75

Section I – Consolidated Criminal Record Checks 77

Who Receives a Consolidated Criminal Record Check? 77

When Is a Consolidated Criminal Record Check Required? 77

Who Conducts a Consolidated Criminal Record Check and What Information is Checked? 79

When Not to Use the Consolidated Criminal Record Check Process 79

Process for Completing the Form 80

Process for requesting a Consolidated Criminal Record Check from The Ministry of Justice (formerly PSSG) 82

Evaluation of Consolidated Criminal Records and Approval Process 83

Criteria Determining Whether to Consider a Prospective Caregiver with a Record 84

Disclosing Information Resulting from a Consolidated Criminal Record Check 85

New Charges or Convictions 86

Documentation 87

Section II - Criminal Records Review Act 87

Appendix - Available Criminal Record Check Databases - BC and Canada 90

Introduction

This document outlines the requirements for conducting criminal record checks on individuals who provide residential services under the *Child, Family and Community Service Act (CFCSA)* and the *Adoption Act* in British Columbia. These individual includes:

- prospective and approved foster caregivers;
- prospective and adoptive parents;
- prospective section 54.1guardians;
- prospective and approved out of care care-providers caring for children under:
  - a section 8 agreement, or
  - a court order made under sections 35(2)(d) or 41(1)(b) of the *CFCSA*
- prospective section 54.01 guardians;
- prospective and approved relief care providers (as defined in *Caregiver Support Service Standards*).

Pre-placement
Criminal record checks are completed when planning a placement for a child as part of the assessment process to ensure as much as possible the child's safety and well-being and to ensure that prospective adoptive parents have the ability to protect, nurture and care for the child. Additionally a criminal record check is required as part of the assessment process for relief care providers.

After Placement
A criminal record check is redone every three years for foster caregivers, out of care care-providers, and relief care providers.

Note: This policy addresses only criminal record checks. Prior contact checks required for caregivers are completed by the individual worker. See Prior Contact Checks Policy - Current and Future Practice for further details.

Definition of Caregiver
For the purposes of this document 'caregivers' will refer to:

- prospective and approved foster caregivers;
- prospective adoptive parents;
- prospective section 54.1 and section 54.01 proposed guardians;
- prospective and approved out of care care-providers; and
- prospective and approved relief care providers.

Underlying principles
Conducting criminal record checks on caregivers helps to ensure that all precautions are taken to keep children safe, and supports the guiding principle of the *CFCSA* and that the safety and well-being of children are the paramount considerations.

The *Adoption Act Regulations* state that conducting criminal record checks ensures that prospective adoptive parents have the ability to protect, nurture and care for the child.

Types of Criminal Record Checks Required

I. **Consolidated Criminal Record Check (CRC)** –These checks apply to prospective and approved foster caregivers, prospective adoptive parents, prospective and approved out of care care-providers, prospective section 54.1 and section 54.01 guardians and prospective and approved relief care providers. These checks also apply to individuals aged 18 years or older who live in the home of the above noted caregivers or who spend 'significant and unsupervised' time with a child placed in the home. The procedures for conducting a consolidated criminal record check and a description of the consent form are outlined in Section I of the document.

Note: 'Significant and unsupervised' applies to:

- individuals aged 18 years of age and over who are visiting/staying overnight for more than 30 days in the home where the child lives, and
- anyone in an intimate partner relationship with the prospective and or approved caregiver or care provider who regularly visits and/or stays in the home where the child lives.

Significant and unsupervised does **not** apply to individuals who are child minding, babysitting, hosting sleepovers, participating in activities outside the home, and/or individuals providing respite care and who have not been approved the ministry/DAA. In these types of situations, the caregiver is expected to act as a "prudent parent" to ensure a child's safety and best interests and can obtain advice and support from his/her (caregiver's) worker.

II. **Criminal Records Review Act (CRRA)** – These checks apply only to approved foster caregivers. The procedures for conducting a criminal records review act check are outlined in Section II of this document.

Status	**Consolidated Criminal Record Check Process** (Completed every three years)	**Criminal Record Check by CRRA Agency** (Completed every five years)
Prospective and approved foster caregivers	Yes	Yes
Those age 18 years or older associated with the foster caregiver	Yes	No
Prospective adoptive parents	Yes	No
Those age 18 years or older associated with the prospective adoptive parents	Yes	No
Prospective out of care care-provider	Yes	No
Those age 18 years or older associated with the out of care care-provider	Yes	No
Prospective 54.1 and 54.01 guardian	yes	No

Those age 18 years or older associated with the prospective 54.1 or 54.01 guardian	yes	no
Prospective relief care providers	Yes	No
Those age 18 years or older associated with the relief care-provider	Yes	No

The reference to "those 18 years or older associated with …" in the above table is meant to include adults age 18 years or older who live in the home of the caregiver or who spend significant and unsupervised time with a child placed in the home.

Section I – Consolidated Criminal Record Checks

Who Receives a Consolidated Criminal Record Check?

The Consolidated Criminal Record Checks (CCRC) process applies to:

- prospective and approved foster caregivers;
- prospective adoptive parents;
- prospective section 54.1 guardians;
- prospective and approved out of care providers who may care for children and youth under the following sections of the *CFCSA:*
    - (section 8) Extended Family Program;
    - (section 35(2)(d)) an interim order providing custody to a person other than a parent under the director's supervision;
    - (section 41(1)(b)) a temporary order placing the child in the custody of a person other than the parent under the director's supervision;
- Prospective section 54.01 guardians;
- prospective and approved relief care providers; and
- adults age 18 years or older who live in the home of the caregiver or who spend significant and unsupervised time with a child placed in the home.

When Is a Consolidated Criminal Record Check Required?

Foster caregivers and out of care care-providers:
CCRC are conducted as part of the assessment process for prospective foster caregivers and prospective out of care care-providers and are to be completed prior to a child being placed in the home. A CRC is required every three years for foster caregivers and out of care care-providers, with the exception of 54.1 and section 54.01 prospective guardians.

Section 54.1 and 54.01 prospective guardians:
Section 54.1 prospective guardians are checked only during the assessment and approval process. Section 54.01 prospective guardians will have received an initial criminal record check when they were assessed to care for a child/youth under a section 8 agreement, or under a 41(1)(b) order (the only pathways to a 54.01 order). They will require another criminal record check two years after the initial one **if a 54.01 order has not been made.**

Persons age 18 years or older:
A person who is 18 years of age or older living in the home of a caregiver (as defined in the introduction section of this document), or who may otherwise spend significant and unsupervised time with the children placed in the home, is subject to the CCRC process during the caregiver's assessment process and every three years thereafter.

Note: 'Significant and unsupervised' applies to individuals aged 18 years of age and over who:

- are visiting/staying overnight for more than 30 days in the home where the child lives, and
- anyone in an intimate partner relationship with the prospective and or approved caregiver or care provider who regularly visits and/or stays in the home where the child lives.

Significant and unsupervised does **not** apply to individuals who are child minding, babysitting, hosting sleepovers, participating in activities outside the home, and/or individuals providing respite care and who have not been approved the ministry/DAA. In these types of situations, the caregiver is expected to act as a "prudent parent" to ensure a child's safety and best interests and can obtain advice and support from his/her (caregiver's) worker.

If a relief care provider is not providing care in his or her own home, then a person 18 years of age or older who is living in the relief care provider's home does not require a criminal record check.

Relief Care providers:
A CCRC is conducted when assessing a relief care provider before the relief care provider begins caring for a child or youth in care. A CRC is required every three years for a relief care provider.

Adoptive parents:
A CCRC is conducted during the adoption home study process, and within 9 months prior to an adoption placement.

Status	When	Timeline of Subsequent Checks
Foster Caregivers and persons 18 years and over associated with the foster caregiver.	At initial assessment prior to a child being placed in the home.	Every three years.
Out of care care-providers and persons 18 years and over associated with the out of care provider.	At initial assessment prior to a child being placed in the home.	Every three years if agreement is in place.
54.1 Guardians and persons 18 years and over associated with the care provider.	At the initial assessment before child is placed in the home.	Only initial criminal record check is required.

54.01 Guardians and persons 18 years and over associated with the care provider.	At the initial assessment before a child is placed in the home – the initial assessment occurs before a child is placed in the home under an EFP agreement or a 41(1)(b) order. Refer to policy 4.1 Assessing Out of Care Care-Providers.	A criminal record check is required two years after the initial one if a 54.01 order has not yet been made.
Relief Care providers Persons 18 years and over associated with the relief caregiver only if care is provided in the relief home.	At the initial assessment before caring for children.	Every three years.
Adoptive parents and persons 18 years and over associated with the adoptive parent.	Conducted at the initial assessment.	Within 9 months of the placement.

Who Conducts a Consolidated Criminal Record Check and What Information is Checked?

A CCRC record check is performed by the Ministry of Justice formerly the Ministry of Public Safety and Solicitor General (PSSG) and includes data bases from both BC and Canada. The data bases used in the check are Canadian Police Information Center (CPIC), Police Information Retrieval System (PIRS), Police Records Information Management Environment (PRIME), Police Reporting Occurrence System (PROS), Police Information Portal (PIP), BC Corrections Information (CorNet) and BC Court involvement (JUSTIN) (see appendix for more details). The CCRC includes a review of the applicant's self disclosure by PSSG. Self-disclosure is a section on the consent form that allows a caregiver to provide information pertaining to their criminal record. See Section of this document entitled: Process for Completing the Form for further details.

When Not to Use the Consolidated Criminal Record Check Process

A CCRC **should not** be used to assess child protection reports. The CCRC process is intended to be used for prospective caregivers (defined in the introduction of this document) as well as for approved caregivers once every three years (Prospective adoptive parents must have a consolidated criminal record check completed within nine months of a placement). Continue to use local protocols for obtaining safety and well being information with regards to child protection reports.

Description of the Consent for Disclosure of Criminal Record Information Form (CF0622) and Process for Completing the Form

All information that is required in order for a CCRC to be conducted is covered on the Consent for Disclosure of Criminal Record Information Form (CF0622).

**All sections of the form must be completed in order for a full criminal record check to occur.*

Process for Completing the Form

Ask the applicant if she or he has any questions about the process and/or the information to be collected. The applicant may wish to review the form with legal counsel before deciding whether or not to sign the form. **Review and complete each section of the form with the applicant as described:*

Section 1 – Identification
Verify the identification of the applicant by ensuring that at least two pieces of government issued identification are produced – at least one should have a photograph of the applicant. *The preferred method of identification for a CPIC check is a Drivers License. The driver's license does not have to be valid.

The following pieces of ID may be used for ID verification:

Primary ID	Secondary ID
Issued by ICBC: • B.C. driver's licence or learner's licence with applicant's photo (can be an expired licence with applicant's photo) • B.C. Identification (BCID) card **Issued by provincial or territorial government:** • Canadian birth certificate **Issued by Government of Canada:** • Passport • Canadian Citizenship Card • Permanent Resident Card • Canadian Record of Landing/Canadian Immigration Identification Record	• School ID card (student card) • Bank card (only if applicant's name is on card) • Credit card (only if applicant's name is on card) • Foreign birth certificate (a baptismal certificate is not acceptable) • Canadian or U.S. driver's licence with applicant's photo (can be an expired licence) • Naturalization certificate • Canadian Forces identification • Police identification • Foreign Affairs Canada or consular identification • Vehicle registration (only if applicant's signature is shown) • Picture employee ID card • Firearms Acquisition Certificate • Social Insurance Card (new style without signature strip not acceptable) • B.C. CareCard • Native Status Card • Parole Certificate ID • Correctional Service Conditional Release Card

Record the pieces of primary and secondary ID that were provided by filling in the boxes entitled Primary and Secondary Government ID. If the applicant has an expired driver's licence, this number is provided. The licence may be other than one issued in BC.

If the applicant does not possess the required ID documentation, do not proceed with the process until sufficient ID documentation can be provided. In exceptional circumstances where the required ID cannot be provided, consult with your supervisor, manager or director/executive director (based upon regional or Delegated Aboriginal agency procedures) in order to determine whether the ID that the applicant has produced is sufficient. Approval that the applicant's identity has been sufficiently verified must be documented by including the supervisor's/manager's/director's/executive director's signature in the Primary and/or Secondary ID boxes on the form.

Section 2 - Informed Consent
This section allows PSSG to disclose the following information to the delegate of a Director under the *CFCSA* or *Adoption Act*:

- Any relevant police occurrences that are found on the following databases:
  - Police Records Information Management Environment (PRIME)
  - Police Information Retrieval System (PIRS)
  - Police Reporting Occurrence System (PROS).
- Whether the applicant's self disclosure on the form is "complete" or "incomplete" according to relevant offences on the CPIC record.

Section 3 - Waiver and Release
This section releases the RCMP from any claims of damages, loss or injury sustained as a result of this authorized disclosure of information.

Section 4 – Informed Consent for Disclosure of BC Correctional and Court Systems
This section authorizes a director delegated under the *CFCSA* or *Adoption Act* to disclose all information supplied on this form to PSSG in order that PSSG may complete a search of information from BC correctional (CorNet) and court system about criminal charges and convictions, including convictions that have been pardoned. This section also authorizes PSSG to disclose any finding to a delegated worker or Administrator of a B.C. licensed adoption agency.

Section 5 – Signature
If the applicant agrees with the preceding sections of the form, obtain his or her signature, and include the date upon which the signature was obtained. Inform the applicant that this form is valid for one year from the signed date and is valid for the role being applied for in Section 6.

Section 6 – Consent for Criminal Record Search and Disclosure of Sexual Offence for Which a Pardon Has Been Granted
According to the requirements of the federal *Criminal Records Act*, an additional consent must be provided by the applicant to allow specifically for the search and disclosure of any sexual offence for which a pardon has been granted. The type of information required on the form for this consent is prescribed by the *Criminal Records Regulations*. Disclosure to a delegated worker about pardoned sexual offences is limited to informing whether the applicant's self disclosure on the form is "complete" or "incomplete" according to relevant offences on the CPIC record.

Ensure that the information relating to the placement option and the name of your organization is provided. If the applicant agrees, obtain his or her signature in the space provided and the date upon which the signature was obtained. For more information on pardons visit Service Canada.

Section 7 - Self Disclosure
Ask the applicant to respond to the questions included in this section, and to provide relevant information regarding criminal offences, if any exists, in the space provided. Explain the purpose of the record checks to the prospective caregiver. Ask if he or she has a criminal record or has received a "pardon" for a criminal offence. Ask the caregiver whether his or her child (or any other child under the age of 18 years living in the home):

- has been involved with the police;
- has been involved with any criminal activities; and
- has exhibited or currently exhibits behaviour that could pose a risk to children placed in the home.

Further explain to the caregiver the need to self disclose any new convictions or charges that might arise following the completion of the initial record checks and/or voluntary disclosures involving:

- himself or herself;
- those age 18 years or older who live in the caregiver's home or who may otherwise spend significant and unsupervised time with the child while in the caregiver's home (see page 4 for a definition of significant and unsupervised); and/or
- any child under 18 years living in the home.

This part of the form serves two purposes:

- At the beginning of the record check process, it provides information in order to determine if the applicant should be screened out based on the self disclosure alone; and
- At the stage when PSSG is performing a record check, it allows a determination to be made whether the caregiver's self-disclosure of outstanding charges and convictions is "complete" or "incomplete" according to relevant offences on the CPIC record.

Ensure that each section of the form is completed. If the applicant is in agreement, **obtain his or her signature** in the space provided in Section 5, 6, and 7 and the date upon which the signature was obtained. Keep the signed consent form in the appropriate file.

Process for requesting a Consolidated Criminal Record Check from the Ministry of Justice (formerly PSSG)

DO NOT fax the completed, signed consent form CF0622 to the Ministry of Justice (formerly PSSG). The Ministry of Justice has developed an on-line, web based request form in order to expedite completing consolidated criminal record checks.

Follow the directions for completing the on-line request form for a consolidated criminal record check at: http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cfs/record_checks_online.pdf

Verifying the Results of the Consolidated Criminal Record Check

The results of the CCRC are sent to a director delegated under the *CFCSA* or *Adoption Act* from the Ministry of Justice (formerly PSSG) via fax. The information may come from several sources (see the Appendix).

If the results are relevant to assessing the safety and well-being of a child, review the information with the applicant.

Note 1: Because this disclosure includes relevant information from the RCMP records managements systems a delegated worker must verify with each applicant that any relevant information pertains to the applicant prior to using the information. If a discrepancy exists, a delegated worker will not proceed with their approval process until the RCMP records management system information is verified.

Note 2: When a Canadian Police Information Centre (CPIC) record search identifies a record, the knowledge that there may be a police record matching the applicant is conveyed to the worker. However, there is no opportunity to match the details included in the self disclosure section (section 7) of the consent form with the information identified in CPIC even though it is still necessary to verify whether the applicant's self-disclosure matches the records found in CPIC.

NEW PROCEDURE - August 2012: In these situations the delegated worker faxes the original consent form (CF0622) to the Criminal Record Review Unit (CRRU) at 250-380-6262, including worker name and email, and requests that CRRU staff provide records-matching verification. CRRU staff will then email the worker a PDF response regarding the records-matching results.

If the applicant disputes any finding of a record, advise the applicant to discuss the issue with the police detachment that is responsible for the information.

The onus is on the applicant to rectify the issue with the police and provide the delegated worker with a contact name/number in the police detachment in order to confirm the resolved information. If the results of the CCRC reveal that the applicant's self disclosure relating to CPIC information was 'incomplete' according to the Ministry of Justice (formerly PSSG):

- advise the applicant of this and of the need for further disclosure, and
- fax the further disclosure information to the **Ministry of Justice** (formerly PSSG**)** at **250 356-5987**.

If the applicant claims that he or she has been incorrectly identified, advise him or her to go to the local police agency and obtain further clarification through the submission of fingerprints to Ottawa.

The applicant is responsible for sending the required form to Ottawa along with the appropriate fee. The fingerprints are compared to records in Ottawa and are returned to the applicant in approximately six to eight months with a certified copy of the Criminal Record. This copy includes information on the date of charge, type of charge and disposition. It is the applicant's responsibility to disclose the information. If the applicant does not initiate the disclosure, ask him or her about the results. If a criminal record does exist, ask the person to provide details about the nature of the record.

If the applicant does not disclose information about an existing criminal record, consider the lack of response together with other factors in the assessment for approval.

During the verification process an agreement is not initiated or renewed.

Evaluation of Consolidated Criminal Records and Approval Process

When the results of a CCRC show that the person has a record on the system including pardons, discuss the nature of the record with him or her. The subject of the criminal record check must consent in writing for information to be disclosed. Use form CF0609 Consent to the Disclosure of Information for this purpose.

Assistance in Interpreting the Results of a CCRC

In some circumstances, a delegated worker may have difficulty interpreting the complexity of information forwarded to them from the data bases being searched. In such cases, prior to making a decision of suitability of the caregiver, the Ministry of Justice (formerly PSSG) can perform a risk evaluation of the available criminal record information. The risk evaluation is a summary assessment of the available criminal record information and an opinion of the risk that would be present to the type of work being performed. For this service please call **After Hours** at: **604 660-4927 or 1 800 663-9122**.

More details about CorNet information may be obtained from probation officers under the authority of section 96 of the CFCSA. Check here for a listing of all probation offices.

More details about police records may be obtained from the RCMP under the authority of the written consent form already signed by the applicant.

Criteria Determining Whether to Consider a Prospective Caregiver with a Record

The child's safety and well-being are the paramount considerations when deciding whether to approve the caregiver. If a record is found consult with your Community Services Manager or Executive Director of a Delegated Aboriginal Agency regarding whether the person will be considered.

Note: In cases where the executive director does not have delegated authority, consult with the First Nations Director or designate.

Review the following criteria when considering approval of a prospective caregiver with a record:

- the Criminal Record Review Program list of criminal offences are considered relevant as they may present a risk to a child;
- the number of charges, convictions and diversions;
- the time between past criminal activity and the present;
- the conduct and circumstances of the individual since the offence or alleged offence;
- the developmental age of the child, the child's circumstances, and the nature of the child's existing or intended relationship with the person;
- the child's views, if applicable; and,
- the relevance of the particular criminal activity to the care or contact with the child.

The delegated worker reviews the information and the criteria for approval with his/her Community Services Manager or Executive Director of a Delegated Aboriginal agency unless the Executive Director does not have delegated authority. In this case a First Nations Director or designate is consulted.

Note: Conditional approval may be provided to complete an assessment or home study of the caregiver in order to obtain more information to assist with this decision. If this occurs advise the caregiver(s). At the completion of the assessment or home study the Community Services Manager or Director of a Delegated Aboriginal agency reviews all the information and makes final decision. Clearly document this process and all decisions made (see Documentation section for further details.)

Approval Process

If there are no concerns about the child's future safety and well-being the prospective caregiver may proceed in the assessment process.

If concerns exist resulting from the consolidated criminal record check, the delegated worker's Community Services Manager or the Executive Director of a Delegated Aboriginal Agency (unless the Executive Director does not have delegated authority) makes the decision regarding whether or not the assessment process continues.

In this case a First Nations Director or designate is consulted and makes the decision regarding whether or not the assessment process continues. Advise the applicant of the decision, supporting reasons and document (see *Documentation* section and section below for further details).

Disclosing Information Resulting from a Consolidated Criminal Record Check

Disclosing Information to a Foster Caregiver Regarding a Prospective Relief Care-Provider:
If the prospective relief care provider agrees, arrange a meeting with him/her and the foster caregiver in order for the prospective relief care provider to advise the foster caregiver of the concerns. If this is not possible, advise the foster caregiver that the prospective relief care-provider was not approved based upon the CCRC. Details of the offence(s) cannot be disclosed to the foster caregiver without the written consent of the prospective relief care-provider using the Consent for Disclosure of Information form (CF0609).

Disclosing information to a Child's Parent Regarding a Prospective Out of Care Care-Provider:
Facilitate a meeting where the person can provide this information directly to the parent. Details of a CCRC can only be released to the parent by the involved individual. If this is not possible, the parent may be told that the out of care care-provider was not approved based on the results of the CCRC. Details of the offence(s) cannot be disclosed to the child's parent by the delegated worker without the written consent of the prospective out of care care-provider using the Consent for Disclosure of Information form (CF0609).

If a child is already in an Extended Family Program placement:

- advise the parent that if they allow the child to stay with the out of care care-provider, an assessment and possible investigation of the child's need for protection in that home will occur immediately, and
- the agreement to contribute to the child's care may end depending upon the result of the assessment and response.

If a child is already in an out of care placement under section 35(2)(d) or 41(1)(b) of the *CFCSA*, consider applying to the court to vary the terms and conditions of the order, or applying for another order that would assist in addressing the safety concerns.

Disclosing Information to a Caregiver regarding a Person 18 Years of Age or Over:
With the written consent (CF0609) of the applicant, discuss the safety concerns with the caregiver. Explain to all parties that an agreement or contract cannot be offered or renewed until any concerns for a child's safety and well-being are addressed. For EFP agreements see previous paragraph re child in an EDP placement. In discussion with the caregivers, determine a mutually agreed upon plan to ensure that the person age 18 years or older does not pose a risk to the child - a future placement or a current placement. Document the plan, keep a copy on the relevant caregiver's file and provide a copy to the caregivers and the person age 18 years or older. If a plan cannot be developed, do not offer or renew an agreement with the caregiver.

If the person age 18 years or older will **not** consent to discussing concerns with the caregiver, advise the caregiver:

- that concerns exist relating to the child's safety and well-being as a result of the CCRC without providing identifying information;
- that the caregiver will not be approved or that the adoption home study will not proceed unless and until the concerns relating to the child's safety and well-being are addressed;
- to speak to the person age 18 years or older for further information.

Details of the offence(s) cannot be disclosed by the practitioner without the written consent of the applicant using the consent for disclosure of information form (CF0609).

New Charges or Convictions

If a caregiver or person 18 years of age or older (living in the caregiver's home, or who may otherwise spend significant and unsupervised time with the children placed in the home) is charged with or convicted of an offence subsequent to a criminal record check, the caregiver must promptly report the charge or conviction to the director and provide a criminal record check authorization for a further criminal record check. For prospective adoptive parents advise that this includes anytime after a criminal record check is complete even if there is no child placed with them - see *Practice Standards and Guidelines for Adoption – Standard* #46.

Further explain to the caregiver the need to self disclose any new convictions or charges that might arise following the completion of the initial record checks and/or voluntary disclosures involving:

- himself or herself ;
- those age 18 years or older who live in the foster caregiver's home or who may otherwise spend significant and unsupervised time with the child while in the caregiver's home; and/or
- any child under 18 years living in the home.

If a practitioner becomes aware that a caregiver or person age 18 years of age or older living in the caregiver's home, or who may otherwise spend significant and unsupervised time with the children placed in the home, has an outstanding charge for, or has been convicted of a offence, the director must require the person to provide a record check authorization for a further criminal record check. In consultation with your Community Services Manager or the Executive Director of a Delegated Aboriginal Agency (unless the Executive Director does not have delegated authority; in this case a First Nations Director or designate) decide whether or not the caregiver can continue to care for children during the complete criminal record check process by considering:

- the nature of the offence;
- the factors listed in the section entitled *Evaluation of Criminal Records and Approval Process* to determining whether to consider a prospective care provider with a record;
- the child's views and sense of safety; and,
- the child's capacity.

If a decision is made that the caregiver cannot continue to care for children, discuss the reasons with the caregiver and terminate the existing agreement in accordance with the terms of the agreement. Document the reasons and supporting reasons in accordance with *Caregiver Support Service Standards: "Documentation",* and *Practice Standards and Guidelines for Adoption, Practice Standard #58.*

Children in Out of Care Placements:
When a child is already in an out of care placement and new information is obtained from a CCRC, follow the same steps as described in the sections entitled *Evaluation of a Criminal Records and Approval Process* and *Criteria Determining Whether to Consider a Prospective Care Provider with a Record*.

Foster Caregivers and Criminal Record Review Act Checks:
When information is received about a new charge and/or conviction of an offence that might affect the safety, well-being and care of a child placed in the home, conduct a CRRA check (See Section II). The CRRA does not require that a person stop working with children during the adjudication process.

The following provides more information on **Offences Reviewed Under the Criminal Records Act.**

Documentation

Document the results of the consolidated criminal record check process, decisions relating to whether or not an applicant was approved with the supporting reasons, who was consulted, who made the decision, and when the decision was made. This includes information about an individual under 18 years living in the caregiver's home and his or her possible involvement with police, criminal activity, and whether or not she/he has or currently exhibits behaviour that could pose a risk to children placed in the home. Document the information in accordance with relevant policy requirements, for example, *Caregiver Support Service Standards: "Documentation", Practice Standards and Guidelines for Adoption, Practice Standard #58* and *Aboriginal Operational and Practice Standards and Indicators Standard 30 Home Study.* In situations where policy does not prescribe where to document criminal record information, ensure the information is documented on the relevant caregiver's file.

Keep copies of related consent forms signed by the applicant on the relevant file.

In situations where a safety plan has been developed as a result of safety concerns posed by a person 18 years of age or over living in the home and spending significant and unsupervised time with a child, document the plan and keep a copy of it on the relevant caregiver's file and give a copy to the person 18 years of age or over.

Document that policy regarding disclosing possible future charges and/or convictions were discussed with the caregiver (see section *New Charges or Convictions* for details), ensure that information relating to new charges or convictions and resulting decisions are documented in accordance with existing policy and where this is not prescribed, document the information on the relevant caregiver's file.

Section II - Criminal Records Review Act

The *Criminal Records Review Act* (*CRRA*) applies to:

- new foster caregivers who have been approved but before being offered a contract;
- all foster caregivers every five years (this form can be submitted with the CCRC form, see Section I)

CRRA is provincial legislation administered by the Ministry of Justice Ministry (formerly the Ministry of Public Safety and Solicitor General - PSSG) to help prevent the physical and sexual abuse of children. The *CRRA* requires that anyone in British Columbia who is employed, licensed, or funded by the government and who works with children or may have unsupervised access to children through their position obtain a criminal record check. Anyone who is offered a family care home agreement or contract is required to undergo a criminal record check under the *CRRA*. Under the *CRRA* a check needs to be completed every five years if there is still an agreement in place.

The criminal record review process established by the *CRRA* consists of a review of any outstanding charges, current stays of proceedings, convictions, conditional discharges or pardons of 62 relevant offences identified in the *CRRA*. It also includes a check of CorNet, the provincial corrections database that captures BC adult and youth corrections records, as well as relevant summary conviction matters and pardon information not contained on the national police database (CPIC). A relevant record is an outstanding charge or conviction for one of the 62 relevant offences identified as belonging to an individual.

Provide the person with a Criminal Records Review Program (CRRP) Consent to a Criminal Record Check form.

Submit the completed and signed copy of the authorization form, along with payment, to the CRRP. Ensure that a contact name is on the form.

After receiving the authorization form, the Registrar of the CRRP checks the person's information against the provincial database and forwards the name and birth date to the RCMP to review the national police database for a relevant offence. If no relevant record is found, within approximately two weeks of the date the agency received the authorization form, the Criminal Records Review Program (CRRP) informs the director that no relevant record exists.

Relevant Record Does Not Exist

If a Relevant record does not exist, document approval in accordance with the *Caregiver Support Standard "Initiating, Modifying and Ending Agreement"* and *Caregiver Support Service Standards "Documentation"*.

A Relevant Record Exists

If the CRRP check reveals that a relevant offence exists, the registrar must refer the matter to the deputy registrar to determine whether the conviction or outstanding charge indicates that the individual presents a risk of physical or sexual abuse to children. The registrar must also notify the individual and the director that a relevant record exists. The individual may also be asked to provide fingerprints.

The matter is then forwarded to an adjudicator to make a recommendation to the deputy registrar.

The Adjudicator

The Adjudicator is a public service employee who examines the criminal record and any other relevant information and forwards a recommendation to the deputy registrar as to whether an individual presents a risk to children.

In making a determination of risk, section 4(3) of the *CRRA* states that a deputy registrar must consider:

- whether the behaviour associated with the relevant offence would, if repeated, pose a threat of physical or sexual abuse to children;
- the circumstances of the offence, including the age of the individual at the time of the offence and the existence of any extenuating circumstances; and,
- any other factors that the deputy registrar considers relevant including, without restriction, the time elapsed since the occurrence of the offence or alleged offence, subsequent actions of the individual, the likelihood of the individual repeating a similar kind of behaviour, and any attempts at rehabilitation.

Note: Pursuant to this subsection, a deputy registrar may ask to review a prospective foster caregiver's written home study.

Finding of No Risk

When the deputy registrar makes a determination that the conviction or outstanding charge does not indicate that the individual presents a risk of physical or sexual abuse to children, the deputy registrar must promptly notify the following persons:

- the individual who is the subject of the *CRRA* check; and,
- the director.

Finding of Risk

When the deputy registrar makes a determination that the conviction or outstanding charge indicates that the individual presents a risk of physical or sexual abuse to children, the deputy registrar must promptly notify the following persons:

- the individual who is the subject of the CRRA check; and,
- the practitioner.

Upon request, the deputy registrar must provide written reasons for any determination to the individual, who is the subject of the *CRRA* check, or to the director.

An individual who is the subject of a *CRRA* check may request a reconsideration of the determination made by the deputy registrar. This request must be received by the registrar in writing within 30 days of notification of the deputy registrar's determination.

For new foster caregivers, when information is received indicating that the person presents a risk to children, a family care home agreement or contract is not offered to the person.

Advise the person of the decisions and supporting reasons in accordance with *Caregiver Support Standard: "Screening, Assessment and Approval"*. Document the decision and supporting reasons in accordance with *Caregiver Support Standard: "Documentation"*.

If the determination of risk is overturned as a result of the *CRRA* appeal process, determine whether or not to offer the person a family care home agreement based upon the information obtained in the assessment process and the appeal process. Advise the person of the decision and supporting reasons and document the same in accordance with *Caregiver Support Standards: "Documentation".*

Appendix

Available Criminal Record Check Databases - BC and Canada

Database Description	Database Content
CPIC (Canadian Police Information Centre) • Maintained by RCMP in Ottawa.	• Indicates if a person is presently charged with an offence, is under a court order or may have a warrant issued for arrest. • Provides information about previous criminal offences, including what the conviction was for, where it happened and what the person received (results). • Provides information about prior sexual assault convictions for which a pardon was received.
PIRS (Police Information Retrieval System) • Historic data bank accessed by RCMP across Canada.	• Contains records of anyone who contacted or had contact with the police for any reason, classified according to the nature of the file as the type of involvement of the person being searched.
PRIME (Police Records Information Management Environment) • Used by all RCMP and other police departments **in BC.**	• Identical to PIRS, but is current and has data entry capacity in BC. • Provinces and Territories outside of British Columbia have not transferred from PIRS to PRIME. Systems called PIP and PROS *(detailed below)* are accessed when checking persons who may have convictions in other provinces.
PROS (Police Reporting Occurrence System) • Used in jurisdictions other than BC.	• Contains the same details as PIRS, and of court proceedings from the time charges are laid through the disposition of charges • PROS is accessed when information is required regarding contact with police that occurred in other provinces (BC used PRIME).
PIP (Police Information Portal) • New integrated interagency information system for police across Canada**.**	• Encapsulates information contained in all records management systems (PROS, PRIME, etc), including police involvements and occurrences, street checks/field interviews, tickets and records for all persons, businesses and vehicles.

CORNET - BC Corrections information • Access to CORNET is limited to the Client Search Screens and the Client History Screens.	• Contains details of individuals' contacts with Corrections and/or MCFD-Provincial Services. • Data on adult clients is owned by Corrections Branch, and data on young offenders is owned by MCFD-Provincial Services.
JUSTIN – BC Court Involvement • Direct access, which ranges from view only to data entry, is provided to police, crown counsel, criminal court registry staff, sheriff, probation services, victim/witness services, trial schedulers and corrections staff.	• Includes the following historical and current file information: o police reports to crown council and police scheduling o crown case assessment and approval o crown victim and witness notification o court scheduling, judicial trial scheduling o recording results o document production o complete criminal history on an accused o information on warrants issued or cancelled o protection orders o firearms prohibition orders o high-risk offender indicators o bail and probation orders o disposition of cases.

Appendix C: Agreements and Payment Rates

This appendix provides useful information for directors when initiating, modifying and ending agreements.

The appendix includes:

- Foster Family Care Home Payment Tables (page 94)
- Relief/Respite Care Rates (page 97)
- Notice Requirements (page 102)
- Sample Letter: Caregiver's Obligations as an Employer (page 106).

Foster Family Care Homes Payment Tables

Foster Family Care Rates Effective March 1, 2007

Table 1a: Restricted/Regular Foster Family Care: Effective March 1, 2007

Age	Restricted/Regular Foster Family Care Monthly Rate	Per Diem
0–11	$757.67	$25.26
12–19	$866.11	$28.87

Table 1b: Specialized Foster Family Care Rate Payments: Effective March 1, 2007

Level	Age	Service Payment	Foster Family Care Rate	Total Monthly Rate	Per Diem/ Per Child
LEVEL 1 – for each child (The maximum number of children per home is 6, including caregiver's own children.)	**0–11**	$396.56	$757.67	**$1,154.23**	**$38.47**
	12–19	$396.56	$866.11	**$1,262.67**	**$42.09**
LEVEL 2 – for each child-specific agreement or each bed-specific agreement for 1 bed	**0–11**	$1,078.94	$757.67	**$1,836.61**	**$61.22**
	12–19	$1,078.94	$866.11	**$1,945.05**	**$64.84**
LEVEL 2 - for 2 children – bed-specific	**0–11**	$1,845.76	$1,515.34	**$3,361.10**	**$56.02**
	12–19	$1,845.76	$1,732.22	**$3,577.98**	**$59.63**
LEVEL 2 - for 3 children – bed-specific (For Level 2 homes, the maximum number of beds is 3.)	**0–11**	$2,508.54	$2,273.01	**$4,781.55**	**$53.13**
	12–19	$2,508.54	$2,598.33	**$5,106.87**	**$56.74**
LEVEL 3 – for each child-specific agreement or each bed-specific agreement for 1 bed	**0–11**	$1,755.20	$757.67	**$2,512.87**	**$83.76**
	12–19	$1,755.20	$866.11	**$2,621.31**	**$87.38**
LEVEL 3 - for 2 children – bed-specific (For Level 3 homes, the maximum number of beds is 2.)	**0–11**	$2,990.20	$1,515.34	**$4,505.54**	**$75.09**
	12–19	$2,990.20	$1,732.22	**$4,722.42**	**$78.71**

Foster Family Care Rates Effective April 1, 2008

Table 2a: Restricted/Regular Foster Family Care Rates

Age	Restricted/Regular Foster Family Care Monthly Rate	Per Diem
0–11	$780.40	$26.01
12–19	$887.76	$29.59

Table 2b: Specialized Foster Family Care Rate Payments

Level	Age	Service Payment	Foster Family Care Rate	Total Monthly Rate	Per Diem/ Per Child
LEVEL 1 – for each child (The maximum number of children per home is 6, including caregiver's own children.)	**0–11**	$427.11	$780.40	**$1,207.51**	**$40.25**
	12–19	$427.11	$887.76	**$1,314.87**	**$43.83**
LEVEL 2 – for each child-specific agreement or each bed-specific agreement for 1 bed	**0–11**	$1,109.49	$780.40	**$1,889.89**	**$63.00**
	12–19	$1,109.49	$887.76	**$1,997.25**	**$66.58**
LEVEL 2 - for 2 children – bed-specific	**0–11**	$1,906.86	$1,560.80	**$3,467.66**	**$57.79**
	12–19	$1,906.86	$1,775.52	**$3,682.38**	**$61.37**
LEVEL 2 - for 3 children – bed-specific (For Level 2 homes, the maximum number of beds is 3.)	**0–11**	$2,600.19	$2,341.20	**$4,941.39**	**$54.90**
	12–19	$2600.19	$2,663.28	**$5,263.47**	**$58.48**
LEVEL 3 – for each child-specific agreement or each bed-specific agreement for 1 bed	**0–11**	$1,785.75	$780.40	**$2,566.15**	**$85.54**
	12–19	$1,785.75	$887.60	**$2,673.35**	**$89.11**
LEVEL 3 - for 2 children – bed-specific (For Level 3 homes, the maximum number of beds is 2.)	**0–11**	$3,051.30	$1,560.80	**$4,612.10**	**$76.87**
	12–19	$3,051.30	$1,775.52	**$4,826.82**	**$80.45**

Foster Family Care Rates Effective April 1, 2009

Table 3a Restricted/Regular Foster Family Care Rates

Age	Restricted/Regular Foster Family Care Monthly Rate	Per Diem
0–11	$803.81	$26.79
12–19	$909.95	$30.33

Table 3b Specialized Foster Family Care Rate Payments

Level	Age	Service Payment	Foster Family Care Rate	Total Monthly Rate	Per Diem/ Per Child
LEVEL 1 – for each child (The maximum number of children per home is 6, including caregiver's own children.)	**0–11**	$458.02	$803.81	**$1,261.83**	**$42.06**
	12–19	$458.02	$909.95	**$1,367.97**	**$45.60**
LEVEL 2 – for each child-specific agreement or each bed-specific agreement for 1 bed	**0–11**	$1,140.40	$803.81	**$1,944.21**	**$64.81**
	12–19	$1,140.40	$909.95	**$2,050.35**	**$68.35**
LEVEL 2 - for 2 children – bed-specific	**0–11**	$1,968.68	$1,607.62	**$3,576.30**	**$59.61**
	12–19	$1,968.68	$1,819.90	**$3,788.58**	**$63.14**
LEVEL 2 - for 3 children – bed-specific (For Level 2 homes, the maximum number of beds is 3.)	**0–11**	$2,692.92	$2,411.43	**$5,104.35**	**$56.72**
	12–19	$2,692.92	$2,729.85	**$5,422.77**	**$60.25**
LEVEL 3 – for each child-specific agreement or each bed-specific agreement for 1 bed	**0–11**	$1,816.66	$803.81	**$2,620.47**	**$87.35**
	12–19	$1,816.66	$909.95	**$2,726.61**	**$90.89**
LEVEL 3 - for 2 children – bed-specific (For Level 3 homes, the maximum number of beds is 2.)	**0–11**	$3,113.12	$1,607.62	**$4,720.74**	**$78.68**
	12–19	$3,113.12	$1,819.90	**$4,933.02**	**$82.22**

Relief/Respite Care

Some foster homes provide relief or respite care for the ministry. Relief/respite rates for restricted and regular foster parents are $10.00 more than the regular daily rates.

Relief/Respite Per Diem Rates Effective March 1, 2007		
	Age 11 & under	Age 12 - 19
Regular & Restricted homes	$35.26	$38.87
Level 1 homes	$52.09	$52.09
Level 2 homes	$64.84	$64.84
Level 3 homes	$87.38	$87.38

Level 1 rate includes extra $10.00/diem.

Relief/Respite Per Diem Rates Effective April 1, 2008		
	Age 11 & under	Age 12 - 19
Regular & Restricted homes	$36.01	$39.59
Level 1 homes	$53.83	$53.83
Level 2 homes	$66.58	$66.58
Level 3 homes	$89.11	$89.11

Level 1 rate includes extra $10.00/diem.

Relief/Respite Per Diem Rates Effective April 1, 2009		
	Age 11 & under	Age 12 - 19
Regular & Restricted homes	$36.79	$40.33
Level 1 homes	$55.60	$55.60
Level 2 homes	$68.35	$68.35
Level 3 homes	$90.89	$90.89

Level 1 rate includes extra $10.00/diem.

The foster family care rate

Restricted and regular family care homes receive the foster family care rate appropriate to the age of the child. The foster family care rate covers the direct costs of caring for the child. This rate is intended, with limited exceptions, to cover the day-to-day costs incurred in caring for a child over an extended period of time. It is expected that in some months expenditures will be less than the foster family care rate, while in other months costs may be higher. The expectation is that the foster parent will manage payments and expenditures so that over an extended period of time, there will be neither a deficit nor a surplus.

Expected costs of caring for a child include:

- **Food –** the child's share of food purchases including food prepared in the home, brought in or eaten out; school lunches; and baby formula
- **Household costs –** the child's share of the household costs (including, but not limited to, bedding, linen, household supplies and utilities) as well as the increased wear-and-tear on furniture and soft furnishings resulting from additional children in the home
- **Transportation and mileage –** the child's share of family transportation costs, including, but not limited to, day-to-day transportation costs that are specific to or on behalf of the child and as outlined in the child's plan of care (i.e., transportation to school, medical appointments, recreational activities, and local family visits; and/or the cost of a bus pass)
- **Personal needs –** the child's personal care costs (haircuts, shampoo, toothpaste, toothbrushes, personal hygiene), as well as car seats, diapers, and other supplies for young children
- **Recreation –**the child's share of the cost of recreational family outings
- **Clothing –** the direct costs of replacement and repairs of the child's clothes
- **Equipment (e.g., recreational, cultural) –** the costs of equipment for basic care (e.g., beds, cribs) as well as for sports, recreation and hobbies
- **Child's personal allowance –** a spending allowance intended solely for the child's personal use
- **Babysitting, relief –** the cost of care the caregiver's children and the child in care while the caregiver is away from home on care giving-related business (e.g., school interviews, agency conferences and local Foster Parent Association meetings) or for caregiver outings
- **Gifts, activities –** the cost of gifts for the child's birthday and Christmas, and for costs relating to participation in ongoing activities related to the child's creative, cultural and physical development (e.g., Cub, Scout or Brownie uniforms; registration fees and tuition fees for music, arts and crafts, swimming lessons, participation in sports activities; camp fees) (**Note:** The difference between the per diem camp fee and the foster family care rate may be paid as a one-time-only payment.)
- **Education –** all primary and secondary school–related costs (e.g., costs related to physical education classes, driver education course fees, other course fees, school supplies, locks, locker fees, field trips)
- **Other –** other costs directly related to caring for a child.

Service payment

Specialized Level 1, 2 and 3 family care homes receive the foster family care rate for each child in the home plus a service payment appropriate to the level of the home and the child-specific or bed-specific agreement. The service payment should cover all the direct program costs of the

caregiver in providing the Level 1, 2, or 3 service, including relief (for up to three days), transportation, capital/leasing costs, equipment and insurance costs. Exceptional payments are possible if it is clear that additional funds are required in order to comply with the comprehensive plan of care and to ensure the stability of the placement.

Note: A child-specific or bed-specific contract does not terminate when a child leaves; the foster family care rate payment is discontinued but the service payment continues. The monthly figures represent full occupancy. The foster family care rate is paid on a pro-rated basis for each day the child is in the home.

Exceptional payments to restricted/regular and specialized foster family care homes

The foster family care rate is expected to cover the cost of meeting the day-to-day needs of a child in care. Occasionally, a child's plan of care includes requirements for additional goods and services. Some service providers require additional funding beyond the family care home payment to meet the needs of the child or youth in their care.

There are two types of exceptional payments available to support foster homes that have completely expended all that is expected from the foster family care rate and service payment:

- one-time-only payments, and
- exceptional ongoing payments.

These payments may be provided to meet exceptional or unusual costs which the foster parent cannot reasonably be expected to manage over an extended period of time and where there are no unused funds to address the costs. The payments are extraordinary in nature.

One-time-only payments are not meant to fund known, ongoing exceptional costs. However, some caregivers require ongoing monthly payments, for example to pay for shelter, transportation, relief, day care or child and youth care workers directly related to a child in their care.

If a caregiver requests an exceptional one-time-only or ongoing payment, the request is assessed and documented in consultation with the caregiver. The family care home payment is reviewed to ensure that it has either been expended or committed. If there is a need for a supplementary payment, the director determines whether it is an exceptional circumstance and whether it can be paid through a one-time-only payment. The director makes a recommendation to his or her supervisor with respect to all exceptional payments for approval by the appropriate manager.

If exceptional payment is needed on an ongoing basis to implement the child's plan of care, the relevant manager can approve an ongoing monthly payment. The payments are intended to be time-limited and linked to the needs of a specific child. The amount is based on an appropriate range of cost and availability of funds in the regional budget.

The following are examples of situations where either one-time-only or exceptional ongoing payments may be considered.

Exceptional transportation costs

The restricted/regular foster family care rate and service payment for leveled homes includes an amount for transportation. This amount is expected to cover the majority of transportation costs

specific to the child's comprehensive plan of care, including bus passes. Assuming 30¢ per kilometer for gas, maintenance and insurance, the foster family care rate should be sufficient to cover 325 kilometers per month of transportation specific to the child.

Exceptional transportation costs are those not covered by the foster family care rate. One-time-only or exceptional ongoing payments will not be considered until transportation costs exceed the foster family care rate. Examples are:

- long-distance travel for recreational, cultural, medical and visiting purposes, and
- comprehensive plan of care requirements for travel within a child's own community.

Approved exceptional transportation costs are paid at 30¢ per kilometer or actual costs of public transportation. The foster family care rate should be sufficient to cover the child's share of insurance and maintenance for the family vehicle. The 30¢ per kilometer is intended to cover gas and oil costs. The director consults with the caregiver and determines the mode of travel that best meets the requirements of the child's comprehensive plan of care.

Insurance deductible
This includes the deductible costs incurred in the case of:

- willful or malicious damage caused by a child covered by the extended property damage policy
- accidental damage caused by a child in care covered by the caregiver's homeowner tenant insurance policy, and
- liability insurance.

Camp fees
The difference between the per diem camp fee and the family care rate can be paid as a one-time-only payment.

Child and youth care worker services
Child and youth care worker services may be provided for children in family care homes when:

- the child is in care for a short period of time, and the service is part of an ongoing family support service offered to the child's family
- the service is directed at preparing a youth in care for the transition to independent living
- the child has developmental delays that the child and youth care worker is assigned to remedy, or
- the child's plan of care requires a level of service beyond the designated capability of the caregiver.

The payment amount determined by the region should be used, and it should be no higher than the rate paid by existing regional child and youth care worker contracts.

Day care services
If day care services are required to supplement the care provided by a caregiver, day care subsidies are available. If day care is part of the child's plan of care and there is a cost in excess of the subsidy for which the caregiver requests additional funds, the director assesses the request.

Day care services may be required while the caregiver is attending foster parent education and learning events. Wherever possible, the child is placed in licensed day care facilities. If none are

available and unlicensed family day care is to be used, the director and caregiver are responsible for screening and monitoring the placement.

Exceptional clothing needs
Exceptional clothing needs are those required for a specific activity that is part of a child's comprehensive plan of care, such as graduation ceremonies.

Exceptional medical requirements
Exceptional medical requirements refer to the cost of medical treatment or equipment that is not covered by the Medical Services Plan or Health Services Division. Examples are special diets, knee braces, and clothing required for special medical purposes.

Infant development services
As part of a child's plan of care, in-home infant development services may be used, when available, to assist family care home parents to stimulate the development of children who are developmentally delayed or handicapped, from birth to age three. In some regions, infant development services may include parent support groups.

Shelter
This is to be used when the caregiver in a municipality with higher than average rent costs must find alternative accommodation in order to care for the child, and the cost cannot reasonably be met within his or her budget. Shelter costs can be paid to caregivers in high-rent communities that have been identified on an annual basis through an analysis of CMHC data. Payment should be made only after a review of the caregiver's current payments to determine whether the amount can be accommodated within the existing monthly payment.

Notice Requirements

Situation	Notice required	Comments
1. A caregiver without placements wishes to take a one- to three-month break from fostering, but the agreement term does not end for several months.	60 days	The existing agreement is terminated, and a new agreement is initiated once the break ends.
2. A caregiver with placements wishes to take a one-month break from fostering, but the agreement term does not end for several months.	None	Substitute care is approved by the ministry, but paid for by the caregiver. The agreement continues.
3. A caregiver with one placement would like the child moved before the end of the agreement term.	Two weeks	Two-week notice is required from the caregiver to move the child, except in urgent situations (see Family Care Home Agreement, Schedule D, 9[r]). The agreement is still in force, so another child can be placed in the home.
4. A caregiver with a multiple-bed agreement would like to change (i.e., increase or decrease) his or her bed capacity.	None for increase; 60 days for decrease	Notice is not required for an increase in bed capacity; 60-day notice is required for a decrease in bed capacity. Changes in capacity are addressed through a modification agreement (i.e., agreement is modified, not ended).
5. The director would like to change (i.e., increase or decrease) the bed capacity of a caregiver with a multiple-bed agreement.	None for increase; 60 days for decrease	Changes in capacity are addressed through a modification agreement (i.e., agreement is modified, not ended).
6. A caregiver with multiple child-specific agreements would like one less child (before the end of the agreement term).	60 days	The contracting relationship will continue with the other agreements. When possible, bed-specific agreements should be used, as capacity can be changed through modification agreements.
7. A caregiver with multiple child-specific agreements would like one less child (before the end of the agreement term), then accepts an additional child within the 60-day notice period.	None	The new placement is added to the existing agreement, and a modification agreement is used to extend the term if required (but not with restricted homes, as the child is named on the agreement).
8. A child will be leaving a care giving home through a planned move, and another will be placed in the care giving home.	None	

Situation	Notice required	Comments
9. The director has decided to end the contracting relationship with a caregiver at the end of the agreement.	None	Discussions will have occurred with the caregiver about why the contracting relationship will not be continued.
10. The director has decided to end the contracting relationship with a restricted or regular caregiver before the end of the agreement (but there is no breach of contract by the foster parent).	60 days	There are no payment implications because these agreements have only variable payments. Placements can be moved before the end of the 60-day notice.
11. The director has decided to end the contracting relationship with a Level 1, 2 or 3 caregiver before the end of the agreement (but there is no breach of contract by the foster parent).	60 days	Placements can be moved before the end of the 60-day notice, but service payments will be made for the 60-day notice period.
12. The director has decided to end the contracting relationship with a caregiver before the end of the agreement due to a breach of contract.	Written notice of the effective date and of the reasons for closing the home is required	

Sample Letter: Caregiver's Obligations as an Employer

Date:

Dear (*Name of Caregiver*),

The ministry is not authorized to advise you on insurance, workers' compensation, income tax or the responsibilities of other external authorities.

You should be aware of your potential obligations as an employer, and it is important for you to review your situation with the relevant authorities. Consult directly with your insurance agent, the Worker's Compensation Board (WCB), or Revenue Canada. You may also have to comply with Employment Standards, and you should also contact the Employment Standards Branch. Each situation is unique, and it is important for you to have all the information that applies to you.

If you pay for your own relief, your responsibilities include:

- selecting a relief caregiver (usually this will be an approved foster parent);
- making direct payment to the relief care provider;
- managing your relief budget; and
- recruiting, hiring, firing, training, scheduling, supervising and paying your relief care provider as agreed between yourself and the relief care provider.

As well, you must be aware of any responsibilities or requirements regarding:

- an employer/employee relationship;
- compliance with regulations regarding Employment Standards and the Workers' Compensation Board;
- compliance with Revenue Canada requirements;
- as applicable, payment of all taxes, fees and assessments under those laws; and
- maintenance of employment and financial records.

If you provide a Family-Model Care home, are on a Client Services Agreement, and employ more than one full-time equivalent employee, the *Standards for Staffed Children's Residential Services* must be met.

Foster homes are defined in the Standards for Foster Homes as:

- foster homes approved by a director designated under Section 91 of the *Child Family and Community Service Act* where the caregiver resides in the care setting and has no more than one full-time-equivalent employee*; and
- individual foster homes sub-contracted by or in the employ of a specialized residential resource contractor and employing not more than one full-time-equivalent employee*.

* One full-time-equivalent employee is a person or persons whose total combined working hours are 40 hours per week. (Exemption: A person or persons providing relief care services for the foster parents while residing either in the foster parents' usual place of dwelling or in their own usual place of dwelling.)

If you are on a Family Care Home Agreement, the *Foster Family Handbook* describes the Family Care Home Program and is a useful guide to foster care. It contains important information on insurance, workers' compensation and income tax. If you have any questions about these issues, consult with the British Columbia Federation of Foster Parent Associations or directly with the relevant agency.

Yours truly,

(Name of Resource Worker)

Appendix D: Insurance for Caregivers

General liability insurance for caregivers
Effective June 1, 2005, ministry care giving homes with family care home agreements began to receive general liability insurance coverage under the government's master insurance program. This is the same liability insurance program that provides most government contracted service providers with coverage. Before June 1, 2005, caregivers received liability insurance coverage under a group policy administered by the BC Federation of Foster Parent Associations (BCFFPA) and funded by the ministry.

Caregivers who have agreements with delegated Aboriginal agencies or community agencies already have liability insurance coverage under the agency's coverage with the master insurance program. Caregivers who have client services agreements are eligible to have liability insurance coverage included within the agreement. It is the contract manager's responsibility to enrol the caregiver in the Master Insurance Program (MIP). It is important to note that MIP does not replace the need for other insurance coverage, such as homeowner or tenant insurance or automobile insurance.

The new liability insurance coverage for caregivers meets or exceeds the coverage they received under the previous program. The deductible for the new program is $250. The deductible for the old program was $1000.

Aon Reed Stenhouse in Victoria is the insurance agent, on behalf of the Commonwealth Insurance Company, the company of record for the program. (Contact: Aon Reed Stenhouse, 250-388-7577)

Caregivers' extended property damage insurance
The BC Federation of Foster Parent Associations (BCFFPA) administers for the ministry an extended property damage insurance program. The program is a "rider" to caregivers' own homeowner insurance. All ministry or delegated Aboriginal agency caregivers with primary insurance coverage and a current family care home agreement or client services agreement automatically receive this coverage.

Property damage insurance coverage for caregivers who work for community agencies is a matter between them and their agency. Some agencies buy the property damage coverage directly from the BCFFPA. (Contact: BCFFPA via the Fosterline, 1-800-663-9999)

Caregiver Legal Representation Indemnity
With appropriate approvals, the ministry will pay reasonable legal costs incurred by a caregiver in defending against allegations of sexual abuse or assault, deliberate physical abuse or assault, or deliberate mental abuse brought by a child placed in a caregiver's home by the director under the *CFCSA*.

Liability and extended property insurance when providing relief or respite services
All restricted, regular and specialized family care homes that have a current signed agreement with the director are automatically eligible for extended property damage through the BCFFPA as a rider to their current household or tenant insurance. In addition, family care homes receive general liability insurance under the Master Insurance Program (MIP). Every family care home receives a liability insurance certificate confirming coverage.

Providing the relief arrangement is consistent with the contract/agreement clause on sub-contracting, the relief/respite parent will be covered by the MIP.

Insurance deductible
This includes the deductible costs incurred in the case of:

- willful or malicious damage caused by a child covered by the extended property damage policy
- accidental damage caused by a child in care covered by the caregiver's homeowner tenant insurance policy, and
- liability insurance.

Insurance Rider Information
The Ministry cover costs when:

- Damage is malicious and ongoing with the cost for each incident falling below the deductible
- Damage is accidental with the cost of the incident falling below the deductible
- The foster child causing the damage is unable to form the necessary intent, due to age, mental ability, or psychosis, and
- On the basis that a foster parent should not be "out of pocket" related to the authorized expenses of caring for a child in care, the foster parent's deductible cost is reimbursed by the ministry **after** considering the amount of unexpended funds that may be available from the family care home payments. Service payments are not used to cover any deductibles

Under the Foster Parents Insurance Program policy, claims are settled on a "per occurrence" basis, meaning that each claim is considered separate and distinct from each other and each claim is settled individually. The deductible is the greater of $500 or whatever deductible is specified in the caregiver's primary policy

With the exception of Accident, Sickness and Life Insurance, all insurance policies stipulate that each incident of damage to property will be settled separately. The basis of any loss settlement is a requirement that a deductible be applied to each incident (occurrence).

All foster parents are covered for liability due to negligence which may occur in their role as a foster parent. As of June 1, 2005, this coverage is through the government liability policy. The deductible per incident is $250.

The same applies for a respite caregiver who is approved by the ministry and who holds a valid ministry contract to provide respite.

The Rider does not cover any individual providing relief directly for a foster parent, where the foster parent is paying the respite provider. In this case the relief provider would have to sue the foster parents unless the relief provider's primary carrier was willing to cover the damage.

APPENDIX E

SCREENING, ASSESSMENT & APPROVAL ROLES & RESPONSIBILITIES FOR ALL NON-PRIMARY CAREGIVER SITUATIONS FOR CHILDREN & YOUTH IN CARE

	Foster Caregiver in their Role as a Prudent Parent	**Social Worker(s) in their Role as a Delegated Social Worker under *CFCSA***
Child Minding (also known as Babysitting)	Selects and assess their child minder guided by a checklist	Provides support and advice as needed for the circumstances
Child Care (also known as Day Care)	Screens and selects the Child Care provider using the *Parents' Guide to Selecting & Monitoring Child Care in BC (add link).* Consults with the child's worker and Resource worker about their selection	Completes screening via Criminal Record Checks and Prior Contact Checks on unlicensed child care providers
Sleepovers	Using parental due diligence the caregiver checks out the sleepover arrangements and confirms the adults in the sleepover home or setting are providing a safe environment for the child or youth* For sleepovers as part of school, sport team or recreation events the caregiver confirms the supervising adults are providing a safe environment *	*Child's worker and Resource worker can provide consultation as needed for the circumstances
Significant & Unsupervised Situations	Using parental due diligence ensures the safety of the child around casual visitors in home and when the child goes on "play dates". For youth the foster parent is aware of and discusses with the youth the safety and risk factors associated with friendships & youth activities* Parental due diligence is used for situations involving coaches, tutors, music teachers etc and are included in the child's plan of care*	*Child's worker and Resource worker can provide consultation as needed for the circumstances Completes screening via Criminal Record Checks and Prior Contact Checks on the following people: • adults or youth 18 years and over residing in the home where the child lives

		• Adults or youth 18 years and over visiting/staying overnight in the home where the child lives for more than 30 days. This is deemed as new adults or youth 18 years and over now residing in the home • Adults or youth 18 years and over who are in an intimate partner relationship with the foster caregiver who regularly visit and/or stay in the home where the child resides
Relief Caregivers	Use of approved Foster Caregivers as Relief Caregivers is preferred When not possible the Foster Caregiver can select and assess their relief care provider using the Assessment Guide and Checklist provided	Completes screening via Criminal Record Checks and Prior Contact Checks on the Relief Care Provider being assessed by the Foster Caregiver Foster Caregiver and Resource Worker consult throughout the selection, screening & assessment process to complete a joint approval process

Guiding Principles for Screening, Assessing & Approving all Non-Primary Caregiver Situations

1. The views of the child and youth are actively sought and considered for all circumstances involving non-primary care providers in same way as they are for primary care providers. The age of the child or youth concerned is also taken into consideration in terms of both their evolving capacities and their vulnerabilities for the care circumstances.
2. The importance of normalizing everyday life and social activities is a primary consideration when weighing up the safety factors alongside the care or contact circumstances for children and youth in care and in out-of-care living arrangements.

3. Kinship ties and the child's attachment to the extended family should be supported and preserved to meet the child's best interests. If the child is an Aboriginal child, the importance of preserving the child's cultural identity must be considered in determining the child's best interests.
4. Given that Foster Caregivers have undergone a screening, assessment and approval process outlined in current policy it is important to trust the capacity of ministry/DAA staff to approve appropriate caregivers which in turn trusts the capacity of Foster Caregivers to act appropriately in the role of "prudent parents" in decisions involving the health, safety and best interests of the child for all care giving circumstances both inside and outside of their home.
5. Balancing the need for timely approvals, including staff time for screening, required criminal record checks and prior contact checks within a workload context that doesn't create inappropriate "bureaucratisation" of normal situations in the everyday lives of children, youth and their care providers.

APPENDIX F

RELIEF CARE PROVIDER ASSESSMENT GUIDE & CHECKLIST

(for completion by approved Foster Caregiver)

CONTACT INFORMATION

Foster Caregivers Names & Address			Home Phone ( )
			Alternate Phone ( )
Proposed Relief Care Providers Names 1.		D.o.B	Home Phone ( )
			Alternate Phone ( )
2.		D.o.B	Home Phone ( )
			Alternate Phone ( )
Address	City/Town	Postal code	

SUMMARY OF THE RELIEF CARE PROVIDER ASSESSMENT STEPS: (check off when completed)

1. ASSESSMENT DISCUSSIONS

Using the Assessment Guide Questions complete & document your discussions with the proposed Relief Care Providers

2. AWARENESS OF FOSTER CAREGIVER'S CONTRACTUAL OBLIGATIONS & REQUIRED STANDARDS, POLICIES & PROCEDURES

Inform the proposed Relief Care Provider of your obligations and responsibilities as outlined in the Foster Caregiver's written agreement with the Director (Family Care Home Agreement)

Provide the proposed Relief Care Provider with the following documents related to Standards, Policies and Procedures, discuss the content and answer questions directly or with advice from your Resource worker:

Foster Parent Handbook ☐

Standards for Foster Homes ☐

In particular review the following Standards for Foster Homes and expected Caregiver Practices with the proposed Relief Care Provider and ask them to sign the section below acknowledging their agreement:

A. 1: Uphold *CFCSA* section 70, Rights of Children in Care ☐

B.2: Manage Reportable Incidents ☐

C.1.7: Maintain Confidentiality ☐

D.1: Practice Positive Parenting ☐

D.1.11: Follow MCFD Discipline Policy ☐

3. OBSERVING THE ENVIRONMENT OF CARE

Foster Caregiver visits the proposed Relief Care Providers home (required in case the care is provided in the Relief Care Provider's home and not in the Foster Caregiver's home) to observe the Standards for Foster Parents - Environment of Care (E.1) requirements are met within the home, including; fire and toxic fume safety, infant equipment as appropriate, safe sleeping arrangements for all ages, car safety equipment and safe storage of hazardous materials. Note date on which the environment of care check was completed. _____Date: ☐

Note: If you have any questions about how to assess the home environment and how to mitigate any gaps (such as sharing your infant equipment with the Relief Care Provider) discuss with your Resource Worker for further advice or ideas.

4. CHILD/YOUTH VIEWS ABOUT PROPOSED RELIEF CARE PROVIDER & ONGOING EXPERIENCES WITH RELIEF CARE PROVIDERS

Foster Caregiver discusses plans for relief care with all children and youth placed in their home. Wherever possible it is best if children can meet proposed Relief Care Providers while the assessment and screening process is underway. This allows both parties to get a sense of each other and how well matched they are for a relief care situation. The Foster Caregivers seeks the child or youth's views about the proposed Relief Caregiver. Once the relief care commences the Foster Caregiver seeks the child or youth's view on an ongoing basis to confirm the child's comfort level and their experience of the relationship with the Relief Care Provider. ☐

5. ACKNOWLEDGEMENTS

As the proposed **Relief Care Providers**, I/we acknowledge the assessment steps have been completed and that I/we agree to the standards, policies and procedures indicated on this checklist.

Relief Care Providers Signature	Date
Relief Care Providers Signature	Date

As the **Foster Caregivers**, I/we acknowledge the assessment steps have been completed and that I/we agree that the MCFD Standards for Foster Homes Standards are met by the proposed Relief Care Provider.

Foster Caregivers Signature	Date
Foster Caregivers Signature	Date

As **Foster Caregivers** I/we confirm that I/we have completed each of the steps outlined in the checklist, directly or in partnership with my resource workers. I/we recommend _____ _____are approved as a Relief Care Provider for the children in my home.

Foster Caregivers Signature	Date
Foster Caregivers Signature	Date

6. INFORMATION SHARING

I confirm that each time _____ provides relief care I will share with the Relief Care Provider the most up to date and relevant information about the child's individual needs and circumstances as indicated in the child's plan of care and as required by information sharing policies. My whereabouts and contact details will be provided to the Relief Care Provider and they know who to contact in an emergency

Foster Caregivers Signature	Date
Foster Caregivers Signature	Date

FOSTER CAREGIVER'S GUIDE FOR ASSESSING RELIEF CARE PROVIDERS

ASSESSMENT DISCUSSION QUESTIONS (suggested questions for Foster Caregiver's to use to cover all the required areas**)**

Proposed Relief Care Providers Information:

1. Who lives in your home?

2. Who will be the primary care providers during the relief stay?

3. What hours are you able to provide relief care? During the day, weekends, holidays? Are there specific times when you are unable to provide relief?

4. Why are you interested in providing relief care services?

5. Describe the support system you will have while you will be providing relief care?

6. Do you have any physical health conditions or mental health concerns that may affect your ability to care for children?

7. Do you already know the child/children you'll provide relief care to? Y/N

8. If yes, how would you describe the child's strengths and care needs

Care giving Knowledge & Experience

1. What do you consider to be your strengths and challenges as a caregiver?

2. What is your caregiver experience to date in caring for and/or working with children and/or youth?

3. Do you have any specific caregiver training or experiences that are relevant for the role of a relief care provider?

4. Describe a challenging behaviour (e.g. hitting others, lying, not listening) you've encountered with a child in the past - how did you handle it?

5. What child behaviour management (discipline) strategies do you commonly use?

6. What would you consider to be the typical stage of development for the child(ren) proposed for your home? What may be different if a child has experienced developmental delays?

7. How may experiences of trauma, abuse and neglect impacted a child's typical development? Discuss some examples

8. Describe some of the comfort or calming strategies you have used for a child or youth that is in distress? Discuss some examples

9. While the child is in your care what kind of family activities would you expect a child to take part in? (recreation, family movies nights, church etc)

10. Where will the child sleep while staying at your home for relief care?
Environment of Care check (including home and car safety checks) undertaken on
_____Date

REFERENCES

List three References who can provide information on your parenting/care giving experience and capacity (Note by providing you with the names of references the Relief Care Provider is in effect giving you their consent to contact the references)

Full Name/Address	Home Phone ( )	Alternate Phone ( )
Full Name/Address	Home Phone ( )	Alternate Phone ( )
Full Name/Address	Home Phone ( )	Alternate Phone ( )

I/we the proposed Relief Care Provider(s) have reviewed and agreed with the summary of the assessment discussions with the Foster Caregiver.

Proposed Relief Care Providers Signature	Date
Proposed Relief Care Providers Signature	Date

SCREENING CHECKLIST (for completion by the Delegated Social Worker) & JOINT APPROVAL DOCUMENTATION

CONTACT INFORMATION

Foster Caregivers Names & Address			Home Phone ( ) Alternate Phone ( )
Proposed Relief Care Providers Names 1.		D.o.B	Home Phone ( ) Alternate Phone ( )
2.		D.o.B	Home Phone ( ) Alternate Phone ( )
Address	City/Town	Postal code	

1. SCREENING CHECKS

The Resource Worker completes the following documentation and screening checks and discusses any concerns that arise with the proposed relief care providers (see CRC Policy for guidance on managing consents and information sharing if a record of interest is found):

Consent for Prior Contact Check ☐ **PCC Completed** ☐
Consent for Criminal Record Check ☐ **CRC Completed** ☐

2. JOINT REVIEW OF ASSESSMENT & SCREENING STEPS & RECOMMNEDATION FOR APPROVAL

The Resource worker reviews the Summary of the Relief Care Provider Assessment Steps including the Environment of Care checklist with the foster caregiver and discusses any areas that require mitigation or support to make this relief care giving situation workable. Foster Caregiver and Resource Worker discuss their assessment and screening conclusions and jointly recommend approval to the child's care team.

Recommend _____for Approval as a Relief Care Provider

Foster Caregivers Signature	Date
Resource Workers Signature	Date

CHILD'S CARE TEAM (shared awareness of approved relief care providers and relief plans)
All members of child's care team are jointly responsible for the development and outcome monitoring for the child's plan of care. The relief care plan is also outlined in the child's plan of care and relief care providers are encouraged to attend any caregiver education or training that pertains to the needs of the children being cared for. For the duration a relief care provider is providing relief care for a child they are considered part of the child's care team and included in all relevant planning and information sharing required to keep the child safe and healthy.

CHILD AND FAMILY DEVELOPMENT SERVICE STANDARDS

Caregiver Support Service Standards



Ministry of Children and Family Development
Effective Date: December 4th, 2006

[Revised – Smoke Free Environment for Children in Care policy: May 2008]
[Revised – Appendix B, Record Checks: August 2012]

CONTENTS

INTRODUCTION 1

GLOSSARY 5

Standard 1: Recruitment and Retention 10
Standard 2: Screening, Assessment and Approval 13
Standard 3: Assessment and Approval of Restricted and Specialized Caregivers 19
Standard 4: Recruitment, Assessment and Approval of Aboriginal Caregivers 24
Standard 5: Initiating, Modifying and Ending Agreements 26
Standard 6: Monitoring and Reviewing Agreements 31
Standard 7: Caregiver Continuing Learning and Education 33
Standard 8: Documentation 35
Standard 9: Sharing Placement Information with a Caregiver 37
Standard 10: Selecting a Caregiving Home 39
Standard 11: Allowable Number of Children in a Caregiving Home 43
Standard 12: Placement 46
Standard 13: Planning and Supporting Changes in Placement 48
Standard 14: Collaborative Assessment and Planning 50
Standard 15: Supportive Practice 53
Standard 16: Relief, Respite and Child Care 55
Standard 17: Ongoing Monitoring and Annual Reviews 59
Standard 18: Reportable Circumstances 63
Standard 19: Caregiver Protocols 66
Standard 20: Transferring or Closing a Caregiving Home 67
Standard 21: Monitoring of and Liaison with Staffed Children's Residential Services 70

Appendix A: Rights of Children in Care (*CFCSA*, s.70) 72
Appendix B: Record Checks 73
Appendix C: Agreements and Payment Rates 92
- Foster Family Care Home Payment Rates 93
- Relief/Respite Care Rates 96
- Notice Requirements 101
- Sample Letter: Caregiver's Obligations as an Employer 103

Appendix D: Insurance for Caregivers 105

INTRODUCTION

The purpose of the Caregiver Support Service Standards is to promote and enhance the safety and well-being of children in care by providing caregivers with high-quality services throughout the caregiving process. The caregiving process is intended to be temporary, with the goal of reuniting children with their families wherever possible. If this is not possible, alternative permanent living arrangements are made (e.g., adoption or transfer of custody under section 54.1 of the *Child, Family and Community Service Act*). Stability and continuity of relationships for children with special needs, who are in care, are often achieved through a child living with skilled caregivers on a long-term basis and maintaining frequent and ongoing contact with his or her family.

The standards provide the mandatory framework for service provision involving caregivers and apply to anyone providing services under the *Child, Family and Community Service Act* (*CFCSA*), including those delegated to provide services under the *CFCSA* and contracted service providers. Specifically, the Caregiver Support Service Standards apply to persons working with caregivers who provide temporary, long-term respite and/or relief care for children in care. The standards do not apply to persons caring for children under a section 8 agreement (Agreements With a Child's Kin and Others) or court orders granting custody to a person other than a parent under the director's supervision.

Why the standards were developed

Caregivers in family care home and group settings provide an invaluable service for children in care. Promoting and sustaining a collaborative partnership between caregivers and other members of a child's team is essential to providing safe, nurturing and stable living environments. Developing and supporting caregiver services requires a broad range of knowledge and skills. Recruiting, assessing, approving, contracting, training, monitoring and supporting caregivers are distinct tasks that are carried out within the complex role of providing caregiver support services. Staff working in this role are required to have knowledge in the areas of clinical assessment, collaborative planning, contract management, child development, diplomacy, conflict resolution and integrated case management.

The Caregiver Support Service Standards were developed to provide a framework for:

- consistent, timely and high-quality service delivery involving caregivers to enhance the safety and well-being of children in care
- the development of collaborative plans to return children to their families wherever possible, and
- the promotion of stability and continuity of lifelong relationships for children, including adoption.

How the standards were developed

The standards were developed based on the guiding principles of the *Child, Family and Community Service Act* and on the ministry's goals, national and international research, and input from ministry staff, members of Aboriginal child welfare groups, including delegated Aboriginal agencies, and service providers.

The development process included broad consultation with:

- regional resource workers and team leaders
- contracted regional foster parent support services
- resource staff and foster parents from several delegated Aboriginal agencies
- the BC Federation of Foster Parent Associations
- the Federation of Aboriginal Foster Parents, and
- the Federation of BC Youth in Care Networks.

Key themes of the standards

In order to achieve excellence in the provision of support for caregivers and the provision of services by caregivers, the standards focus on key areas relating to caregiving, including:

- planned recruitment and retention of caregivers
- supportive practice to sustain caregivers
- inclusion of caregivers and resource staff in the child's team using integrated case management practice
- collaborative assessment and planning for children
- promoting and maintaining stability and continuity of lifelong relationships for children
- keeping Aboriginal children connected with their families and communities, and strengthening collaborative working relationships with Aboriginal communities.

Format of the standards

Each standard includes the following areas:

- Legislation – identifies relevant legislation
- Standard – describes the standard of practice required to meet outcomes associated with specific services
- Policy – describes practice for achieving the standard
- Procedures – describes administrative steps required to support the standards and regional policy (e.g., computer procedures and forms)
- Additional Information/Resources – provides additional relevant information and lists key related material (e.g., other standards, policies and protocols; reference guides; and relevant websites).

Language of the standards

The standards use specific phrases to describe certain common concepts. For example, child welfare literature commonly refers to *permanence* or *permanency planning*. The standards refer to "stability and continuity of lifelong relationships," a concept similar in meaning to permanence, but broader and more descriptive. (Both terms include adoption.) The standards use "stability and continuity of lifelong relationships" because *permanence* can have unintended meanings, such as separation from family and extended family. These and other technical terms are defined in the glossary.

Effective date of the standards and how the standards will be revised

The standards are effective on December 4, 2006. Future revisions will be based on feedback from and consultation with ministry staff, service providers and stakeholders, including those receiving services. Revisions will also be made in response to changes in legislation, new research and ministry and regional priorities.

Additional information sources

This document includes appendices containing information that users of the standards may need to refer to frequently:

- Appendix A: Rights of Children in Care (*CFCSA*, s.70)
- Appendix B: Record Checks
- Appendix C: Agreements and Payment Rates (includes the Foster Family Care Home Payment Tables, Notice Requirements, and Sample Letter: Caregiver's Obligations as an Employer)
- Appendix D: Insurance for Caregivers.

A number of sources of additional information are available on specific topics, and are referred to in the standards. These include:

- Child and Family Development Service Standards
- Children in Care Service Standards
- Standards for Foster Homes
- Standards for Children's Staffed Residential Services
- Structured Analysis Family Evaluation: http://www.safehomestudy.org/
- In Your Grasp family resource database: http://www.inyourgrasp.bc.ca/.

Putting the standards into practice

The standards have been written to allow flexibility in practice and service delivery to meet the best interests of children in care while promoting consistent, high-quality services in every region. The standards relate to caregivers of all children in care, including children with special needs. The standards apply to all persons who are involved in providing services under the *CFCSA* for children in care and as such who are part of a child's team.

In order to preserve and promote a child's Aboriginal heritage and connection to his or her Aboriginal community, the practice of placing an Aboriginal child with an Aboriginal caregiver if possible is emphasized, as well as developing and maintaining the child's cultural plan.

At times, there may be conflicts between certain requirements in these standards and what is best for children and families. Where exceptions to the standards are required, however, it is important that they be based on the principles of the *CFCSA*, as well as the needs and circumstances of those served. Every exception to the standards is approved by the regional director of *CFCSA* and is documented in accordance with the requirements set out in Caregiver Support Service Standard 8: Documentation.

A collaborative approach to assessment and planning, emphasized throughout the standards, is a solution-oriented process that is inclusive and respectful of a child and all those who play a significant role in the child's life. The strength of the process lies in the collective knowledge and input of the child's team members. The child's team discusses and determines each team member's roles and responsibilities, including sharing information about the child, seeing and interviewing the child, and following up with tasks and activities identified in the child's plan. Each team member plays a role in implementing the plan, reviewing progress and updating goals and priorities.

Regular peer evaluation of the child's team will ensure that all team members are fulfilling their respective roles, duties and responsibilities with regard to the child's care. The child, family and caregiver are integral members of the team. An Aboriginal child's team also includes the relevant Aboriginal community, the identified delegated agency and significant people identified by the child and his or her family or Aboriginal community.

GLOSSARY

Aboriginal child: defined in the *Child, Family and Community Service Act (CFCSA)* as a child:

- who is registered under the *Indian Act* (Canada)
- who has a biological parent who is registered under the *Indian Act* (Canada)
- who is a Nisga'a child
- who is under 12 years of age and has a biological parent who:
  - is of Aboriginal ancestry, and
  - considers himself or herself to be Aboriginal, or
- who is 12 years of age or over, of Aboriginal ancestry, and considers himself or herself to be Aboriginal.

Aboriginal community: for the purposes of the standards, "Aboriginal community" is defined more broadly than the definition under the *CFCSA*. A child's Aboriginal community is one to which the child has a connection through culture, heritage or descent. It includes the community or communities with which the child identifies.

bed-specific agreement: contracts for a specific number of placements. For a Level 2 home, the maximum is three placements; for a Level 3 home, the maximum is two placements. If a home is going to be used on a regular basis, a bed-specific agreement is the preferred option.

caregiver: a person with whom a child is placed by a director and who, by agreement with the director, has assumed responsibility for the child's day-to-day care.

Note: The standards always refer to a caregiver in the singular ("a caregiver"). "A caregiver" is assumed to include more than one prospective or actual caregiver for a child.

caregiver development: ongoing informal and/or formal training and education that develops or enhances a caregiver's skills, abilities and overall capacity to provide care that meets a child's needs.

child: a person under 19 years of age; includes a youth.

child in care: all children in care of a director designated under the *Child, Family and Community Service Act*. The children are in care under the *Child Family and Community Service Act*, the *Adoption Act*, or the *Family Relations Act*.

child's team: people who are involved in planning and caring for a child, including the child according to his or her developmental abilities, the child's family and extended family members, caregiver, caregiver's worker, child's and family's worker, involved community members, service providers and other significant people in the child's life. For an Aboriginal child, members of the child's Aboriginal community and, where it exists, members of the child's delegated Aboriginal agency are also involved.

child-specific agreement: purchases one placement for a specific child. When the child leaves the home, the agreement is terminated, unless the plan is to use the bed for another child within 30 days of the discharge of the original child.

client services agreement: a generic agreement used for a number of different kinds of services. The agreement is usually intended for larger residential settings, such as group homes or staffed residential resources, and for children who require intense therapeutic services and who cannot be accommodated within a regular or specialized family care home setting. In special circumstances it may be appropriate to use the Client Services Agreement Residential Child Care Resource Component Services Schedule to contract for caregiving services within a family care home setting. (**Note:** The client services agreement has been replaced by the **third party service agreement**, which will be distributed to staff through the Contract Writing Tool beginning in the fall 2006.)

collaborative assessment and planning: a solution-oriented, strength-based process that is inclusive and respectful of the child and others who play a significant role in the child's life. The strength of the process is dependent on the collective knowledge and input of team members, each of whom has an important role in contributing to assessments and planning, implementing the plan, reviewing progress, and updating goals and priorities.

critical injury: an injury that may result in the child's death or may cause serious or permanent impairment of the child's health, as determined by a medical practitioner.

designated director: a person designated by the Minister under section 91 of the *CFCSA*.

director: a social worker delegated by the designated director to carry out the duties and responsibilities mandated by the *CFCSA*.

extended family: includes family members related by blood or marriage and includes second and third generations. Extended family also includes persons who have a significant and/or meaningful relationship to a child or adult but are not related by blood or marriage, such as "godparents" or persons to whom the child refers to as "aunt" or "uncle."

Family or extended family in Aboriginal cultures includes relations and community people involved in "raising" a child and the people with whom the child was raised. It is a connection to the Elders and ancestors.

family care home: a family or person approved by and funded by a director to care for children who are in care of the director. Persons who provide family care home services are referred to as caregivers. Family care home services are provided from private homes where caregivers reside. There are three types of family care homes:

regular family care home: director-approved family who provides care for children of varying ages and needs. Unlike restricted family care homes, the child placed in the home is not normally known by the caregiver.

restricted family care home: director-approved family who provides care for a child known or related to them. Approval is restricted to the specific child placed in the home and terminates when that child leaves or is discharged from care. A restricted home may be re-approved if the child previously in care at that home returns to it, or to provide respite or relief services for that child.

specialized family care home: director-approved family who provides care and support for a child in care who may present with complex health needs and/or challenging behaviours

that interfere with his or her quality of social interactions and daily functioning. Each of the three levels of specialized family care homes has specific approval, experience and training requirements. Level 2 and 3 homes may also provide specialized assessment and intervention services.

family care home agreement: a contract between the ministry and the caregiver that sets out the purpose of the agreement, the obligations of the caregiver, the obligations of the director, and the term of the agreement. These agreements were developed in consultation with the BC Federation of Foster Parent Associations, are designed specifically for caregivers, and meet the requirements of the *CFCSA*.

formal supports: resources within or outside the community that obtain their funding either through public (e.g., provincial or federal government) or private sources for specific, agreed-upon purposes. Formal supports provide individuals within and across all communities with professional public and private services in many domains, ranging from health to education and emergency public services.

inclusive caring/fostering: an approach to caregiving that involves a child's family wherever possible, including making day-to-day decisions about the child's care, planning for significant events in the child's life, participating in activities involving the child, regularly visiting the child, and attending caregiver education and learning sessions on positive parenting, skill development, child development, and other special topics.

informal supports: natural resources or "helpers" within the community that are not typically funded by government and that are part of or result from available resources and capacities within the community.

learning plan: throughout the participatory assessment process, prospective caregivers are asked to identify their particular strengths, capacities and learning needs. Once caregivers are approved, a more specific learning plan is developed with caregivers to identify both their core training needs and any specific training required to care for a particular child. The learning plan includes all types of training and education activities the caregiver will be asked to participate in and will include a record of completion. The learning plan puts caregiver continuing learning and education into action. The learning plan is supported and updated by the director as part of supportive practice and is formally reviewed and updated during the annual review process.

mandatory training (currently called **The BC Foster Parent Education Program**): training that is required of caregivers by a director of the *CFCSA*.

participatory assessment: an assessment approach that explores caregiving skills, suitability and readiness with the prospective caregiver. The process involves identifying strengths and needs pertaining to the family's past and current functioning. A participatory assessment is carried out *with* (not *for* or *on*) prospective caregivers.

parent: defined in the *CFCSA* as:

- the mother of a child
- the father of a child
- a person to whom custody of a child has been granted by a court of competent jurisdiction or by an agreement, or

- a person with whom a child resides and who stands in place of the child's mother or father.

Note: The standards always refer to a child's parents in the singular ("a parent"). "A parent" is assumed to include all parents of a child.

plan of care or **child's plan:** an action-based planning tool for children in care, used to identify specific developmental objectives based on continuous assessments of the child's evolving needs and the outcomes of previous decisions and actions. Care plans are completed by the child's worker with the involvement of the child, the family, the extended family, the caregiver, service providers, significant people in the child's life, and for an Aboriginal child, the child's Aboriginal community.

positive parenting: an approach to parenting that helps to ensure a child in care receives a consistent quality of care that assists him or her in developing positive behaviour and social skills.

pre-service caregiver orientation or information sessions: during the screening process, prospective caregivers are invited to attend a series of orientation or information sessions that:

- provide information about the recruitment, participatory assessment and approval process
- outline the ministry's expectations of caregivers, including the team approach to caring for children and their families
- promote awareness and understanding of the diverse needs of children in care, and
- introduce positive and effective styles of parenting.

This allows prospective caregivers to gain a realistic understanding of the rewards and challenges of caregiving, in order to assess their own readiness and capacity.

recruitment: includes three types of efforts to attract potential caregivers:

general recruitment: focuses on public awareness of caregiving, conveying to the public a general message about helping children.

child-specific recruitment: focuses on recruitment of relatives or close friends who can provide a home for a child, or advertises the need for a family for a specific child.

targeted recruitment: focuses on recruitment of families who can meet the needs of specific groups of children and youth.

relief: in-home and out-of-home alternative caregiving arrangements for a child in care provided for a caregiver.

respite: out-of-home care provided by the director for a child's parents, with whom there is a support services agreement.

serious incident: circumstances involving a child who:

- is in life-threatening circumstances, including illness or a serious accident
- is lost, missing or continually running away to a situation that places him or her at high risk of death or injury

- is missing for more than 10 days
- is a victim of alleged abuse or neglect by an approved caregiver, caregiver's staff or caregiver's child
- is the victim of alleged abuse or neglect by a care provider or care provider's family in an out-of-care placement
- has been exposed to a high-risk situation or disaster that may cause emotional trauma
- is alleged to have committed a crime involving violence or major property damage, or
- has been abducted.

smoke-free environment: smoking does not take place at any time in enclosed spaces where children in care would be exposed to second-hand smoke or the residual toxins from second-hand smoke. This includes the caregiver's home and vehicle. This does not restrict spiritual activities relating to the use tobacco.

stability and continuity of lifelong relationships: a term that describes a basic need in all children for continued or new relationships with family and significant people, including extended family and community connections. Children who have this need met have an increased potential for developing meaningful relationships with others into adulthood. This includes relationships with parents, siblings, extended family, friends, caregivers and others with a connection to the child through family, culture, faith, identity or community.

Stability and continuity of lifelong relationships is a primary consideration in planning and providing services for children. All services should promote stability and continuity of lifelong relationships by:

- promoting and facilitating regular ongoing contact with those significant to the child
- maintaining or, where required, developing enduring and stable living arrangements for the child as quickly as possible
- minimizing disruption of caregivers, and
- fitting services to meet the child's age, developmental level and sense of time.

youth: a person who is 16 years of age or over but under 19 years of age.

CSS STANDARD 1: RECRUITMENT AND RETENTION	
LEGISLATION	*CFCSA* **s.93 (Other powers and duties of directors)** 93 (1) A director may do one or more of the following: (d) establish residential services for children and youths;
STANDARD	A regional designated director works in partnership with staff, caregivers, the relevant Aboriginal community, and community partners to establish, annually review, and, where necessary, revise a regional resource plan to reflect forecasted community placement requirements. A director develops ongoing recruitment and retention strategies in collaboration with other program areas, ministries, service providers, foster care organizations and the community that are responsive to this plan. When recruiting Aboriginal caregivers, the director consults with identified delegated Aboriginal agencies and works in partnership with Aboriginal communities and services to encourage and strengthen the recruitment and retention of Aboriginal caregivers. (For more information on recruitment of Aboriginal caregivers, see Caregiver Support Service Standard 4: Recruitment, Assessment and Approval of Aboriginal Caregivers.)
POLICY	**Recruitment** The director develops recruitment strategies designed to attract a wide range of caregivers, in order to: • place children where there will be the least amount of disruption in their lives • ensure that, whenever possible, children are placed with extended family or with persons who have a significant relationship with the child, and/or in their own community, and • reflect the diversity of children requiring care. In addition, the director develops recruitment strategies for caregivers who have the flexibility and commitment to help a child reunite with his or her family, and where this is not possible, to provide a long-term living arrangement through adoption (concurrent planning). In accordance with the regional resource plan, the director focuses on a combination of: • general recruitment • child-specific recruitment, and • targeted recruitment. The director determines the types and number of recruitment activities as required. The director develops and carries out recruitment strategies in a manner that is

CSS STANDARD 1: RECRUITMENT AND RETENTION	
	sensitive to children requiring care and their families, culture and privacy. The director provides prospective caregivers with information and application packages, and follows through with the screening and assessment process in a timely manner. **Retention** The director develops retention strategies in accordance with the regional resource plan to retain and promote the learning and education of existing caregivers, in order to: • continue to meet the complex needs of children in care • provide stability of placement • ensure continuity of care and relationships, and • address key components of retention, which include training, support, and recognition of and respect for caregivers. Retention activities may include: • ongoing caregiver training and education (see Caregiver Support Service Standard 7: Caregiver Continuing Learning and Education) • involvement of caregivers in collaborative assessments and planning for children (see Caregiver Support Service Standard 14: Collaborative Assessment and Planning) • provision of specific suggestions (e.g., about caring for the child or accessing training) and follow-up support • year-round special events acknowledging the importance of caregivers • recognition of caregivers through special events and activities throughout the year such as "foster family month," birthday cards and telephone calls • annual caregiver reviews to acknowledge strengths and identify needed supports • using feedback from caregivers to improve support and services. The director regularly evaluates recruitment and retention strategies in collaboration with those who were involved in developing them to determine effectiveness and make recommendations for future recruitment.
PROCEDURES	
ADDITIONAL INFORMATION / RESOURCES	Caregiver Support Service Standard 4: Recruitment, Assessment and Approval of Aboriginal Caregivers Public Affairs Branch Newspaper Advertising Process: http://icw.mcf.gov.bc.ca/execops/docs/comm_newspaper_advertising.pdf

CSS STANDARD 1: RECRUITMENT AND RETENTION	
	For information on Public Affairs Bureau media policy and procedures, see: http://icw.mcf.gov.bc.ca/execops/docs/pab_media_policy.pdf

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
LEGISLATION	***CFCSA* s.93 (Other powers and duties of directors)**
STANDARD	In collaboration with a prospective caregiver, a director completes a screening, assessment and approval process that is comprehensive, understandable, respectful and transparent. The director uses an assessment process that takes a holistic view of the caregiver and is inclusive of all people who may play a role in caregiving, such as extended family. The director uses a strengths-based participatory assessment approach that is sensitive to the prospective caregiver. The director bases approval on the outcomes of and recommendations made during the screening and assessment process, and on successful completion of pre-service caregiver information or orientation sessions.
POLICY	**Screening** When a prospective caregiver expresses interest in becoming a caregiver, the director provides him or her with information about the complete screening, assessment and approval process. The director advises the prospective caregiver of ministry standards and expectations with regard to maintaining the safety and well-being of children in care. The director conducts a prior contact check and collects basic information using a set of consistent screening questions to determine whether the prospective caregiver meets the following minimum requirements: • is 19 years of age or older • expresses an interest in caring for children as part of his or her motivation for becoming a caregiver • is willing to provide temporary care while working with families to support the goal of returning children to the family, and/or to promote continuity and stability of lifelong relationships, including adoption, for children • accepts and supports the practice of providing an environment free of abuse and physical punishment • accepts and supports the practice of providing a smoke free environment • is willing to comply with relevant ministry standards (e.g., Standards for Foster Homes) • agrees to work with an Aboriginal child's community to maintain the child's connections and traditions, as described in the child's cultural plan • agrees to attend and participate in the region's information/orientation sessions and ongoing foster parent education

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
	• has a home that has adequate space and privacy for a child in care (for more information on space and privacy requirements, see Standards for Foster Homes, Standard E: Environment of Care) • does not have a self-disclosed criminal record or record with the ministry that indicates that he or she poses a risk to a child, and • agrees to a criminal record check by a local police detachment and *Criminal Record Review Act* agency. If a prospective caregiver meets the screening requirements and has agreed to proceed to the next stage, the director provides the prospective caregiver with an application form. When the completed application form has been received, the director begins the comprehensive participatory assessment and approval process. If the screening requirements are not met, the director discontinues the process, providing the person with reasons verbally and in writing. ***Note:*** A person who is a recent resident of British Columbia is eligible to apply to become a caregiver. The person needs to fulfill the assessment requirements listed below including obtaining references and verified criminal record checks from the applicant's place of origin. **Assessment** The purpose of a participatory assessment process is to explore and assess with a prospective caregiver his or her ability to care for children, including his or her strengths, capacities, resiliency, readiness, skills and experience with children. A number of concurrent activities take place as part of the participatory assessment process, including: • an assessment conducted via a series of questionnaires and interviews, including visits to the prospective caregiver's home to complete a home study • criminal record checks for everyone in the home 18 years of age and over • prior contact checks for everyone in the home 18 years of age and over • medical assessment of prospective caregiver(s) • three (3) reference checks via letter, questionnaire or interviews: at least one is from a relative or member of the extended family; one is from a neutral party (someone who does not have a significant personal relationship with applicant). (Note: Information sessions or pre-service orientation sessions are a mandatory part of the assessment process.) **Assessing a prospective caregiver's ability to care for a child** The director interviews the prospective caregiver, his or her children, and any

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
	other person residing in the caregiver's home, using the Structured Analysis Family Evaluation (SAFE) assessment framework. If the director has not received the SAFE training, he or she uses the following topic areas to guide and complete an assessment: • personal history (including childhood) and life changes • family relationships and history (e.g., extended family, current and/or ex-spouse, children) • family dynamics (e.g., parenting styles, communication patterns, discipline, difficulties with applicant's children) • resilience and ability to manage transitions • emotional and psychological health • education and employment history • history of any type of violence, abuse and criminal activity • health, mental health and addictions • finances and housing history • physical and social environment • social supports and community involvement • motivation for caregiving and availability • knowledge of and attitudes to cultural and social diversity, and • previous caregiving experience. If health-related concerns arise with a prospective caregiver or a member of the caregiver's family, the director discusses this with his or her supervisor to determine the most appropriate response. The safety and well-being of a child in care are the prime considerations. (For more information, see Additional Information/Resources.) Based on the information acquired through the SAFE or other assessment, the director assesses the prospective caregiver's ability to care for a child. Criteria include the prospective caregiver's ability to: • provide an environment free from harm and physical discipline • respond to a child's health and behavioural needs by providing a safe, nurturing, respectful and healthy environment for the child • promote a child's physical, intellectual, cultural and spiritual development • respect and promote the rights of a child in care as outlined in s.70 of the *CFCSA* (see Appendix A: Rights of Children in Care [*CFCSA*, s.70]) • respect and promote a child's and family's wishes, strengths, goals, identity, views, and cultural and ethnic heritage • work collaboratively with the family, extended family, involved community members and other members of a child's team

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
	• be open and respectful towards other beliefs and cultures • work with an Aboriginal child's community by supporting the child in maintaining cultural connections and traditions, as described in the child's cultural plan • work with a child's cultural community by supporting the child in maintaining cultural connections and traditions, as described in the child's plan of care • understand the challenges associated with caregiving • assess his or her own strengths and limitations • initiate and access formal and informal learning and development opportunities, and • make use of support networks. *Collecting criminal record information* In order to protect children from people whose criminal record indicates that they present a risk to children, the director completes a criminal record check, which includes requests for: • voluntary disclosure of any criminal offence and/or pardon by prospective caregivers or those having significant or unsupervised access to children • a criminal record check by the local police detachment, and • consent to a *Criminal Record Review Act* check. The director requests a criminal record check from the local police detachment: • before offering a caregiver a contract or agreement for service with a director to work with children, and • in relation to any other person 18 years of age and over who is not entering into a contract or agreement for service to work with children, but who is or will be living in the caregiver's home or will be having significant or unsupervised access to children. The director requests a *Criminal Record Review Act* check following approval of a prospective caregiver but before an agreement or contract is signed. Persons 18 years of age and over who will be or are residing in the prospective caregiver's home are not required to have a *Criminal Record Review Act* check completed. *Criminal Record Review Act* checks cannot be completed for children under 18 years of age. The director therefore asks the prospective caregiver whether his or her child (or any other child under 18 who is living in the home): • has been involved with police

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
	• has been involved in any criminal activities, and • has exhibited or currently exhibits behaviour that could pose a risk to children placed in the home. (For more information on conducting and evaluating criminal record checks for prospective caregivers, see Appendix B: Record Checks). The status of a caregiver's criminal record and any change in the criminal record of other adults who have significant or unsupervised contact with the child are discussed as part of the annual review. This process of collecting criminal record information is repeated every five years. If at any time the director becomes aware that a person who was previously approved has an outstanding charge for, or has been convicted of, a crime that might affect the person's ability or suitability to care for children, the director conducts a new criminal record check. The director advises prospective and approved caregivers of their ongoing responsibility to disclose any criminal charges or convictions as outlined in Foster Homes Standard B.2.3: Reportable Incidents. *Written home study report* The director prepares a written home study report documenting all of the information acquired, including results of reference checks, criminal record checks, medical assessment and interviews. The director reviews the home study with the applicant and obtains his or her signature on the document. If all components of the home study are satisfactory, the director may recommend to the relevant team leader or supervisor: • approval of the applicant, and • the children for whom the prospective caregiver is best suited to care. **Approval** The team leader or supervisor reviews the completed home study, discusses the recommendation with the director, and makes the final approval decision. (Note: At this point, a *Criminal Record Review Act* check is requested.) When a prospective caregiver is approved, the caregiving home is available for placement and the resource file remains open. The director: • discusses the agreement with the caregiver (see Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements)

CSS STANDARD 2: SCREENING, ASSESSMENT AND APPROVAL	
	• develops a learning plan with the caregiver to identify skills, strengths and learning needs and determine a timeframe within which to commence the mandatory training • provides the caregiver with information about sources of support, including the BC Federation of Foster Parent Associations (BCFFPA), the Federation of Aboriginal Foster Parents (FAFP), and the Foster Parents After-Hours Support Line • refers the caregiver to the regional agency providing the mandatory training and support services, and • discusses and identifies potential relief providers. **Non-approval** If a prospective caregiver is not approved, as soon as possible the director advises him or her both verbally and in writing of the reasons for the decision. The director advises the non-approved prospective caregiver of the region's process for addressing any disagreements that might arise as a result of the decision. The director documents the decision and reasons for approval or non-approval in the relevant resource file.
PROCEDURES	The director opens a resource file for each prospective caregiver. Information is entered on MIS SWS. The following relevant forms are located on the ministry intranet site: • CF0605 – Physician's Report on Applicant • CF1611 – Application to Provide Restricted/Regular Family Care.
ADDITIONAL INFORMATION / RESOURCES	• *CFCSA*, s.70: Rights of Children in Care (see Appendix A) • Caregiver Support Service Standard 2: Screening, Assessment and Approval • Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements • Caregiver Support Service Standard 6: Monitoring and Reviewing Agreements • Foster Homes Standard B.2.3: Reportable Incidents • Cultural plan – Children in Care Service Standard 1: Preserving the Identity of an Aboriginal Child in Care • Structured Analysis Family Evaluation: http://www.safehomestudy.org/ • BC Centre for Disease Control: http://www.bccdc.org/ • Health Canada Infection Control Guidelines: http://www.phac-aspc.gc.ca/dpg-eng.php#infection

CSS STANDARD 3: ASSESSMENT AND APPROVAL OF RESTRICTED AND SPECIALIZED CAREGIVERS	
LEGISLATION	***CFCSA* s.93 (Other powers and duties of directors)**
STANDARD	In collaboration with a prospective caregiver, a director completes an assessment and approval process that is comprehensive, understandable, respectful and transparent. The director uses an assessment process that takes a holistic view of the caregiver and is inclusive of all people who may play a role in caregiving, such as extended family. The director uses a strengths-based participatory assessment approach that is sensitive to the prospective caregiver. The director bases approval on the outcomes of and recommendations made during the screening and assessment process, and on successful completion of pre-service caregiver information or orientation sessions.
POLICY	In addition to the screening process for all prospective caregivers that is outlined in the Caregiver Support Service Standard 2: Screening, Assessing and Approval, a director follows the assessment and approval process outlined below for restricted and specialized caregiving homes. **Restricted homes** A restricted family care home may be considered if the living arrangement best meets the child's needs and the prospective caregiver: • demonstrates an ability to provide a safe environment for the child • is 19 years of age or older • demonstrates the maturity and stability to provide care for the specific child • accepts and supports the practice of providing an environment free of abuse and physical punishment, • accepts and supports the practice of providing a smoke free environment, and • has a significant relationship with the child or the child's family or cultural community. Before placing a child in the home, the director conducts a preliminary assessment to evaluate the caregiver's capacity to provide for the safety and well-being of the child, by: • visiting the caregiver's home and interviewing the prospective caregiver and others living in the home • completing checks of references for the home, either by phone or personal visit • completing prior contact checks • requesting voluntary disclosure of any criminal offences that may relate to the person's ability and suitability to care for a child, and

CSS STANDARD 3: ASSESSMENT AND APPROVAL OF RESTRICTED AND SPECIALIZED CAREGIVERS	
	• calling local police to determine whether they would have concerns about a child's safety when residing with the prospective caregiver. If the above information is satisfactory, the director may recommend interim 60-day approval of the prospective caregiver to the team leader or supervisor. As soon as possible and no longer than 60 days following placement, the director: • completes a home study using the topic areas outlined in the assessment section of Caregiver Support Service Standard 2: Screening, Assessment and Approval • completes the record check through the local police office and the *Criminal Record Review Act* agency, and • reviews the medical assessment and reference checks. If health-related concerns arise with a prospective caregiver or a member of the caregiver's family, the director discusses this with his or her supervisor to determine the most appropriate response. The safety and well-being of a child in care are the prime considerations. (For more information, see Additional Information/Resources.) The director prepares a written home study report documenting all of the information acquired, including results of reference checks, criminal record checks, medical assessment and interviews. The director reviews the home study report with the prospective caregiver and obtains his or her signature. If all the components of the restricted home study are satisfactory, the director may recommend approval of the applicant to the relevant team leader or supervisor. The director's team leader or supervisor reviews the completed home study for final approval. (Note: at this point, a *Criminal Record Review Act* check is requested.) When a prospective restricted caregiver is approved, the caregiving home is available for placement and the resource file remains open. The director: • discusses the agreement with the caregiver (see Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements) • develops a learning plan with the caregiver to identify skills, strengths and learning needs and determine a timeframe within which to commence the mandatory training • provides the caregiver with information about sources of support, including the BC Federation of Foster Parent Associations, the Federation of Aboriginal Foster Parents, and the Foster Parents After-Hours Support Line

CSS STANDARD 3: ASSESSMENT AND APPROVAL OF RESTRICTED AND SPECIALIZED CAREGIVERS	
	• refers the caregiver to the regional agency providing the mandatory training and support services, and • discusses and identifies potential relief providers. *Non-approval* If a prospective restricted caregiver is not approved, as soon as possible the director advises him or her both verbally and in writing of the reasons for the decision. If a child is placed in the home, the child is removed in accordance with information outlined in the Caregiver Support Service Standard 13: Planning and Supporting Changes in Placement, and the Children in Care Service Standard 12: Supporting and Assisting a Child with a Change in Placement. The director advises the non-approved prospective caregiver of the region's process for addressing any disagreements that might arise as a result of the decision. The director documents the decision and reasons for approval or non-approval in the relevant resource file. **Specialized family care homes** A specialized family care home is first approved as a regular family care home. The director may consider making an exception when an applicant has unique qualifications that would meet specific needs of children requiring care. Each of the three levels of specialized family care homes have specific skills, experience and training requirements that require approved caregivers to participate in a levels assessment and approval process. *Preliminary assessment* The director begins the preliminary assessment by reviewing the completed specialized family care home application form received from the caregiver. The director then: • reviews the complete resource file and existing home study • contacts all social workers, who have had a child placed with the caregiver, and asks for feedback on particular areas of skill and ability noted on the specialized family care home assessment and checklist • consults with other members of the resource team who have knowledge of the caregiver, and • consults with his or her team leader or supervisor. Once these steps have been completed, the director meets with the caregiver to complete the assessment according to the specialized family care home

CSS STANDARD 3: ASSESSMENT AND APPROVAL OF RESTRICTED AND SPECIALIZED CAREGIVERS	
	assessment and checklist. In addition, the director advises the caregiver of the following ministry expectations: • a Level 2 caregiver may work outside the home but must have an emergency plan in place should a child return to the home unexpectedly • a Level 3 caregiver may work outside the home as long as he or she is available on a full-time basis, up to 24 hours a day, when required. *Assessment* The assessment covers four areas—education and training, child-related experience, knowledge, and demonstrated skills and abilities—which are discussed and evaluated to determine the assessment ratings. (For more information, see the specialized family care home assessment and checklist.) If health-related concerns arise with a prospective caregiver or a member of the caregiver's family, the director discusses this with his or her supervisor to determine the most appropriate response. The safety and well-being of a child in care are the prime considerations. (For more information, see Additional Information/Resources.) Criteria for designation of specialized family care home include: • level of the caregiver according to the assessment points on the specialized family care home assessment and checklist • capacity and willingness of the caregiver to meet service expectations at the recommended level of care • area/regional needs and available homes, and • regional resource plan and budget. The director reviews the home study with the applicant and obtains his or her signature. If all components of the home study are satisfactory, the director may recommend to the relevant team leader or supervisor: • approval of the applicant, and • the children whom the prospective caregiver is best suited to care for. *Approval and levels designation* After reviewing the completed specialized family care home assessment and checklist, the director discusses the recommendation for approval and designation with his or her team leader. The agreed-upon recommendations are referred to the appropriate regional manager or designate for the final approval and levels designation decision. *Non-approval* If a caregiver is not approved, as soon as possible the director advises him or her both verbally and in writing of the reasons for the decision. The director advises the non-approved caregiver of the region's process for addressing any disagreements that might arise as a result of the decision.

CSS STANDARD 3: ASSESSMENT AND APPROVAL OF RESTRICTED AND SPECIALIZED CAREGIVERS	
	The director documents the decision and reasons for approval or non-approval in the relevant resource file.
PROCEDURES	The director opens a resource file for each prospective caregiver. Information is entered on MIS SWS. The following relevant forms are located on the MCFD intranet site: • CF0605 – Physician's Report on Applicant • CF1611 – Application to Provide Restricted/Regular Family Care • CF2454 – Application for Assessment: Specialized Family Care • CF2442 – Specialized Family Care Home Assessment and Checklist
ADDITIONAL INFORMATION / RESOURCES	• *CFCSA*, s.70: Rights of Children in Care (see Appendix A) • Caregiver Support Service Standard 2: Screening, Assessment and Approval • Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements • Caregiver Support Service Standard 6: Monitoring and Reviewing Agreements • Foster Homes Standard B.2.3: Reportable Incidents • Cultural plan – Children in Care Service Standard 1: Preserving the Identity of an Aboriginal Child in Care • Structured Analysis Family Evaluation: http://www.safehomestudy.org/ • BC Centre for Disease Control: http://www.bccdc.org/ • Health Canada Infection Control Guidelines: http://www.phac-aspc.gc.ca/dpg-eng.php#infection

CSS STANDARD 4: RECRUITMENT, ASSESSMENT AND APPROVAL OF ABORIGINAL CAREGIVERS	
LEGISLATION	***CFCSA* s. 93 (Other powers and duties of directors)**
STANDARD	In partnership with Aboriginal communities, a director develops recruitment strategies for Aboriginal caregivers in response to the needs identified in the regional resource plan. When recruiting and assessing Aboriginal caregivers, in addition to the requirements identified in Caregiver Support Service Standard 2: Screening, Assessment and Approval, the director respects and considers the different cultural identities and community values within Aboriginal communities. The director consults with a prospective caregiver's Aboriginal community and where one exists, the Aboriginal delegated agency to determine the values and community standards that should be included as part of an assessment process. The director uses this information with a strengths-based approach to assess the caregiver's capacity to care for children.
POLICY	Consistent with the priorities for selecting a caregiving home outlined in Caregiver Support Service Standard 10: Selecting a Caregiving Home, the director involves Aboriginal communities and, where one exists, the Aboriginal delegated agency in the development of the regional resource plan. When undertaking recruitment strategies focusing on Aboriginal caregivers, the director works in partnership with each Aboriginal community and, where one exists, the Aboriginal delegated agency to develop recruitment strategies based on the community's unique culture and values. When seeking an Aboriginal caregiver for an Aboriginal child, the director works in partnership with people from the child's community and where possible the Aboriginal delegated agency to determine the best way of finding an appropriate caregiver from within the community, if that is in the best interest of the child. The director invites and involves community members to support a potential caregiver throughout the process if necessary by assisting with required forms and activities. The director uses the screening, participatory assessment and approval process outlined in Caregiver Support Service Standard 2: Screening, Assessment and Approval, giving consideration to the unique cultural identity and values of communities being served. In consultation with the primary caregiver, the director determines who else could play a role in caregiving and who should be included in the participatory assessment and approval process. The director considers previous difficulties and challenges in the life of a prospective Aboriginal caregiver not as barriers but as opportunities for the

CSS STANDARD 4: RECRUITMENT, ASSESSMENT AND APPROVAL OF ABORIGINAL CAREGIVERS	
	person to have developed coping strategies and to demonstrate his or her overall resiliency. During the participatory assessment process, the director addresses any issues that may be of concern if a child is placed in the home and engages in a solution-focused approach with the prospective caregiver to resolve the concern and learn about how the caregiver solves problems. The assessment may show the potential of a prospective caregiver once he or she has made further efforts to resolve feelings and change negative behaviours resulting from traumatic or significant emotional events. In this circumstance, the approval decision may be delayed to accommodate the time that the prospective caregiver needs to complete the required work. When unsure about approval, the director seeks support and guidance about the areas of concern from advisors within the Aboriginal community before making a decision.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	• Caregiver Support Service Standard 2: Screening, Assessment and Approval • Caregiver Support Service Standard 10: Selecting a Caregiving Home

CSS STANDARD 5: INITIATING, MODIFYING AND ENDING AGREEMENTS	
LEGISLATION	***CFCSA* s.93 (Other powers and duties of directors)** 93 (1) A director may do one or more of the following: (g) make agreements, including but not limited to agreements (i) with any person for the provision of residential or other services
STANDARD	Upon approval of: • an initial caregiver assessment and home study • a specialized family care levels assessment, or • an annual review of a caregiver, a director reviews the family care home agreement with the caregiver, including the terms of the agreement and the services expected. Remuneration is based on the services defined in the agreement. When necessary, the director modifies an existing family care home agreement, with the informed consent of the involved caregiver. If the modification will result in a decrease in payment to the caregiver, the director gives the caregiver notice 60 days before the effective date of the modification. The director decides whether to renew an agreement with a caregiver based on an assessment of recent annual reviews and in accordance with the regional resource plan.
POLICY	In keeping with the regional resource plan, the level of care outlined in family care home agreement is based on the caregiver's qualifications, experience, training and skills. The director discusses a family care home agreement with a caregiver following approval of the caregiver and before placing a child. When applicable, the director negotiates exceptional funding in order to meet the child's needs. The director's supervisor signs the family care home agreement. The director provides the caregiver with a copy of the agreement. **Note:** If there is a primary caregiver in a home who has a partner, advise both adults that it is important for each one to sign the family care home (or other) agreement in order to ensure that the following benefits outlined in the agreement apply to each person: • general liability insurance • extended property damage insurance, and • Caregiver Legal Representation Indemnity. Advise each caregiver that if he or she decides not to sign the agreement, these benefits do not apply. (For more information, see Appendix D.)

CSS STANDARD 5: INITIATING, MODIFYING AND ENDING AGREEMENTS	
	Note: If there are two caregivers in a home, both are required to attend foster parent education and other learning opportunities and undertake independent study as specified in Schedule A, 4(f) of the family care home agreement. The director advises the caregiver of situations that can result in contract modifications (e.g., when a child is moved from the caregiver's home and the resulting number of children being cared for is reduced). **Initiating agreements** There are two types of agreements used in the provision of residential resources for children in care: • the family care home agreement • the client services agreement (**Note:** This agreement has been replaced by the **third party service agreement**, which will be distributed to staff through the Contract Writing Tool beginning in the fall 2006.) **Family care home agreement** The family care home agreement is used for restricted, regular and Level 1 specialized family care homes, and is child specific. For Level 2 and Level 3 specialized family care homes, the director can use either a child-specific agreement or a bed-specific agreement. However, the bed-specific agreement is the preferred option, and is used wherever possible. In circumstances determined by the needs of the child and the services outlined in the child's plan of care, exceptional one-time-only or ongoing payments may be made to supplement the regular payments under the family care home agreement. Given the flexibility provided by the use of exceptional payments within family care home agreements, the majority of caregivers will be adequately compensated using this type of agreement. Only in exceptional circumstances that require financial compensation or services beyond that available within a Level 3 family care home agreement can the use of a client services agreement (third party service agreement) be considered. The following exceptional circumstances are taken into consideration by a director, in consultation with his or her supervisor, when deciding whether a client services agreement (third party service agreement) is the most appropriate agreement to use with a specialized caregiving home: • the caregiver requires compensation that is significantly greater than a Level 3 family care home rate, and the amount is other than a known exceptional ongoing monthly payment • the family care home is the only home willing to care for the child and the only viable placement option for the child, who must be the only child in the home

CSS STANDARD 5: INITIATING, MODIFYING AND ENDING AGREEMENTS	
	• the caregiver would not normally be considered for caregiving, but is being considered because of his or her relationship to the child or his or her ability to provide a culturally relevant environment for the child. If the **only** outstanding issue is the payment amount, the director determines whether exceptional ongoing payments can be authorized for the additional expenditures, and ensures that there are funds for these options in the regional budget. For more information, see "Exceptional ongoing monthly payments on family care home agreements," below. **Client services agreement** If the director decides that a family care home agreement is not an option, a client services agreement (third party service agreement) is used, along with the Residential Child Care Resource Component Service Schedule. The director advises the caregiver of the following limitations of the client services agreement (third party service agreement): • A caregiver contracted through this agreement is not covered by the Caregiver Legal Representation Indemnity. • A caregiver contracted through this agreement does not receive the regular foster rate, as rates under a client services agreement are negotiated individually and include all of the services required for the child. In addition, any increases in the family foster care rate do not apply to client services agreements. • A caregiver contracted through this agreement is required to comply with the Standards for Staffed Residential Resources and with other regulations, including those of the Workers Compensation Board, Employment Insurance, and Revenue Canada. **Note:** The director should not attempt to advise the caregiver about potential fiscal or legal implications. Instead, the director encourages the caregiver to seek accounting, tax, or legal advice from a qualified professional. • A caregiver contracted through this agreement is required to meet all of the obligations specified in the agreement and the accompanying component services schedule. The director advises the caregiver in writing of his or her obligations as a contractor. (A sample letter is included in Appendix C: Agreements and Payment Rates.) **Exceptional ongoing monthly payments on family care home agreements** A caregiver may require additional funding beyond the family care home payment to meet the needs of the child or youth based on the plan of care. Examples of additional costs include shelter, transportation, relief beyond the standard amount, day care, or child and youth workers working directly with the child in the caregiver's care.

CSS STANDARD 5: INITIATING, MODIFYING AND ENDING AGREEMENTS	
	In order to determine whether ongoing monthly payments are required by a caregiver, the director reviews the family care home payment to ensure that it has either been expended or committed. In addition, the director considers whether alternative funding exists, through either parental contribution or alternative benefit coverage. The director determines the amount of the ongoing monthly payment, based on the needs of a specific child and negotiations with the caregiver. The regional manager approves the proposed amount, based on the availability of funds in the regional budget. For more information on payment amounts, see the Foster Family Care Homes Payment Tables in Appendix C: Agreements and Payment Rates. **Modifying agreements** Modifications to agreements are made with the caregiver's knowledge and consent. When considering modifying the terms and conditions of the agreement, the director initiates a thorough planning and review process involving the caregiver, which includes: • discussing the proposed changes with the caregiver • notifying the caregiver in writing about the proposed modification(s) and reasons for it/them, and • if the modification will result in a decrease in payment to the caregiver, providing the caregiver with notice of the modification 60 days before its effective date. The director uses a modification agreement to reflect the changes in the agreement, including remuneration and bed capacity. If the caregiver does not consent to the proposed modification(s) and there is no workable compromise, the director considers ending the contract in accordance with procedures outlined in the following section. **Ending agreements** When considering ending an agreement, the director discusses the reasons with the caregiver, relevant staff and supervisor. A family care home agreement or client services agreement can be ended if: • a caregiver asks to end the agreement • the agreement is ended on notice – before the end of the agreement and after providing 60 days notice (s.11.01[b] of the family care home agreement) • the agreement is ended for cause, based on breach by either party of a material term and written notice that the agreement will terminate immediately or at some future date (s.11.01[a] of the family care home agreement) • the term of the agreement is up and it will not be renewed.

CSS STANDARD 5: INITIATING, MODIFYING AND ENDING AGREEMENTS	
	With a client services agreement, it is necessary to communicate the intention to terminate the services in writing, consistent with the notice provisions in the termination section of the agreement. Within a week of deciding to end an agreement, the director provides the caregiver with written reasons for the decision, and the appropriate notice. (For information on required notice for ending an agreement, see Notice Requirements in Appendix C: Agreements and Payment Rates.) In addition, the director provides the caregiver with information about who to contact if he or she disagrees with the decision (see Caregiver Support Service Standard 20: Transferring or Closing a Caregiving Home).
PROCEDURES	**Family care home agreements** The director uses the RAP system to produce agreements and initiate exceptional ongoing monthly payments to cover costs for shelter, transportation, relief, child and youth care workers, day care and other required services.
ADDITIONAL INFORMATION / RESOURCES	For information on insurance for caregivers, see Appendix D For information on family care home agreements, see Resource and Payment (RAP) Contracts in the Systems User Guide: http://icw.mcf.gov.bc.ca/rasp/sysops/user_guide/docs/sect/07Contracts.pdf

CSS STANDARD 6: MONITORING AND REVIEWING AGREEMENTS	
LEGISLATION	
STANDARD	As part of contract management, a director reviews and monitors agreements for utilization, financial accountability and fulfillment of component services and contractual obligations.
POLICY	**Monitoring agreements** The director monitors an agreement to review: • a caregiver's budget and expenses, including exceptional ongoing payments and requests for one-time-only expenses, and • the caregiver's compliance with the obligations outlined in the agreement. The director identifies and discusses with the caregiver any concerns that arise and develops ways to address them. (If, as a result of the reviewing and monitoring processes, modification of an agreement is required, see "Modifying agreements" in Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements.) **Reviewing agreements** The director reviews and discusses the terms and conditions of an agreement with a caregiver: • during caregiver annual reviews • in advance of 60 days prior to the end of the agreement, and • at any time that concerns arise about the agreement. Agreements are reviewed at these times in order to determine: • the relevance of the conditions of the agreement • the caregiver's intention and ability to fulfill the conditions of the agreement, and • whether adjustments are needed. The director discusses the caregiver's progress and plan for completing the mandatory training required by the director. If there are ongoing concerns about completing the training, the director carefully considers whether to renew the agreement.
PROCEDURES	

CSS STANDARD 6: MONITORING AND REVIEWING AGREEMENTS	
ADDITIONAL INFORMATION / RESOURCES	For information on family care home agreements, see Resource and Payment (RAP) Contracts in the Systems User Guide: http://icw.mcf.gov.bc.ca/rasp/sysops/user_guide/docs/sect/07Contracts.pdf

CSS STANDARD 7: CAREGIVER CONTINUING LEARNING AND EDUCATION	
LEGISLATION	
STANDARD	A director discusses and develops a learning plan with a caregiver that outlines how learning needs and mandatory training will be addressed. The director supports a caregiver at the time of approval and during reviews to meet his or her learning needs and mandatory education requirements.
POLICY	**Learning plan** Based on a caregiver's identified learning needs, the director develops and follows up on a plan with the caregiver to ensure that he or she receives information and/or education on topics including: • expectations and responsibilities of caregivers and the director • the role of the caregiver in providing temporary care for a child and support for the family until the child returns home or to another stable, lifelong family living arrangement, and • sensitive and responsive practices to use with a child's family to maintain the family's involvement with the child, consistent with the child's plan and cultural plan • knowledge of a child's unique culture in order to preserve the child's identity and connection to his or her community • child development and parenting skill development • restraining procedures outlined in a child's plan of care that have been approved by members of the child's team, including a health care provider who is knowledgeable about the child and restraining techniques. For more information about the use of physical restraint, refer to Standard B.3 and Appendix 2 in Standards for Foster Homes. • how best to address the individual needs and interests of a child and the unique situation of his or her family in accordance with the child's plan and cultural plan. **Mandatory education** The director advises the caregiver that it is mandatory for all ministry or delegated Aboriginal agency caregivers who sign a family care home agreement or contract to complete the approved ministry caregiver education program within two years from the date of his or her approval. The director refers the caregiver to the regional foster parent support service that provides the mandatory education. The director regularly discusses with the caregiver his or her progress with the education program, and identifies and addresses barriers affecting successful completion.

CSS STANDARD 7: CAREGIVER CONTINUING LEARNING AND EDUCATION	
	Continuing learning and education On an ongoing basis, the director: • identifies and discusses with the caregiver his or her short- and long-term learning and development needs, based on the unique characteristics of the child and the child's plan • assists and supports the caregiver in developing the skills required for meeting the child's needs, by providing or identifying sources of relevant information, including books, articles, and learning opportunities offered by other ministries (e.g., information on addictions issues) • advises the caregiver about learning opportunities to enhance caregiving knowledge and skills. The director encourages the caregiver to participate in ongoing learning opportunities, particularly in areas such as: • positive parenting – approaches based on praise, encouragement and structuring the setting for success, which allow a child to develop positive behaviour and social skills and learn responsibility and self-control • inclusive caregiving – using a variety of ways to include a parent in the care of his or her child, in order to promote continuity of care and consistency of parenting practices, increase the family's capacity to care for the child, and strengthen the relationship between the child's family and the caregiver • learning about the child's culture and community.
PROCEDURES	The director documents the date and title of completed BC Foster Parent Education Program modules on MIS S WS.
ADDITIONAL INFORMATION	Foster Family Handbook: http://www.mcf.gov.bc.ca/foster/pdf/handbook.pdf Standards for Foster Homes, Standard B.3 and Appendix 2: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf

CSS STANDARD 8: DOCUMENTATION	
LEGISLATION	***CFCSA* Part 5**
STANDARD	A director documents all significant information about a caregiver and actions taken during service provision. The director advises the caregiver of the required documentation that is kept on file. Documentation regarding a caregiver is accurate and complete and includes information relating to: • screening, assessment and approval processes • agreements and financial records • placement of and planning for children in care • caregiver education and skill development, and • monitoring, reviews, reportable circumstances, protocols and dispute resolution processes. The director arranges for the caregiver to sign and receive a copy of all relevant records.
POLICY	The director maintains confidential, accurate and up-to-date documents and keeps them in a secure location. When a caregiver has participated in an application, approval or dispute resolution process, the director obtains his or her signature on the relevant documentation and provides him or her with a copy. Signatures are obtained in order to show that the caregiver has seen the document. (Signatures are required on all documents identified with a * in the list below.) Documentation to be kept on a caregiver's file includes but is not limited to: • application and consent forms* • home study* • reference, medical, criminal and prior contact checks • approval documentation* • verification of completion of pre-service orientation* • family care home agreement or client services agreement* • invoices and records of payment for additional expenses • caregiver learning and education plan (including mandatory training record) and record of completed education* • levels assessment* • child's referral form and care arrangements* (including caregiver's tasks and responsibilities resulting from collaborative planning, and information

CSS STANDARD 8: DOCUMENTATION	
	about home visits) • ongoing monitoring and annual reviews* • protocols* (summary sent by registered letter) • steps taken to resolve and results of a dispute resolution* • reportable circumstances and incident reports* (see Caregiver Support Service Standard 18: Reportable Circumstances) • placement and monitoring documentation • summary of information regarding children placed in home, including child's name, age, placement dates, length of stay, reason for moving • placement decision and supporting reasons • communication between caregiver and worker including communication during home visits • correspondence • any other documentation as required. The director advises the caregiver to: • keep a confidential record of contact between the caregiver and the family, extended family and community of the child in care, according to the child's plan, which can be given to the director upon request, and • submit the record for storage on the appropriate child service, family service and/or resource files as soon as possible after a child leaves the caregiving home. (For more information on caregiver records of children in care, see "Closing a home" in Caregiver Support Service Standard 20: Transferring or Closing a Caregiving Home.)
PROCEDURES	
ADDITIONAL INFORMATION / RESOURCES	• Child and Family Service Standard 24: Case Documentation • Children in Care Service Standard 11: Assessing and Planning for a Child in Care

CSS STANDARD 9: SHARING PLACEMENT INFORMATION WITH A CAREGIVER	
LEGISLATION	***CFCSA* s. 79 (Disclosure without consent)** 79 A director may, without the consent of any person, disclose information obtained under this Act if the disclosure is (j) made in Canada to caregivers and the information relates to children in their care, or (k) made in Canada and necessary for the administration of this Act.
STANDARD	A director provides a caregiver with information about a child in care wherever possible before the child is placed, at the time of placement, and as it becomes available throughout the child's stay. The director provides the caregiver with a written copy of the caregiver's responsibilities as outlined in the child's plan of care.
POLICY	When considering a placement for a child in care, the director provides a proposed caregiver with written referral information from the child's guardianship or child protection worker and discusses the potential placement. (See Children in Care Service Standard 13: Providing a Caregiver with Information). During the placement process, the director ensures that the caregiver receives relevant information, including:: • the child's full name, date of birth and legal status • information about the child's overall goal and plan of care, and the worker's expectations of the caregiver in supporting that plan • contact information for the person delegated to provide the child and caregiver with service • known medical and/or mental health history and needs (e.g., allergies) • any safety risks to the child, including the need to protect the child from contact with another person • any health or safety risks posed by the child toward the caregiver or any other person in the home, the caregiver's home and personal belongings • the child's daily care, including mealtime and bedtime routines, sleeping habits and food preferences • scheduled appointments with other service providers or professionals • the names of persons with access to the child and how access will be arranged • how contact with parents, family, extended family, friends and community members will be facilitated • the child's cultural and ethnic heritage, spiritual beliefs and identity • the child's school • the child's participation in sports, recreational clubs or activities

CSS STANDARD 9: SHARING PLACEMENT INFORMATION WITH A CAREGIVER	
	• any allegations of abuse or neglect involving the child in previous placement settings, whether the allegations were investigated, and the outcome • notification procedures if the child is lost, goes missing or runs away, or if the child suffers a personal injury or is at serious risk of harm, and • any other information that will assist the caregiver in responding to the individual needs of the child. Throughout the placement, the director ensures that the caregiver continues to be provided with all relevant information about the care and safety of the child, including procedures for meeting special dietary needs, administering medications, and the use of restraints that are approved by members of the child's team including a health care provider who is knowledgeable about the child and the subject area. For more information about the use of physical restraint please refer to Standard B.3 and Appendix 2 in the Standards for Foster Homes. The director ensures that the caregiver is advised of the child's plan of care and receives written information about the caregiver's responsibilities arising from the child's plan of care. Before and during a child's change in placement, the director ensures that the current caregivers knows the reasons for the child's move and when the move is scheduled to occur, and receives relevant information about the new placements.
ADDITIONAL INFORMATION/ RESOURCES	Children in Care Service Standard 13: Providing a Caregiver with Information Standards for Foster Homes, Standard B.3 and Appendix 2: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf

CSS STANDARD 10: SELECTING A CAREGIVING HOME	
LEGISLATION	***CFCSA* s.70 (Rights of children in care)** (See Appendix A) ***CFCSA* s.71 (Out-of-home living arrangements)** 71 (1) When deciding where to place a child, a director must consider the child's best interests. (2) The director must give priority to placing the child with a relative or, if that is not consistent with the child's best interests, placing the child as follows: (a) in a location where the child can maintain contact with relatives and friends; (b) in the same family unit as the child's brothers and sisters; (c) in a location that will allow the child to continue in the same school. (3) If the child is an aboriginal child, the director must give priority to placing the child as follows: (a) with the child's extended family or within the child's aboriginal cultural community; (b) with another aboriginal family, if the child cannot be safely placed under paragraph (a); (c) in accordance with subsection (2), if the child cannot be safely placed under paragraph (a) or (b) of this subsection.
STANDARD	A director selects a caregiver for a child in care on the basis of the child's assessed needs and strengths. The first priority is extended family. In addition, for an Aboriginal child in care, the director always gives priority to selecting a caregiver within the child's Aboriginal community. If the extended family or community cannot safely assume the child's care, the director gives priority to Aboriginal caregivers outside the child's Aboriginal community. The director involves the community in planning for selection of a caregiver and placement. When an Aboriginal child in care is placed with a non-Aboriginal caregiver, the director assists the caregiver in maintaining and providing opportunities for, according to the child's plan: • positive contact between the child and his or her Aboriginal community, and • involvement of the child in activities in his or her Aboriginal community.
POLICY	The director considers the child's best interests when selecting a caregiver for a child in care. To the fullest extent possible, the director makes decisions about where to place a child through a consultative process that includes the child, family, extended family and other adults who have a significant relationship with the child. The director uses this approach to placement decision-making when a child first comes into care and if a change of placement is required.

CSS STANDARD 10: SELECTING A CAREGIVING HOME	

	Selection priorities
	The director gives priority to placing the child with extended family, consistent with the child's best interests. The director considers how the child's needs, personality and developmental level match the abilities, capacities and resources of the extended family.
	
	If placement with a child's extended family is not consistent with the child's best interests, the director gives priority to placing the child:
	• in a living arrangement that will promote the maximum contact between the child and parents and other family members, whenever possible selecting a caregiver who:
	  • lives in close geographic proximity to the child's siblings, extended family and friends, and
	  • is willing to promote the child's regular contact with siblings, extended family and friends, consistent with the child's needs;
	• in the same family as the child's brothers and sisters, in order to reduce the trauma of separation and promote the stability and continuity of lifelong relationships (if siblings have separate living arrangements, the child's team facilitates frequent and regular contact between them)
	• in a community that will allow the child to continue to attend the same school, day care and/or recreational activities.
	
	When a child's best interests are served by living with a caregiver who does *not* live close to the child's family and/or friends, the child's team:
	• makes efforts to involve the family and extended family in decisions about the child
	• assists the child in maintaining contact with the family, extended family and friends, subject to court-ordered access restrictions, and
	• offers support services to the family and extended family to help maintain or enhance their ongoing involvement with the child.
	
	The director gives priority to placing each Aboriginal child:
	• with his or her extended family
	• within his or her Aboriginal community
	• with another Aboriginal family, or
	• if these placement options are unavailable, in accordance with the other placement priorities described in this standard.
	
	The director works in partnership with the involved Aboriginal community or identified delegated agency to choose a caregiver for the child. The director considers all adult members of the child's extended family or other persons within the Aboriginal community as possible caregivers for the child.

CSS STANDARD 10: SELECTING A CAREGIVING HOME	
	The director actively follows up with suggested or recommended members of the child's family or community to determine whether they are willing and able to care for the child. **Caregiver qualities** Wherever possible, the director selects a caregiver who: • has been identified by the child as a person with whom he or she would choose to live • has the strengths, capacities, skills and experience necessary to provide safety for the child and promote the child's well-being • will work collaboratively with the child's family, social workers and other members of the child's team towards the goal of returning the child to the family or providing a living arrangement that promotes stability and continuity of lifelong relationships in accordance with the child's plan • respects and promotes the rights of children in care under the *CFCSA*, and • is aware of his or her own strengths and limitations and will access and utilize the supports and training available to fulfill the child's needs. In addition to considering the above characteristics, the director makes efforts to preserve a child's culture and identity by choosing a caregiver who is willing to: • work with the child's family and extended family to promote the child's culture and identity • promote and support ongoing contact with members of the child's cultural community • participate in the development and implementation of a child's cultural plan • learn about and respect the views, cultural and ethnic heritage, socio-economic circumstances, spiritual beliefs and identity of the child, family and extended family, and • help the child develop a strong self-image that incorporates his or her culture and identity. When considering placing a child in a caregiving home, the director determines the compatibility of the child with those already living in the home, based on: • the number of children living in the home (including children in care, the caregiver's own children, and any others) • their age, gender, developmental level, needs and wishes, and • discussions with social workers who have children placed in the home. (For more information on the maximum number of children in a caregiving home, see Caregiver Support Standard 11: Allowable Number of Children in a Caregiving Home.)

CSS STANDARD 10: SELECTING A CAREGIVING HOME	
	The director uses staffed children's residential services only when an assessment of the child's needs and best interests determines that placement of a child in a family care home is neither appropriate nor possible. The director considers all other placement options first, and uses staffed residential resources only when the child's needs cannot be met within a family care home, or as a last resort.
PROCEDURES	The director participates in the region's placement decision-making process for reviewing the referral to and placement of children in staffed residential resources.
ADDITIONAL INFORMATION/ RESOURCES	• Caregiver Support Standard 11: Allowable Number of Children in a Caregiving Home • Standards for Staffed Children's Residential Services

CSS STANDARD 11: ALLOWABLE NUMBER OF CHILDREN IN A CAREGIVING HOME	
LEGISLATION	
STANDARD	The number of children placed by a director in a caregiving home is based on the needs of the children and the capacity of the caregiver to provide the necessary services.
POLICY	**Maximum number of children** The director ensures that the number of children placed in any one home, especially children with special needs, does not exceed the family's capacity to provide quality care. To meet this objective and to preserve the distinct characteristics of family living, there can be no more than six children, including the caregiver's own children, living in any type of caregiving home. In addition, no more than two of the six children are to be under the age of two. When determining how many children a caregiving home may accept for care, the director considers reducing the number when any of the children living in the home have significant developmental, emotional, behavioural or medical needs that require specialized care. Since some children require more individualized attention, fewer children are cared for in family care homes providing care for infants, children or youth with therapeutic or special needs. *Family care homes* The maximum number of all children residing in any family care home is six. This includes situations such as sleepovers. • The maximum number of children that can be placed in a restricted, regular or Level 1 home is six. • The maximum number of children that can be placed in a Level 2 home is three. • The maximum number of children that can be placed in a Level 3 home is two. The maximum number of preschool-aged children in a home is four, except when there are three children under 2-1/2 years. In either situation, no more than two children can be under the age of two. If a family care home has a mixed designation, the maximum number of children will be consistent with the home's highest designation. **Exceptions** When considering an exception to the number of children in a caregiving home, a director ensures that the health, care, safety, protection and supervision of the child are maintained, and that the caregiver is be able to meet the requirements of the family care home agreement and have sufficient time to adequately care for each child according to his or her plan of care.

CSS STANDARD 11: ALLOWABLE NUMBER OF CHILDREN IN A CAREGIVING HOME	
	When deciding about placing additional children in a family care home, the director assesses: • the caregiver's capacity to adequately care for all children placed in the home • congruency with the child's written comprehensive plan of care and the child's best interests, and • a determination that the placement is in the child's best interest. *Circumstances for placements exceeding the allowable number* The director may consider an exception in the following situations: • the placement of sibling groups (other than sibling groups, any exception is considered a short-term arrangement and children are placed in a more suitable resource as quickly as possible) • placement of children in a home in which they have lived previously • youth in care who have children • short-term emergency placements, and • provision of short-term respite or relief. **Criteria to consider for placements exceeding the allowable number** The director uses the following criteria when considering additional placements. *a) The number, ages and characteristics of the children:* • the number, chronological and functional age, characteristics and needs of all children currently under the care of the caregiver (including children receiving day care services in the caregiving home) *b) Caregiver's capacity:* • the caregiver's capacity to provide care, including an evaluation of the caregiver's health, strength, mobility and other responsibilities that the caregiver may have (e.g., care of dependent family members, work outside the home, babysitting other children) • potential changes in interactions of the caregiver and children (including the caregiver's own children) that might be created as a result of this combination of children, and the impact of such changes (assessment of impact should consider behavioural, developmental, medical, psychological, social and personal safety issues) • additional supports the caregiver may require to meet the needs of the increased number of children, which could include respite, in-home help for housekeeping or child care, and day care • the amount of space available, including appropriateness of sleeping arrangements and ability to evacuate all children in the event of an emergency.

CSS STANDARD 11: ALLOWABLE NUMBER OF CHILDREN IN A CAREGIVING HOME	
	Information about the caregiver's capacity obtained through discussions with each social worker who has a child placed in the caregiving home. The director documents that he or she has conducted an assessment of the caregiver's capacity to care for additional children. **Authority to approve exceptions** A regional director of *CFCSA* approves an exception, and reviews the decision every six months, or more frequently as required. **Reviews** Caregiving homes with children placed above the maximum capacity set by policy may require additional supports. In accordance with a regionally developed monitoring and tracking plan, the director reviews and assesses: • the health and safety of children placed in the home • the progress of children in care toward meeting developmental outcomes, and • the impact of the additional children on the caregiver and all others living in the home. Reviews are conducted every 90 days in the first year. After the first year, if the placement is stable, reviews occur every six months; if the placement is not considered stable, reviews continue to be conducted every 90 days. In addition, a regional director of *CFCSA*, resource supervisors and workers regularly review the activity level and history of homes that exceed the policy limits in order to inform the regional resource plan. These reviews consider such factors as: • the frequency with which the region exceeds the policy limits for placement of children in caregiving homes • the number of homes that are being approved to exceed the policy limit, and • circumstances under which approvals are granted.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	

CSS STANDARD 12: PLACEMENT	
LEGISLATION	***CFCSA* s.70 (Rights of children in care)** (see Appendix A) ***CFCSA* s.71 (Out-of-home living arrangements)** 71 (1) When deciding where to place a child, a director must consider the child's best interests. (2) The director must give priority to placing the child with a relative or, if that is not consistent with the child's best interests, placing the child as follows: (a) in a location where the child can maintain contact with relatives and friends; (b) in the same family unit as the child's brothers and sisters; (c) in a location that will allow the child to continue in the same school. (3) If the child is an aboriginal child, the director must give priority to placing the child as follows: (a) with the child's extended family or within the child's aboriginal cultural community; (b) with another aboriginal family, if the child cannot be safely placed under paragraph (a); (c) in accordance with subsection (2), if the child cannot be safely placed under paragraph (a) or (b) of this subsection. ***CFCSA* s.94 (Agreements with caregivers)** 94 A director may, by agreement, authorize a caregiver to carry out any of the director's rights and responsibilities with respect to the care, custody or guardianship of a child.
STANDARD	A director supports a caregiver during the placement process in caring for the child and working with the child's family in accordance with the child's plan.
POLICY	Wherever possible, decision-making about where a child will live is shared among the child's team members, including the child and family. The director provides a proposed caregiver with written referral information from the child's guardianship or child protection worker and discusses the potential placement. Wherever possible, the child's team arranges a pre-placement visit for the child and family with the caregiver to assess the viability of the placement from the perspectives of all involved. The director provides the child's worker with relevant information about the caregiver to share with the child and family (e.g., family composition, routines and hobbies).

CSS STANDARD 12: PLACEMENT	
	Before placing the child, or as soon as possible, and in collaboration with the child's worker, the director verbally and in writing provides the caregiver with relevant information needed to care and plan for the child. The director continues to update the caregiver with information about the child throughout the child's stay. (For information on the type of information to be shared, see Caregiver Support Service Standard 9: Sharing Placement Information with a Caregiver.) At the beginning of a placement, the director plans with the caregiver how best to support the caregiver in providing a safe and stable living arrangement for the child. The director discusses ways of supporting the caregiver in caring for the child in accordance with the child's plan of care. The director provides ongoing support, especially during transitions. All children's cultures are of equal significance and respected while in care. For an Aboriginal child, the director ensures that a caregiver receives, understands and supports the cultural plan. The director discusses ways to maintain the child's connection with his or her Aboriginal community, in accordance with the child's plan (e.g., by making arrangements for a relief caregiver who is a member of the child's Aboriginal community). **Staffed children's residential services** When a decision is made to place a child in a staffed children's residential resource, the director follows the same process as for placement in a caregiving home, as outlined above. The director monitors the appropriateness and length of a placement to ensure that the child does not remain in a staffed residential resource any longer than is necessary. Placement of children in specialized residential resources is limited to a maximum period of 12 months. Exceptions are limited to meeting extraordinary health, educational and/or behavioural needs.
PROCEDURES	The director participates in the region's placement decision-making process for reviewing the referral to and placement of children in staffed residential resources.
ADDITIONAL INFORMATION/ RESOURCES	• Child and Family Service Standard 20: Placements When a Child Comes into Care • Children in Care Service Standard 1: Preserving the Identity of an Aboriginal Child in Care • Children in Care Service Standard 2: Providing Services That Respect a Child's Culture and Identity • Children in Care Service Standard 5: Ensuring a Child's Safety While in Care • Children in Care Service Standard 6: Ensuring the Rights of a Child in Care

CSS STANDARD 13: PLANNING AND SUPPORTING CHANGES IN PLACEMENT	
LEGISLATION	
STANDARD	A director works with a caregiver and all members of a child's team to plan for the child and promote stability in the child's living arrangement. The director collaboratively plans for changing a child's placement according to the child's best interests. The director assists and supports a caregiver before, during and after a child changes placement in order to reduce the amount of disruption for the child and caregiver during the transition.
POLICY	**Moving to another placement** The priority is always to maintain a child in a living arrangement that meets his or her best interests. Before deciding on a change in placement, the child's team exhausts all other options and reviews the child's plan, giving careful consideration to whether a family member is able to care for the child. The director considers whether providing additional support will allow the child to safely stay in the current living arrangement. If a change in placement is necessary and in the best interests of the child, the director makes the decision in collaboration with the child's team. In order to ensure that the child, family and both the current and proposed caregivers are well prepared for the change, the director participates in developing a plan that addresses the activities and supports needed to promote a positive transition experience for all concerned. Significant components of a transition plan include: • facilitation of communication between current and proposed caregivers regarding the care of the child • number and frequency of pre-placement visits based on the child's developmental stage, and the amount of contact that might already exist between the child and proposed caregiver • return or transfer of the current caregiver's records about the child. **Return to family or community** When a child is returning to family or other permanent out-of-care living arrangement, the director assists the caregiver in preparing the child for the transition. The director supports the caregiver in adjusting to the change in the relationship with the child. A significant component of the plan is ensuring that adequate time is given to supporting reunification according to the unique circumstances of the child. Transition support for all changes in living arrangements includes: • providing timely information and discussing with the caregiver the reasons

CSS STANDARD 13: PLANNING AND SUPPORTING CHANGES IN PLACEMENT	
	why the move is in the child's best interest • assisting the caregiver in developing positive and supportive ways of explaining and discussing the change in placement with the child • involving the caregiver in planning for the child's move and determining what support the caregiver and caregiver's family and community may need to help the child make the transition • supporting the caregiver in helping prepare the child for a move by fully participating in transition activities, including visits to the proposed caregiver or family • encouraging and helping the caregiver to develop ways of promoting ongoing contact with the child after the change in placement, according to the child's best interests • acknowledging the range of responses that occur during a change, including joy, relief, grief and loss, and encouraging activities that honour the experiences of all involved. For Aboriginal children, as part of collaborative planning, the director seeks guidance from the child's Aboriginal community, identified delegated agency, caregiver, and family about the best approach to support the child's move. If agreement on an issue cannot be reached, the director offers and promotes alternative dispute resolution processes, taking into consideration the views and culture of persons involved in the dispute.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	• Children in Care Service Standard 10: Meeting a Child's Need for Stability and Continuity of Lifelong Relationships • Children in Care Service Standard 12: Supporting and Assisting a Child with a Change in Placement • Child and Family Service Standard 4: Cooperative Planning and Dispute Resolution Processes

CSS STANDARD 14: COLLABORATIVE ASSESSMENT AND PLANNING	
LEGISLATION	***CFCSA* s.70 (Rights of children in care)** (see Appendix A) ***CFCSA* s.94 (Agreements with caregivers)** 94 A director may, by agreement, authorize a caregiver to carry out any of the director's rights and responsibilities with respect to the care, custody or guardianship of a child.
STANDARD	A director participates, and encourages a caregiver to participate, in the collaborative assessment and planning process as a valued member of a child's team. The director strategizes with the caregiver on how he or she can best: • fulfil his or her responsibilities in meeting the goals and objectives of the child's plan, and • address the child's safety and well-being in all aspects of his or her life. For an Aboriginal child, the director works in partnership with significant and involved people from the Aboriginal community throughout the assessment and planning process, including the development and implementation of the child's cultural plan. The child's team members periodically evaluate their working relationships, roles and responsibilities in developing, supporting and implementing the child's plan.
POLICY	The director facilitates a caregiver's participation in all assessment, planning and review processes. Participation includes attending meetings, and when the caregiver cannot attend in person, communicating the caregiver's information, views and experience, and sharing relevant or significant information from the caregiver's individual service records on the child. Wherever possible, the director ensures that a caregiver has access to the supports needed to enable his or her participation in assessment and integrated service planning meetings. A caregiver and his or her worker assist in planning regarding: • identifying and responding to the care and safety needs of a child • identifying and responding to any health or safety risks posed by the child or the family toward the caregiver or any other person in the home • authorizing the caregiver to provide consent for routine school outings and medical treatment for the child, such as immunizations, general check-ups and non-emergency family physician/medical clinic office visits • visiting arrangements, and • change of living arrangements for the child or caregiver.

CSS STANDARD 14: COLLABORATIVE ASSESSMENT AND PLANNING	
	Team member roles and responsibilities All members of a child's team identify and determine clear roles and responsibilities when assessing and planning for the child and implementing the child's plan of care and cultural plan. For an Aboriginal child, involved members of the child's Aboriginal community may take on particular roles and responsibilities in relation to the child's cultural plan. Consistent with integrated case management guidelines, the members of the child's team will designate one person for the role of case manager. The designated case manager coordinates ongoing communication and progress reviews, and monitors team members' roles and responsibilities in fulfilling the child's plan of care and cultural plan. The child's team continues to invite and encourage participation of people of significance to the child in planning for the child, even if they have previously not participated. **Team reviews** As part of a region's quality assurance practices, the child's team conducts periodic peer evaluations to: • review the efficacy and consistency of practice • resolve issues that may be a barrier to the success of the child's plan of care and cultural plan, and • make any adjustments to the plan, roles or responsibilities. Peer evaluation may include: • examining the roles of each team member and the team as a whole to determine whether all the appropriate resources and supports are in place, and, if not, developing a plan to address this • reviewing how the team is working together to meet the needs of the child and family • reviewing how the team has resolved issues or differences and the use of any alternative dispute resolution measures. **Progress reviews** The child's team regularly reviews progress on the goals outlined in the child's plan, looking specifically at how: • the child's well-being, including developmental and safety needs, is being maintained • the child's strengths, capacity and abilities are being promoted and supported • the cultural, socio-economic, social and community context and spiritual beliefs of the child, family and caregiver are being respected and honoured.

CSS STANDARD 14: COLLABORATIVE ASSESSMENT AND PLANNING	
	Progress reviews can create opportunities to develop and monitor plans to reunite a child with family or extended family, or to move a child to an out-of-care living arrangement that promotes stability and continuity of lifelong relationships.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	• Child and Family Service Standard 2: Children and Families from Aboriginal Communities • Child and Family Service Standard 4: Cooperative Planning and Dispute Resolution Processes • Child and Family Service Standard 5: Providing Services That Respect a Child's Culture and Identity • Children in Care Service Standard 1: Preserving the Identity of an Aboriginal Child in Care • Children in Care Service Standard 2: Providing Services That Respect a Child's Culture and Identity • Children in Care Service Standard 8: Involving a Child and Considering the Child's Views in Case Planning and Decision Making • Children in Care Service Standard 11: Assessments and Planning for a Child in Care • Children in Care Service Standard 15: Planning for a Child Leaving Care • Integrated Case Management User's Guide: http://icw.mcf.gov.bc.ca/manuals/man_provserv_icm.shtm • Standards for Foster Homes: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf • Standards for Children's Staffed Residential Services: http://www.mcf.gov.bc.ca/child_protection/pdf/standards_residential_services.pdf • Family Care Home Agreement: Schedule A, part 1, section 4 • Collaborating and Advocating for Children and Youth in Care: http://www.mcf.gov.bc.ca/foster/pdf/CollabAdvoc3.pdf

CSS STANDARD 15: SUPPORTIVE PRACTICE	
LEGISLATION	
STANDARD	A director employs supportive practice in all dealings with a caregiver and provides support services consistent with the expectations of the caregiver outlined in: • a child's plan • foster home or staffed children's residential service standards, and • contractual agreements.
POLICY	Support is consistently identified as a crucial and significant factor in the retention of caregivers. The director communicates with a caregiver in a manner that is supportive and responsive to the complexities of the placement and the needs of the child. Frequent contact at the beginning of a placement and ongoing contact as required assists in promoting the stability of a child in care living in the home. Supportive practice includes: • listening, and providing advice when appropriate or requested • responding to a caregiver's requests in a timely manner • facilitating access to professional support services for a caregiver relevant to the child's needs (e.g., mental health, drug and alcohol, and behaviour management services) • promoting and facilitating access to formal and informal support networks (e.g., mutual aid, peer support, natural helpers, foster parent organizations, and/or community resources) • facilitating access to appropriate tangible supports (e.g., relief, or child and youth care worker) and reimbursement for additional expenses • encouraging the caregiver to participate with other members of the child's team in planning for the child • encouraging and facilitating the use of formal dispute resolution processes (e.g., mediation) to deal with conflicts that might arise between the caregiver and others • promoting and facilitating access to foster parent education and learning opportunities • facilitating key transitions (e.g., the beginning or ending of placements and services) • meeting with caregivers during times of crisis • periodically reviewing and assessing with the caregiver the level of support provided and required.

CSS STANDARD 15: SUPPORTIVE PRACTICE	
	Supportive practice assists a caregiver in: • supporting the goal of returning a child to the family and promoting stability and continuity of lifelong relationships, according to the child's plan, and • promoting healthy transitions during placement disruptions and separations. The director informs a caregiver that additional support is available from the British Columbia Federation of Foster Parents Associations, the Federation of Aboriginal Foster Parents, the Foster Parent After-Hours Support Line, and regional foster parent support services. For an Aboriginal caregiver, the director involves people from the relevant Aboriginal community to provide additional information and support.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	Standards for Foster Homes, Standard B.3 and Appendix 2: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf Standards for Children's Staffed Residential Services: http://www.mcf.gov.bc.ca/child_protection/pdf/standards_residential_services.pdf Family Care Home Agreement: Schedule E BCFFPA: http://www.bcfosterparents.ca FAFP: http://www.fafp.ca In Your Grasp website: http://www.inyourgrasp.bc.ca

CSS STANDARD 16: RELIEF, RESPITE AND CHILD CARE	
LEGISLATION	
STANDARD	A director discusses the need for and provision of relief, respite or child care services with a caregiver. The director assists the caregiver in arranging for these services if required. Before a child in care is placed in a relief caregiver's home, the caregiver providing relief is assessed and approved.
POLICY	Relief is important for both the child in care and the caregiver in most family care homes. All levels of caregivers may provide other foster caregivers with relief (both in-home and out-of-home) to in order to provide support when necessary. In addition, all levels of caregivers may provide respite services (out-of-home care provided by a director for a child's parent with whom there is a support agreement) for families whose children are not in care. **Relief** The director assists the caregiver in planning and arranging for periodic relief if necessary, on a schedule that best meets the needs of the child in care and the caregiver. Wherever possible, use a ministry approved caregiver. If a caregiver selects a person who is willing to provide relief but who is not approved by the ministry, that person must be assessed and approved using the assessment criteria for restricted caregivers outlined in Caregiver Support Service Standard 2: Screening, Assessment and Approval. The child's worker decides whether or not the child is placed with the relief care providers in order to ensure the suitability of the person and placement for a child in care. The child's worker in consultation with his or her supervisor decide whether a child can be placed in the relief care provider's home for longer than 14 days. In order to enhance stability for the child, the preferred plan is for the child to be cared for by the same relief care providers. *Allowable number of children in a caregiving home* The maximum allowable number of children in a caregiving home includes children who are placed in the home for relief or respite purposes. Exceptions require approval from the regional director of *CFCSA*. For more information about the number of children that can be placed in a caregiving home, see Caregiver Support Service Standard 11: Allowable Number of Children in a Caregiving Home.

CSS STANDARD 16: RELIEF, RESPITE AND CHILD CARE	

	Relief for restricted, regular and Level 1 family care homes
	Payments under a Family Care Home Agreement with restricted, regular and Level 1 family care homes do not include money for relief. The relief provider obtains reimbursement at the established relief/respite rates either by invoicing the ministry or through a contract with the ministry.
	
	Relief for specialized level 2 and 3 family care homes
	Service payments for a specialized family care home include funds to cover the equivalent cost of three days of relief per month per child or per bed at the established relief/respite rates. Except in extraordinary situations (see "Supplementary relief"), the cost of any additional relief must be paid by the caregiver using the balance of the service payment.
	
	Supplementary relief
	Supplementary relief for specialized family care homes may be necessary as a result of:
	• situational factors in the family care home, such as:
	  • personal illness or tragedy
	  • illness, death or marriage of an immediate member of the caregiver's family
	  • absence due to attendance at ministry-initiated or -recommended training
	• demanding and extraordinary needs of the child in care which, without relief or support for the caregiver, could jeopardize the placement
	• a restricted or regular home being the only available home but unable to meet some of the service requirements outlined in the comprehensive plan of care.
	
	The director assesses and documents all requests for supplementary relief in exceptional situations where:
	• more than the equivalent cost of three days per month of relief is clearly required to maintain a placement, and
	• the cost would require the caregiver to spend an unreasonable or disproportionate amount of the service payment.
	
	Payment for supplementary relief
	Payments for supplementary relief cannot be initiated by the RAP system. The caregiver purchasing the supplementary relief submits a written invoice to the resource office. The invoice should include:
	• the child's name, sex and date of birth
	• the number of days of relief service for which payment is required, including the dates of service
	• the rate of pay (e.g., dollars per day)
	• the name and telephone number of the person providing the supplementary relief

CSS STANDARD 16: RELIEF, RESPITE AND CHILD CARE	
	• the name, address and telephone number of the caregiver receiving the service, and • the signature of the caregiver receiving the service. The director forwards the invoice to the appropriate regional Financial Services Branch for payment. The number of days of service for which reimbursement is requested is the equivalent of the cost of three days of relief service subtracted from the cost of the actual number of relief days received. The authorization process for supplementary relief payments is the same as for one-time-only payments. A Family Care Home Authorized Approval form (CF1614) outlining the details of the service is required. **Payment to family care homes providing relief** *Restricted and regular family care homes* Restricted or regular family care homes providing relief or respite are paid the restricted/regular family care home rate appropriate to the age of the child in care, plus $10.00 daily. (For more information, see the Foster Family Care Home Payment Tables in Appendix C: Agreements and Payment Rates.) The Respite/Relief Care/Take Charge form (CF1234) is used to initiate payment. It is completed by the caregiver, approved by the child's worker and/or appropriate spending authority, and forwarded to the regional Financial Services Branch. (**Note:** Payment is based on the per diem rate and is not paid on a 24-hour clock basis.) *Specialized family care homes* Some Level 1, 2, and 3 homes are established to provide relief for other caregivers or respite for parents or other adults caring for children who are receiving services under a support services agreement but who are not in the director's care. The relief caregiver receives payment according to his or her designated home level. The rate for a relief/respite home is entered in Schedule B of the specialized family care home agreement. If a Level 2 or 3 home is providing both relief/respite and ongoing care, separate specialized family care home agreement schedules with accompanying documentation are submitted to the regional Financial Services Branch. Level 2 and 3 homes may provide respite/relief service even if a respite/relief placement results in a total number of children in excess of the limits established for ongoing placements, providing the caregiver has been approved to manage this extra capacity by the regional director of *CFCSA*.

CSS STANDARD 16: RELIEF, RESPITE AND CHILD CARE	
	On-going child care If day care services are required to supplement the care provided by a caregiver, day care subsidies are available. If day care is part of the child's plan of care and there is a cost in excess of the subsidy for which the caregiver requests additional funds, the director assesses the request. For more information regarding applying for child care, please refer to the Child Care Subsidy Procedures Manual: http://icw.mcf.gov.bc.ca/rasp/sysops/user_guide/docs/sect/child_care_subsidy.pdf Whenever possible, the children are placed in licensed facilities. If none is available, and unlicensed family day care is to be used, the director and caregiver are responsible for screening and monitoring the placement.
PROCEDURES	Level 1, 2 and 3 relief/respite caregivers must submit a Respite/Relief Care/Take Charge form (CF1234) to initiate payment for their services.
ADDITIONAL INFORMATION/ RESOURCES	**Resources** Standards for Foster Homes, Standard F.1: Alternative Care Arrangements at: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf Child Care Subsidy Procedures Manual: http://icw.mcf.gov.bc.ca/rasp/sysops/user_guide/docs/sect/child_care_subsidy.pdf For information on **Relief/Respite Care** rates, see Appendix C: Agreements on Payment Rates. For information on liability and extended property insurance when providing relief or respite service, see Appendix D: Insurance for Caregivers.

CSS STANDARD 17: ONGOING MONITORING AND ANNUAL REVIEWS	
LEGISLATION	
STANDARD	A director begins to monitor a child's safety and well-being as soon as a child in care moves into a caregiver's home. The director maintains ongoing contact with the caregiver as circumstances require. In addition to regular contact and monitoring, the director conducts an annual review with each caregiver as part of a region's quality assurance practices.
POLICY	**Ongoing monitoring** The director is responsible for monitoring on an ongoing basis: • the safety and well-being of each child in care • the effectiveness of each caregiver in achieving the goals and objectives for each child in care • the progress of each child in care measured against his or her plan, and • the adherence of each caregiving home to the approved, relevant standards. The director informs a caregiver about a director's responsibility and purpose in carrying out ongoing monitoring and conducting annual reviews. The director develops a monitoring plan with the caregiver that includes regular contact by phone and e-mail and in person. In-person contact occurs at a minimum of once every 90 days. The director sees the physical environment of the home, including sleeping arrangements. Wherever possible during visits to a caregiving home, the director sees and interviews all children placed in the home. Otherwise, the director obtains information about the child's experience in the placement through discussion with the child's worker. The director documents in the caregiver's resource file any changes in the physical environment and the child's experience in the caregiving home as part of monitoring the home. Ongoing monitoring includes separate interviews with each child in care and caregiver to discuss their individual experiences with and/or any concerns about: • the provision of a safe, nurturing environment that promotes the well-being of each child • the caregiver fulfilling his or her responsibilities in implementing the goals and objectives for each child and family as identified in the child's plan • honouring of the child's views, culture, identity, spiritual beliefs and wishes, and for Aboriginal children, following the cultural plan • maintaining family connections as outlined in the child's plan, and

CSS STANDARD 17: ONGOING MONITORING AND ANNUAL REVIEWS	
	• the quality of care in the home. In addition, the director reviews the caregiver's: • records of the day-to-day care of the child, and • adherence to the Standards for Foster Homes. **Annual reviews** The director conducts an annual review of all family care homes, including restricted family care homes. The director informs a caregiver of the objectives and participation expectations of the annual review. Continuing approval of a caregiver is contingent on a successful annual review. The director provides a caregiver with a schedule for his or her annual review, which occurs within 30 working days of the anniversary date of the initial approval. The director informs the caregiver about which records and activities will be reviewed and who will be interviewed as part of the review process. The director reviews file documentation, caregiver notes and records about the child, and contacts each social worker who has a child placed in the caregiving home to discuss strengths of and concerns about the caregiver's care for the child. The director conducts home visits to interview all caregivers in the home. Other adults and children living in the caregiving home may also be included in this process, when relevant. In collaboration with a child's worker, the director determines who will: • see and interview a child who is able to communicate in a comfortable space alone and apart from the caregiver, or • see a child who cannot communicate in a comfortable space apart from the caregiver. The director discusses the following topics with a caregiver during annual reviews: • all placements and changes in placement • changes and progress of the child in his or her development • implementation of the child's plan • the director–caregiver partnership, including providing and receiving positive feedback, and dispute resolution • the caregiver's experience with the available supports and relationships with child's team members • the caregiver's skills and capacities, noting any areas that require additional education, and planning to access that education

CSS STANDARD 17: ONGOING MONITORING AND ANNUAL REVIEWS	
	• additional people living in the home • concerns, if any, about the care of children resulting from discussions with social workers, and a plan to address the concerns • timely completion of the mandatory BC Foster Parent Education Program • health and safety issues and confidential storage of a child's records • significant changes for the caregiver and his or her home environment, and • the caregiver's responsibilities as outlined in the family care home agreement or service contracts and the Standards for Foster Homes. The information arising from these discussions is used to review and, if necessary, revise the profile of a child who can be placed in the caregiving home. If concerns about a caregiver arise from the annual review, the director develops a plan with the caregiver to address them. **Reviews when caregiving home is not providing service or is not being used** If a caregiving home has not been providing service for two months or more, the director conducts a review with the caregiver and discusses other possible uses for the home. If concerns arise relating to a caregiver, the director develops a plan with the caregiver to address them. The director discusses with the caregiver and provides the caregiver with appropriate notice of potential contract changes. (See Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements.) If the home will not be used in the future, the director ends the agreement. (See Caregiver Support Service Standard 20: Transferring or Closing a Caregiving Home.) Bed occupancy is monitored as part of the region's overall tracking and evaluation in relation to the regional resource plan.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	• Caregiver Support Service Standard 5: Initiating, Modifying and Ending Agreements • Caregiver Support Service Standard 20: Transferring or Closing a Caregiving Home • Child and Family Service Standard 24: Case Documentation

CSS STANDARD 17: ONGOING MONITORING AND ANNUAL REVIEWS	
	• Standards for Foster Homes: http://www.mcf.gov.bc.ca/foster/pdf/standards_foster_homes.pdf • Foster Family Handbook: http://www.mcf.gov.bc.ca/foster/pdf/handbook.pdf

CSS STANDARD 18: REPORTABLE CIRCUMSTANCES	
LEGISLATION	
STANDARD	A director ensures that a caregiver is aware of his or her obligation to report to the appropriate delegated worker all information of significance to the safety and well-being of a child in his or her care. The director follows up on reports that relate to a caregiver and confirms that a designated director is aware of reportable circumstances that relate to a child in care. A director advises a caregiver that the ministry sends the initial report about a child involved in a reportable circumstance to the Public Guardian and Trustee (GT), when the PGT is guardian of the child's estate, and that the PGT may request a copy of the final report.

POLICY	The director informs a caregiver in writing of the requirement to report to his or her worker all information of significance regarding the safety and well-being of a child, including:
	• death, critical injuries and serious incidents (to be reported immediately)
	• issues relating to the caregiver's ability to care for the child and/or changes in the caregiver's home that affect or might affect the child's care (to be reported as soon as possible)
	• reportable incidents outlined in the Standards for Foster Homes (Standard B.2: Reportable Incidents).
	
	If the caregiver's worker is not available, the report is made to an alternate delegated worker or to a supervisor in the same district office. If an immediate report is necessary after regular office hours, the report is made to the relevant After Hours service.
	
	Death, critical injuries and serious incidents
	The director immediately informs a child's worker and ensures that a designated director is also immediately informed when:
	• there is a death, critical injury or serious incident involving any of the following:
	  • a child in care
	  • a child placed in the interim or temporary custody of another person under the director's supervision, or
	  • a child receiving respite services
	• there is a death or critical injury of a child who has received services or whose parent has received services under the *CFCSA* within the past 12 months.

CSS STANDARD 18: REPORTABLE CIRCUMSTANCES	
	Services include a child protection investigation or an assessment and referral for services. In non-urgent situations, the director follows up as appropriate to the circumstances. **Note:** Although these standards apply to workers who provide caregivers with services, a child's worker and a director are also informed immediately of a death, critical injury or serious incident relating to: • a child who is the subject of an agreement with a child's kin or other person, or • a child placed in the interim or temporary custody of another person under a director's supervision **Issues relating to a caregiver and/or caregiving environment** The director follows up on caregiver reports of changes in caregiving circumstances. Reporting expectations for caregivers are outlined in the Standards for Foster Homes (Standard B.2: Caregiver Practices). **Responding to a report from a caregiver** The director determines the type of response required in consultation with relevant workers, supervisors and managers, based on the nature of the circumstances. Responses can include: • reviewing and assessing the nature of the circumstances and any previous reports • determining the impact, if any, on the caregiver's ability to care for the child • providing support (e.g., discussing and debriefing traumatic events with a caregiver) • participating in collaborative planning regarding appropriateness of the placement for the child • making recommendations for change, based on issues raised by the circumstances, to ensure the safety or well-being of the child.
PROCEDURES	**Initial written report of death, critical injury or serious incident** The initial written report of the death, critical injury or serious incident is completed using the "initial reportable circumstance" template in Word. **Additional written report of death, critical injury or serious incident** There is no required prescribed template for required additional written reports.

CSS STANDARD 18: REPORTABLE CIRCUMSTANCES	
ADDITIONAL INFORMATION/ RESOURCES	• Foster Homes Standard B.2.3: Reportable Incidents • Child and Family Service Standard 25: Reportable Circumstances • Family Care Home Agreement • Standards for Staffed Children's Residential Services: http://www.mcf.gov.bc.ca/child_protection/pdf/standards_residential_services.pdf

CSS STANDARD 19: CAREGIVER PROTOCOLS	
LEGISLATION	
STANDARD	A designated director develops and maintains regional protocols that are related to: • investigating reports of abuse or neglect of a child in care, and • resolving issues between a caregiver and ministry staff. A director informs a caregiver about: • expectations of caregivers during an investigation and/or review under a protocol, and • the obligations of the director's delegate to respond in accordance with the protocols. When an investigation or review is initiated under a protocol, the director assists a caregiver in accessing available supports and services. The director honours and follows all protocols relating to a caregiver.
POLICY	The director works collaboratively with persons who are parties to the protocols and who are involved in a protocol process. The director ensures that a caregiver is provided with a list of people and/or organizations to contact for support during a protocol investigation or review. In accordance with the protocol, the director ensures that involved parties are advised of the outcome of the protocol process and supporting reasons, and receive copies of relevant documentation. The director is available to provide a caregiver with support when requested or appropriate.
PROCEDURES	The director retains a copy of all relevant documentation on the process, results and recommendations of the protocol on the resource file.
ADDITIONAL INFORMATION/ RESOURCES	• Protocols for Foster Homes: http://www.mcf.gov.bc.ca/foster/pdf/FHProtocols.pdf • Regional protocols for conducting investigations

CSS STANDARD 20: TRANSFERRING OR CLOSING A CAREGIVING HOME	
LEGISLATION	
STANDARD	A designated director develops a thorough planning and review process for transferring or closing caregiving homes. If a caregiver moves to another region or a decision to close a home is made by a director or a caregiver, each party gives appropriate notice of intent, as specified in the agreement or contract. In situations where a director decides to close a home with cause, notice of intent as specified in the agreement or contract is not required. When a decision to transfer or to close a home is made, the director: • plans for the transition of a child in the home, considering the child's needs and wishes • plans transferring or closing activities with the caregiver that are respectful and congruent with reasons for transferring or closing a home, and • documents the process and the decisions made as required in Caregiver Support Service Standard 8: Documentation.
POLICY	**Transferring a home** If a caregiver is relocating from one region to another, the director communicates with a worker in the receiving region as soon as possible about: • the timing and reasons for the transfer • resources available to support the transfer • a written plan for the transfer • any concerns about the caregiver, and • the caregiver's contract and history. The director completes the necessary documentation, as outlined in Caregiver Support Service Standard 8: Documentation. The director sends the relevant caregiver information to the contact person in the receiving area before the move wherever possible, and in all instances within 30 days of the transfer. The director advises the caregiver of contact information in the receiving region. If the caregiver is relocating to another region with a child in care, the director contacts the child's worker and the receiving worker to review the reasons for the move and the child's plan of care, and to develop a plan that addresses the stability and continuity of the placement.

CSS STANDARD 20: TRANSFERRING OR CLOSING A CAREGIVING HOME	
	(For more information, see Inter-Regional Protocol: Transfer of Authority Between Directors, Schedule C.) **Closing a home** When considering closing a caregiving home where there has been no breach of contract i.e. without cause, the director engages in a review process with team members and the caregiver to determine whether or not to close the home. When applicable, the director discusses options other than closure with a caregiver and team members, referring to the requirements outlined in the regional resource plan. The director considers asking a caregiver to change the type of service he or she provides, to respite, specialized care, or caring for children of different ages. When considering closing a caregiving home where there has been a breach of contract i.e. with cause, the director discusses the reasons with team members and the caregiver. If a decision is made to close a home, the director: • informs the caregiver in person of the decision and the reasons for the closure in person, with confirmation in writing • provides the caregiver with written notice of termination of the agreement within the required period, as outlined in the agreement or contract, and • obtains the caregiver's records relating to the care and planning for all children who have lived in the home, including daily records, care plans, and family information, and returns them to the relevant family service or child service files. The director facilitates a respectful and supportive closure process, regardless of the reason for the closure. When a child is moved from a family care home because of closure of the home, the director provides the child and caregiver with support services to minimize disruption and address any separation or grief concerns. Wherever possible, the director offers the caregiver an exit interview to review his or her caregiving experience. During an exit interview, the director: • acknowledges and honours the caregiver's experience, noting his or her strengths and contributions • if appropriate, discusses the caregiver's reasons for his or her decision to discontinue caregiving, and • discusses the caregiver's experience of or views on a region's recruitment, retention, development and support practices.

CSS STANDARD 20: TRANSFERRING OR CLOSING A CAREGIVING HOME	
PROCEDURES	The director decides cooperatively with the receiving worker whether to administratively assign the caregiver's existing agreement to the receiving worker or to terminate the existing contract. (For more information, see Inter-Regional Protocol: Transfer of Authority Between Directors, Schedule C.)
ADDITIONAL INFORMATION/ RESOURCES	• Notice Requirements, in Appendix C: Agreements and Payment Rates • Caregiver Support Service Standard 8: Documentation • Caregiver Support Service Standard 17: Ongoing Monitoring and Annual Reviews • Caregiver Support Service Standard 19: Caregiver Protocols • Inter-Regional Protocol: Transfer of Authority Between Directors, Schedule C • Family Care Home Agreement: Section 11

CSS STANDARD 21: MONITORING OF AND LIAISON WITH STAFFED CHILDREN'S RESIDENTIAL SERVICES	
LEGISLATION	
STANDARD	A director provides ongoing liaison with staffed children's residential services to monitor for: • consistent referral, assessment, planning, treatment and discharge practices • participation in integrated case management processes as members of a child's team for the duration of the child's stay • responsive program development to meet the needs of children receiving care and their families • provision of services under their contracts, and • adherence to the Standards for Staffed Children's Residential Services and the fulfilment of community care licensing and accreditation requirements.
POLICY	**Note:** Monitoring, reviewing and supporting placements in staffed children's residential services is distinct from the supportive role referred to in Caregiver Support Service Standard 15: Supportive Practice. The director informs relevant care providers within the residential resource about a director's responsibilities and purpose in monitoring the child's care. In consultation with relevant care providers, the director develops a monitoring schedule outlining the nature and frequency of contact. Frequency of contact is based on the ages, vulnerabilities and number of children in the residential resource. Contact occurs in person at a minimum of once every three months. In collaboration with the child's worker, during visits to the residential resource, the director sees and wherever possible interviews each child in care in the residential setting about topics relating to their rights in care. The director interviews each relevant care provider separately to discuss his or her individual experience with and/or concern about: • the provision of a safe and nurturing environment that promotes the well-being of each child • carrying out his or her responsibilities in implementing the goals and objectives identified in each child's plan • honouring each child's views, culture, identity, spiritual beliefs and wishes, and for an Aboriginal child, following the cultural plan • maintaining family connections as outlined in each child's plan • reviewing daily records of the care of each child • adherence of the residential resource to the Standards for Staffed Children's Residential Services, and • the quality of care in the residential resource.

CSS STANDARD 21: MONITORING OF AND LIAISON WITH STAFFED CHILDREN'S RESIDENTIAL SERVICES	
	The director maintains a record of all monitoring visits to the residential resource for inclusion on the agency/service contract file, as part of contract management and the region's quality improvement practices. The director advises a child's worker of any concerns relating to a child's care. The director documents a child's experience in the residential resource and provides the child's worker with information for documentation on the child service file.
PROCEDURES	
ADDITIONAL INFORMATION/ RESOURCES	• Integrated Case Management User's Guide: http://icw.mcf.gov.bc.ca/manuals/man_provserv_icm.shtm • Standards for Staffed Children's Residential Services: http://www.mcf.gov.bc.ca/child_protection/pdf/standards_residential_services.pdf

Appendix A: Rights of Children in Care (*CFCSA*, s.70)

70 (1) Children in care have the following rights:

(a) to be fed, clothed and nurtured according to community standards and to be given the same quality of care as other children in the placement;

(b) to be informed about their plans of care;

(c) to be consulted and to express their views, according to their abilities, about significant decisions affecting them;

(d) to reasonable privacy and to possession of their personal belongings;

(e) to be free from corporal punishment;

(f) to be informed of the standard of behaviour expected by their caregivers and of the consequences of not meeting their caregivers' expectations;

(g) to receive medical and dental care when required;

(h) to participate in social and recreational activities if available and appropriate and according to their abilities and interests;

(i) to receive the religious instruction and to participate in the religious activities of their choice;

(j) to receive guidance and encouragement to maintain their cultural heritage;

(k) to be provided with an interpreter if language or disability is a barrier to consulting with them on decisions affecting their custody or care;

(l) to privacy during discussions with members of their families, subject to subsection (2);

(m) to privacy during discussions with a lawyer, the child and youth officer or a person employed or directed by the child and youth officer under the *Office for Children and Youth Act*, the Ombudsman, a member of the Legislative Assembly or a member of Parliament;

(n) to be informed about and to be assisted in contacting the child and youth officer under the *Office for Children and Youth Act*, or the Ombudsman;

(o) to be informed of their rights under this Act and the procedures available for enforcing their rights.

(2) A child who is removed under Part 3 is entitled to exercise the right in subsection (1) (l), subject to any court order made after the court has had an opportunity to consider the question of access to the child.

(3) This section does not apply to a child who is in a place of confinement.

APPENDIX B

Criminal Record Check Policy and Procedures for Caregivers

August 2012

Updated to include:
New procedure for verifying a criminal record.

BRITISH COLUMBIA
The Best Place on Earth

Ministry of Children and Family Development

Introduction 75

Section I – Consolidated Criminal Record Checks 77

Who Receives a Consolidated Criminal Record Check? 77

When Is a Consolidated Criminal Record Check Required? 77

Who Conducts a Consolidated Criminal Record Check and What Information is Checked? 78

When Not to Use the Consolidated Criminal Record Check Process 78

Process for Completing the Form 79

Process for requesting a Consolidated Criminal Record Check from The Ministry of Justice (formerly PSSG) 81

Evaluation of Consolidated Criminal Records and Approval Process 83

Criteria Determining Whether to Consider a Prospective Caregiver with a Record 83

Disclosing Information Resulting from a Consolidated Criminal Record Check 84

New Charges or Convictions 85

Documentation 86

Section II - Criminal Records Review Act 87

Appendix - Available Criminal Record Check Databases - BC and Canada 90

Introduction

This document outlines the requirements for conducting criminal record checks on individuals who provide residential services under the *Child, Family and Community Service Act (CFCSA)* and the *Adoption Act* in British Columbia. These individual includes:

- prospective and approved foster caregivers;
- prospective and adoptive parents;
- prospective section 54.1 care providers;
- prospective and approved out of care care-providers caring for children under:
    - a section 8 agreement, or
    - a court order made under sections 35(2)(d) or 41(1)(b) of the *CFCSA*
- prospective and approved relief care providers (as defined in *Caregiver Support Service Standards*).

Pre-placement

Criminal record checks are completed when planning a placement for a child as part of the assessment process to ensure as much as possible the child's safety and well-being and to ensure that prospective adoptive parents have the ability to protect, nurture and care for the child. Additionally a criminal record check is required as part of the assessment process for relief care providers.

After Placement

A criminal record check is redone every three years for foster caregivers, out of care care-providers, and relief care providers.

Note: This policy addresses only criminal record checks. Prior contact checks required for caregivers are completed by the individual worker. See Prior Contact Checks Policy - Current and Future Practice for further details.

Definition of Caregiver

For the purposes of this document 'caregivers' will refer to:

- prospective and approved foster caregivers;
- prospective adoptive parents;
- prospective section 54.1 care providers;
- prospective and approved out of care care-providers; and
- prospective and approved relief care providers.

Underlying principles

Conducting criminal record checks on caregivers helps to ensure that all precautions are taken to keep children safe, and supports the guiding principle of the *CFCSA* and that the safety and well-being of children are the paramount considerations.

The *Adoption Act Regulations* state that conducting criminal record checks ensures that prospective adoptive parents have the ability to protect, nurture and care for the child.

Types of Criminal Record Checks Required

I. **Consolidated Criminal Record Check (CRC)** –These checks apply to prospective and approved foster caregivers, prospective adoptive parents, prospective and approved out of care care-providers, prospective section 54.1 care providers and prospective and approved relief care providers. These checks also apply to adults age 18 years or older who live in the home of the above noted caregivers or who spend significant and unsupervised time with a child placed in the home. The procedures for conducting a consolidated criminal record check and a description of the consent form are outlined in Section I of the document.

II. **Criminal Records Review Act (CRRA)** – These checks apply only to approved foster caregivers. The procedures for conducting a criminal records review act check are outlined in Section II of this document.

Status	**Consolidated Criminal Record Check Process** (Completed every three years)	**Criminal Record Check by CRRA Agency** (Completed every five years)
Prospective and approved foster caregivers	Yes	Yes
Those age 18 years or older associated with the foster caregiver	Yes	No
Prospective adoptive parents	Yes	No
Those age 18 years or older associated with the prospective adoptive parents	Yes	No
Prospective out of care care-provider	Yes	No
Those age 18 years or older associated with the out of care care-provider	Yes	No
Prospective relief care providers	Yes	No
Those age 18 years or older associated with the relief care-provider	Yes	No

The reference to “those 18 years or older associated with …” in the above table is meant to include adults age 18 years or older who live in the home of the caregiver or who spend significant and unsupervised time with a child placed in the home.

Section I – Consolidated Criminal Record Checks

Who Receives a Consolidated Criminal Record Check?

The Consolidated Criminal Record Checks (CCRC) process applies to:

- prospective and approved foster caregivers;
- prospective adoptive parents;
- prospective section 54.1 care providers;
- prospective and approved out of care providers who may care for children and youth under the following sections of the *CFCSA:*
    - (section 8) Extended Family Program;
    - (section 35(2)(d)) an interim order providing custody to a person other than a parent under the director's supervision;
    - (section 41(1)(b)) a temporary order placing the child in the custody of a person other than the parent under the director's supervision; and,
- prospective and approved relief care providers; and
- adults age 18 years or older who live in the home of the caregiver or who spend significant and unsupervised time with a child placed in the home.

When Is a Consolidated Criminal Record Check Required?

Foster caregivers and out of care care-providers:
CCRC are conducted as part of the assessment process for prospective foster caregivers and prospective out of care care-providers and are to be completed prior to a child being placed in the home. A CRC is required every three years for foster caregivers and out of care care-providers, with the exception of 54.1 care providers who are only checked during the assessment and approval process.

Persons age 18 years or older:
A person who is 18 years of age or older living in the home of a caregiver (as defined in the introduction section of this document), or who may otherwise spend significant and unsupervised time with the children placed in the home, is subject to the CCRC process during the caregiver's assessment process and every three years thereafter.

Note: If a relief care provider is not providing care in his or her own home, then a person 18 years of age or older who is living in the relief care provider's home does not require a criminal record check.

Relief Care providers:
A CCRC is conducted when assessing a relief care provider before the relief care provider begins caring for a child or youth in care. A CRC is required every three years for a relief care provider.

Adoptive parents:
A CCRC is conducted during the adoption home study process, and within 9 months prior to an adoption placement.

Status	When	Timeline of Subsequent Checks
Foster Caregivers and persons 18 years and over associated with the foster caregiver	At initial assessment prior to a child being placed in the home	Every three years
Out of care care-providers and persons 18 years and over associated with the out of care - caregiver	At initial assessment prior to a child being placed in the home	Every three years if agreement is in place.
54.1 Care providers and persons 18 years and over associated with the caregiver	At the initial assessment before child is placed in the home	Only initial criminal record check is required
Relief Care providers. Persons 18 years and over associated with the relief caregiver only if care is provided in the relief home	At the initial assessment before caring for children	Every three years
Adoptive parents and persons 18 years and over associated with the adoptive parent	Conducted at the initial assessment	Within 9 months of the placement

Who Conducts a Consolidated Criminal Record Check and What Information is Checked?

A CCRC record check is performed by the Ministry of Justice formerly the Ministry of Public Safety and Solicitor General (PSSG) and includes data bases from both BC and Canada. The data bases used in the check are Canadian Police Information Center (CPIC), Police Information Retrieval System (PIRS), Police Records Information Management Environment (PRIME), Police Reporting Occurrence System (PROS), Police Information Portal (PIP), BC Corrections Information (CorNet) and BC Court involvement (JUSTIN) (see appendix for more details). The CCRC includes a review of the applicant's self disclosure by PSSG. Self-disclosure is a section on the consent form that allows a caregiver to provide information pertaining to their criminal record. See Section of this document entitled: Process for Completing the Form for further details.

When Not to Use the Consolidated Criminal Record Check Process

A CCRC **should not** be used to assess child protection reports. The CCRC process is intended to be used for prospective care givers (defined in the introduction of this document) as well as for approved caregivers once every three years (Prospective adoptive parents must have a consolidated criminal record check completed within nine months of a placement). Continue to use local protocols for obtaining safety and well being information with regards to child protection reports.

Description of the Consent for Disclosure of Criminal Record Information Form (CF0622) and Process for Completing the Form

All information that is required in order for a CCRC to be conducted is covered on the Consent for Disclosure of Criminal Record Information Form (CF0622).
**All sections of the form must be completed in order for a full criminal record check to occur.*

Process for Completing the Form

Ask the applicant if she or he has any questions about the process and/or the information to be collected. The applicant may wish to review the form with legal counsel before deciding whether or not to sign the form. **Review and complete each section of the form with the applicant as described:*

Section 1 – Identification

Verify the identification of the applicant by ensuring that at least two pieces of government issued identification are produced – at least one should have a photograph of the applicant. *The preferred method of identification for a CPIC check is a Drivers License. The driver's license does not have to be valid.

The following pieces of ID may be used for ID verification:

Primary ID	Secondary ID
Issued by ICBC: • B.C. driver's licence or learner's licence with applicant's photo (can be an expired licence with applicant's photo) • B.C. Identification (BCID) card **Issued by provincial or territorial government:** • Canadian birth certificate **Issued by Government of Canada:** • Passport • Canadian Citizenship Card • Permanent Resident Card • Canadian Record of Landing/Canadian Immigration Identification Record	• School ID card (student card) • Bank card (only if applicant's name is on card) • Credit card (only if applicant's name is on card) • Foreign birth certificate (a baptismal certificate is not acceptable) • Canadian or U.S. driver's licence with applicant's photo (can be an expired licence) • Naturalization certificate • Canadian Forces identification • Police identification • Foreign Affairs Canada or consular identification • Vehicle registration (only if applicant's signature is shown) • Picture employee ID card • Firearms Acquisition Certificate • Social Insurance Card (new style without signature strip not acceptable) • B.C. CareCard • Native Status Card • Parole Certificate ID • Correctional Service Conditional Release Card

Record the pieces of primary and secondary ID that were provided by filling in the boxes entitled Primary and Secondary Government ID. If the applicant has an expired driver's licence, this number is provided. The licence may be other than one issued in BC.

If the applicant does not possess the required ID documentation, do not proceed with the process until sufficient ID documentation can be provided. In exceptional circumstances where the required ID cannot be provided, consult with your supervisor, manager or director/executive director (based upon regional or Delegated Aboriginal agency procedures) in order to determine whether the ID that the applicant has produced is sufficient. Approval that the applicant's identity has been sufficiently verified must be documented by including the supervisor's/manager's/director's/ executive director's signature in the Primary and/or Secondary ID boxes on the form.

Section 2 - Informed Consent

This section allows PSSG to disclose the following information to the delegate of a Director under the *CFCSA* or *Adoption Act*:

- Any relevant police occurrences that are found on the following databases:
  - Police Records Information Management Environment (PRIME)
  - Police Information Retrieval System (PIRS)
  - Police Reporting Occurrence System (PROS).
- Whether the applicant's self disclosure on the form is "complete" or "incomplete" according to relevant offences on the CPIC record.

Section 3 - Waiver and Release

This section releases the RCMP from any claims of damages, loss or injury sustained as a result of this authorized disclosure of information.

Section 4 – Informed Consent for Disclosure of BC Correctional and Court Systems

This section authorizes a director delegated under the *CFCSA* or *Adoption Act* to disclose all information supplied on this form to PSSG in order that PSSG may complete a search of information from BC correctional (CorNet) and court system about criminal charges and convictions, including convictions that have been pardoned. This section also authorizes PSSG to disclose any finding to a delegated worker or Administrator of a B.C. licensed adoption agency.

Section 5 – Signature

If the applicant agrees with the preceding sections of the form, obtain his or her signature, and include the date upon which the signature was obtained. Inform the applicant that this form is valid for one year from the signed date and is valid for the role being applied for in Section 6.

Section 6 – Consent for Criminal Record Search and Disclosure of Sexual Offence for Which a Pardon Has Been Granted

According to the requirements of the federal *Criminal Records Act*, an additional consent must be provided by the applicant to allow specifically for the search and disclosure of any sexual offence for which a pardon has been granted. The type of information required on the form for this consent is prescribed by the *Criminal Records Regulations*. Disclosure to a delegated worker about pardoned sexual offences is limited to informing whether the applicant's self disclosure on the form is "complete" or "incomplete" according to relevant offences on the CPIC record.

Ensure that the information relating to the placement option and the name of your organization is provided. If the applicant agrees, obtain his or her signature in the space provided and the date upon which the signature was obtained. For more information on pardons visit Service Canada.

Section 7 - Self Disclosure

Ask the applicant to respond to the questions included in this section, and to provide relevant information regarding criminal offences, if any exists, in the space provided. Explain the purpose of the record checks to the prospective caregiver. Ask if he or she has a criminal record or has received a "pardon" for a criminal offence. Ask the caregiver whether his or her child (or any other child under the age of 18 years living in the home):

- has been involved with the police;
- has been involved with any criminal activities; and
- has exhibited or currently exhibits behaviour that could pose a risk to children placed in the home.

Further explain to the caregiver the need to self disclose any new convictions or charges that might arise following the completion of the initial record checks and/or voluntary disclosures involving:

- himself or herself;
- those age 18 years or older who live in the caregiver's home or who may otherwise spend significant or unsupervised time with the child while in the caregiver's home; and/or
- any child under 18 years living in the home.

This part of the form serves two purposes:

- At the beginning of the record check process, it provides information in order to determine if the applicant should be screened out based on the self disclosure alone; and
- At the stage when PSSG is performing a record check, it allows a determination to be made whether the care giver's self-disclosure of outstanding charges and convictions is "complete" or "incomplete" according to relevant offences on the CPIC record.

Ensure that each section of the form is completed. If the applicant is in agreement, **obtain his or her signature** in the space provided in Section 5, 6, and 7.and the date upon which the signature was obtained. Keep the signed consent form in the appropriate file.

Process for requesting a Consolidated Criminal Record Check from The Ministry of Justice (formerly PSSG)

DO NOT fax the completed, signed consent form CF0622 to the Ministry of Justice (formerly PSSG). The Ministry of Justice has developed an on-line, web based request form in order to expedite completing consolidated criminal record checks.

Follow the directions for completing the on-line request form for a consolidated criminal record check at: http://icw.mcf.gov.bc.ca/manuals/docs/cfdev/cfs/record_checks_online.pdf

Verifying the Results of the Consolidated Criminal Record Check

The results of the CCRC are sent to a director delegated under the *CFCSA* or *Adoption Act* from the Ministry of Justice (formerly PSSG) via fax. The information may come from several sources (see the Appendix).

If the results are relevant to assessing the safety and well-being of a child, review the information with the applicant.

Note 1: Because this disclosure includes relevant information from the RCMP records managements systems a delegated worker must verify with each applicant that any relevant information pertains to the applicant prior to using the information. If a discrepancy exists, a delegated worker will not proceed with their approval process until the RCMP records management system information is verified.

Note 2: When a Canadian Police Information Centre (CPIC) record search identifies a record, the knowledge that there may be a police record matching the applicant is conveyed to the worker. However, there is no opportunity to match the details included in the self disclosure section (section 7) of the consent form with the information identified in CPIC even though it is still necessary to verify whether the applicant's self-disclosure matches the records found in CPIC. **NEW PROCEDURE - August 2012: In these situations the delegated worker faxes the original consent form (CF0622) to the Criminal Record Review Unit (CRRU) at 250-380-6262, including worker name and email, and requests that CRRU staff provide records-matching verification. CRRU staff will then email the worker a PDF response regarding the records-matching results.**

If the applicant disputes any finding of a record, advise the applicant to discuss the issue with the police detachment that is responsible for the information.

The onus is on the applicant to rectify the issue with the police and provide the delegated worker with a contact name/number in the police detachment in order to confirm the resolved information. If the results of the CCRC reveal that the applicant's self disclosure relating to CPIC information was 'incomplete' according to the Ministry of Justice (formerly PSSG):

- advise the applicant of this and of the need for further disclosure, and
- fax the further disclosure information to the **Ministry of Justice** (formerly PSSG**)** at **250 356-5987**

If the applicant claims that he or she has been incorrectly identified, advise him or her to go to the local police agency and obtain further clarification through the submission of fingerprints to Ottawa.

The applicant is responsible for sending the required form to Ottawa along with the appropriate fee. The fingerprints are compared to records in Ottawa and are returned to the applicant in approximately six to eight months with a certified copy of the Criminal Record. This copy includes information on the date of charge, type of charge and disposition. It is the applicant's responsibility to disclose the information. If the applicant does not initiate the disclosure, ask him or her about the results. If a criminal record does exist, ask the person to provide details about the nature of the record.

If the applicant does not disclose information about an existing criminal record, consider the lack of response together with other factors in the assessment for approval.

During the verification process an agreement is not initiated or renewed.

Evaluation of Consolidated Criminal Records and Approval Process

When the results of a CCRC show that the person has a record on the system including pardons, discuss the nature of the record with him or her. The subject of the criminal record check must consent in writing for information to be disclosed. Use form CF0609 Consent to the Disclosure of Information for this purpose.

Assistance in Interpreting the Results of a CCRC

In some circumstances, a delegated worker may have difficulty interpreting the complexity of information forwarded to them from the data bases being searched. In such cases, prior to making a decision of suitability of the caregiver, the Ministry of Justice (formerly PSSG) can perform a risk evaluation of the available criminal record information. The risk evaluation is a summary assessment of the available criminal record information and an opinion of the risk that would be present to the type of work being performed. For this service please call **After Hours** at: **604 660-4927 or 1 800 663-9122**.

More details about CorNet information may be obtained from probation officers under the authority of section 96 of the CFCSA. Check here for a listing of all probation offices

More details about police records may be obtained from the RCMP under the authority of the written consent form already signed by the applicant.

Criteria Determining Whether to Consider a Prospective Caregiver with a Record

The child's safety and well-being are the paramount considerations when deciding whether to approve the caregiver. If a record is found consult with your Community Services Manager or Executive Director of a Delegated Aboriginal Agency regarding whether the person will be considered.

Note: In cases where the executive director does not have delegated authority, consult with the First Nations Director or designate.

Review the following criteria when considering approval of a prospective caregiver with a record:

- the Criminal Record Review Program list of criminal offences are considered relevant as they may present a risk to a child;
- the number of charges, convictions and diversions;
- the time between past criminal activity and the present;
- the conduct and circumstances of the individual since the offence or alleged offence;
- the developmental age of the child, the child's circumstances, and the nature of the child's existing or intended relationship with the person;
- the child's views, if applicable; and,
- the relevance of the particular criminal activity to the care or contact with the child.

The delegated worker reviews the information and the criteria for approval with his/her Community Services Manager or Executive Director of a Delegated Aboriginal agency unless the Executive Director does not have delegated authority. In this case a First Nations Director or designate is consulted.

Note: Conditional approval may be provided to complete an assessment or home study of the caregiver in order to obtain more information to assist with this decision. If this occurs advise the caregiver(s). At the completion of the assessment or home study the Community Services Manager or Director of a Delegated Aboriginal agency reviews all the information and makes final decision. Clearly document this process and all decisions made (see Documentation section for further details.)

Approval Process

If there are no concerns about the child's future safety and well-being the prospective care-provider may proceed in the assessment process.

If concerns exist resulting from the consolidated criminal record check, the delegated worker's Community Services Manager or the Executive Director of a Delegated Aboriginal Agency (unless the Executive Director does not have delegated authority) makes the decision regarding whether or not the assessment process continues.

In this case a First Nations Director or designate is consulted and makes the decision regarding whether or not the assessment process continues. Advise the applicant of the decision, supporting reasons and document (see *Documentation* section and section below for further details).

Disclosing Information Resulting from a Consolidated Criminal Record Check

Disclosing Information to a Foster Caregiver Regarding a Prospective Relief Care Provider:

If the prospective relief care provider agrees, arrange a meeting with him/her and the foster caregiver in order for the prospective relief care provider to advise the foster caregiver of the concerns. If this is not possible, advise the foster caregiver that the prospective relief care provider was not approved based upon the CCRC. Details of the offence(s) cannot be disclosed to the foster caregiver without the written consent of the prospective relief care provider using the Consent for Disclosure of Information form (CF0609).

Disclosing information to a Child's Parent Regarding a Prospective Out of Care Care-Provider:

Facilitate a meeting where the person can provide this information directly to the parent. Details of a CCRC can only be released to the parent by the involved individual. If this is not possible, the parent may be told that the out of care care-provider was not approved based on the results of the CCRC. Details of the offence(s) cannot be disclosed to the child's parent by the delegated worker without the written consent of the prospective out of care care-provider using the Consent for Disclosure of Information form (CF0609).

If a child is already in an Extended Family Program placement:

- advise the parent that if they allow the child to stay with the out of care care-provider, an assessment and possible investigation of the child's need for protection in that home will occur immediately, and
- the agreement to contribute to the child's care may end depending upon the result of the assessment and response.

If a child is already in an out of care placement under section 35(2)(d) or 41(1)(b) of the *CFCSA*, consider applying to the court to vary the terms and conditions of the order, or applying for another order that would assist in addressing the safety concerns.

Disclosing Information to a Caregiver regarding a Person 18 Years of Age or Over:

With the written consent (CF0609) of the applicant, discuss the safety concerns with the caregiver. Explain to all parties that an agreement or contract cannot be offered or renewed until any concerns for a child's safety and well-being are addressed. For EFP agreements see page 12. In discussion with the caregivers, determine a mutually agreed upon plan to ensure that the person age 18 years or older does not pose a risk to the child - a future placement or a current placement. Document the plan, keep a copy on the relevant caregiver's file and provide a copy to the caregivers and the person age 18 years or older. If a plan cannot be developed, do not offer or renew an agreement with the caregiver.

If the person age 18 years or older will **not** consent to discussing concerns with the caregiver, advise the caregiver:

- that concerns exist relating to the child's safety and well-being as a result of the CCRC without providing identifying information;
- that the caregiver will not be approved or that the adoption home study will not proceed unless and until the concerns relating to the child's safety and well-being are addressed;
- to speak to the person age 18 years or older for further information.

Details of the offence(s) cannot be disclosed by the practitioner without the written consent of the applicant using the consent for disclosure of information form (CF0609).

New Charges or Convictions

If a caregiver or person 18 years of age or older (living in the caregiver's home, or who may otherwise spend significant and unsupervised time with the children placed in the home) is charged with or convicted of an offence subsequent to a criminal record check, the caregiver must promptly report the charge or conviction to the director and provide a criminal record check authorization for a further criminal record check. For prospective adoptive parents advise that this includes anytime after a criminal record check is complete even if there is no child placed with them - see *Practice Standards and Guidelines for Adoption – Standard* #46.

Further explain to the caregiver the need to self disclose any new convictions or charges that might arise following the completion of the initial record checks and/or voluntary disclosures involving:

- himself or herself ;
- those age 18 years or older who live in the foster caregiver's home or who may otherwise spend significant and unsupervised time with the child while in the caregiver's home; and/or
- any child under 18 years living in the home.

If a practitioner becomes aware that a caregiver or person age 18 years of age or older living in the caregiver's home, or who may otherwise spend significant and unsupervised time with the children placed in the home, has an outstanding charge for, or has been convicted of a offence, the director must require the person to provide a record check authorization for a further criminal record check. In consultation with your Community Services Manager or the Executive Director of a Delegated Aboriginal Agency (unless the Executive Director does not have delegated authority; in this case a First Nations Director or designate) decide whether or not the caregiver can continue to care for children during the complete criminal record check process by considering:

- the nature of the offence;
- the factors listed in the section entitled *Evaluation of Criminal Records and Approval Process* to determining whether to consider a prospective care provider with a record;
- the child's views and sense of safety; and,
- the child's capacity.

If a decision is made that the caregiver cannot continue to care for children, discuss the reasons with the caregiver and terminate the existing agreement in accordance with the terms of the agreement. Document the reasons and supporting reasons in accordance with *Caregiver Support Service Standards: "Documentation",* and *Practice Standards and Guidelines for Adoption, Practice Standard #58.*

Children in Out of Care Placements:

When a child is already in an out of care placement and new information is obtained from a CCRC, follow the same steps as described in the sections entitled *Evaluation of a Criminal Records and Approval Process* and *Criteria Determining Whether to Consider a Prospective Care Provider with a Record*.

Foster Caregivers and Criminal Record Review Act Checks:

When information is received about a new charge and/or conviction of an offence that might affect the safety, well-being and care of a child placed in the home, conduct a CRRA check (See Section II). The CRRA does not require that a person stop working with children during the adjudication process.

The following provides more information on **Offences Reviewed Under the Criminal Records Act.**

Documentation

Document the results of the consolidated criminal record check process, decisions relating to whether or not an applicant was approved with the supporting reasons, who was consulted, who made the decision, and when the decision was made. This includes information about an individual under 18 years living in the caregiver's home and his or her possible involvement with police, criminal activity, and whether or not she/he has or currently exhibits behaviour that could pose a risk to children placed in the home. Document the information in accordance with relevant policy requirements, for example, *Caregiver Support Service Standards: "Documentation", Practice Standards and Guidelines for Adoption, Practice Standard #58* and *Aboriginal Operational and Practice Standards and Indicators Standard 30 Home Study.* In situations where policy does not prescribe where to document criminal record information, ensure the information is documented on the relevant caregiver's file.

Keep copies of related consent forms signed by the applicant on the relevant file.

In situations where a safety plan has been developed as a result of safety concerns posed by a person 18 years of age or over living in the home and spending significant and unsupervised time with a child, document the plan and keep a copy of it on the relevant caregiver's file and give a copy to the person 18 years of age or over.

Document that policy regarding disclosing possible future charges and/or convictions were discussed with the caregiver (see section *New Charges or Convictions* for details), ensure that information relating to new charges or convictions and resulting decisions are documented in accordance with existing policy and where this is not prescribed, document the information on the relevant caregiver's file.

Section II - Criminal Records Review Act

The *Criminal Records Review Act* (*CRRA*) applies to:

- new foster caregivers who have been approved but before being offered a contract;
- all foster caregivers every five years (this form can be submitted with the CCRC form, see Section I)

CRRA is provincial legislation administered by the Ministry of Justice Ministry (formerly the Ministry of Public Safety and Solicitor General - PSSG) to help prevent the physical and sexual abuse of children. The *CRRA* requires that anyone in British Columbia who is employed, licensed, or funded by the government and who works with children or may have unsupervised access to children through their position obtain a criminal record check. Anyone who is offered a family care home agreement or contract is required to undergo a criminal record check under the *CRRA*. Under the *CRRA* a check needs to be completed every five years if there is still an agreement in place.

The criminal record review process established by the *CRRA* consists of a review of any outstanding charges, current stays of proceedings, convictions, conditional discharges or pardons of 62 relevant offences identified in the *CRRA*. It also includes a check of CorNet, the provincial corrections database that captures BC adult and youth corrections records, as well as relevant summary conviction matters and pardon information not contained on the national police database (CPIC). A relevant record is an outstanding charge or conviction for one of the 62 relevant offences identified as belonging to an individual.

Provide the person with a Criminal Records Review Program (CRRP) Consent to a Criminal Record Check form.

Submit the completed and signed copy of the authorization form, along with payment, to the CRRP. Ensure that a contact name is on the form.

After receiving the authorization form, the Registrar of the CRRP checks the person's information against the provincial database and forwards the name and birth date to the RCMP to review the national police database for a relevant offence. If no relevant record is found, within approximately two weeks of the date the agency received the authorization form, the Criminal Records Review Program (CRRP) informs the director that no relevant record exists.

Relevant Record Does Not Exist

If a Relevant record does not exist, document approval in accordance with the *Caregiver Support Standard "Initiating, Modifying and Ending Agreement"* and *Caregiver Support Service Standards "Documentation"*.

A Relevant Record Exists

If the CRRP check reveals that a relevant offence exists, the registrar must refer the matter to the deputy registrar to determine whether the conviction or outstanding charge indicates that the individual presents a risk of physical or sexual abuse to children. The registrar must also notify the individual and the director that a relevant record exists. The individual may also be asked to provide fingerprints.

The matter is then forwarded to an adjudicator to make a recommendation to the deputy registrar.

The Adjudicator

The Adjudicator is a public service employee who examines the criminal record and any other relevant information and forwards a recommendation to the deputy registrar as to whether an individual presents a risk to children.

In making a determination of risk, section 4(3) of the *CRRA* states that a deputy registrar must consider:

- whether the behaviour associated with the relevant offence would, if repeated, pose a threat of physical or sexual abuse to children;
- the circumstances of the offence, including the age of the individual at the time of the offence and the existence of any extenuating circumstances; and,
- any other factors that the deputy registrar considers relevant including, without restriction, the time elapsed since the occurrence of the offence or alleged offence, subsequent actions of the individual, the likelihood of the individual repeating a similar kind of behaviour, and any attempts at rehabilitation.

Note: Pursuant to this subsection, a deputy registrar may ask to review a prospective foster caregiver's written home study.

Finding of No Risk

When the deputy registrar makes a determination that the conviction or outstanding charge does not indicate that the individual presents a risk of physical or sexual abuse to children, the deputy registrar must promptly notify the following persons:

- the individual who is the subject of the *CRRA* check; and,
- the director.

Finding of Risk

When the deputy registrar makes a determination that the conviction or outstanding charge indicates that the individual presents a risk of physical or sexual abuse to children, the deputy registrar must promptly notify the following persons:

- the individual who is the subject of the CRRA check; and,
- the practitioner.

Upon request, the deputy registrar must provide written reasons for any determination to the individual, who is the subject of the *CRRA* check, or to the director.

An individual who is the subject of a *CRRA* check may request a reconsideration of the determination made by the deputy registrar. This request must be received by the registrar in writing within 30 days of notification of the deputy registrar's determination.

For new foster caregivers, when information is received indicating that the person presents a risk to children, a family care home agreement or contract is not offered to the person.

Advise the person of the decisions and supporting reasons in accordance with *Caregiver Support Standard: "Screening, Assessment and Approval"*. Document the decision and supporting reasons in accordance with *Caregiver Support Standard: "Documentation"*.

If the determination of risk is overturned as a result of the *CRRA* appeal process, determine whether or not to offer the person a family care home agreement based upon the information obtained in the assessment process and the appeal process. Advise the person of the decision and supporting reasons and document the same in accordance with *Caregiver Support Standards: "Documentation".*

Appendix

Available Criminal Record Check Databases - BC and Canada

Database Description	Database Content
CPIC (Canadian Police Information Centre) • Maintained by RCMP in Ottawa.	• Indicates if a person is presently charged with an offence, is under a court order or may have a warrant issued for arrest. • Provides information about previous criminal offences, including what the conviction was for, where it happened and what the person received (results). • Provides information about prior sexual assault convictions for which a pardon was received.
PIRS (Police Information Retrieval System) • Historic data bank accessed by RCMP across Canada.	• Contains records of anyone who contacted or had contact with the police for any reason, classified according to the nature of the file as the type of involvement of the person being searched.
PRIME (Police Records Information Management Environment) • Used by all RCMP and other police departments **in BC.**	• Identical to PIRS, but is current and has data entry capacity in BC. • Provinces and Territories outside of British Columbia have not transferred from PIRS to PRIME. Systems called PIP and PROS *(detailed below)* are accessed when checking persons who may have convictions in other provinces.
PROS (Police Reporting Occurrence System) • Used in jurisdictions other than BC.	• Contains the same details as PIRS, and of court proceedings from the time charges are laid through the disposition of charges • PROS is accessed when information is required regarding contact with police that occurred in other provinces (BC used PRIME).
PIP (Police Information Portal) • **New integrated interagency information system for police across Canada.**	• Encapsulates information contained in all records management systems (PROS, PRIME, etc), including police involvements and occurrences, street checks/field interviews, tickets and records for all persons, businesses and vehicles.

CORNET - BC Corrections information • Access to CORNET is limited to the Client Search Screens and the Client History Screens.	• Contains details of individuals' contacts with Corrections and/or MCFD-Provincial Services. • Data on adult clients is owned by Corrections Branch, and data on young offenders is owned by MCFD- Provincial Services.
JUSTIN – BC Court Involvement • Direct access, which ranges from view only to data entry, is provided to police, crown counsel, criminal court registry staff, sheriff, probation services, victim/witness services, trial schedulers and corrections staff.	• Includes the following historical and current file information: o police reports to crown council and police scheduling o crown case assessment and approval o crown victim and witness notification o court scheduling, judicial trial scheduling o recording results o document production o complete criminal history on an accused o information on warrants issued or cancelled o protection orders o firearms prohibition orders o high-risk offender indicators o bail and probation orders o disposition of cases.

Appendix C: Agreements and Payment Rates

This appendix provides useful information for directors when initiating, modifying and ending agreements.

The appendix includes:

- Foster Family Care Home Payment Tables (page 94)
- Relief/Respite Care Rates (page 97)
- Notice Requirements (page 102)
- Sample Letter: Caregiver's Obligations as an Employer (page 106).

Foster Family Care Homes Payment Tables

Foster Family Care Rates Effective March 1, 2007

Table 1a: Restricted/Regular Foster Family Care: Effective March 1, 2007

Age	Restricted/Regular Foster Family Care Monthly Rate	Per Diem
0–11	$757.67	$25.26
12–19	$866.11	$28.87

Table 1b: Specialized Foster Family Care Rate Payments: Effective March 1, 2007

Level	Age	Service Payment	Foster Family Care Rate	Total Monthly Rate	Per Diem/ Per Child
LEVEL 1 – for each child (The maximum number of children per home is 6, including caregiver's own children.)	**0–11**	$396.56	$757.67	**$1,154.23**	**$38.47**
	12–19	$396.56	$866.11	**$1,262.67**	**$42.09**
LEVEL 2 – for each child-specific agreement or each bed-specific agreement for 1 bed	**0–11**	$1,078.94	$757.67	**$1,836.61**	**$61.22**
	12–19	$1,078.94	$866.11	**$1,945.05**	**$64.84**
LEVEL 2 - for 2 children – bed-specific	**0–11**	$1,845.76	$1,515.34	**$3,361.10**	**$56.02**
	12–19	$1,845.76	$1,732.22	**$3,577.98**	**$59.63**
LEVEL 2 - for 3 children – bed-specific (For Level 2 homes, the maximum number of beds is 3.)	**0–11**	$2,508.54	$2,273.01	**$4,781.55**	**$53.13**
	12–19	$2,508.54	$2,598.33	**$5,106.87**	**$56.74**
LEVEL 3 – for each child-specific agreement or each bed-specific agreement for 1 bed	**0–11**	$1,755.20	$757.67	**$2,512.87**	**$83.76**
	12–19	$1,755.20	$866.11	**$2,621.31**	**$87.38**
LEVEL 3 - for 2 children – bed-specific (For Level 3 homes, the maximum number of beds is 2.)	**0–11**	$2,990.20	$1,515.34	**$4,505.54**	**$75.09**
	12–19	$2,990.20	$1,732.22	**$4,722.42**	**$78.71**

Foster Family Care Rates Effective April 1, 2008

Table 2a: Restricted/Regular Foster Family Care Rates

Age	Restricted/Regular Foster Family Care Monthly Rate	Per Diem
0–11	$780.40	$26.01
12–19	$887.76	$29.59

Table 2b: Specialized Foster Family Care Rate Payments

Level	Age	Service Payment	Foster Family Care Rate	Total Monthly Rate	Per Diem/ Per Child
LEVEL 1 – for each child (The maximum number of children per home is 6, including caregiver's own children.)	**0–11**	$427.11	$780.40	**$1,207.51**	**$40.25**
	12–19	$427.11	$887.76	**$1,314.87**	**$43.83**
LEVEL 2 – for each child-specific agreement or each bed-specific agreement for 1 bed	**0–11**	$1,109.49	$780.40	**$1,889.89**	**$63.00**
	12–19	$1,109.49	$887.76	**$1,997.25**	**$66.58**
LEVEL 2 - for 2 children – bed-specific	**0–11**	$1,906.86	$1,560.80	**$3,467.66**	**$57.79**
	12–19	$1,906.86	$1,775.52	**$3,682.38**	**$61.37**
LEVEL 2 - for 3 children – bed-specific (For Level 2 homes, the maximum number of beds is 3.)	**0–11**	$2,600.19	$2,341.20	**$4,941.39**	**$54.90**
	12–19	$2600.19	$2,663.28	**$5,263.47**	**$58.48**
LEVEL 3 – for each child-specific agreement or each bed-specific agreement for 1 bed	**0–11**	$1,785.75	$780.40	**$2,566.15**	**$85.54**
	12–19	$1,785.75	$887.60	**$2,673.35**	**$89.11**
LEVEL 3 - for 2 children – bed-specific (For Level 3 homes, the maximum number of beds is 2.)	**0–11**	$3,051.30	$1,560.80	**$4,612.10**	**$76.87**
	12–19	$3,051.30	$1,775.52	**$4,826.82**	**$80.45**

Foster Family Care Rates Effective April 1, 2009

Table 3a Restricted/Regular Foster Family Care Rates

Age	Restricted/Regular Foster Family Care Monthly Rate	Per Diem
0–11	$803.81	$26.79
12–19	$909.95	$30.33

Table 3b Specialized Foster Family Care Rate Payments

Level	Age	Service Payment	Foster Family Care Rate	Total Monthly Rate	Per Diem/ Per Child
LEVEL 1 – for each child (The maximum number of children per home is 6, including caregiver's own children.)	**0–11**	$458.02	$803.81	**$1,261.83**	**$42.06**
	12–19	$458.02	$909.95	**$1,367.97**	**$45.60**
LEVEL 2 – for each child-specific agreement or each bed-specific agreement for 1 bed	**0–11**	$1,140.40	$803.81	**$1,944.21**	**$64.81**
	12–19	$1,140.40	$909.95	**$2,050.35**	**$68.35**
LEVEL 2 - for 2 children – bed-specific	**0–11**	$1,968.68	$1,607.62	**$3,576.30**	**$59.61**
	12–19	$1,968.68	$1,819.90	**$3,788.58**	**$63.14**
LEVEL 2 - for 3 children – bed-specific (For Level 2 homes, the maximum number of beds is 3.)	**0–11**	$2,692.92	$2,411.43	**$5,104.35**	**$56.72**
	12–19	$2,692.92	$2,729.85	**$5,422.77**	**$60.25**
LEVEL 3 – for each child-specific agreement or each bed-specific agreement for 1 bed	**0–11**	$1,816.66	$803.81	**$2,620.47**	**$87.35**
	12–19	$1,816.66	$909.95	**$2,726.61**	**$90.89**
LEVEL 3 - for 2 children – bed-specific (For Level 3 homes, the maximum number of beds is 2.)	**0–11**	$3,113.12	$1,607.62	**$4,720.74**	**$78.68**
	12–19	$3,113.12	$1,819.90	**$4,933.02**	**$82.22**

Relief/Respite Care

Some foster homes provide relief or respite care for the ministry. Relief/respite rates for restricted and regular foster parents are $10.00 more than the regular daily rates.

Relief/Respite Per Diem Rates Effective March 1, 2007		
	Age 11 & under	Age 12 - 19
Regular & Restricted homes	$35.26	$38.87
Level 1 homes	$52.09	$52.09
Level 2 homes	$64.84	$64.84
Level 3 homes	$87.38	$87.38

Level 1 rate includes extra $10.00/diem.

Relief/Respite Per Diem Rates Effective April 1, 2008		
	Age 11 & under	Age 12 - 19
Regular & Restricted homes	$36.01	$39.59
Level 1 homes	$53.83	$53.83
Level 2 homes	$66.58	$66.58
Level 3 homes	$89.11	$89.11

Level 1 rate includes extra $10.00/diem.

Relief/Respite Per Diem Rates Effective April 1, 2009		
	Age 11 & under	Age 12 - 19
Regular & Restricted homes	$36.79	$40.33
Level 1 homes	$55.60	$55.60
Level 2 homes	$68.35	$68.35
Level 3 homes	$90.89	$90.89

Level 1 rate includes extra $10.00/diem.

The foster family care rate

Restricted and regular family care homes receive the foster family care rate appropriate to the age of the child. The foster family care rate covers the direct costs of caring for the child. This rate is intended, with limited exceptions, to cover the day-to-day costs incurred in caring for a child over an extended period of time. It is expected that in some months expenditures will be less than the foster family care rate, while in other months costs may be higher. The expectation is that the foster parent will manage payments and expenditures so that over an extended period of time, there will be neither a deficit nor a surplus.

Expected costs of caring for a child include:

- **Food –** the child's share of food purchases including food prepared in the home, brought in or eaten out; school lunches; and baby formula
- **Household costs –** the child's share of the household costs (including, but not limited to, bedding, linen, household supplies and utilities) as well as the increased wear-and-tear on furniture and soft furnishings resulting from additional children in the home
- **Transportation and mileage –** the child's share of family transportation costs, including, but not limited to, day-to-day transportation costs that are specific to or on behalf of the child and as outlined in the child's plan of care (i.e., transportation to school, medical appointments, recreational activities, and local family visits; and/or the cost of a bus pass)
- **Personal needs –** the child's personal care costs (haircuts, shampoo, toothpaste, toothbrushes, personal hygiene), as well as car seats, diapers, and other supplies for young children
- **Recreation –**the child's share of the cost of recreational family outings
- **Clothing –** the direct costs of replacement and repairs of the child's clothes
- **Equipment (e.g., recreational, cultural) –** the costs of equipment for basic care (e.g., beds, cribs) as well as for sports, recreation and hobbies
- **Child's personal allowance –** a spending allowance intended solely for the child's personal use
- **Babysitting, relief –** the cost of care the caregiver's children and the child in care while the caregiver is away from home on caregiving-related business (e.g., school interviews, agency conferences and local Foster Parent Association meetings) or for caregiver outings
- **Gifts, activities –** the cost of gifts for the child's birthday and Christmas, and for costs relating to participation in ongoing activities related to the child's creative, cultural and physical development (e.g., Cub, Scout or Brownie uniforms; registration fees and tuition fees for music, arts and crafts, swimming lessons, participation in sports activities; camp fees) (**Note:** The difference between the per diem camp fee and the foster family care rate may be paid as a one-time-only payment.)
- **Education –** all primary and secondary school–related costs (e.g., costs related to physical education classes, driver education course fees, other course fees, school supplies, locks, locker fees, field trips)
- **Other –** other costs directly related to caring for a child.

Service payment

Specialized Level 1, 2 and 3 family care homes receive the foster family care rate for each child in the home plus a service payment appropriate to the level of the home and the child-specific or bed-specific agreement. The service payment should cover all the direct program costs of the

caregiver in providing the Level 1, 2, or 3 service, including relief (for up to three days), transportation, capital/leasing costs, equipment and insurance costs. Exceptional payments are possible if it is clear that additional funds are required in order to comply with the comprehensive plan of care and to ensure the stability of the placement.

Note: A child-specific or bed-specific contract does not terminate when a child leaves; the foster family care rate payment is discontinued but the service payment continues. The monthly figures represent full occupancy. The foster family care rate is paid on a pro-rated basis for each day the child is in the home.

Exceptional payments to restricted/regular and specialized foster family care homes

The foster family care rate is expected to cover the cost of meeting the day-to-day needs of a child in care. Occasionally, a child's plan of care includes requirements for additional goods and services. Some service providers require additional funding beyond the family care home payment to meet the needs of the child or youth in their care.

There are two types of exceptional payments available to support foster homes that have completely expended all that is expected from the foster family care rate and service payment:

- one-time-only payments, and
- exceptional ongoing payments.

These payments may be provided to meet exceptional or unusual costs which the foster parent cannot reasonably be expected to manage over an extended period of time and where there are no unused funds to address the costs. The payments are extraordinary in nature.

One-time-only payments are not meant to fund known, ongoing exceptional costs. However, some caregivers require ongoing monthly payments, for example to pay for shelter, transportation, relief, day care or child and youth care workers directly related to a child in their care.

If a caregiver requests an exceptional one-time-only or ongoing payment, the request is assessed and documented in consultation with the caregiver. The family care home payment is reviewed to ensure that it has either been expended or committed. If there is a need for a supplementary payment, the director determines whether it is an exceptional circumstance and whether it can be paid through a one-time-only payment. The director makes a recommendation to his or her supervisor with respect to all exceptional payments for approval by the appropriate manager.

If exceptional payment is needed on an ongoing basis to implement the child's plan of care, the relevant manager can approve an ongoing monthly payment. The payments are intended to be time-limited and linked to the needs of a specific child. The amount is based on an appropriate range of cost and availability of funds in the regional budget.

The following are examples of situations where either one-time-only or exceptional ongoing payments may be considered.

Exceptional transportation costs

The restricted/regular foster family care rate and service payment for leveled homes includes an amount for transportation. This amount is expected to cover the majority of transportation costs

specific to the child's comprehensive plan of care, including bus passes. Assuming 30¢ per kilometer for gas, maintenance and insurance, the foster family care rate should be sufficient to cover 325 kilometers per month of transportation specific to the child.

Exceptional transportation costs are those not covered by the foster family care rate. One-time-only or exceptional ongoing payments will not be considered until transportation costs exceed the foster family care rate. Examples are:

- long-distance travel for recreational, cultural, medical and visiting purposes, and
- comprehensive plan of care requirements for travel within a child's own community.

Approved exceptional transportation costs are paid at 30¢ per kilometer or actual costs of public transportation. The foster family care rate should be sufficient to cover the child's share of insurance and maintenance for the family vehicle. The 30¢ per kilometer is intended to cover gas and oil costs. The director consults with the caregiver and determines the mode of travel that best meets the requirements of the child's comprehensive plan of care.

Insurance deductible
This includes the deductible costs incurred in the case of:

- willful or malicious damage caused by a child covered by the extended property damage policy
- accidental damage caused by a child in care covered by the caregiver's homeowner tenant insurance policy, and
- liability insurance.

Camp fees
The difference between the per diem camp fee and the family care rate can be paid as a one-time-only payment.

Child and youth care worker services
Child and youth care worker services may be provided for children in family care homes when:

- the child is in care for a short period of time, and the service is part of an ongoing family support service offered to the child's family
- the service is directed at preparing a youth in care for the transition to independent living
- the child has developmental delays that the child and youth care worker is assigned to remedy, or
- the child's plan of care requires a level of service beyond the designated capability of the caregiver.

The payment amount determined by the region should be used, and it should be no higher than the rate paid by existing regional child and youth care worker contracts.

Day care services
If day care services are required to supplement the care provided by a caregiver, day care subsidies are available. If day care is part of the child's plan of care and there is a cost in excess of the subsidy for which the caregiver requests additional funds, the director assesses the request.

Day care services may be required while the caregiver is attending foster parent education and learning events. Wherever possible, the child is placed in licensed day care facilities. If none are

available and unlicensed family day care is to be used, the director and caregiver are responsible for screening and monitoring the placement.

Exceptional clothing needs
Exceptional clothing needs are those required for a specific activity that is part of a child's comprehensive plan of care, such as graduation ceremonies.

Exceptional medical requirements
Exceptional medical requirements refer to the cost of medical treatment or equipment that is not covered by the Medical Services Plan or Health Services Division. Examples are special diets, knee braces, and clothing required for special medical purposes.

Infant development services
As part of a child's plan of care, in-home infant development services may be used, when available, to assist family care home parents to stimulate the development of children who are developmentally delayed or handicapped, from birth to age three. In some regions, infant development services may include parent support groups.

Shelter
This is to be used when the caregiver in a municipality with higher than average rent costs must find alternative accommodation in order to care for the child, and the cost cannot reasonably be met within his or her budget. Shelter costs can be paid to caregivers in high-rent communities that have been identified on an annual basis through an analysis of CMHC data. Payment should be made only after a review of the caregiver's current payments to determine whether the amount can be accommodated within the existing monthly payment.

Notice Requirements

Situation	Notice required	Comments
1. A caregiver without placements wishes to take a one- to three-month break from fostering, but the agreement term does not end for several months.	60 days	The existing agreement is terminated, and a new agreement is initiated once the break ends.
2. A caregiver with placements wishes to take a one-month break from fostering, but the agreement term does not end for several months.	None	Substitute care is approved by the ministry, but paid for by the caregiver. The agreement continues.
3. A caregiver with one placement would like the child moved before the end of the agreement term.	Two weeks	Two-week notice is required from the caregiver to move the child, except in urgent situations (see Family Care Home Agreement, Schedule D, 9[r]). The agreement is still in force, so another child can be placed in the home.
4. A caregiver with a multiple-bed agreement would like to change (i.e., increase or decrease) his or her bed capacity.	None for increase; 60 days for decrease	Notice is not required for an increase in bed capacity; 60-day notice is required for a decrease in bed capacity. Changes in capacity are addressed through a modification agreement (i.e., agreement is modified, not ended).
5. The director would like to change (i.e., increase or decrease) the bed capacity of a caregiver with a multiple-bed agreement.	None for increase; 60 days for decrease	Changes in capacity are addressed through a modification agreement (i.e., agreement is modified, not ended).
6. A caregiver with multiple child-specific agreements would like one less child (before the end of the agreement term).	60 days	The contracting relationship will continue with the other agreements. When possible, bed-specific agreements should be used, as capacity can be changed through modification agreements.
7. A caregiver with multiple child-specific agreements would like one less child (before the end of the agreement term), then accepts an additional child within the 60-day notice period.	None	The new placement is added to the existing agreement, and a modification agreement is used to extend the term if required (but not with restricted homes, as the child is named on the agreement).
8. A child will be leaving a caregiving home through a planned move, and another will be placed in the caregiving home.	None	

Situation	Notice required	Comments
9. The director has decided to end the contracting relationship with a caregiver at the end of the agreement.	None	Discussions will have occurred with the caregiver about why the contracting relationship will not be continued.
10. The director has decided to end the contracting relationship with a restricted or regular caregiver before the end of the agreement (but there is no breach of contract by the foster parent).	60 days	There are no payment implications because these agreements have only variable payments. Placements can be moved before the end of the 60-day notice.
11. The director has decided to end the contracting relationship with a Level 1, 2 or 3 caregiver before the end of the agreement (but there is no breach of contract by the foster parent).	60 days	Placements can be moved before the end of the 60-day notice, but service payments will be made for the 60-day notice period.
12. The director has decided to end the contracting relationship with a caregiver before the end of the agreement due to a breach of contract.	Written notice of the effective date and of the reasons for closing the home is required	

Sample Letter: Caregiver's Obligations as an Employer

Date:

Dear (*Name of Caregiver*),

The ministry is not authorized to advise you on insurance, workers' compensation, income tax or the responsibilities of other external authorities.

You should be aware of your potential obligations as an employer, and it is important for you to review your situation with the relevant authorities. Consult directly with your insurance agent, the Worker's Compensation Board (WCB), or Revenue Canada. You may also have to comply with Employment Standards, and you should also contact the Employment Standards Branch. Each situation is unique, and it is important for you to have all the information that applies to you.

If you pay for your own relief, your responsibilities include:

- selecting a relief caregiver (usually this will be an approved foster parent);
- making direct payment to the relief care provider;
- managing your relief budget; and
- recruiting, hiring, firing, training, scheduling, supervising and paying your relief care provider as agreed between yourself and the relief care provider.

As well, you must be aware of any responsibilities or requirements regarding:

- an employer/employee relationship;
- compliance with regulations regarding Employment Standards and the Workers' Compensation Board;
- compliance with Revenue Canada requirements;
- as applicable, payment of all taxes, fees and assessments under those laws; and
- maintenance of employment and financial records.

If you provide a Family-Model Care home, are on a Client Services Agreement, and employ more than one full-time equivalent employee, the *Standards for Staffed Children's Residential Services* must be met.

Foster homes are defined in the Standards for Foster Homes as:

- foster homes approved by a director designated under Section 91 of the *Child Family and Community Service Act* where the caregiver resides in the care setting and has no more than one full-time-equivalent employee*; and
- individual foster homes sub-contracted by or in the employ of a specialized residential resource contractor and employing not more than one full-time-equivalent employee*.

* One full-time-equivalent employee is a person or persons whose total combined working hours are 40 hours per week. (Exemption: A person or persons providing relief care services for the foster parents while residing either in the foster parents' usual place of dwelling or in their own usual place of dwelling.)

If you are on a Family Care Home Agreement, the *Foster Family Handbook* describes the Family Care Home Program and is a useful guide to foster care. It contains important information on insurance, workers' compensation and income tax. If you have any questions about these issues, consult with the British Columbia Federation of Foster Parent Associations or directly with the relevant agency.

Yours truly,

(Name of Resource Worker)

Appendix D: Insurance for Caregivers

General liability insurance for caregivers
Effective June 1, 2005, ministry caregiving homes with family care home agreements began to receive general liability insurance coverage under the government's master insurance program. This is the same liability insurance program that provides most government contracted service providers with coverage. Before June 1, 2005, caregivers received liability insurance coverage under a group policy administered by the BC Federation of Foster Parent Associations (BCFFPA) and funded by the ministry.

Caregivers who have agreements with delegated Aboriginal agencies or community agencies already have liability insurance coverage under the agency's coverage with the master insurance program. Caregivers who have client services agreements are eligible to have liability insurance coverage included within the agreement. It is the contract manager's responsibility to enrol the caregiver in the Master Insurance Program (MIP). It is important to note that MIP does not replace the need for other insurance coverage, such as homeowner or tenant insurance or automobile insurance.

The new liability insurance coverage for caregivers meets or exceeds the coverage they received under the previous program. The deductible for the new program is $250. The deductible for the old program was $1000.

Aon Reed Stenhouse in Victoria is the insurance agent, on behalf of the Commonwealth Insurance Company, the company of record for the program. (Contact: Aon Reed Stenhouse, 250-388-7577)

Caregivers' extended property damage insurance
The BC Federation of Foster Parent Associations (BCFFPA) administers for the ministry an extended property damage insurance program. The program is a "rider" to caregivers' own homeowner insurance. All ministry or delegated Aboriginal agency caregivers with primary insurance coverage and a current family care home agreement or client services agreement automatically receive this coverage.

Property damage insurance coverage for caregivers who work for community agencies is a matter between them and their agency. Some agencies buy the property damage coverage directly from the BCFFPA. (Contact: BCFFPA via the Fosterline, 1-800-663-9999)

Caregiver Legal Representation Indemnity
With appropriate approvals, the ministry will pay reasonable legal costs incurred by a caregiver in defending against allegations of sexual abuse or assault, deliberate physical abuse or assault, or deliberate mental abuse brought by a child placed in a caregiver's home by the director under the *CFCSA*.

Liability and extended property insurance when providing relief or respite services
All restricted, regular and specialized family care homes that have a current signed agreement with the director are automatically eligible for extended property damage through the BCFFPA as a rider to their current household or tenant insurance. In addition, family care homes receive general liability insurance under the Master Insurance Program (MIP). Every family care home receives a liability insurance certificate confirming coverage.

Providing the relief arrangement is consistent with the contract/agreement clause on sub-contracting, the relief/respite parent will be covered by the MIP.

Insurance deductible
This includes the deductible costs incurred in the case of:

- willful or malicious damage caused by a child covered by the extended property damage policy
- accidental damage caused by a child in care covered by the caregiver's homeowner tenant insurance policy, and
- liability insurance.

Insurance Rider Information
The Ministry cover costs when:

- Damage is malicious and ongoing with the cost for each incident falling below the deductible
- Damage is accidental with the cost of the incident falling below the deductible
- The foster child causing the damage is unable to form the necessary intent, due to age, mental ability, or psychosis, and
- On the basis that a foster parent should not be "out of pocket" related to the authorized expenses of caring for a child in care, the foster parent's deductible cost is reimbursed by the ministry **after** considering the amount of unexpended funds that may be available from the family care home payments. Service payments are not used to cover any deductibles

Under the Foster Parents Insurance Program policy, claims are settled on a "per occurrence" basis, meaning that each claim is considered separate and distinct from each other and each claim is settled individually. The deductible is the greater of $500 or whatever deductible is specified in the caregiver's primary policy

With the exception of Accident, Sickness and Life Insurance, all insurance policies stipulate that each incident of damage to property will be settled separately. The basis of any loss settlement is a requirement that a deductible be applied to each incident (occurrence).

All foster parents are covered for liability due to negligence which may occur in their role as a foster parent. As of June 1, 2005, this coverage is through the government liability policy. The deductible per incident is $250.

The same applies for a respite caregiver who is approved by the ministry and who holds a valid ministry contract to provide respite.

The Rider does not cover any individual providing relief directly for a foster parent, where the foster parent is paying the respite provider. In this case the relief provider would have to sue the foster parents unless the relief provider's primary carrier was willing to cover the damage.

QUALITY ASSURANCE STANDARDS

Revised: June 28, 2004

INTRODUCTION

These Quality Assurance Standards promote excellence and ensure the provision of consistent high quality services to children and families under the *Child, Family and Community Service Act* (CFCSA).

The standards provide the mandatory framework for quality assurance and outline requirements for:

- delegation
- case review, and
- case practice audits

The standards were developed in consultation with Ministry of Children and Families regional and headquarters representatives and are designed to allow flexibility in practice in order to adapt to regional service delivery models while ensuring consistent high-quality service delivery.

Supervisory Standard

Quality supervision is essential to supporting excellence in service delivery, and a standard for supervision is included within the Quality Assurance Standards. The supervision standard pertains to service delivery under the CFCSA and should be read and interpreted in the context of the Child and Family Development (CFD) Service Standards (revised April, 2004). The supervisory standard will be incorporated into the CFD standards when they are next revised

Format of the Standards

Each standard includes the following areas:

- Standard Statement - describes the level of practice required to meet outcomes associated with the provision of services under the CFCSA.
- Intent – a brief description of the purpose and spirit of the standard, written in less formal language than the standard statement and policy.
- References – information and links to key related material (e.g. legislation and other standards and policies).
- Policy – recommended practice for achieving the standards.
- Administrative Procedures – administrative steps required to support the standards and regional policy (e.g. computer procedures and forms).
- Key Definitions – key terms used in the standards or regional policy. .

Effective Date:

Each standard has an effective date and a proposed review date. The effective date for the Quality Assurance Standards is June 14, 2004.

QUALITY ASSURANCE STANDARD 1: DELEGATION UNDER THE CHILD, FAMILY AND COMMUNITY SERVICE ACT	
STANDARD STATEMENT	Persons who provide services under the Child, Family and Community Service Act (CFCSA) require delegation of authority in writing from a designated director in order to carry out the director's statutory powers, duties and functions. A designated director tracks and monitors the currency of all delegations of authority in accordance with a plan approved by the provincial director.
INTENT	The intent of this standard is to ensure that persons delegated have the necessary qualifications and competence to provide children and families with high-quality services in accordance with statutory requirements and approved standards and policy. In addition, the standard is intended to ensure that an approved delegation process is in place and administered in a fair and timely manner. When an individual's delegated powers, duties or functions interface with the public or the courts, it is necessary to confirm that the individual has the requisite delegation to perform those powers, duties or functions. The delegation letter and matrix are the instruments that confirm an individual's legal authority to make decisions and to take actions on behalf of a designated director.
REFERENCES	• CFCSA: s.91, s.92 • CFCSA delegation information: http://icw.mcf.gov.bc.ca/cfd_main/delegation.htm • Handbook for Delegation Under the Child, Family and Community Service Act • COA: G4.1, G4.1.03, G4.4.04, G4.6.03, G4.6.04, G4.9 (supervisors), S10.7.03 (child protection workers), S21.12 (resource and guardianship workers)
POLICY	The provincial director establishes qualifications for delegation to provide services under the CFCSA, including the requirement for specific designated university degrees. In addition to educational qualifications, delegation of authority is based on the individual to be delegated having achieved and demonstrated the necessary competence through competency-based training, standardized testing and supervised practice. A delegation of authority is in writing and may include any terms and conditions the director considers advisable. The delegation may be withdrawn or changed at the discretion of the director. When a designated director withdraws delegation, the principles of administrative fairness are followed, including but not limited to: • provision of written notice regarding decisions, and • the right of individuals to be heard and to respond to decisions affecting them.

ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	Information about competencies: http://icw.mcf.gov.bc.ca/esb_main/comp.htm
KEY DEFINITIONS	**delegation**: the transfer of legal authority from one person to another, resulting in a shared responsibility between the two parties. **designated director**: a person designated by the minister in accordance with s.91 of the CFCSA. **provincial director**: the Assistant Deputy Minister of Child and Family Development, designated by the Minister in accordance with s. 91 of the CFCSA

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PROGRAM AREA: Child and Family Development Service-Transformation Division

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QUALITY ASSURANCE STANDARD 2: CASE REVIEW	
STANDARD STATEMENT	A case review is conducted at the discretion of the Minister, Deputy Minister and/or a designated director. A case review is undertaken following: • a serious occurrence to a child, and/or when • a serious complaint has been made to the • Minister/Deputy Minister, and/or • a designated director regarding case practice associated with provision of services under the CFCSA. The decision to conduct a case review is made as soon as possible and no later than 20 working days following the serious occurrence. The decision to conduct a review regarding a serious complaint should be made as soon as possible following receipt of the complaint.
INTENT	The intent of this standard is to: • promote excellence in case practice as well as confirming good case practice • improve service delivery to children and families • ensure that the director has complied with standards, policy and the legislative mandate under the CFCSA.
REFERENCES	• CFCSA s. 93(3) • COA: G2.6 • Child and Family Development Service Standards Standard #25 Notification of Death, Critical Injuries and Serious Incidents • Protocol between the BCGEU and the Directors for the Conduct of Case Reviews June 2003 • Case Review Policy & Procedures June 2003 • Reportable Circumstances http://icw.mcf.gov.bc.ca/esd_main/pdf/17Reportable.pdf • Reportable Circumstances Review and Tracking Process
POLICY	**NOTE:** Complaints relevant to the ministry's complaint process involve a different process not addressed in this standard. There are two types of case reviews. One is a director's case review and the second is the deputy director review. These two types of reviews have different methodologies. **Director's case reviews:** The decision to conduct a director's case review is based upon the severity of the occurrence or complaint, the potential link between case practice and the outcome, and level of response required for public accountability. Following a decision to conduct a director's case review, the review process includes: • Developing the terms of reference, defining the scope and confirming the methodology for the review • Notification of the decision to conduct a case review by a

	designated director to the appropriate ministry staff and Local BCGEU Chairperson in accordance with the *Protocol between the BCGEU and the Directors for the Conduct of Case Reviews.* • Preparation time for staff involved in the case review to review relevant files, case notes and documents. **Note:** Once the decision to conduct a review is made, files, case notes and relevant documents remain in their original form • Information gathering and fact verification relevant to the terms of reference by a practice analyst or external consultant determined by a designated director • Completion of a work in progress report that includes a chronology of events, facts and findings that is submitted to a designated director for review, consultation and edits. The findings are not altered. • Recommendations developed by senior ministry staff in consultation with a designated director. • Review and additional recommendations made for the work in progress report by an integrated management review committee **Distribution of the report** • The designated director signs off the final report and distributes a copy of the report to the provincial director and a copy to ministry staff who have consented to the sharing of the report. • In the case of a child's fatality, a copy of the final report is provided to the Chief Coroner of BC. • A final letter is sent to outside ministry professionals/community members advising completion of the review with information regarding the recommendations. • Other interested parties may apply for a copy of the report to the Information and Privacy Branch. A director's case review is completed as soon as possible and within eight months of the decision to conduct the review. The complete report is a suggested maximum length of 35 pages. **Deputy director's review** The decision to conduct a deputy director's review is made following a serious occurrence to a child such as a fatality, critical injury and/or serious incident. A decision to conduct a deputy director review is made by a designated director or deputy director or equivalent in consultation with relevant senior management and practice analyst. A deputy director's review is an initial examination of the ministry's involvement with a family and/or child: • to determine whether a director's case review is required, or • as a stand alone report. A deputy director review is more limited in scope than a director's review and usually consists of a file review and focuses on the last

	five years of service involvement. If staff interviews are required proper notification must be given according to the protocol that is then followed in its entirety. Follow a decision to conduct a deputy director's review, the review process includes: • An examination of relevant case files that results in a chronology and analysis/discussion of the information. There are no findings in this type of review. • A review of the information by the designated director or equivalent and relevant senior management staff to develop recommendations. • Preparation of a final deputy director's report for a designated director that includes recommendations. • Sign off of the final report by a deputy director or equivalent. Distribution of the report: • The final deputy director's review report is sent to a designated director. • The recommendations are registered on the recommendation tracking system. • A final copy of the deputy director's review report that is forwarded to the provincial director to track the implementation of the recommendations. • A deputy director's review report regarding a fatality is shared with the BC Coroner. A deputy director's review is completed as soon as possible and within 90 days of the decision to begin a review. The complete report is a suggested maximum length of twelve pages. All case reviews are confidential and are maintained in a secure location in the provincial and designated directors' offices. At any time during the review process, an involved designated director or the provincial director may determine that the review is not to be completed, and may end the process. Notification of the decision is sent out to involved persons.

ADMINISTRATIVE PROCEDURES	See Reportable Circumstances Guidelines See Procedures for the Conduct of Case Reviews
ADDITIONAL INFORMATION	A protocol between the provincial director and Aboriginal Agencies is in progress
KEY DEFINITIONS	**serious occurrence**: a death, a critical injury or serious incident. **death:** death of a child in suspicious circumstances. **critical injury:** An injury that may result in the child's death or may cause serious or permanent impairment of the child's health, as determined by a medical practitioner. **serious incidents:** circumstances involving a child who: • is in life-threatening circumstances, including illness or serious accident • is lost, missing or continually running away to a situation that places him or her at high risk of death or injury • is missing for more than 10 days • is a victim of abuse or neglect by an approved caregiver, caregiver's staff or caregiver's child • is the victim of abuse or neglect by a care provider or care provider's family in an out of care placement • has been exposed to a high-risk situation or disaster which may cause emotional trauma • has been involved in crimes of violence or major property damage, or • has been abducted **serious complaint:** circumstances in which a lack of timely intervention and/or severe delay in planning has been detrimental to a child/youth receiving services and/or in care. **deputy director review**: a review of the case files with a defined scope of the time frame to be examined. This type of review usually does not include staff interviews. However, there are exceptions where the director may wish to interview on a limited basis. Where interviews are deemed necessary the process outlined in the director's case review policy is to be followed. **director's case review**: a full review that involves the examination of case files as well as interviews of relevant staff, foster parents/caregivers and service providers. **integrated management review committee:** a committee that is established by a designated director in consultation with a deputy director and comprised of senior regional management staff represented across ministry program areas (i.e. child and family development, youth justice, child and youth mental health, community living).

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PROGRAM AREA: Child and Family Development – Service Transformation Division

QUALITY ASSURANCE STANDARD 3: CASE PRACTICE AUDIT	
STANDARD STATEMENT	Case practice audits in core service areas are conducted according to a regional audit plan.
INTENT	The intent of this standard is to: • ensure and enhance the delivery of quality services to children and families • establish a provincially consistent case practice audit program in each region that: – measures compliance to key provincial practice standards, and – reviews the qualitative aspects of case practice to encourage and support practice that leads to positive outcomes for children and families receiving services.
REFERENCES	• CFCSA: s.93(3) • COA G2.5.01, G2.5.05 • Case Practice Audit Methodology and Procedures, (April 2004)
POLICY	Audits are conducted in core service areas according to an established regional audit plan that includes regularly scheduled audits. Audits are conducted using standardized audit tools developed in partnership with regional representatives and based upon relevant service standards. The provincial director approves: • audit schedules • audit tools • methodology • procedures • report format • competencies and training requirements for auditors and peer reviewers. An auditor prepares a written report for each audit using the report format. The findings of each audit are fully reviewed with the office or team being audited and the appropriate regional manager, and recommendations are developed in consultation with the regional director and relevant regional staff. Recommendations arising from the audit are tracked using a provincially approved tracking tool (e.g. integrated practice analysis tool - IPAT) to ensure implementation. Audit reports are sent to the provincial director once the findings have been reviewed and recommendations have been developed. The provincial director will review the report and recommendations and provide input as relevant.

ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	
KEY DEFINITIONS	**core services:** services provided under the Child, Family and Community Service Act that include: support services and agreements for children, youth and families, child protective services, services to children in care, and services to support caregivers. **integrated practice analysis tool (IPAT)**: a computer-based provincial tracking tool for recommendations and notifications (reportable circumstances). **provincial director:** the Assistant Deputy Minister of Child and Family Development, designated by the minister in accordance with s. 91 of the CFCSA **regional director:** a person in each region designated by the minister in accordance with s. 91 of the CFCSA.

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NOTE: This standard pertains to services delivered under the CFCSA and should be read and interpreted in the context of the Child and Family Development Service Standards (April, 2004). This supervisory standard will be incorporated into the CFD Standards when they are next revised.

QUALITY ASSURANCE STANDARD 4: SUPERVISORY CONSULTATION AND APPROVAL	
STANDARD STATEMENT	Persons who provide services to children and families receive supervisory consultation on a regular basis. Supervisory approval is obtained before significant decisions are made about services delivered to vulnerable children and families.
INTENT	This standard ensures that supervisory consultation is obtained in all significant circumstances and at all decision points relating to service delivery. Supervisory consultation: • supports decision making consistent with statutory requirements, ministry service standards, policy and protocols • promotes accountability • reflects a commitment to fulfilling delegated responsibilities and good practice • creates opportunities for providing workers with feedback, guidance and support.
REFERENCES	• Child and Family Service Standard 24: Case Documentation • Child and Family Service Standard 25: Notification of Critical Injuries and Serious Incidents • Children in Care Service Standard 3: Case Documentation for a Child in Care. • COA: G7.5.03, G7.6.05, G9.6.01
POLICY	Supervisory consultation occurs for the purpose of: • informing a supervisor of details of a child's and/or family's situation, including any significant actions taken, service plans developed and progress relating to achieving goals • seeking advice for services that best meet the needs of a child and/or family from team members and/or colleagues in accordance with confidentiality requirements • obtaining approval for significant case management decisions in order to ensure that interventions and services are appropriate • monitoring and keeping track of delegated workers' caseload. **Who is involved in consultation** Consultation involves a delegated worker and his or her supervisor, as circumstances warrant (see "When consultation takes place," below). Peers and others with relevant expertise related to the circumstances and senior management may be involved as required. **How consultation takes place** Wherever possible, consultation takes place in person. Where circumstances require an immediate decision and an in-person consultation cannot be arranged in a timely manner, consultation may take place through phone call and e-mails. Delegated workers request consultation with supervisors as needed. Workers

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	advise supervisors of urgent situations requiring an immediate response. Supervisors respond to requests for consultation and ensure that a consultation time is scheduled with the involved staff member. If a request is urgent, the supervisor responds immediately after receiving the request. Workers and supervisors may request a consultation with a senior manager, including a deputy director, as determined by the region's chain of command. The request outlines: • the reason for the consultation • the degree of urgency (if any) • previous consultations that have taken place or actions that have been taken regarding the issue, and • the names of other persons involved. The senior manager and/or deputy director or equivalent ensures that a response is sent to the worker or supervisor • advising of a consultation time and date, and/or • requesting further information, or • suggesting other more appropriate options, such as consultation with another manager or supervisor/team leader. Consultation involves a thorough review of relevant information and careful consideration of available options that best meet the needs of children and families receiving services. **When consultation takes place** Consultation may take place at any time, including the following: • during team meetings • in accordance with a regionally established process that establishes a chain of command for consultations, including when supervisors and senior management are involved, • during regularly scheduled supervision periods. Supervision periods are scheduled on the basis of the experience, knowledge and skill of the delegated worker and the complexity of the families' situations. **Circumstances requiring supervisory consultation** Supervisory consultation may take place at any time during the provision of services to a child, youth or family. Circumstances that warrant supervisory consultation include but are not limited to: • the use of support service agreements, including youth agreements • provision of services based on assessments • decisions about families' contribution for care of a child • the need for specific assessments and/or services for a child, youth or family • ongoing planning for a child in care, including plans for long-term stability • the use of alternative dispute resolution processes.

NOTE: This standard pertains to services delivered under the CFCSA and should be read and interpreted in the context of the Child and Family Development Service Standards (April, 2004). This supervisory standard will be incorporated into the CFD Standards when they are next revised.

Circumstances requiring supervisory approval
Circumstances requiring supervisory approval and documentation of approval include, at a minimum:

- deciding on a response to a child protection report and an appropriate response time
- conducting and concluding a child protection investigation
- notifying the police
- determining whether a child needs protection
- developing an ongoing safety plan
- using the court process
- removing a child
- placing a child
- reuniting a child with his or her family
- transferring responsibility for or ending services

Supervisory review, approval and sign-off are obtained for:

- required case documentation relating to the planning and delivery of services for children, youth and families, as outlined in Child and Family Service Standard 24 and Children in Care Service Standard 3, and
- children's plans of care.

When a supervisor is unavailable
If an emergency situation requiring immediate consultation and supervisory approval arises and a supervisor is unavailable:

- consultation takes place with a designated alternate supervisor or senior social worker who has expertise in the subject area
- approval is provided by the supervisor's alternate, and
- the consultation and approval is documented.

If approval cannot be obtained before a significant decision is made, the supervisor is informed of the decision as soon as possible.

Consultation with a community service manager or manager responsible for service provision
Circumstances that warrant consultation with a manager responsible for service provision include but are not limited to:

- unresolved issues concerning case management decisions
- human resource issues, including unresolved issues relating to performance appraisals and grievances
- a formal complaint being made through the complaints process

Consultation with a director or director's delegate
Circumstances that warrant consultation with a director or director's delegate include but are not limited to:

- high-level case consultation with managers
- serious incidents, critical injuries and deaths (see Child and Family Service Standard 25)

NOTE: This standard pertains to services delivered under the CFCSA and should be read and interpreted in the context of the Child and Family Development Service Standards (April, 2004). This supervisory standard will be incorporated into the CFD Standards when they are next revised.

	• possible or actual media involvement • delegation issues such as education qualifications and/or experience of a person, regional human resources requirements, crises or emergency situations. • guidance to managers for meeting regional objectives regarding service provision Decisions made are documented in accordance with regional procedures.
ADMINISTRATIVE PROCEDURES	
ADDITIONAL INFORMATION	
KEY DEFINITIONS	

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PROGRAM AREA: Child and Family Development Service - Transformation Division

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Standards for Foster Homes

Approved under the
Child, Family and Community Service Act
1998

Ministry of Children and Family Development

[Revised to include Smoke Free Environment for Children in Care Policy: May 2008]
[Revised to include Missing Children and Youth Policy: February 2016]
[Revised to include Restraint and Seclusion Policy: July 2017]
[Revised to include updated Immunization language: July 2017]
[Revised to include vaping in the Smoke Free Environment Policy: October 2018]
[Revised to include updated signing of Permission Forms Policy: October 2018]
[Revised to include updated Smoke Free Environment Definition: October 2018]
[Revised to include new Cannabis Policy requirements: October 2018]
[Revised to include Bill 26 *CFCSA* Amendments: April 2019]

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Developing the Standards for Foster Homes has involved the hard work and dedication of many people over a period of years. While it is not possible to list the names of every individual, the Standards for Foster Homes Committee acknowledge all of the valuable contributions that have been made.

The Standards for Foster Homes have been developed with the participation of the British Columbia Federation of Foster Parent Associations and the Federation of BC Youth in Care Networks.

Message from the Minister & the BC Federation of Foster Parent Associations

Foster families in British Columbia do very important work in building brighter futures for children, providing safety and nurturing while meeting many challenges.

The Standards for Foster Homes describe the expected level of service for children and youth in care residing in foster homes. These mandatory standards are intended to ensure that children and youth in care receive services of the highest possible quality. We hope this document will be useful to foster families and ministry staff working together to achieve this goal.

Kay Dahl
President
British Columbia Federation of Foster Parent Associations

Ross Dawson
Director of Child Protection
Ministry of Children and Family Development

Contents

Introduction 1
Using this Document 2
Standard 2
Commentary 2
Results for Children 2
Caregiver Practices 2
The Child, Family and Community Service Act 3
Guiding Principles 3
Service Delivery Principles 4
Best Interests of the Child 4
Rights of Children in Care 5
Definitions 7
A. Relating to Children and their Families 11
STANDARD A.1 Rights of Children and Youth in Care 11
Commentary 11
Results for Children 11
Caregiver Practices 11
STANDARD A.2 Involving Children and Their Families in Decision-Making 12
Commentary 12
Results for Children 12
Caregiver Practices 12
STANDARD A.3 Complaint Resolution 13
Commentary 13
Results for Children 13
Caregiver Practices 14
B. Safeguarding Children 15
STANDARD B.1 Child's Personal Safety 15
Commentary 15
Results for Children 15
Caregiver Practices 15
STANDARD B.2 Reportable Incidents 16
Commentary 16
Results for Children 16
Caregiver Practices 16
STANDARD B.3 Use of Physical Restraint 18
Commentary 18
Results for Children 18
Caregiver Practices 19

C. Planning 21
STANDARD C.1 Care Plan* 21
Commentary 21
Results for Children 21
Caregiver Practices 22
STANDARD C.2 Maintaining Relationships 24
Commentary 24
Results for Children 24
Caregiver Practices 24
STANDARD C.3 Transitional Planning 25
Commentary 25
Results for Children 26
Caregiver Practices 26
D. Caring For Children 27
STANDARD D.1 Positive Parenting 27
Commentary 27
Results for Children 27
Caregiver Practices 28
STANDARD D.2 Culture and Religion 29
Commentary 29
Results for Children 29
Caregiver Practices 29
STANDARD D.3 Supporting the Indigenous child/youth's right to know and belong to their Indigenous community and be involved in its customs and practices. 30
Commentary 30
Results for Children 31
Caregiver Practices 31
STANDARD D.4 Social and Recreational Activities (Leisure Activities) 31
..... 31
Commentary 31
Results for Children 31
Caregiver Practices 32
STANDARD D.5 Education 32
Commentary 32
Results for Children 33
Caregiver Practices 33
STANDARD D.6 Health 33
Commentary 33
Results for Children 34
Caregiver Practices 34
STANDARD D.7 Nutrition 35
Commentary 35

Results for Children 35
Caregiver Practices 36
STANDARD D.8 Personal Care 36
Commentary 36
Results for Children 36
Caregiver Practices 37
STANDARD D.9 Privacy and Personal Belongings 37
Commentary 37
Results for Children 37
Caregiver Practices 38
E. Environment of Care 40
STANDARD E.1 Accommodation of Individual Children 40
Commentary 40
Results for Children 40
Caregiver Practices 40
STANDARD E.2 Safety and Emergency Practices 42
Commentary 42
Results for Children 42
Caregiver Practices 42
F. Foster Home Administration 46
STANDARD F.1 Alternative Care Arrangements 46
Commentary 46
Results for Children 46
Caregiver Practices 46
STANDARD F.2 Child's Individual Service Records 48
Commentary 48
Results for Children 49
Caregiver Practices 49
Appendices i
Appendix 1 When a Child or Youth is Missing ii
Appendix 2 Key Elements of Training for Caregivers in the Use of Physical Restraint v
1. Prevention v
2. Crisis Management v
3. Physical Restraint Methods v
4. Guidelines vi
5. Approach vi
Appendix 3 The Care Plan vii
Appendix 4 Social and Recreational Activities for Children and Youth in Care: Signing Permission Forms viii

Introduction

The purpose of the Standards for Foster Homes is to ensure consistent, high quality foster care services for children and youth in care. The standards in this document are well-researched and establish a structured, useable and effective approach to caring for children in foster homes. The standards state what children in care, families, caregivers, ministry staff and the public can expect of foster care services in British Columbia.

The standards are mandatory and describe expected outcomes for children and youth in care who reside in foster homes, including the practical steps caregivers must take to achieve the expected outcomes.

The standards in this document apply to:

- foster homes approved by a director designated under Section 91 of the *Child, Family and Community Service Act* where the caregiver resides in the care setting and has no more than one full-time-equivalent employee*, and individual foster homes subcontracted by or in the employ of a specialized residential resource contractor and employing not more than one full-time-equivalent employee*. Foster families, children in care and social workers will benefit by referring to, and discussing together, the individual standards on a regular basis. Working together to achieve the desired outcomes stated in the individual standards will promote a positive experience for the child or youth in care and the foster family. Furthermore, it will confirm for the foster parent that they are providing a service for children in care that meets or exceeds provincial standards.

A useful reference on foster care is the Foster Family Handbook which was developed by the British Columbia Federation of Foster Parent Associations and the Ministry of Children and Family Development. It provides essential information on the Family Care Home program.

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* One full-time-equivalent employee is a person or persons whose total combined working hours are 40 hours per week. (Exemption: A person or persons providing relief care services for the foster parents while residing either in the foster parents' usual place of dwelling or in their own usual place of dwelling.)

Using this Document

The Standards for Foster Homes is divided into the following categories which cover key areas in the delivery of services to children and youth:

- Relating to Children and Their Families
- Safeguarding Children
- Planning
- Caring for Children
- Environment of Care
- Foster Home Administration.

Each category contains standards. Individual standards are set out in the following format:

Standard

- The standards in this document describe expected outcomes for children and youth in care who reside in foster homes.
- Caregivers must comply with each standard for every child placed in their care.

Commentary

- Provides further explanation and rationale for the standard.

Results for Children

- Identify what the child experiences when the standard has been met and the desired outcome has been achieved.
- Relate to personal perceptions of the child and do not require the child to form judgments about the effectiveness or quality of the service.

Caregiver Practices

- Identify the practical steps the caregiver must take to comply with the standard and achieve the desired outcome.
- Reflect the best practices in caring for children.

The Results for Children and Caregiver Practices categories provide a number of criteria for measuring compliance with the individual standards. Rarely is there a single criterion which can reliably measure the outcome of a service. Therefore, the combination of a number of criteria must be considered in making a reasonable judgment of the extent to which the desired outcome has been achieved.

The Child, Family and Community Service Act

The *Child, Family and Community Service Act* (1996) is the provincial legislation that provides the legal authority for child welfare services in British Columbia, including foster care. The Standards for Foster Homes must be administered and interpreted within the context of this *Act*.

The following four sections of the *Child, Family and Community Service Act* are of particular importance to understanding and applying the standards in this document:

- Guiding Principles (section 2)
- Service Delivery Principles (section 3)
- Best Interests of Child (section 4)
- Rights of Children in Care (section 70).

Guiding Principles

The Guiding Principles form the basis for practice and decision-making under the *Act*. They reflect society's values regarding children and families. It is important to note that this section of the act directs that the safety and well-being of children is the paramount consideration in all decisions and actions taken under the *Act*.

- the safety and well-being of children are the paramount considerations;
- children are entitled to be protected from abuse, neglect and harm or threat of harm;
- a family is the preferred environment for the care and upbringing of children and the responsibility for the protection of children rests primarily with the parents;
- Indigenous families and Indigenous communities share responsibility for the upbringing and well-being of Indigenous children;
- if, with available support services, a family can provide a safe and nurturing environment for a child, support services should be provided;
- the child's views should be taken into account when decisions relating to a child are made;
- Indigenous children are entitled to
    - (i) learn about and practise their Indigenous traditions, customs and languages, and
    - (ii) belong to their Indigenous communities; and
- decisions relating to children should be made and implemented in a timely manner.

Service Delivery Principles

The Service Delivery Principles define the manner in which all services under the *Act* are to be delivered.

- families and children should be informed of the services available to them and encouraged to participate in decisions that affect them;
- Indigenous people should be involved in the planning and delivery of services to Indigenous families and their children;
- services should be planned and provided in ways that are sensitive to the needs and the cultural, racial and religious heritage of those receiving the services;
- the impact of residential schools on Indigenous children, families and communities should be considered in the planning and delivery of services to Indigenous children and families;
- services should be integrated, wherever possible and appropriate, with services provided by other ministries, community agencies and Community Living British Columbia established under the Community Living Authority Act; and,
- the community should be involved, wherever possible and appropriate, in the planning and delivery of services, including preventive and support services to families and children.

Best Interests of the Child

The *Child, Family and Community Service Act* states that actions and decisions must take into consideration the best interests of the child. Because the concept of a child's best interests can mean different things to different people, the *Act* specifies that all relevant factors must be considered in determining the child's best interests, including the following:

- the child's safety;
- the child's physical and emotional needs and level of development;
- the importance of continuity in the child's care;
- the quality of the relationship the child has with a parent or other person and the effect of maintaining that relationship;
- the child's cultural, racial, linguistic and religious heritage;
- the child's views; and
- the effect on the child if there is delay in making a decision.

- If the child is an Indigenous child, the following factors must be considered in determining the child's best interests:
    - the importance of the child being able to learn about and practise their Indigenous traditions, customs and language; and
    - the importance of the child belonging to their Indigenous community.

Rights of Children in Care

The rights of children and youth in care are enshrined in the *Act* as legal requirements that are enforceable. The rights must be affirmed and respected by everyone working with children and youth in care including social workers and caregivers. It is the responsibility of every caregiver to ensure that any services they provide to children are consistent with the rights.
Anyone who believes that the rights of a child or youth in care have been violated can make a complaint to the Ministry of Children and Family Development. The ministry will attempt to resolve the concern through informal consultation. If the concern is not resolved in this manner, it can be submitted to the ministry's formal complaint resolution process.

Under section 70 of the *Child, Family and Community Service Act*, children in care have the following rights:

- to be fed, clothed and nurtured according to community standards and to be given the same quality of care as other children (including the caregiver's children) in the placement;
- to be informed about their plans of care;
- to be consulted and to express their views, according to their abilities, about significant decisions affecting them;
- to reasonable privacy and to possession of their personal belongings;
- to be free from corporal punishment;
- to be informed of the standard of behaviour expected by their caregivers or prospective adoptive parents and of the consequences of not meeting the expectations of their caregiver's or prospective adoptive parents, as applicable;
- to receive medical and dental care when required;
- to participate in social and recreational activities if available and appropriate and according to their abilities and interests;
- to receive the religious instruction and to participate in the religious activities of their choice;
- to receive guidance and encouragement to maintain their cultural heritage;
- to be provided with an interpreter if language or disability is a barrier to consulting with them on decisions affecting their custody or care;
- to privacy during discussions with members of their families subject to subsection (2);
- to privacy during discussions with a lawyer, the representative or a person employed or retained by the representative under the *Representative for Children and Youth Act*, the Ombudsperson, a Member of the Legislative Assembly or a Member of Parliament;
- to be informed about and to be assisted in contacting the representative under the *Representative for Children and Youth Act*, or the Ombudsperson;

- to be informed of their rights and the procedures available for enforcing their rights, under
  - this Act, or
- the *Freedom of Information and Protection of Privacy Act.* In addition to the rights set out above, Indigenous children have the right to
  - receive guidance, encouragement and support to learn about and practise their Indigenous traditions, customs and languages, and
  - belong to their Indigenous communities.

Definitions

Caregiver:
Means a person with whom a child is placed by a director and who, by agreement with the director, is authorized to carry out the rights and responsibilities, under the agreement, of the director.

Caregiver Practices:
Statements describing the actions expected of a caregiver in providing a particular aspect of service. The statements are criteria for measuring the extent to which the relevant standard has been met.

Caregiver's responsibility under the care plan:
The specific services the child will receive from the caregiver, as identified in the care plan.

Child:
Person under the age of 19 years, placed with a caregiver by a director, and includes a youth.

Child's individual service record:
Information related to a child placed in the home, maintained on an individualized basis. The record belongs to the director and forms part of the director's records for the child.

Comprehensive life skills:
Those age and developmentally appropriate skills imparted to the child which include but are not limited to:

- self-advocacy skills;
- interpersonal relationships;
- self-care habits that promote personal safety and well-being;
- problem-solving and decision-making;
- independent living skills;
- social skills;
- traditional cultural activities;
- exploring vocational opportunities;
- accessing and using community resources and services;
- use and value of money; and
- communication skills.

Confinement:
The state of being held within a space from which the person is not able to exit without the permission of another and within which his or her movements may be restricted.

Director:
Person designated by the Minister of Children and Family Development under section 91 of the *Child, Family and Community Service Act* to ensure the safety and well-being of children in British Columbia.

Emergency plan:
A plan, specific to a household, which describes emergency procedures including but not limited to:

- the method of getting out of the house in the case of fire;
- the location of safe places in each room of the house in the case of an earthquake; and
- emergency telephone numbers to call in the case of other situations (or, if no telephone, describes how to obtain help in emergencies).

Exit:
An exit is a passage way providing safe access out of a building and on to ground level.

Indigenous Child:
“Indigenous child" means a child

- who is a First Nation child,
- who is a Nisga'a child,
- who is a Treaty First Nation child,
- who is under 12 years of age and has a biological parent who
  - is of Indigenous ancestry, including Metis and Inuit, and
  - considers himself or herself to be Indigenous, or
- who is 12 years of age or over, of Indigenous ancestry, including Metis and Inuit, and considers himself or herself to be Indigenous;

First Nation means any of the following:

- a band as defined in the Indian Act (Canada);
- an Indigenous legal entity prescribed by regulation;

First Nation child:
means a child who is a member or is entitled to be a member of a First Nation;

Others of significance:
Persons identified in the care plan as being important to the child.

Parent:
Includes:

- the mother of a child;
- the father of a child;

- a person to whom guardianship or custody of a child has been granted by a court of competent jurisdiction or by an agreement; and
- a person with whom a child resides and who stands in the place of the child's parent or guardian,

but does not include a caregiver, prospective adoptive parent or director.

Physical environment:
The building in which the child is accommodated, as well as the ground surrounding the building. This includes detached buildings in the immediate vicinity used to store vehicles and equipment, or to house animals.

Restraint:
Is the act of intentionally restricting the ability of a child or youth to move or take action.

Results for Children:
That which is expected to occur as a result of the provision of a particular aspect of service, and which provides a measure of the extent to which the relevant standard has been met.

Right:
A specific entitlement recognized by law as defined in the *Child, Family and Community Service Act* and other relevant legislation.

Seclusion:
As one of the prohibited behaviour management practices, seclusion or confinement is described as “containment of a child/youth within any space from which they are not able to exit without the permission of another or within which their movements may be restricted.” This does not include the behavioural management approach of periods of “time out,” where a child/youth exercises a degree of cooperation and self-control.

Smoke and Vapour Free Environment:
Neither smoking nor vaping takes place at any time in enclosed spaces where children in care would be exposed to second-hand smoke/vapour or the residual toxins from second-hand smoke/vapour (including but not limited to tobacco, cannabis, and e-substances). This includes a foster caregiver’s residence and vehicle. This does not restrict spiritual activities relating to the use of tobacco.

Standard:
A Standard is a statement describing the outcome that is expected to occur in response to the provision of a specific component of service. Compliance is mandatory.

Time-out:

A time-out is an intervention in which the child or youth removes themselves, or is removed from the immediate setting. The intervention is to be reasonable under the circumstances, and is intended to benefit the child or youth for the purpose of regaining self-control. The period of time involved:

- is brief;
- has a predetermined maximum; and
- takes into consideration the developmental needs of the child.

Treaty First Nation:
In relation to a Treaty First Nation child, means the Treaty First Nation of which the child is a Treaty First Nation child;

Significant life events:
Are events that hold substantial meaning for children; for example, birthdays, graduations, personal losses, traditional holidays and anniversaries.

Transition:
Is a significant change in the life of the child, as identified in the child's care plan and the caregiver's responsibility under the care plan.

Youth:
Youth is a person who is 16 years of age or over but is under 19 years of age, placed with a caregiver by a director.

A. Relating to Children and their Families

STANDARD A.1 Rights of Children and Youth in Care

Children and youth are assisted to understand their rights under the *Child, Family and Community Service Act* and the procedures for enforcing them.

Commentary

The guarantee of special rights to children and youth in care is one way of ensuring that children and youth in care are empowered as active partners of parents, social workers and caregivers in planning their future. This active participation encourages them to become self-determining adults in future years. Furthermore, it is important that children and youth in care get help with any problems they are experiencing in care before the situation deteriorates to the point where a formal complaint is registered. This is more likely to occur in an environment where children's rights are clearly honoured and fulfilled.

Results for Children

A.1.1 Children and youth confirm that they understand their rights under the *Child, Family and Community Service Act* and the procedures for enforcing them.

A.1.2 Children and youth confirm that their rights are fulfilled.

Caregiver Practices

A.1.3 The caregiver assists children and youth in understanding their rights under the *Child, Family and Community Service Act* and the procedures for enforcing them.

A.1.4 The caregiver conducts their duties in a manner consistent with the rights of children and youth in care.

STANDARD A.2 Involving Children and Their Families in Decision-Making

Children and their families are consulted and encouraged to express their views, according to their abilities, about significant decisions affecting them.

Indigenous people are consulted and involved in the planning and delivery of services to their children/youth.

Commentary

Significant decisions affecting children and families include those that are seen from their perspective as significant. Children and families need to be able to express their views in clear and constructive ways as part of the decision-making process. The practice of consulting with children and families involves sharing information, listening to views, considering views and finding ways of incorporating views into decisions. Children and youth in care often sense that their fate is decided by unfamiliar adults who make decisions over which the child or youth has no control. When social workers and caregivers demonstrate to children and youth that their views will be seriously considered, children and youth are encouraged to develop trust in adults and self-determination.

Results for Children

A.2.1 Children confirm that they are consulted and are able to express their views about decisions that affect them.

A.2.2 Children confirm their views are not automatically subordinated to the views of their family or others.

A.2.3 Children and their family members confirm that, within the context of the child's care plan, they are consulted in decisions which affect them.

A.2.4 Indigenous child/youth confirm their right to learn about and practise their Indigenous traditions, customs, and language and to belong to their Indigenous communities is upheld.

Caregiver Practices

A.2.5 The caregiver consults with the child regarding significant decisions that affect the child.

A.2.6 Within the context of the child's care plan, the caregiver consults with the child's family regarding significant decisions that affect the family and the lives of their children.

A.2.7 The opinions and views of children and their families are listened to and the caregiver ensures that those views are considered in the decision-making process.

A.2.8 The caregiver involves Indigenous families and communities in the planning and delivery of services to their children, as appropriate.

STANDARD A.3 Complaint Resolution

Children are encouraged to express their concerns and any complaint is addressed seriously and without delay.

Commentary

It is important that children and youth in care become comfortable in asserting themselves in constructive ways, including when expressing dissatisfaction. Providing an environment of care in which children and youth are encouraged to express dissatisfaction in a constructive manner will reduce the likelihood of circumstances deteriorating to the point where a formal complaint is registered.

Results for Children

A.3.1 Children confirm that the caregiver encourages them to bring their concerns into the open and has supported, or believes the caregiver would support them to formulate and present a complaint to the appropriate authority.

A.3.2 Children confirm that they are aware of the internal complaints process of the Ministry of Children and Family Development.

A.3.3 Children confirm that they are informed about and assisted to contact the representative or a person employed or retained by the representative under the *Representative for Children and Youth Act*.

A.3.3 Children confirm that they are informed about and assisted to contact the Office for Children and Youth.

A.3.4 Children who have made complaints confirm that the complaints were dealt with, even if not resulting in agreement.

Caregiver Practices

A.3.5 The caregiver assists children in understanding that they are entitled to discuss all matters, including any problems or complaints, affecting them with their social worker, their caregiver or other appropriate authorities. Other appropriate authorities include, but are not limited to:

a) the representative or a person employed or retained by the representative under the *Representative for Children and Youth Act*;
b) the Ombudsperson; and
c) the Information and Privacy Commissioner.

A.3.6 The caregiver informs the child about and assists them to contact the representative under the *Representative for Children and Youth Ac*t.

A.3.7 The caregiver assists children in understanding that there will be no reprisals for lodging a complaint.

A.3.8 The caregiver keeps a record of the incidence and outcomes of complaints.

B. Safeguarding Children

STANDARD B.1 Child's Personal Safety

Children are protected from harm or the threat of harm from self or others.

Commentary

The safety and well-being of children are the paramount considerations under the *Child, Family and Community Service Act*. It is the responsibility of the caregiver and the child's social worker to take all reasonable steps to reduce the level of risk that a child may be exposed to. This is a fundamental requirement for the healthy development of the child.

Results for Children

B.1.1 Children confirm that they have not been harmed and that they know how to contact their social worker or a responsible adult if they do not feel safe.

B.1.2 Children are aware of the purpose of, and know how to use, emergency telephone numbers.

Caregiver Practices

B.1.3 If the caregiver observes, or has reported to them, any indication of abuse or neglect of a child, the caregiver promptly reports the information to a social worker.

B.1.4 The caregiver takes immediate action to ensure the safety of a child who has been harmed, threatened with harm, or feels unsafe.

B.1.5 The caregiver conducts regular checks on the child on a daily basis to ensure the child is safe and well.

B.1.6 The caregiver provides additional information about the care and circumstances of the child as requested by the child's social worker.

B.1.7 The caregiver assists in the development and implementation of a supervision plan for children who have been victims of perpetrators of abuse.

B.1.8 The caregiver ensures that emergency telephone numbers are clearly displayed near the telephone(s) for the use of children.

B.1.9 The caregiver notifies the child's social worker as soon as possible, prior to any move of the household.

STANDARD B.2 Reportable Incidents

All information of significance to the safety and well-being of children is promptly reported to a social worker.

Commentary

If the social worker is unavailable, the report is made to another social worker or the supervisor in the same district office. After regular office hours, the report is made to an After Hours social worker. After Hours social workers are available 24 hours per day, seven days per week.

Results for Children

B.2.1 Children confirm that they have been informed about reportable incidents and about what will happen if such an incident occurs.

Caregiver Practices

B.2.2 The caregiver notifies the child's social worker immediately after the occurrence of any of the following reportable incidents in order that the child's social worker can plan for the ongoing safety and well-being of the child:

a) the death of a child or youth;
b) accident or illness of a child or youth requiring medical treatment or hospitalization;
c) allegations of abuse, neglect or mistreatment of a child or youth;
d) any displays of self-injurious or high-risk behaviour by a child or youth;
e) gestures, threats, or attempts of suicide by a child or youth;
f) situations when a child or youth is missing, including any subsequent information obtained about the child or youth during their absence (see Appendix 1 for the definition of Missing Child/Youth and revised procedural requirements);
g) situations when a child or youth has observed, been involved in, or exposed to a high-risk situation or disaster, such as a fire or multiple abuse situation in a school, that may cause emotional trauma or post-traumatic stress;
h) any intervention by the police or law enforcement authorities with a child or youth;
i) situations involving the use of physical restraint or any other prohibited behaviour management practices, including the use of seclusion or safe room;
j) the unauthorized removal or attempted removal of a child or youth from the home, facility, school or day program;

k) marked behavioural changes exhibited by a child or youth;
l) suspension of a child or youth from their school or day program;
m) plans, not previously authorized, for the child or youth to be cared for by another person overnight; and
n) any other circumstance affecting the safety or well-being of a child or youth.

B.2.3 The caregiver notifies at least the resource social worker of the following incidents in order that the resource social worker can support the caregiver in planning for the short- and long-term viability of the placement for the child or youth:

a) limitation in the ability of the caregiver to meet the safety and well-being needs of a child or youth placed, or about to be placed with the caregiver;
b) limitation in the ability of the caregiver to meet other written caregiver service expectations;
c) criminal charge or conviction of a caregiver or other member of the household;
d) court supervised parole or probation of a caregiver or other member of the household;
e) the onset or recurrence of a physical, emotional or mental condition or substance abuse problem of a caregiver or other member of the household, that could reasonably be expected to impair the caregiver's ability to care for the child;
f) serious illness or injury of a caregiver or other member of the household;
g) changes in the household composition (for example, people moving in or out of the household);
h) significant change in the caregiver's financial circumstances that have potential to affect the care of the child or youth; and
i) significant increase in the use of alternative care arrangements for the child or youth.

STANDARD B.3 Use of Physical Restraint

Children live in a home where physical restraint is used only in extraordinary circumstance to protect the child or others from immediate physical harm when:

- less restrictive means have been considered or attempted and determined to be insufficient in the circumstances; or
- as an extraordinary measure approved of by 'a designated director' and outlined in the child or youth's individual care plan; and
- where restraint is allowed in the child or youth's care plan, restraint is performed by caregivers or service providers trained in crisis intervention, including the safe use of restraint.

Commentary

Although caregivers take all reasonable steps in all circumstances to avoid the need for the use of restraint, including emergency restraint, there may be occasions when for a variety of reasons, the child is not able to cope successfully with the situation they find themselves in. In extraordinary circumstances, and when the use of restraint has been approved by 'a designated director' and is included in the child or youth's care plan, it may be necessary to use physical restraint in order to protect the child or others from immediate physical harm that they may be exposed to.

If restraint is used:

- physical restraint involves the least control necessary to ensure immediate safety and is appropriate to the child's level of development and condition;
- efforts are made to re-establish communication and end restraint as soon as possible; and
- the child or youth is never left attended while under restraint.

Results for Children

B.3.1 Children confirm they have been informed about potential situations in which physical restraint may need to be used in order to protect themselves or others around them from immediate harm.

B.3.2 Children confirm that if physical restraint has been used with them, they have been informed about the reasons for the intervention.

B.3.3 Children confirm that if physical restraint has been used with them, they have participated in a debriefing of the episode with caregivers.

B.3.4 Children confirm that if they have witnessed physical restraint being used, they have participated in a debriefing of the episode with caregivers.

B.3.5 Children confirm that they have had their physical and emotional well-being assessed by caregivers following an episode requiring the use of physical restraint.

Caregiver Practices

B.3.6 The caregiver uses trauma-informed approaches and positive-management strategies and preventive measures in order to avoid situations that may lead to physical harm.

B.3.7 The caregiver confirms that physical restraint may be used only to protect a child or others, including the caregiver, from immediate physical harm or as an extraordinary measure approved of by ‘a designated director’ and outlined in the child or youth’s care plan.

B.3.8 The caregiver confirms they have made reasonable efforts to acquire the training needed to safely apply physical restraint. (See Appendix 2 for more information.)

B.3.9 The caregiver confirms that if physical restraint has been used with a child, the reasons for the use of physical restraint have been explained to the child.

B.3.10 The caregiver confirms that if a child has witnessed physical restraint being used, they have explained to that child the reasons for use of physical restraint.

B.3.11 The caregiver confirms that they have assessed and, if necessary, addressed the child's physical and emotional well-being after physical restraint has been used.

B.3.12 The caregiver confirms that if physical restraint has been used, the circumstances have been documented from both the caregiver's and the child's perspective.

B.3.13 The caregiver confirms that if physical restraint has been used, it has been reported immediately to the child's social worker.

- For more information about the use of restraint and/or seclusion, refer to Policy 5.12: Restraint and Seclusion Regarding Children and Youth in Care.

Note: As one of the prohibited behaviour management practices, seclusion or confinement is described as “containment of a child/youth within any space from which they are not able to exit without the permission of another or within which their movements may be restricted.” This does not include the behavioural management approach of periods of “time out,” where a child/youth exercises a degree of cooperation and self-control.

C. Planning

STANDARD C.1 Care Plan*

Each child or youth is entitled to have a written, individual care plan ~~of care~~ which has been developed in consultation with the caregiver, the child and where possible, their parents. *See Appendix 3 for more information.

All planning for Indigenous children takes into consideration:

- The principle that Indigenous families and Indigenous communities share responsibility for the upbringing and well-being of Indigenous children;
- The importance of the child being able to learn about and practise their Indigenous traditions, customs and language, and belong to their Indigenous community.
- The impact of colonization, in particular residential schools, to assess strengths and recognize resiliency when planning and delivering services specific to the child/youth and their family.

Commentary

The caregiver is expected to be informed about the circumstances surrounding the child and to participate in the development and reviews of the child's care plan. The caregiver will have certain responsibilities under the care plan, including keeping the child's social worker informed about developments concerning the child. Caregivers are expected to accept responsibility for only those aspects of the care plan that they are capable of carrying out.

Results for Children

C.1.1 Children confirm that, at or near the time of placement, the caregiver has provided an explanation for that placement based on the child's care plan and children confirm that they have understood the explanation.

C.1.2 Indigenous child/youth confirm they have had opportunities to be involved with extended family, Indigenous community members, delegated Aboriginal agency (DAA) serving their community (if applicable), and other related Indigenous organizations (e.g. Friendship Centres) or cultural Knowledge Keepers.

C.1.3Children confirm that the caregiver has encouraged and assisted them to participate within their ability in the development and reviews of their care plan.

C.1.4 Children confirm that the caregiver has attempted to help them understand the role of professionals who work directly with them, either at home or elsewhere.

Caregiver Practices

C.1.5 The caregiver advocates for and participates in the development and reviews of the child's care plan.

C.1.6 The caregiver encourages and assists the child to participate within their ability in the development and reviews of their care plan.

C.1.7 Before or at the time of placement, the caregiver will have in their records the following information (if available from the child's social worker) to ensure the safety and well-being of the child accepted into the home:

a) the child's full name, gender, birth date and legal status;
b) the circumstances leading to the placement including:
    i. family information relevant to caring for the child;
    ii. cautions or restrictions on the child's activities or contacts; and
    iii. the names and telephone numbers of family members or significant others, as noted in the care plan, who are available as supports to the child;
c) the child's known interests, abilities, strengths and presenting issues;
d) the child's physical and emotional health and any health concerns, including required medications, allergies, dietary restrictions and physical limitations;
e) the name of the child's social worker, the district office and telephone number, and the name and telephone number of the social worker and office to call in the case of an emergency;
f) the child's physician's name and telephone number and child's personal health number;
g) the name of the school or day program that the child is or has been attending; and
h) specific routine monitoring of the child as identified in the care plan.

C.1.8The caregiver keeps all information about the child and family confidential. The caregiver shares information only with other persons or agencies needed to carry out the child's care plan, or as permitted by law.

C.1.9 In cases of emergency placements or in other instances where the information outlined above is not known to the child's social worker at the time of placement, the caregiver cooperates with the child's social worker to obtain the information as soon as possible.

C.1.10 Before or at the time of placement, the caregiver discusses with the child's social worker the sleeping arrangements for the child to ensure that these arrangements meet the child's needs for adult supervision, safety, privacy and adequate sleep.

C.1.11 Before or at the time of placement the caregiver discusses with the social worker (and the child's family as authorized by the child's social worker) the following:

a) the care needs of the child;
b) the steps to be taken by the caregiver and by the child's social worker to meet these needs. Immediate care needs include: emotional and physical safety, clothing, medication, continuity of school or vocational or day programs, and arrangements for impending appointments such as doctor's visits and court appearances;
c) the involvement of the child's family in matters such as visits and telephone calls, including any conditions and restrictions;
d) the involvement of any necessary support.

C.1.12At the time of placement the caregiver, in a manner that is sensitive to the emotional state and developmental level of the child:

a) introduces the child to the other members of the household;
b) shows the child the layout of the home and their sleeping area;
c) tells the child what the household routines, expectations and rules are;
d) gives the child the opportunity to ask questions and discuss their concerns;
e) attempts to help the child understand why they have been placed in the home; and
f) attempts to help the child understand the role of professionals who work directly with them, either at home or elsewhere.

C.1.13 Following placement and on an ongoing basis, the caregiver provides the child's social worker with information about their experience with the child, including:

a) progress in the desired outcomes outlined in the care plan;
b) the child's current functioning in health, education, identity, family and social relationships, social presentation and emotional and behavioural development; and
c) the caregiver's capacity to meet the caregiver's responsibilities under the care plan.

STANDARD C.2 Maintaining Relationships

Children are encouraged and supported to maintain relationships with their families and others of significance to them including, for Indigenous children, relationships with their Indigenous community, in accordance with their care plan.

Commentary

Continuity of quality relationships is one of the most important factors in achieving positive outcomes for children. Child welfare research indicates that children who experience continuity of quality relationships are less likely to have ongoing emotional and behavioural problems. Quality relationships provide a crucial network of support in the child's life. Whenever possible and in accordance with the care plan, children and youth are supported and encouraged to maintain and strengthen relationships with parents, siblings, extended family members, cultural community and any other significant relationships.

Results for Children

C.2.1 Children confirm that they are encouraged and helped to maintain or restore contact with their parents, family and significant others in accordance with the care plan.

C.2.2 Children confirm that in situations where it is determined by court order or in their care plan that it is not in their best interest to have contact with their parents, family or significant others, caregivers have made efforts to assist them in coming to terms with that decision.

C.2.3 Children confirm that they are encouraged to develop and maintain positive friendships.

C.2.4 Children confirm that they are provided reasonable opportunities to receive visitors in the home, including family members and friends.

C.2.5 Indigenous children/youth confirm their Indigenous community has been involved in planning and decision making, where possible and appropriate.

Caregiver Practices

C.2.6 The caregiver fulfills their role and responsibilities with the child's family members, as specified in the care plan.

C.2.7 The caregiver encourages the child to have contact with their family unless such access has been denied or restricted by the child's social worker, or court order.

C.2.8 Unauthorized denials of visits, telephone contacts or correspondence with family members are not used by the caregiver as consequences for the child.

C.2.9 When the care plan indicates that a child cannot have contact with their parents or family members; the caregiver helps the child come to terms with this.

C.2.10 The caregiver encourages the child to develop and maintain positive friendships.

C.2.11 Within the context of the child's care plan, the caregiver provides reasonable opportunities for the child to receive visitors in the home, including family members and friends.

C.2.12 The caregiver has information about the child's Indigenous community and their traditions, customs, and language.

C.2.13 The caregiver supports the involvement of the Indigenous children's extended family, Indigenous community members, delegated Aboriginal agency (DAA) serving their community (if applicable), and other related Indigenous organizations (e.g. Friendship Centres) or cultural Knowledge Keepers when assessing, planning and providing services.

STANDARD C.3 Transitional Planning

Children receive assistance in making successful transitions to new living circumstances as identified in the caregiver's responsibilities under the care plan.

Commentary

The move from one set of life circumstances to another can be accompanied by reactions similar to those a child may experience on first coming into foster care. An active and positive response from the caregiver in acknowledging and planning a response to the needs associated with such a transition will increase the likelihood that the transition will be successful for the child.

Results for Children

C.3.1 Children confirm that they are prepared for transitions.

C.3.2 Children who are leaving the care of a director confirm that the caregiver is enabling them to prepare for this eventuality.

C.3.3 Children anticipating leaving the home are able to describe their involvement in making adequate plans for their future.

C.3.4 Children confirm that they take their personal belongings with them when they move from the foster home.

Caregiver Practices

C.3.5 The caregiver in conjunction with the child's care plan, engages in the preparation of the child for adulthood by:

a) assisting the child to build and maintain healthy relationships;
b) assisting the child to understand their own sexuality;
c) assisting the child to develop their self-esteem; and
d) teaching comprehensive life skills.

C.3.6 The caregiver cooperates with the child's social worker in planning for the child's move from the foster home.

C.3.7 The caregiver:

a) helps the child cope with their feelings about leaving the foster home;
b) helps the child develop a positive view of their next living arrangement;
c) reinforces the child's experience and gains made while in the foster home, and their readiness to move to a new experience; and
d) supports the plan for the child, whether they are moving home, to another placement, to an adoptive family or living independently.

C.3.8 The caregiver packs all of the child's personal belongings and clothing in appropriate containers and sends them with the child when they move from the foster home.

C.3.9 When the child moves from the foster home, the caregiver ensures that all original records and information about the child, including the health care passport, are given to the child's social worker.

D. Caring For Children

STANDARD D.1 Positive Parenting

Children and youth in care receive positive and culturally appropriate parenting.

Commentary

While children have the responsibility to adhere to a reasonable standard of behaviour, they have the right to know the standard of behaviour expected of them by their caregiver as well as the consequences for not meeting the caregiver's expectations. It is expected that caregivers will apply reasonable consequences sensitively and fairly, according to the child's level of development. In order to develop positive behaviour and social skills, children need to grow confident in their own ability to distinguish right from wrong. One way children learn positive behaviour and social skills is by observing and imitating adults who are worthy behaviour models.

Results for Children

D.1.1 Children confirm that they receive the same quality of care as other children in the placement, including the caregiver's own children.

D.1.2 Children confirm that the caregiver is interested in and cares about them as individuals.

D.1.3 Children confirm that the caregiver assists them with issues which arise from daily living and developing appropriate behaviour.

D.1.4 Children confirm that the caregiver does not use prohibited behaviour management methods.

D.1.5 Children confirm that they have been informed of the standard of behaviour expected by the caregiver and the consequences for not meeting the caregiver's expectations.

Caregiver Practices

D.1.6 The caregiver ensures to the fullest extent possible that the child receives the same quality of care as other children in the placement, including the caregiver's own children.

D.1.7 The caregiver ensures that caregiving practices are consistent with the child's individual needs.

D.1.8 The caregiver provides care and supervision appropriate to the child's age, level of development and ability to accept independence and responsibility.

D.1.9 The caregiver uses positive parenting methods. Positive parenting methods include those actions that:

a) are based on praise, encouragement, and structuring the setting for success;
b) are motivated to assist the child to learn responsibility and self-control;
c) teach or model appropriate ways of behaving;
d) are reasonable and directly related to the child's behaviour; and
e) respond to the child's behaviour as soon as possible.

D.1.10 The caregiver, if authorized, assists the child's family to understand and use positive parenting methods.

D.1.11 The caregiver does not use the following prohibited behaviour management methods which are expressly forbidden:

a) deprivation of a child's or youth's basic rights or needs (for example: food, clothing, shelter, and bedding);
b) physical discipline (for example: spanking, shaking, slapping, hitting);
c) degrading actions (for example: humiliation, ridicule);
d) restraint, other than for the immediate physical safety of the child or youth, other children or youth, the caregiver or others, or as an extraordinary measure approved of by ‘a designated director’ and outlined in the child or youth’s care plan;
e) seclusion (not including time-out) or confinement;
f) assignment of unreasonable exercise or work that may be excessive or harmful to the child or youth;
g) threats of removal from the care setting in order to manipulate or coerce the behaviour of the child or youth;
h) arbitrary or unauthorized denial of visits, telephone contact or correspondence with family members or guardians;
i) application of consequences in situations where it is not certain that the individual's behaviour has warranted them;
j) being disciplined by another child who has not been designated as a temporary caregiver; and
k) coercive behaviour by the caregiver regarding their religious or personal beliefs.

D.1.12 The caregiver informs the child of the standard of behaviour expected by the caregiver and the consequences for not meeting the caregiver's expectations.

D.1.13 If having difficulty managing the child's behaviour, the caregiver consults with the child's social worker as soon as possible, and with the child's parents if authorized.

STANDARD D.2 Culture and Religion

Children receive guidance and encouragement to maintain their cultural heritage and to participate in the religious activities of their choice.

Commentary

Cultural heritage can be defined as the shared customs, beliefs, behaviours and traditions of a particular ethnic group. The right to receive guidance and encouragement to maintain their cultural heritage promotes the child's positive sense of belonging and personal identity. Children also have the right to freedom of religion and the right to choose whether or not to participate in religious instruction or activities.

Results for Children

D.2.1 Children confirm their cultural heritage is respected and supported.

D.2.2 Children confirm that they have opportunities to maintain their cultural heritage.

D.2.3 Children confirm that they have opportunities to choose whether or not to participate in any religious instruction or activities.

D.2.4 Children confirm that they are not discriminated against on the basis of gender, sexual orientation, physical or developmental disability, culture, ethnicity, religion or race.

Caregiver Practices

D.2.5 Within the context of the child's care plan, the caregiver provides the child with opportunities, guidance and encouragement to maintain their cultural identity.

D.2.6 Within the context of the child's care plan, the caregiver accepts the child's choice whether or not to participate in religious instruction or activities.

D.2.7 The caregiver encourages children to celebrate significant events in culturally appropriate ways.

D.2.8 The caregiver encourages and assists the child to keep records of significant events.

D.2.9 The caregiver does not promote their own culture or religion with the child unless required to do so as part of the child's care plan.

STANDARD D.3 Supporting the Indigenous child/youth's right to know and belong to their Indigenous community and be involved in its customs and practices.

Indigenous children/youth are entitled to learn about and practise their Indigenous traditions, customs, and languages, and to belong to their Indigenous communities. The importance of these rights must be considered in determining their best interests.

With involvement from their Indigenous communities whenever possible, Indigenous children receive guidance, encouragement and support to learn about and practise their Indigenous traditions, customs and languages, and to belong to their Indigenous communities.

Commentary

Approximately one third of children in care in British Columbia are of Indigenous ancestry, while Indigenous people make up only 5% of the total population. The *Child, Family and Community Service Act* places a strong emphasis on respecting and safeguarding the Indigenous child's unique cultural identity and ties to family, Indigenous community and heritage. Indigenous children develop a positive cultural identity by participating in their culture, by understanding their heritage and by learning of the experiences and achievements of persons of the same cultural background.

In addition to the requirements specified in Standard D.2, the following criteria apply to Indigenous children.

Results for Children

D.3.1 Indigenous child/youth confirms they had opportunities to learn about and practise their Indigenous traditions, customs, and languages, and to belong to their Indigenous communities.

Caregiver Practices

D.3.2 The caregiver supports the involvement of the Indigenous child/youth's extended family, Indigenous community members, the delegated Aboriginal agency (DAA) serving their community (if applicable), and other related Indigenous organizations (e.g. Friendship Centres) or cultural Knowledge Keepers when assessing, planning and providing services.

D.3.3 Where possible, the caregiver promotes the child's participation in cultural practices within the caregiver's home.

STANDARD D.4 Social and Recreational Activities (Leisure Activities)

Children are encouraged to participate in appropriate and available social and recreational activities according to their abilities and interests. These include school-related activities such as field trips, swimming lessons and other outings.

Commentary

Participation in social and recreational leisure activities is an important aspect of a child's development and socialization, promoting confidence in their skills and abilities. Leisure activities include a wide range of social and recreational activities that are organized within the child's geographic, religious and cultural community. The child's social worker and caregiver should make an affirmative effort to search out available activities that are consistent with the child's interests, needs and abilities.

Results for Children

D.4.1 Children confirm that they have opportunities to participate in available and appropriate leisure activities, according to their abilities and interests.

D.4.2 Children confirm that they have been encouraged to express and identify interests.

Caregiver Practices

D.4.3 The caregiver provides opportunities for the child to participate in available and appropriate leisure activities, according to the child's abilities and interests.

D.4.4 The caregiver encourages the child to express and identify interests.

D.4.5 The caregiver signs required permission forms allowing the child or youth to participate in routine school activities, including forms that contain waivers and indemnities, unless the activity is considered to be a high risk activity or potentially inappropriate for the particular child or youth or the caregiver has concerns about signing the form. Examples of high risk activities include, but are not limited to: scuba diving, snowmobiling and mountain climbing.

If the caregiver does not sign a required permission form to permit a child or youth to participate in routine school activities, the caregiver must bring the form to the attention of the child's or youth's guardianship worker as soon as possible so that they can determine whether to sign the form prior to the activity taking place.

Note: *Guardianship workers are no longer required to send Indemnity forms to the Risk Management Branch of the Ministry of Finance for approval.*

Note: *Caregivers are insured against liability under the Master Insurance Program, and section 101 of the Child, Family and Community Service Act that states that no person, including foster parents, are personally liable for anything done or omitted in good faith in exercising a duty or function under the Act.*

Please see Appendix 4: **Social and Recreational Activities for Children and Youth in Care: Signing Permission Forms** for additional policy details.

STANDARD D.5 Education

The education of every child/youth is actively promoted and supported by the caregiver.

Commentary

As part of their development, children require stimulation that promotes competence and interest in learning. Education is a key to positive opportunities in adulthood. Child welfare research indicates that many children who come into care require extra assistance and support in school, at home and in the community in order to succeed in school.

Results for Children

D.5.1 Children confirm that they are encouraged, assisted and supported to achieve educational performance that matches their abilities.

D.5.2 Children confirm that they are supplied with the necessary materials and an appropriate setting for study and homework.

D.5.3 Indigenous child/youth confirms their right to learn about and practise their Indigenous traditions, customs, and language has been upheld.

Caregiver Practices

D.5.4 The caregiver encourages assists and supports the child to achieve educational performance that matches their abilities.

D.5.5 The caregiver ensures the child has the necessary materials and an appropriate setting for study and homework.

D.5.6 Within the context of the child's care plan, the caregiver takes an interest in the child's education, including:

- providing the child with help with homework when necessary; and
- participating in the child's school events and meetings.

D.5.7 The caregiver helps the child to understand, as appropriate, how residential schools may have impacted their elders as it relates to school participation.

STANDARD D.6 Health

The health of children is actively promoted.

Commentary

Children have the right to receive medical and dental care when required to ensure their health, safety and well-being. The child's social worker and caregiver are required to ensure ongoing monitoring of the child's need for medical and dental care and treatment.

Results for Children

D.6.1 Children are aware of their right under the *Infants Act* to consent to or refuse medical examination or treatment, and younger children are aware that their wishes will be taken into account, provided a health care provider considers them competent.

D.6.2 Children who feel they have need for medical and dental services confirm that they receive the services on a timely basis from appropriate health care providers.

D.6.3 Children confirm they are able to consult with their caregiver regarding a health concern.

D.6.4 Children confirm that they are assisted with acquiring information on preventative health care.

D.6.5 Children confirm that they live in a smoke/vapour-free environment. Smoke/vapour free environment includes but is not limited to tobacco, cannabis, and e-substances.

Caregiver Practices

D.6.6 The caregiver ensures that the daily health care needs of the child are met.

D.6.7 Within the context of the child's care plan or subject to first notifying and confirming with the child's worker, the caregiver arranges for routine medical and dental care for the child with the child's identified health care providers, and may sign consents to routine medical and dental care as a representative of the director pursuant to s. 94 of the CFCSA.

D.6.8 The caregiver assists the child with acquiring information on preventative health care.

D.6.9 The caregiver advises the child's social worker of any concerns regarding the child's physical or mental health.

D.6.10 The caregiver follows treatment procedures prescribed for the child by a medical or dental professional, and notifies the child's social workers of such treatments.

D.6.11 The caregiver keeps a written record of medical and dental services arranged for the child.

D.6.12 The caregiver obtains medical treatment from a qualified health care provider as quickly as possible when a child shows signs of serious illness or injury.

D.6.13 The caregiver assists in meeting the child's health care needs as identified in the child's care plan.

D.6.14 The caregiver provides a smoke/vapour free environment. Smoke/vapour free environment includes but is not limited to tobacco, cannabis, and e-substances.

STANDARD D.7 Nutrition

Children are provided with nutritious food by their caregiver.

Indigenous child/youth are supported to experience their traditional food whenever possible.

Commentary

A nutritious and healthy diet is an essential part of a child's development. It may be advisable for older children to be given increased responsibilities around meal preparation as part of developing life skills. Food is not to be used as a behaviour consequence for children under any circumstance.

Results for Children

D.7.1 Children confirm that they are provided with access to nutritionally sound meals, snacks and/or special diet requirements identified in the care plan.

D.7.2 Indigenous child/youth confirms that they are supported to access traditional food through their connection with their Indigenous community and, where possible, learn how to prepare their traditional food.

D.7.3 Children confirm that they have the opportunity to eat at least some of their meals together with all other members of the household, and that they regard these meals as positive social events.

D.7.4 Children confirm that they are neither denied meals nor forced to eat.

Caregiver Practices

D.7.5 In serving nutritious meals and snacks, the caregiver follows the Canada Food Guide and/or any special dietary requirements specified in the child's care plan; and gives consideration to the child's cultural and religious background, personal preferences and medical requirements.

D.7.6 The caregiver provides the opportunity for the child to eat at least some of their meals together with all other members of the household.

D.7.7 The caregiver ensures that the child is neither denied meals nor forced to eat.

D.7.8 Within the context of the child's care plan, the caregiver provides the capable child with opportunities to budget for, plan, shop for and prepare their own meals.

STANDARD D.8 Personal Care

Children are assisted with making their own choices regarding their personal care.

Commentary

The capacity to consider available options and to select those that are in a person's best interest is considered to be a skill central to building effective life skills. The caregiver is in an ideal position to provide the child with opportunities to develop these skills. To the extent that this is done in a planned, consistent and regular fashion it will enhance the child's development.

Results for Children

D.8.1 Children confirm that they have choice and opportunity in the purchase of clothing and personal necessities through normal shopping arrangements.

D.8.2 Children confirm that they have the personal items necessary for their personal care, hygiene and grooming.

D.8.3 Children confirm that they are provided with clothes that are of comparable style, quality and condition as those of other children.

D.8.4 Children confirm that they are involved in the selection, care and maintenance of personal clothing as appropriate to their age and ability.

D.8.5 Children confirm that money they receive as gifts or allowances is treated as their own personal property.

Caregiver Practices

D.8.6 The caregiver ensures the child has the personal items necessary for their personal care, hygiene and grooming.

D.8.7 The caregiver provides the child with clothes that are of comparable style, quality and condition as those of other children in the community.

D.8.8 The caregiver involves the child in the selection, care and maintenance of personal clothing as appropriate to their age and ability.

D.8.9 The caregiver ensures that money the child receives as gifts or allowances is treated as the child's own personal property.

D.8.10 The caregiver supports and respects any personal cultural traditions the child wishes to follow (e.g. growing their hair long).

STANDARD D.9 Privacy and Personal Belongings

Children have reasonable privacy and possession of their personal belongings.

Commentary

Decisions made on privacy should be geared to the child's best interests, safety and well-being. The degree of privacy will vary depending on the child's age, needs and level of maturity. The degree of privacy may also depend on safety considerations in the home.

Results for Children

D.9.1 Children confirm they have privacy when using bathroom facilities unless otherwise indicated in the care plan.

D.9.2 Children confirm that they have privacy when dressing, spending time alone and communicating with others, unless there are safety considerations.

D.9.3 Children confirm that they are able to receive visitors, including family members and friends, in reasonable privacy and comfort unless there are safety considerations.

D.9.4 Children confirm that they are provided with privacy during discussions with a lawyer, the Office for Children and Youth, the Ombudsman, a Member of the Legislative Assembly, or a Member of Parliament.

D.9.5 Children confirm they are encouraged by the caregiver to keep and display their personal belongings.

D.9.6 Children confirm that they can keep their personal belongings safe and secure.

D.9.7 Children confirm that the caregiver explains any limits which may be placed on having access to their personal belongings.

D.9.8 Children confirm that in the event access to their personal belongings has been limited, the caregiver makes arrangements for their suitable storage.

Caregiver Practices

D.9.9 The caregiver ensures the child has privacy when using bathroom facilities unless otherwise indicated in the care plan.

D.9.10 The caregiver ensures the child has privacy when dressing, spending time alone and communicating with others, unless there are safety considerations.

D.9.11 The caregiver ensures the child is able to receive visitors, including family members and friends, in reasonable privacy and comfort unless there are safety considerations.

D.9.12 The caregiver ensures the child is provided with privacy during discussions with a lawyer, the Office for Children and Youth, the Ombudsman, a Member of the Legislative Assembly, or a Member of Parliament.

D.9.13 The caregiver protects the child's privacy by requiring that written permission of the child's social worker is secured before the child is interviewed, photographed, filmed, videotaped, tape-recorded or otherwise identified by anyone for a public or teaching purpose.

D.9.14 The caregiver encourages the child to keep and display their personal belongings.

D.9.15 The caregiver explains to the child any limits which may be placed on having access to their personal belongings.

D.9.16 In the event that access to the child's personal belongings has been limited, the caregiver makes arrangements for their suitable storage.

E. Environment of Care

STANDARD E.1 Accommodation of Individual Children

Children are provided with a safe and healthy home environment that meets their individual needs.

Commentary

The condition of the physical surroundings can have a significant impact on the child's social, emotional and physical well-being. It is expected that the caregiver will take into account the opinions of children and their developmental needs in designing and maintaining the physical surroundings. Adapting successfully to living with others in a foster home requires a significant amount of accommodation on the part of the child. The child's capacity to modify some amount of space dedicated to their needs is likely to reduce the pressure of accommodation, enhance their sense of belonging, and increase the likelihood of their adapting successfully to that setting.

Results for Children

E.1.1 Children confirm they feel safe and comfortable in their living environment.

E.1.2Children confirm that they each have their own bed.

E.1.3 Children confirm that their bedroom space is of sufficient size to comfortably accommodate their needs.

E.1.4 Children confirm that they were consulted and that they participated in arranging and decorating their personal space.

E.1.5 Children confirm that they have reasonable access to toilet and washing facilities in accordance with local community norms.

Caregiver Practices

E.1.6 The home, furnishings and equipment are safe, functional and suited to the developmental or special needs of each child placed in the home.

E.1.7 The home has living or family room space available to all members of the household, of sufficient size to allow all members to join in family group activities.

E.1.8 Where required by the care plan, the living space is modified to accommodate the needs of the child.

E.1.9 The caregiver provides sanitary toilet and washing facilities in accordance with local community norms.

E.1.10 Rooms commonly used for other purposes are not used as bedrooms for children. On occasion, temporary sleeping arrangements may be provided in response to an emergency, provided such arrangements have been approved by the child's social worker.

E.1.11 All bedrooms have a door and at least one exterior window. The window(s) have curtains or blinds to provide privacy.

E.1.12 Bedrooms are of sufficient size to comfortably accommodate the child's individual needs, including suitable storage or display space for the child's personal clothing and belongings.

E.1.13 Each child has their own bed. Beds are clean, comfortable, in good condition, of sufficient size and have enough bedding to ensure warmth and comfort appropriate to the season.

E.1.14 When using bunk beds, the following conditions are met:

a) the child using an upper bunk is over six years of age;
b) the upper bunk mattress is no more than one inch at any point from the bed frame;
c) the upper bunk has guard rail(s) on the open side(s);
d) the vertical distances between the upper mattress and the ceiling permit the child to sit up comfortably in bed; and
e) the guard rail(s), ladder and other components are in their proper positions, free from damage, and all connections are secure.

E.1.15 Cribs and cradles comply with the federal *Hazardous Products Act* and its regulations and all other applicable laws.

E.1.16 The caregiver ensures that a child over the age of one year does not share a bedroom with an adult unless otherwise stated in the care plan.

STANDARD E.2 Safety and Emergency Practices

Children receive care that promotes their safety and well-being.

Commentary

The safety and well-being of children are the paramount considerations under the *Child, Family and Community Service Act*. It is the responsibility of the caregiver and the child's social worker to take all reasonable steps to reduce the level of risk that a child may be exposed to in the physical environment of the foster home. This is a fundamental requirement for the healthy development of the child.

Results for Children

E.2.1 Children confirm that they know what to do and how to escape in the event of a fire or other emergency.

E.2.2 Children confirm that they know what to do if they think something in the home or its surroundings is unsafe and confirm that any concerns have been, or would be, addressed satisfactorily.

E.2.3 Children confirm that they have been advised of known hazards in the physical environment of the foster home.

Caregiver Practices

E.2.4 The caregiver posts and ensures the child is aware of the current household emergency response plan for fires, earthquakes, disasters and other emergencies.

E.2.5 The caregiver ensures that the household emergency response plan takes into consideration individuals who require assistance.

E.2.6 The caregiver ensures that the household emergency response plan is practiced at least every six months and immediately following the placement of a child in the home.

E.2.7 The caregiver advises the child of known hazards in the physical environment of the foster home.

E.2.8 The caregiver ensures the child is supervised when in an area of the physical environment of the foster home containing known hazards.

E.2.9 The home has at least two exits from each floor commonly used by household members as living or recreation space. Doorways, exits, ramps and stairs are kept unobstructed and readily accessible for exit.

E.2.10 Each room commonly used for sleeping has at least one opening window equipped for emergency exit.

E.2.11 The home has at least one functioning smoke detector or alarm approved by the Underwriter's Laboratories of Canada, mounted on or near the ceiling in the corridor of each sleeping area and on each floor. The detector(s) or alarm(s) are tested at least once per month. Batteries are changed at least once per year.

E.2.12 The home has at least one five-pound ABC fire extinguisher readily accessible to the kitchen. Fire extinguishers are tested once per year to ensure that they are fully charged and operable.

E.2.13 There is a working telephone or other means of ensuring reliable and regular communication with others outside of the home.

E.2.14 Emergency telephone numbers, including fire, police, doctor, ambulance and poison control, are clearly written and readily available by the telephone. If the home does not have a telephone, then clearly written instructions are readily available regarding how to ask for help outside of the home in an emergency.

E.2.15 Heat, light, and ventilation are adequate for safe and comfortable occupancy.

E.2.16 Heating systems including oil and gas furnaces, wood burning stoves, and fireplaces as well as electrical systems are properly installed and maintained.

E.2.17 The home has a well-maintained first-aid kit which is readily accessible to household members. Any restrictions on accessibility will reflect consideration for the child's level of development and specific safety concerns as outlined in the care plan.

E.2.18 All poisonous substances (including but not limited to cannabis in the form of fresh or dried leaf, oil, food, or drinks) and medications are clearly labelled and stored in a locked location. Access by the child is based on consideration of their developmental level and on any specific safety concerns as outlined in the child's care plan.

E.2.19 All dangerous and hazardous materials, objects and equipment are securely stored. Specific methods of storage are based on consideration of the child's developmental level or on any specific safety concerns as outlined in the child's care plan.

E.2.20 All weapons are inaccessible to children, and are disassembled or made otherwise unusable.

E.2.21 All firearms are stored in accordance with federal legislation and Department of Justice regulations, including the following requirements:

a) the firearm is unloaded;
b) the firearm is rendered inoperable by removing the bolt or installing a trigger lock; and
c) ammunition and firing mechanisms are stored separately from the firearm in securely locked containers or cabinets.

E.2.22 Dogs, cats and other domestic animals maintained on the premises are kept in a safe and sanitary manner and according to provincial and local requirements. Dogs and cats maintained on the premises have up-to-date rabies vaccinations. Children are protected from animals which are potentially dangerous to them.

E.2.23 Outdoor play or recreation areas which are part of the physical environment of the foster home are safe and comply with any legislation and local by-laws and the following requirements:

a) play and recreational equipment are age appropriate, in good working condition and structurally sound;
b) all in-ground pools are enclosed with safety fences;
c) swimming pools are regularly tested to ensure the pool is free from contamination.

E.2.24 The caregiver ensures that children are supervised at all times by a responsible adult while using swimming pools or trampolines.

E.2.25 The caregiver ensures that all vehicles used to transport children:

a) meet *Motor Vehicle Act* requirements;
b) are maintained in safe condition;
c) include age appropriate, certified child restraint systems;
d) have adequate insurance necessary to carry out the caregiver's responsibilities, including motor vehicle third-party legal liability insurance coverage of at least two million dollars; and
e) are operated in a safe manner by a person with a valid driver's license of the appropriate classification.

F.2.26 When a child is transported in a motor vehicle, the caregiver ensures that the child is properly secured in a certified restraint system, in accordance with the *Motor Vehicle Act* and Regulations and the Canadian Motor Vehicle Safety Standards. In addition, and whenever possible, the caregiver ensures that children twelve years of age and under are seated in the back seat.

E.2.27 No more than four cannabis plants are grown in a foster home and the plants are not visible from a public space.

E.2.28 Cannabis plants and products (including but not limited to cannabis in the form of fresh or dried leaf, oil, food, or drinks) are stored in such a way that they are inaccessible to children/youth in the home. Needs and capabilities of the children/youth are considered when assessing the safety of the home and accessibility to cannabis plants and products.

F. Foster Home Administration

STANDARD F.1 Alternative Care Arrangements

Children receive appropriate child minding, overnight and relief care from individuals who have the necessary maturity, knowledge, skills and abilities to fulfill the responsibilities of looking after children.

Commentary

Alternative care arrangements involve situations when someone other than the child's usual caregiver provides care for the child on a temporary basis and include child-minding situations, the child visiting overnight in another home and relief care services. It is the responsibility of the caregiver to ensure that a person providing temporary, alternative care for the child has the necessary maturity, knowledge, skills, and abilities to fulfill the responsibilities of looking after the child.

Results for Children

F.1.1 Children confirm that they are advised and prepared when alternative care arrangements are made.

F.1.2 Children confirm that they know what to do in the event of an emergency during an alternative care arrangement, including how to contact their social worker.

F.1.3 Children confirm that child minding, overnight or relief care is consistent with that provided by their usual caregiver.

Caregiver Practices

F.1.4 Child minding is an arrangement in which a person other than the child's usual caregiver provides care for the child for a time that does not extend overnight, and during which the caregiver is reasonably physically accessible to the child and the person caring for the child. The caregiver selects child-minding care providers using a process that ensures they are capable of providing the required quality of care to the children. The child-minding care provider is required to:

a) have the maturity, knowledge, skill and ability to meet the child's needs and follow through with child care routines for the period(s) of child minding;

b) use positive behaviour management techniques and appropriate discipline techniques;
c) be present and in charge for the period of child minding; and
d) know what to do in an emergency.

F.1.5 An overnight arrangement refers to situations when the child visits another home overnight while the caregiver is reasonably physically accessible to the child and the person caring for the child. An example of this type of arrangement is when the child requests or is invited to sleep over at a friend's house. This does not include approved relief care or authorized overnight visits with family members. The caregiver approves overnight visiting arrangements for the child with persons who:

a) satisfy the child's social worker that they are capable of ensuring the safety and well-being of the child;
b) have the maturity, knowledge, skill and ability to meet the child's needs and follow through with child caring routines for the period(s) of overnight care provision;
c) use positive behaviour management techniques and appropriate discipline techniques;
d) will be present and in charge for the period of overnight care; and
e) know what to do in an emergency.

F.1.6 Relief care is a planned arrangement in which a person provides care for a child for a period of time when the child's usual caregiver may not be reasonably accessible to the child or the person caring for the child. The caregiver selects persons to provide relief care services who:

a) satisfy the child's social worker and resource social worker that they are capable of ensuring the safety and well-being of the child;
b) have the maturity, knowledge, skill and ability to meet the child's needs and follow through with care plan responsibilities for the period(s) of relief care provision;
c) use positive behaviour management techniques and appropriate discipline techniques;
d) will be present and in charge for the period of relief care;
e) know what to do in an emergency; and
f) have no criminal record that would affect the care, safety and well-being of the child.

F.1.7 The caregiver ensures that relief care providers are informed, at a minimum, of the following:

a) the whereabouts of the caregiver and how to contact them;
b) what to do in the case of an emergency, including how to contact the child's social worker;
c) the individual needs or circumstances of the child for whom they are assuming responsibility, as indicated in the child's care plan;

d) the caregiver's obligations and responsibilities as outlined in the caregiver's written agreement with the director;
e) the Standards for Foster Homes;
f) the Foster Family Handbook; and
g) the rights of children and youth in care.

F.1.8 The caregiver ensures that arrangements for child minding, overnight or relief care are monitored to ensure the child's safety and well-being, and the caregiver:

a) identifies the person in charge of the setting where the child will be visiting;
b) confirms that the person in charge of the setting will be present during the child's visit;
c) provides to the child and the person in charge of the setting, a means of contacting the caregiver and the child's social worker;
d) follows up to confirm that the child is at the setting; and
e) ensures that the arrangement is consistent with the child's care plan.

F.1.9 The caregiver notifies the child's social worker before making plans, not previously authorized, for the child to be cared for by another person overnight.

F.1.10 The caregiver advises and prepares the child prior to the provision of an alternative care arrangement.

F.1.11 The caregiver maintains written records which document that minimum requirements for child minding, overnight and relief care are met.

STANDARD F.2 Child's Individual Service Records

Children have accurate, individual, secure and confidential records of their relevant history and progress in the home.

For Indigenous children/youth, their Indigenous identity is clearly documented, as well as the specific Indigenous communities to which they belong.

Commentary

The child's individual service record contains information of a sensitive and highly personal nature about the child and possibly their family. The caregiver ensures the information is accurate and protected from unauthorized access.

The child's individual service record is subject to legislation governing the protection of privacy and freedom of information, including the *Child, Family and Community Service Act* and the *Freedom of Information and Protection of Privacy Act*. While the child's individual service record is maintained by the caregiver as part of their contractual obligations, the record is the property of the director responsible for the child. The child is entitled to access the record according to procedures in the relevant legislation and policy. The child's individual service record is an important part of the child's history.

Results for Children

F.2.1 Children confirm that, to the best of their knowledge, the caregiver maintains an individualized service record about them.

F.2.2 Children confirm that, to the best of their knowledge, their individual service records are stored securely.

F.2.3 Children are provided support in gaining access to their records in accordance with procedures identified in legislation, including the *Freedom of Information and Protection of Privacy Act* and the *Child, Family and Community Service Act*, and policy of the Ministry of Children and Family Development.

Caregiver Practices

F.2.4 The caregiver keeps a separate individual service record for each child placed in the home.

F.2.5 The caregiver keeps all information and documentation pertaining to the child in the child's individual service record, including:

a) intake information and documentation;
b) Indigenous identity and any community specific traditions, customs, etc.
b) legal documents;
c) medical and dental information;
d) signed consent forms;
e) assessment information;
f) caregiver's current responsibilities under the child's care plan, and any related reviews, reports and professional assessments;
g) a day book for the child that includes information regarding the child's normal daily routines, both current and recent past;
h) information regarding complaints made by the child;
i) documentation of reportable incidents involving the child;
j) documentation of service termination;
k) other information and evaluations required to deliver and monitor services

F.2.6 The caregiver maintains and stores the child's individual service record in accordance with relevant sections of the *Freedom of Information and Protection of Privacy Act*, the *Child, Family and Community Service Act* and records management procedures of the Ministry of Children and Family Development. This confidential record is kept in a locked location.

F.2.7 The caregiver provides support to the child in gaining access to their individual service record in accordance with the procedures described in legislation, including the *Freedom of Information and Protection of Privacy Act* and the *Child, Family and Community Service Act*, and Ministry of Children and Family Development policy.

F.2.8 The caregiver does not permit the destruction of the child's individual service record.

F.2.9 The caregiver gives a director access to the child's individual service record upon request.

Appendices

Appendix 1 When a Child or Youth is Missing: Revised Definition and Procedural Requirements

Appendix 2 Key Elements of Training for Caregivers in the Use of Physical Restraint

Appendix 3 The Care Plan

Appendix 4 Social and Recreational Activities for Children and Youth in Care: Signing Permission Forms

Appendix 1 When a Child or Youth is Missing

Standards for Foster Homes: Standard B.2.2 (f)

Definition of Missing Child/Youth: any child or youth in care including respite care, whose whereabouts are unknown **and** there are additional concerns about the safety of the child or youth.

Responding when a Child/Youth's whereabouts are unknown and there are no additional concerns about the child/youth's safety

When a child or youth is unreasonably late coming home the caregiver will take the same actions as a prudent and responsible parent would including trying first to locate the child or youth prior to contacting the social worker/After Hours, or Police/RCMP.

Actions taken by a prudent and responsible parent in an effort to locate a child or youth include, but are not limited to the following:

- actively trying to contact the child/youth directly via their cell phone, etc.
- actively seeking out and contacting anyone, such as friends, coaches, or teachers of the child/youth, who may know the child/youth's current or recent whereabouts; and
- identifying and checking likely locations where the child/youth may be.

Note: A **youth on probation** who could harm or put others at risk must be governed by the rules of their probation with regards to time away from a resource or required check-in. If a youth breaches their probation, the youth's social worker/Centralized Screening or Police/RCMP **must** be contacted immediately.

Responding when a child/youth's whereabouts are unknown and there are additional concerns about the child/youth's safety

The following factors are considered when determining if the child/youth is **unsafe**:

- vulnerability (e.g., due to: age or level of development, physical or cognitive disability, addictions or mental health concerns or involvement in high risk activities);
- the mental or emotional state of the missing child/youth (e.g., emotionally distraught, suicidal or likely to cause harm to self or others);
- extreme weather (no coat, boots, etc.) or other physical conditions (e.g., terrain);
- any suspicious or dangerous circumstances surrounding the child/youth's disappearance, which suggest the child/youth may be the victim of a crime;

- it is out of character for the child/youth to be missing;
- there is reason to believe that the child/youth may have been involved in an accident or mishap;
- the whereabouts of the child/youth have been unknown to the caregiver overnight.

If the child or youth's whereabouts are unknown and there **are** additional concerns about their safety, he or she is considered to be Missing and the caregiver, the child/youth's social worker or After Hours will immediately call the Police/RCMP to report a missing child/youth in order for the police to take action to locate the missing child or youth.

If it is the caregiver who has called the Police/RCMP, he or she will also inform the child/youth's social worker or After Hours that Police/RCMP have been called regarding the missing child/youth and action to locate the child/youth was requested. The child/youth's social worker makes a Reportable Circumstance Report.

Once a report has been made to Police/RCMP about a missing child/youth, the caregiver and/or the child/youth's social worker will:

- ensure that all parties involved in searching for the child/youth are provided with all information pertaining to the possible whereabouts of the child or youth;
- ensure a detailed description is provided to the Police/RCMP of the last known clothing that the child or youth was wearing as well as any other items known to be or likely to be in their possession (e.g., cell phone, backpack, school books, sports equipment, etc.);
- ensure a current picture of the child or youth is provided to the Police/RCMP;
- ensure a detailed physical description of the child/youth is provided to the Police/RCMP, including height, weight, hair/eye colour, glasses, braces, facial hair and other distinguishing features such as birth marks, tattoos, piercings, scars, or physical disabilities;
- ensure a list of known friends and associates is provided to the Police/RCMP; including addresses and phone numbers;
- ensure the Police/RCMP know that the child/youth being in foster care is **not** to be included in any information made public in effort to locate the child/youth; and
- determine with the Police/RCMP how their efforts regarding locating the child or youth will be communicated and to whom.

The child/youth's social worker will take responsibility for communication with the parent(s) about the missing child or youth, unless the responsibility for such communication has been assumed by the Police/RCMP.

When a Child/Youth has been located

When the child/youth has been located, the child/youth's social worker takes responsibility to ensure all parties are notified as soon as possible that the child/youth is no longer missing.

Physical or emotional injuries observed or suspected

If injuries are observed or suspected, the caregiver and/or the child/youth's social worker ensure the child/youth is provided medical assessment and treatment.

If the child/youth experienced any form of emotional/psychological trauma while missing, the child/youth's social worker ensures appropriate support for the child/youth.

If the injuries meet the criteria in the Reportable Circumstance Policy, the child/youth's social worker makes a further Reportable Circumstance report.

When a Child or Youth is habitually missing

For a child/youth who is habitually missing, the child/youth's social worker works with the child/youth and others to determine information such as:

- the reasons why the child/youth goes missing;
- where the child/youth goes, with whom and what they do while missing;
- other information that could be used to locate the missing child/youth in the future; and
- whether there is a local protocol in place between Police/RCMP and MCFD/DAAs re: missing children/youth.

The child/youth's social worker develops a plan with the child/youth and relevant service providers, including those providing residential care to address identified issues and offers resources and services to help prevent the child/youth from going missing again.

Appendix 2 Key Elements of Training for Caregivers in the Use of Physical Restraint

Physical restraint should be used by caregivers who have received appropriate training and skill development in the safe use of physical restraint when protecting a child, youth or others from immediate physical harm, or as an extraordinary measure approved of by 'a designated director' and outlined in the child or youth's care plan. Caregivers are encouraged to consult with the provincial office of the British Columbia Federation of Foster Parent Associations (BCFFPA) regarding the relevance and reliability of a training approach and its suitability to the care currently provided to children. A training "provider" should offer initial and ongoing training for caregivers including refresher courses at a minimum of six-month intervals. Training providers should also offer access to a resource information library, consultation, and easy access to training events. Appropriate training should include, but is not limited to the following key elements:

1. Prevention

training must equip caregivers with the information they need to effectively assess the safety risks within the home and daily living environment and have a major focus on how to prevent emergency situations from arising;

- training must provide caregivers with the skills necessary to recognize a crisis quickly and intervene most effectively;
- opportunity must be provided for caregivers to explore attitudes, style and beliefs which can influence how a caregiver responds;
- training must offer practical do's and don'ts both to safeguard the physical environment and for making a plan ahead of time for safely responding to a child at risk of immediate physical harm.

2. Crisis Management

- training must offer caregivers several options f or quickly establishing safety for a child when harm is imminent;
- approach must consider the various needs and ages of children who may require intervention;
- training must be able to describe to the caregiver what they can do before, during, and after a crisis occurs.

3. Physical Restraint Methods

- training must offer a number of options for safely restraining a child when harm is imminent;
- these methods must show a range of ways to safely intervene, from the least intrusive to the most restrictive non-harmful way to physically restrain

a child. In this way, the approach can be matched with the type of crisis situation encountered;
- training must include a practical list of do's and don'ts for when, how and where to use techniques;
- training must also demonstrate and include the differences and correct use of both one- and two-person restraints;
- the approach must be flexible and considerate of the different needs, ages and size of the child being protected from harm;
- guidelines must also include how to release and ensure the continued safety of the child and others affected by the event when the risk of harm has passed.

4. Guidelines

- training must discuss the need for debriefing the event and give suggestions to caregiver for how to do this with the child and others affected or needing to know;
- there must be discussion about how to effectively record what took place so that evaluation and planning can help to safeguard against future episodes;
- training must assist caregivers in making a plan ahead of time for how to respond when a child is in immediate physical danger.

5. Approach

Training approach must provide face-to-face instruction for caregivers and include opportunities to role play and learn skills experientially. Such an approach will reduce likelihood of injury for a child, caregiver or others and will further strengthen prevention skills.

- For more information about the use of restraint, refer to Policy 5.12: Restraint and Seclusion Regarding Children and Youth in Care.

Appendix 3 The Care Plan

The child's guardianship social worker is responsible for ensuring:

- that a written, individualized, care plan is in place within thirty days of the decision to bring the child into care; and
- that the care plan is reviewed and updated within three months after the initial plan is developed and every six months thereafter while the child is in care or more frequently if specified in care plan or if circumstances arise that make a review necessary.

The care plan is developed in partnership with the caregiver, the child and other involved and appropriate persons.

The care plan includes:

- information that identifies the child (name, date of birth);
- the overall goal for the child;
- assessment of the current status of the child's:
    - health;
    - education
    - identity;
    - family and social relationships;
    - social presentation;
    - emotional and behavioural development;
    - self-care skills;
- for each of the dimensions above the following is noted:
    - current functioning;
    - work required;
    - desired outcomes;
    - person(s) responsible;
    - target date;
    - date completed;
    - comments;
- the views and signature of the child, the caregiver, the child's social worker, the child's parent (if appropriate) and any other appropriate planning participants; and
- a schedule for the review of the plan.

Appendix 4 Social and Recreational Activities for Children and Youth in Care: Signing Permission Forms

Research has shown that hobbies, sports activities and other recreational and social activities are important in promoting skills and interests that enhance the child/youth's cognitive, social and physical development, and can lead to a sense of accomplishment and competence. Social and recreational activities can include lessons, clubs, camps, hobbies, sports, artistic pursuits and activities organized by a school, club, association, or a geographical, cultural or religious community.

Children and youth in care have the right under Section 70 of the CFCSA to participate in social and recreational activities if available and appropriate and according to their abilities and interests.

Signing Permission Forms for routine school activities:

Note: *Guardianship workers are no longer required to send Indemnity forms to the Risk Management Branch of the Ministry of Finance for approval.*

- Caregivers sign required permission forms allowing the child/youth to participate in routine school activities, including forms that include waivers and indemnities, unless
  - the activity is considered to be a high risk activity (see information below),
  - the activity is potentially inappropriate for the particular child/youth, and/or
  - the caregiver has concerns about signing a form.

- If the caregiver does not sign a required permission form to permit a child to participate in routine school activities, the caregiver must bring the form to the attention of the child's/youth's guardianship worker as soon as possible so that they can determine whether to sign the form prior to the activity taking place.

Note: *Caregivers are insured against liability under the Master Insurance Program, and section 101 of the Child, Family and Community Service Act that states that no person, including foster parents, are personally liable for anything done or omitted in good faith in exercising a duty or function under the Act.*

- Parental consent may be needed for a child or youth in care under a Voluntary Care Agreement or a Special Needs Agreement depending upon the terms of the Agreement.

- Parental consent respecting a child or youth in care under an Interim or Temporary Custody Order may be needed if the Provincial Court has ordered, as permitted under s. 47(3) of the CFCSA, that the parent retains the ability to make necessary decisions about the child's education and religious upbringing (This is an unusual circumstance.)
- Guardianship workers advise caregivers of situations when parental consent is required.
- See table below for a summary of who has authority to sign permission forms:

Legal Status	**Routine School, Social/ Recreational Activities**	**High Risk Activities**
In care by agreement (VCA, SNA)	Caregiver (unless parent retains this responsibility under the agreement)	Guardianship worker (unless parent retains this responsibility under the agreement)
Removal	Caregiver	Guardianship worker, but should involve parent wherever possible
Interim and Temporary Custody of the Director (TCO)	Caregiver	Guardianship worker
Continuing Custody of the Director (CCO)	Caregiver	Guardianship worker
Out of Care order or agreement (EFP)	Out of care care provider	Out of care care provider

- Before signing permission forms, including waivers and indemnities, caregivers and guardianship workers consider:
    - The level of risk of the activity;
    - Congruency with the child/youth's care plan;
    - The child's or youth's views, ability to participate and interest in the activity;
    - The quality and nature of the supervision;
    - Whether the activity will help support the positive development of the child/youth's cultural identity;
    - How the activity fits in with other scheduled activities and daily routines in the child/youth's life;
    - Whether the activity may interfere with family relationships and contact with family members with the child or youth;
    - Transportation requirements to and from the activity and the ability of the caregiver to meet those requirements, if required;
    - The cost of the activity and availability of funding;
    - Recommendations for safety relating to each sport or activity the child/youth participates in including:

  - Canada Safety Council recommendations on a variety of sporting and leisure activities;
  - RCMP requirements in Firearm Users Younger than 18; and
  - Provincial information on Off-Road Vehicle Safety.
- If the child or youth has the necessary equipment to safeguard against accidents or injuries.
- If the child or youth has the necessary qualifications or licenses required for the activity, and if the child or youth will receive proper instruction if they have not participated in the activity previously.
- If the child or youth knows what to do in an emergency.