



Case Documentation Guide

October 30, 2020



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Adapted from the Yukon CFS Policy Manual (2017) and the Newfoundland and Labrador Protection and In Care Policy and Procedure Manual (2019).

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INTRODUCTION

Effective documentation in Child and Family Services (CFS) practice is a central component of ethical social work practice. Written documentation is an essential communication tool between Child Protection Workers or Designates (including Authorized Persons, Foster Care Workers, Case Aides, Family Preservation Workers or Supervisors or Managers) and their clients and foster caregivers, other professionals and the court system. A Child Protection Worker or Designate's documentation is relied upon as a means of expressing client strengths, risk factors, goals, processes, and outcomes of client cases. The client case note is a clinical tool that assists Child Protection Workers or Designates in documenting their interventions that are directed at risk reduction in accordance with the risk factors, goals, strengths, and challenges identified in their assessment.

Documentation related to the provision of intervention and services should be consistent with the principles and policies outlined in this **Case Documentation Guide** and **Standard 6.1 Case Documentation**.

DOCUMENTATION – GENERAL PRINCIPLES

The following general principles apply to documentation of client files by Child Protection Workers or Designates. Child Protection Workers or Designates are accountable to their client(s) and their Indigenous Organization, if applicable, the Statutory Director of Child and Family Services, their professional association and the court system with respect to client documentation.

Client files must contain:

- documentation of all interventions and services provided to the client(s) by Child and Family Services (CFS);
- only pertinent information in a format that facilitates the assessment, planning, monitoring and evaluation of the intervention and services; and
- all significant information and actions taken during the provision of services by CFS.

TYPES OF DOCUMENTATION

There are two types of documentation notes:

- Investigation Notes
- Case Notes

Investigation Notes:

Investigation notes provide details on the disclosures made to the Child Protection Worker or Designate during an investigation and detail the findings during the investigation. Investigation notes may become key evidence in a child protection hearing.



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Details of disclosure and investigation interviews and decisions must be documented within **48 hours** of the contact. The time of the recording may affect the admissibility and the weight given to the Child Protection Worker or Designate's testimony in court. Every attempt possible must be made to ensure case notes are directly typed into MatrixNT. In exceptional circumstances, the Child Protection Worker or Designate's original handwritten investigation notes may be entered into MatrixNT and maintained in the client file, by placing the note on the hard file. Handwritten notes must always include the Year-Month-Day and the Child Protection Worker or Designate's name/position and signature on each page.

Notebooks should never be used to document interactions with clients.

Case Notes:

Case notes form an essential record of the day-to-day contacts and events that occur with and on the behalf of clients. Like investigation notes, all case notes must be documented in MatrixNT within **48 hours** of the contact, consult or decision. The Child Protection Worker or Designate is responsible to ensure the file is up to date by printing off each individual case note separately, at minimum once per week. Case notes complement all other required case documentation including Structured Decision Making® documents, Case Plans, Plan of Care Agreements, Concurrent Plans, Permanency Plans, Cultural Support Plans, Transition Plan, Voluntary Services Agreements, Support Services Agreements and Extended Support Services Agreements, court documents, consent forms and any other required forms. Case notes must include facts as well as clinical decisions.

Case notes should indicate:

- the reason for assignment, for example, a new case to respond to a report of alleged abuse and/or neglect of a child, or a case transferred from another Child Protection Worker or Designate; and
- the date the Child Protection Worker or Designate completed the file review.

General rules to follow:

- The Child Protection Worker or Designate is responsible for reviewing both the assigned hard file and electronic file to gain knowledge of all previous CFS interventions and services, and to document this review in a case note.
- When a Child Protection Worker or Designate refers to themselves in the case notes, as well as all other documentation, they must use "I" instead of "this worker" or "the undersigned".
- In instances of disclosures, the Child Protection Worker or Designate will document verbatim what the client said and demonstrate this by using quotations.
- The Child Protection Worker or Designate's responsibility is to record the key pieces of information and ensure the recording captures the purpose of the contact. However, in recording what happened, the Child Protection Worker or Designate should record the information as close to verbatim as possible.
- The Child Protection Worker or Designate must also document relevant comments of foster



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caregivers, other professionals and/or collateral sources in a case note.

- There may be times when details that did not seem significant at the time of contact were not documented, but later prove to be relevant to the case. The Child Protection Worker or Designate must record all relevant details once determined to be relevant. For example, if the Child Protection Worker or Designate later realizes that the car they saw parked in the client's driveway last week belongs to an abusive ex-partner of the client, the Child Protection Worker or Designate must document in a new case note the event on the date the relevant connection was made, and make reference to the date of the home visit when the car was originally seen in the client's driveway.

FIVE SIMPLE RULES FOR CASE DOCUMENTATION

1. **Be timely and chronological** – Notes are complete true documentations of a situation and should be written as soon as possible and in the order the situation(s) transpired to ensure the facts are captured, not allowing time to interfere with memories.
2. **Be concise** – Document the facts of the situation. Too much detail often leads to confusion or questions about what occurred. Also, include facts and observations that are relevant to the child protection issues that are the basis for the recording.

Poor example:

This worker entered the client's house by way of the front door, which was painted red and seemed worn. In the doorway was a stand with several umbrellas and 5 pairs of shoes, three of which were gym shoes and two of which were heels. In the hallway was a bike belonging to the older child. It had a flat tire, or it could have just been low. In the living room, the furniture had been rearranged since this worker's last visit. This worker noted that the couch had been moved. Client advised that she was trying different arrangement as it seemed to open the room up. This worker complimented her on the arrangement. Client offered the worker a cup of tea, but worker declined. Client advised that she was attending an appointment later that day to review progress in therapy with assigned clinician. This worker complimented her and suggested she book further sessions. This worker addressed concerns regarding therapy for older child. Client listened to this worker. This worker confirmed the need for the older child to attend therapy. This worker left a letter with dates for upcoming sessions.

This note is a poor recording because it **does not address the child protection reasons** for the visit. Key questions are left unanswered, and irrelevant information is provided, which raises more questions.

Consider what is the purpose of the visit? Was it prearranged? At what time of the day did it occur?



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Were the children home? Did the client acknowledge the concerns regarding the therapy for the older child? Is the presence of the shoes relevant? Who else was present? Is there a partner who shouldn't be present? Are there other children? Where are they?

The Child Protection Worker or Designate needs to include facts and observations that are relevant to the child protection issues that are the basis of the recording. Include information that affects the children's care, health, and safety. The Child Protection Worker or Designate needs to ask, is this information needed?

3. **Be accurate** – State times, dates, places, full names of those involved. This clarity provides information assisting the reader to understand the situation.

One practice that seems to lead to inaccuracies is the use of “cut and paste” drafting. While everyone will use this technique at times, it is imperative that the Child Protection Worker or Designate reads what they have pasted into their recording and ensure that it is an accurate reflection of the incident they are recording.

4. **Use plain anti-oppressive language** – Given that several people for a variety of reasons may be reading the case notes, common language makes notes easy for all to understand. Avoid the use of judgements, oppressive and/or technical terms or ‘social work’ jargon. Write so that any reader can understand what transpired during the event(s).

Poor example:

I asked to see the three children and the mother said no, I could come back tomorrow. I agreed.

Good example:

As this was an unannounced home visit, I asked if I could see Mrs. Simpson's three children. She stated that she hadn't been expecting me, and her children were over at the neighbour's. She asked if I could come back tomorrow at 3. I agreed.

5. **Include contact information** – Per the SDM Screening Response and Priority Assessment® (SRPA®), always include the contact information of the source of the report. If the reporter wishes to remain confidential, include the information in the file at least once with a note about the intent of the reporter being confidential. Contact information provides insight to the strength of the report, and if the Child Protection Worker or Designate is not sure of something that was said; they can follow up with the reporter.



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DOCUMENTING CLIENT CONTACT

Child Protection Workers or Designates are required to record all client contact, interventions/supports and relevant information shared in a case note. The information recorded must be in relation to their role as a Child Protection Worker or Designate. The contact is documented based on the following headings:

1. When?
2. Where?
3. Who?
4. Why?
5. What?
6. Next Steps?

1. **When** – When documenting client contact in MatrixNT, ensure the date and time of the contact is entered accurately. Also, indicate if the contact was scheduled or unannounced.
2. **Where** – Indicate the setting for the contact, e.g., private meeting, case conference, client's home and address, office, school. The setting for the contact can impact what people share. For example, a client may be more open to talk about their challenges or concerns when sitting in their living room than at the office. If the contact is by telephone, it is important to note who called whom.
3. **Who** – Indicate who is present and what the contact looked like, e.g., children observed or interviewed. If others are present, ask them to identify themselves and document who they are and their relationship to the client. Document if the requested information is refused as this may be relevant. Also, if children are present for the meeting or in the home, this information must be noted as well as whether they were seen or interacted with.
4. **Why** – Explain the reason for the contact. What is the purpose of the contact? Is it a visit as per required contact with the family? Is a report being investigated? Is a foster caregiver contacting to discuss concerns about a child in their home? Are collateral sources or professionals being contacted to assist in case planning for the family and child?
5. **What** – There are three parts to this portion of documentation:
 - What information did the Child Protection Worker or Designate share?
 - What information did the Child Protection Worker or Designate receive?
 - What information did the Child Protection Worker or Designate learn through their observations?

It is important to address these questions in documenting client contact and to ensure documentation is relevant to the clinical work and intervention/support plans. Depending on the purpose of the contact, it is important that all relevant information is documented, including safety, risk, family strengths and needs, and/or case planning.



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In recording what happened, try, where possible, to quote any particularly relevant statement verbatim and in quotations. Nothing has the impact of seeing a person's own words in writing, especially when the statement is an admission or is particularly concerning, for example, recording a client's statement as:

Ms. Smith stated she had threatened Stevie because he would not clean his room.

Does not have an emotional impact of a quote:

Ms. Smith stated: "I told him that I would slap his smile off if he didn't get his fat butt upstairs and clean that room proper."

Furthermore, it is important to document unsuccessful attempts to contact a client. Document the date and time of the attempted contact as well as the reason for the contact, e.g., scheduled home visit.

6. Next Steps – What will happen as a result of the contact? Remember to document any decisions or plans made. For example, if the client committed to calling the counsellor and making an appointment, this should be documented. Documenting the plan is an important part of case planning as this will provide evidence if the client is engaged and has followed through on agreed upon plan. In doing so, document:

- the details of goals set;
- the anticipated outcomes;
- the timeframes for completion of goals; and
- who is responsible for the actions/follow up.

Conclusion

When documenting client contact, it is not necessary to capture every moment of every contact, or to provide a transcript of every event and comment from the interaction. Document the key pieces of information relevant to the clinical work and case planning with the client.

While the Child Protection Worker or Designate is required to document all contact with a client, or on behalf of a client, do so as concisely as possible while conveying the important facts outlined above. This will save the Child Protection Worker or Designate time entering their case notes and will save the reader time when reviewing the case.

Each client must have their own case note; this also applies to sibling groups. If the contact note applies to several children in a sibling group, document contact in a separate case note for each individual, (or a Household file if all members are implicated) and place a copy of the note on their hard file.

DOCUMENTING CLINICAL DECISIONS

As with all Child Protection Worker or Designate assessments, the case notes must include facts as well as clinical decisions. Facts include the direct and objective observations of the Child Protection Worker or Designate, and statements made by the clients (child, youth, young person, parent/caregiver(s),



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foster caregivers), witnesses, collateral sources, as well as statements made by the Child Protection Worker or Designate themselves.

Clinical decisions are fundamental to Child Protection Worker or Designate practice. A Child Protection Worker or Designate's actions pertaining to an investigation or other form of intervention are frequently made in collaboration with their Supervisor or Manager.

The Child Protection Worker or Designate should always reference the relevant sections of the *CFS Act* any standards, directives, policy, research, and/or best practices, which support their clinical decisions, conclusions, and plans.

Sample recording:

CFS received a report of a young child wandering the neighbourhood alone and without a winter coat. It was brought to my attention this child belongs to Mrs. White, a parent who currently has a POCA. I arrived at Mrs. White's house at 7:00 am on January 30th, 2016. Upon arrival, I observed a small child outside in the yard with no winter coat and asked where her Mom was. The child did not answer me but motioned to the door. After several knocks on the door, Mrs. White did open the door and let us in. I observed the mother was unsteady on foot; her speech was incoherent, and she was slurring words. I also observed a smell of alcohol. Mrs. White was verbally abusive toward me by cursing and swearing at me in the presence of her 3-year-old daughter, Susan. Mrs. White is normally cooperative and receptive to my involvement and I determined she was under the influence of alcohol. After a few minutes of inquiring if another adult could come to the home and care for Susan, Mrs. White stated her daughter could go stay at her adult niece's house for the day. Mrs. White stated she needed to go to bed and that she would contact me in the afternoon. I stayed in the home with Susan and Mrs. White until her niece Bonnie arrived. A few minutes later, Bonnie arrived and agreed the child could stay with her until the next day. Mrs. White thanked her niece and told me she would call me later.

DOCUMENTING CONTACT WITH FOSTER CAREGIVERS

When recording information received from a foster caregiver contact pertaining to a child or youth placed in their home, it's important the Child Protection Worker or Designate preserve the identity of the care provider considering the potential for file disclosure. It's equally important to keep in mind that there are two categories of contact from foster caregivers:

Information about foster children

In the case note, the Child Protection Worker or Designate must record all information the foster caregiver is providing about the child or youth such as health, behaviour, visits, schooling, etc. This information must be documented in the child or youth's file, **not on the foster care resource file**.



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Information about the foster caregiver(s)

It's important to determine and document how the foster family is managing as they are responsible for caring for the child or youth, but the parent, child or youth do not need to know, or have a right to know information about the foster caregiver (for example the foster caregiver's health). Moreover, the Child Protection Worker or Designate must document the information received about the foster caregiver(s) in their respective foster care resource file, **not on the child's file**. Lastly, if there are any discussions with the foster caregiver(s) about the child or youth's long-term plan such as their care, access, return to their parent/caregiver(s) etc., the Child Protection Worker or Designate must ensure they record this information on the child or youth's file.

Sample recording:

Sherry Mills (foster mother of Karla Smith) contacted me.

Foster mother reported that:

- Karla continues to wake up every night about six times and is difficult to put back to sleep.*
- Karla has settled well into her new preschool and is getting along well with the other children.*

I advised the foster mother that the permanent custody trial would be in two weeks. I further explained that if the Judge decides it is in Karla's best interest to be placed in the permanent custody of the Director, access would be at the discretion of the Director until adoption placement.

Jane Doe

Child Protection Worker

CPW Appointment Number - A-242-2005

****Notes to be placed on the child's file****

Sherry Mills (foster mother of Karla Smith) contacted me.

I asked the foster mother about her health, and she reported that she was doing well despite the operation she had to remove her gallbladder. She said that she would need respite for a few days for recovery purposes and that her sister, who is also a foster parent, is willing to care for the children in her home.

Jane Doe

Child Protection Worker

CPW Appointment Number - A-242-2005



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Notes to be placed on the foster care resource file

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DOCUMENTING CONTACT WITH DEPARTMENTAL AND TERRITORIAL OPERATIONS STAFF

During a Child Protection Worker or Designate's involvement with any family receiving services through the Child and Family Services, the Child Protection Worker or Designate may have contact with staff at the Department of Health and Social Services and the Northwest Territories Health and Social Services Authority Head Quarters regarding that family. The Child Protection Worker or Designate will need to consider the following issues:

1. Which conversation does the Child Protection Worker or Designate record?

- Is the conversation required by a standard or directive?
 - The conversation must be recorded if Child Protection Worker or Designate is required to engage a co-worker (peer/mentor, worker involved in a related matter, etc.) and/or a DHSS and/or NTHSSA's staff because of a standard or policy.

For example, there must be a record of case conferences, supervisory consults, etc. Generally, the Child Protection Worker or Designate who is managing the case, records this information.

- Is the conversation to give or receive case specific guidance?
 - If the Child Protection Worker or Designate is providing a co-worker with guidance (i.e. redirection to Standards, Tools, Legislation, etc.) on how to provide service to the family, the conversation should be recorded. Similarly, if the Child Protection Worker or Designate is receiving guidance regarding case planning, the Child Protection Worker or Designate should record the conversation. The Child Protection Worker or Designate should also record conversations held with the Foster Care Worker in which they receive guidance regarding child management techniques being used in a foster care resource that the Child Protection Worker or Designate will share with the parent/caregiver(s) to ensure a smooth transition of the child back to their home.
- Is the conversation providing the Child Protection Worker or Designate with relevant information?
 - The Child Protection Worker or Designate should record any information received that is relevant to their case plan and/or risks facing the child and/or family.
- Is the conversation merely to seek general input or advice regarding how best to proceed in each situation?
 - There will be some situations where the Child Protection Worker or Designate will



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seek out an experienced co-worker to discuss the fact pattern arising in a difficult case. The advice or suggestions received are invaluable, but the Child Protection Worker or Designate **does not need to record** the conversation. If the Child Protection Worker or Designate consults with their Supervisor or Manager and decides to proceed with the advice from their co-worker, they would record the consultation with their Supervisor.

2. What information does the Child Protection Worker or Designate record?

After deciding that the contact should be recorded, the Child Protection Worker or Designate should record the following:

- Who they are meeting with
- When they are meeting
- Why they are meeting
- What information was shared
- What, if any, decisions were reached
- What steps will be taken following the meeting

DOCUMENTING CONTACT WITH OTHER PROFESSIONALS/COLLATERAL SOURCES

The Child Protection Worker or Designate must document consultations/contacts with other professionals and any collateral sources. The documentation must include the date, time, and place of the consultation/contact; the purpose for which it was held; who participated; and the decision(s) made.

DOCUMENTING LEGAL ADVICE

In some situations, a Child Protection Worker or Designate may find themselves seeking legal advice. These contacts and/or correspondences must also be documented in the case file and labeled as **“privileged”**. In these situations, include the name of the lawyer, the facts on which the advice is based, the question asked to the lawyer, the advice provided (if needed, request advice to be provided in a letter or email), and the decision reached based on the advice.

Sample recording:

Consultation with the Director’s Lawyer, Shannon Gladys regarding Merrill Jackson, disclosing to her counsellor, Courteney Black, that she was using crack everyday while caring for her son, Sam Jackson. Courteney did not report this to the YHSSA Intake line. I consulted with Shannon Gladys regarding possible courses of action. She provided advice on proceeding. The direction received was for Child Protection Worker, Laura White to contact Counsellor, Courteney Black to remind her of her duty to report any concerns of child abuse and/or neglect.



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DOCUMENTING EMAILS AND CORRESPONDENCES

Each year, several emails, letters and documents pertaining to a client will be sent or provided to a Child Protection Worker or Designate. How does a Child Protection Worker or Designate know if these conversations need to be recorded as a case note or simply uploaded to MatrixNT? Two simple guides to assist the Child Protection Worker or Designate are:

1. What correspondence to record?

- Does this correspondence provide the Child Protection Worker or Designate with information that is relevant to the decision(s) and case plan?
- Does this correspondence disclose information that suggests concerns or risk to the child or youth?

If the response for either of these questions is **yes**, then the Child Protection Worker or Designate must record the information. Examples include:

- Letters from doctors outlining possible neglect
- Reports from the RCMP about incidents
- Letters from other agencies about their involvement, etc.

2. How to record correspondence.

- Who is the correspondence from?
- What is the key piece of information contained in the correspondence?

Once the Child Protection Worker or Designate has decided that the information should be recorded, they must note who it's from, when the Child Protection Worker or Designate received it and write a short summary of what information was provided. All emails involving a child, young adult and/or parent/caregiver(s) are a part of the Child and Family Services record and must be uploaded to MatrixNT within 48 hours of the contact.

Sample recording:

Letter received from Dr. Jane, family doctor for the Smith family, who reports that within the last month, Karla Smith attended the clinic on three separate occasions with repeated infestations of lice. Dr. Jane is concerned about the health of Karla and that her parents are not following through with her treatment.

DOCUMENTING CASE CONFERENCES

Whether case notes are documented following a situation or a case conference, the guidelines still apply. However, notes from a case conference may require more information:



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- Introduction** – The Child Protection Worker or Designate must document a brief overview of the client, situation and Child and Family Services' involvement.

Sample recording:

Child and Family Services has been involved with the Smith family for over three years due to protection concerns. Karla Smith, now three years old, has been in temporary care of the Director for 1 ½ years. The matter is approaching the two-year maximum timeframe under the CFSA for a child in the care of the Director and therefore a case conference has been called.

- History** – The Child Protection Worker or Designate must document a detailed and concise record of the Child and Family Services' involvement with the client as well as provide information on the reason for involvement and the safety and risk of the child or youth.

Sample recording:

The history of involvement to February 6, 2020 is outlined in the case conference of that date. The family did well for a period of approximately 8 months, with both parents attending services and demonstrating positive rapport with each of their children. A review of the file also identified concerns regarding alcohol and drug relapse by Krista and violent behaviours on the part of Steven toward Krista. Since that conference, the parents have struggled with substance misuse and determined that it was best for Krista's mother to come stay in the home. Krista's mother, Gwen, is an appropriate caregiver; however, she has advised she must leave town for approximately 1 month for medical travel. Gwen further shared with this worker her worries that Steven may become violent again with Krista.

- Issue** – The Child Protection Worker or Designate must identify the current issue, why they are having a case conference at this time.

Sample recording:

As the CPW has been informed that Gwen (Krista's mother) is no longer able to stay in the family home, we must determine how to create additional safety measures to ensure the children are safe and not at risk due to potential substance misuse on the part of the parents.

- Recommendations** - The Child Protection Worker or Designate must document what recommendations were reached during the case conference.

Sample recording:

Given the parents' history of substance misuse and relapses in combination with concerns of ongoing partner violence and the impact for harm suffered by the children, Child and Family Services will seek a Plan of Care Agreement placing the children out of the home. Efforts will be made



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to identify another family member or a trusted friend. At this point, both Krista and Steven are agreeable to this and understand if no supports are identified, Child and Family Services will have to seek an alternate care provider and the children may be placed in foster care.

5. **Plan** – The Child Protection Worker or Designate must document what the plan is to meet the goal or outcome of the decision. The case conference should not be concluded until all involved parties have agreed on a plan.

Sample recording:

The Plan of Care Agreement will ensure:

- *An appropriate care provider is identified for both children.*
- *Krista and Steven have a say about what actions they will take to ensure they are sober and safe when visiting their children.*
- *Krista and Steven will identify what actions they are ready to commit to in order to resume care of their children.*
- *The Child Protection Worker or Designate will support the family in addressing their goals and needs.*

6. **Conclusion** – The Child Protection Worker or Designate must summarize what was decided and who is responsible for what action and the plan going forward.

WHAT NOT TO RECORD

1. Performance management issues

- If a Supervisor or Manager has concerns regarding the activities of a Child Protection Worker or Designate, the Supervisor or Manager should address those with the Child Protection Worker or Designate; however, there is no reason to record the performance management concerns on the client file. For example, a home visit may have not occurred, which was to have been done. Rather, the Supervisor or Manager can depart from a Standard, but they must ensure next steps are appropriately documented.

Sample recording:

A home visit was originally scheduled to occur by March 1, 2020 but has not yet been conducted. The visit will now be conducted in the next 24 hours.

2. Vacation

- Although the Child Protection Worker or Designate may be the primary Child Protection Worker or Designate on a file, it is not “**their**” file; therefore, the Child Protection Worker or Designate must not record their vacations on the file.
- That said, if the author of a case note is not the primary Child Protection Worker or Designate,



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the author must clearly document their role in the case note, without detailing why the individual is covering.

Sample recording:

(Author name, title/role) Covering for Child Protection Worker or Designate (Case Manager)

3. Illness or reasons for missed appointments

- If a Child Protection Worker or Designate fails to attend a scheduled appointment due to illness or for any other reason, the reason is not relevant. The Child Protection Worker or Designate must record that they were unavailable, and that the appointment would be rescheduled. Also, the Child Protection Worker or Designate must make every attempt to notify the person whom they were scheduled to meet either personally or through their Supervisor or Manager or co-worker.

4. Failure to meet standards

- The failure to meet standards and directives by a Child Protection Worker or Designate should not be recorded, as it is not information relevant to the risk facing a child or youth.

Do record:

Referral information was received 3 days previously. Upon reviewing the information, it was decided that the child was to be interviewed today.

Do NOT record:

Although the child was required to be interviewed within 12 hours, the interview has not occurred for 3 days. Given standards have not been met; the Child Protection Worker was directed to proceed directly to the school and interview the child.

Do record:

Interview originally scheduled for yesterday will take place today.

Do NOT record:

Due to workload, standards were not met.

5. Commentary on decisions made

- The Child Protection Worker or Designate should never record their dissatisfaction with a decision that is made during consultations and/or supervision with management. If the Child Protection Worker or Designate disagrees with a decision, they should seek to have the decision revisited and offer new information that may not have been brought forward initially.



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Do NOT record:

Against my better judgment, I was instructed to proceed with taking the child into care as that was the decision of the risk assessment.

CONCLUSION

The **Standard 6.1 Case Documentation** provides over-arching policies and guidance regarding case documentation and in some cases, regarding contact notes specifically. **Tool 6.1.1. Case Documentation Guide** addresses requirements and best practices related to case documentation. It further provides guidance to Child Protection Workers or Designates regarding when, what and how to record case specific information as it relates to making informed decisions regarding a case, including assessments, court applications, transitional planning, case planning, service delivery, etc. Furthermore, **Tool 6.1.2. Quick Reference Guide – Principles of Effective Documentation** provides a quick reference guide to help with case documentation. Lastly, **Tool NTHSSA Clinical Supervision Policy and Procedure** and **Form NTHSSA Supervision Form: Case Management** provide guidance on documenting clinical supervision pertaining to case files. Overall, it is crucial for Child Protection Workers or Designates to follow these practice guidelines because inaccurate or poor-quality recordings can do more than mislead a reader regarding the specific events the case note describes, it can call into question and cast doubt on all recordings and the creditability of the Child Protection Worker or Designate and the Statutory Director.



Quick Reference Guide – Principles of Effective Documentation

Adapted from the Yukon CFSA Policy Manual (2017)

FIVE SIMPLE RULES FOR CASE DOCUMENTATION:

1. Be timely
2. Be concise
3. Be accurate
4. Use plain anti-oppressive language
5. Include contact information

CLIENT CONTACT:

1. When?
2. Where?
3. Who?
4. Why?
5. What?
6. Next Steps?

CLINICAL DECISIONS:

1. Clinical decisions are documented separately from facts and clearly indicate to be a clinical decision.

FOSTER CAREGIVER CONTACT (only document information received about the foster caregiver):

1. Identifying the source
2. Information received about foster children
3. Information received about the foster caregiver(s)
4. Information provided

DEPARTMENTAL AND TERRITORIAL OPERATIONS STAFF CONTACT:

1. Which conversations do you record?
 - Is the conversation required by a standard or directive?
 - Is the conversation to give or receive case specific guidance?
 - Is the conversation providing you with relevant information?
 - Is the conversation merely to seek general input or guidance regarding how best to proceed in a given fact situation?

If “yes” to any of the above, then record the information as per the Standard.



Section 6 – Case Management

Tool 6.1.2

2. What information do you record?
 - Who you are meeting with
 - When you are meeting
 - Why you are meeting
 - What information was shared
 - What, if any, decisions were reached
 - What steps will be taken following the meeting

PROFESSIONALS AND COLLATERAL SOURCES CONTACT:

1. Document the purpose of the consultations and/or contact, the date, time and place.

LEGAL ADVICE:

1. Label all contacts and/or correspondences as “privileged”
2. Record the name of the lawyer consulted
3. Briefly identify the facts upon which the advice is based
4. State the question asked
5. Record that advice was received but not the advice itself
6. State the decision reached, if any, as a result of the advice
7. If a written record is needed, request legal counsel to provide the advice in written form i.e. email or letter

CORRESPONDENCE AND EMAILS:

1. What correspondence to record
 - Does this provide you information that is vital to the case plan?
 - Does this disclose information that suggests risk to the child or youth?

If “yes” to any of the above, then record the information as per the Standard.

2. How to record correspondence
 - Who is the correspondence from? (include any professional qualifications)
 - What is the key piece of information contained in the correspondence?

CASE CONFERENCES:

1. Introduction
2. History
3. Issue
4. Recommendations
5. Plan
6. Conclusion

WHAT NOT TO RECORD:



Section 6 – Case Management

Tool 6.1.2

1. Performance management issues
2. Vacation
3. Illness or reasons for missed appointments
4. Failure to meet standards
5. Commentary on decisions made

NORTHWEST TERRITORIES
SDM® HOUSEHOLD STRENGTHS AND NEEDS ASSESSMENT/REASSESSMENT
POLICY AND PROCEDURES

The SDM household strengths and needs assessment (HSNA) is used with caregivers to identify crucial household strengths and needs to help plan effective interventions when developing a household service plan with a family. The HSNA ensures that CPWs assess strengths and needs in an objective format, provides an opportunity to assess progress toward household service plan goals, and identifies needs.

WHICH CASES

Every report that is opened for protective services.

WHO

The CPW responsible for developing the household service plan in conjunction with the family.

WHEN

Initial: Prior to initial household service plan.

Reassessment: Prior to case review.

DECISION

Identifies the priority needs and strengths of caregivers and potential focus areas for children that should be considered in the development of a household service plan. Goals, objectives, and interventions in a household service plan should relate to one or more of the priority needs. To address identified needs, priority areas of strength should be incorporated into the household service plan to the greatest extent possible.

APPROPRIATE COMPLETION**A. Assessment of Strengths and Needs**

For each domain in Section A, there are three possible responses.

- a. This is an exceptional strength and should be considered when developing household service plan objectives.

- b. This is neither a strength nor a need. It is an "average" or adequate functioning response. A caregiver with a response of "b" has not demonstrated the exceptional skills or behaviours reflected by a response of "a."
- c. This response indicates a need. Any needs identified should be considered for prioritization and inclusion in a household service plan.

NOTE: A domain may be a priority need for one caregiver and a priority strength for another caregiver.

B. Priority Needs and Strengths

Each domain has been assigned a weighted value so that areas having the most substantial impact on future child abuse or neglect are more heavily weighted. As a result, the assessment leads to a prioritization of areas in Section B where services are most essential.

C. Child Characteristics

The intention of Section C is to identify potential focus areas, as they relate to the child, that should be considered in developing a household service plan. This is intended not to identify deficits in the child or family but to guide household service planning as it relates to the child protection concern. These focus areas can provide an opportunity for a supportive approach and relationship building with caregivers. The presence of one or more child characteristics does not justify its inclusion as a goal on a household service plan—it is also important to consider the impact on family functioning and the child's well-being.

HOUSEHOLD SERVICE PLAN (I.E. PLAN OF CARE AGREEMENT)

A household service plan should be written with behaviourally specific goals and objectives that consider and incorporate the caregiver's priority strengths in addressing the caregiver's priority needs. It also includes consideration of child characteristics and how they impact family functioning. Once completed, the initial assessment and the household service plan can be used as a foundation for ongoing conversations. This ongoing assessment process, documented in case notes, informs case reviews and helps measure progress toward achieving household service plan objectives.

NORTHWEST TERRITORIES
SDM® HOUSEHOLD STRENGTHS AND NEEDS ASSESSMENT/REASSESSMENT
DEFINITIONS

A. ASSESSMENT OF STRENGTHS AND NEEDS**SN1. Substance Abuse/Sobriety**

- a. Demonstrates a healthy understanding of alcohol and drugs. Due to personal experiences, the caregiver demonstrates an understanding about the effects of alcohol and drugs on behaviour and society. For example, the caregiver demonstrates a continued commitment to his/her recovery, which has been ongoing for a number of years.
- b. Alcohol or drug use/no use. The caregiver may have a history of substance abuse or may currently use alcohol or drugs; however, the caregiver's use does not negatively affect parenting skills and overall life functioning (e.g. home, community, employment). This may include abstinence.
- c. Alcohol or drug misuse/abuse. The caregiver misuses alcohol, prescription drugs, or illicit drugs with a negative impact on parenting or other life functions (e.g. relationships, employment, health, legal, financial). The caregiver needs support to understand the impact of substance use and how to better manage his/her alcohol or drug use.

SN2. Household Relationships/Domestic Violence

- a. Supportive. Household members mediate disputes and promote nonviolence in the home. Individuals are safe from threats, intimidation, or assaults by other household members. The caregiver may have a history of domestic violence but demonstrates an effective or adequate coping ability regarding any past abuse.
- b. Minor or occasional household conflict. Stressors are present, but the household is coping despite some disruption of positive interactions. Conflicts may be resolved through less adaptive strategies such as avoidance; however, household members do not control each other or threaten physical or sexual assault, and there is no current domestic violence.
- c. Significant household conflict or domestic violence. The household is experiencing significant conflict and/or domestic violence. Examples include but are not limited to the following.

- Custody and visitation issues that are characterized by frequent conflict and/or harassment (e.g. reports to law enforcement and/or CFS).
- Adult relationships that are characterized by verbal outbursts and/or controlling behaviour that results in isolation or restriction of activities.
- One or more household members engage in physically and/or sexually assaultive behaviour toward other household members. Violent or controlling behaviour has resulted or may result in injury.
- Conflict within the home is causing household members to feel unsafe.

SN3. Social Support System

- a. Strong support system. The caregiver regularly engages with a strong, constructive, mutual support system. Individuals have ongoing positive interactions with extended family, friends, or elders. The caregiver actively participates in cultural, spiritual, religious, and/or community support/events and accesses services that provide a wide range of resources.
- b. Adequate support system. As needs arise, the caregiver uses extended family; friends; elders; and cultural, spiritual, religious, and community resources to provide support and/or services.
- c. Limited or no support system. The caregiver has a limited or inconsistent support system or is refusing to use available support and/or services (e.g. extended family, community resources, and local traditional supports).

SN4. Parenting Approach

- a. Strong parenting approach. The caregiver consistently demonstrates exceptional parenting approaches by providing a nurturing and positive relationship with the child. Examples include but are not limited to the following.
 - Displaying positive reinforcement practices.
 - Providing traditional teaching through observation and hands-on experience.
 - Being in tune with the child's stage of development and actively involved in the child's care.
 - Demonstrating a positive and meaningful relationship with the child.

- Demonstrating respect for the child and his/her sacredness; caregiver has a holistic view of the child.

b. Adequate parenting approach. The caregiver displays an adequate parenting approach with fair, developmentally based expectations and non-harmful disciplinary practices. There are no observed or expressed concerns about the child's basic care and protection.

c. Inadequate or harmful parenting approach. Caregiver demonstrates challenges in one or more areas of parenting, including but not limited to:

- Isolates child from extended family, friends, and/or community;
- Has unrealistic developmental expectations of the child;
- Is not actively involved in or is indifferent toward the child's care;
- Uses harmful or inappropriate disciplinary practices; or
- Has a negative and/or unhealthy relationship with the child.

SN5. Coping Skills

a. Strong coping skills. The caregiver consistently demonstrates strong coping skills and has the ability to deal with and adapt to unexpected adversity and crises in a productive and/or proactive manner.

b. Adequate coping skills. The caregiver demonstrates emotional responses that are consistent with current life circumstances. The caregiver may experience occasional challenges in coping with adversity, crises, or long-term problems, but these do not have a significant impact on functioning.

c. Inadequate coping skills. The caregiver has significant or chronic difficulty dealing with situational stress, crises, or problems, which impact or impair functioning in areas such as parenting or meeting basic needs.

SN6. Basic Needs

a. Strong ability to meet basic needs. The caregiver has a demonstrated history of consistently providing for the child's basic needs and well-being (food, clothing, and shelter). The caregiver proactively seeks out and maintains resources necessary to provide for the child in case of hardship.

b. Adequate ability to meet basic needs. The caregiver has demonstrated an ability to meet the child's basic needs. There may be occasional financial/economic stress, but there is no indication that the child's basic needs (food, clothing, and shelter) are of concern.

- c. Insufficient ability to meet basic needs. The caregiver has not demonstrated an ability to meet the child's basic needs. There are ongoing financial/economic stressors, and there is no indication that the child's basic needs (food, clothing, and shelter) are being met.

SN7. Cultural Support

It is important to acknowledge and understand the pervasive and traumatic intergenerational impacts of colonialization, residential school experiences, and/or child welfare experiences on many Indigenous people. CPWs need to be aware constantly that the families they assist may suffer from longstanding intergenerational trauma and apply this awareness to their assessment and support of families. At the same time, Indigenous people understand that culture and traditional healing practices can be sources of strength, happiness, resilience, identity, and confidence for themselves and their communities, and this in turn can have a positive impact on families' overall health and well-being.

- a. Strong cultural support. The caregiver embraces his/her cultural identity and consistently engages in strong cultural and traditional practices and embodies this as a way of life. The caregiver reinforces traditional knowledge, practices, and ways of being for his/her family and community. As a part of this resilience, the caregiver is able to use his/her culture as a source of strength in the face of adversity. The family experiences a high level of connectedness with their culture, which has a positive impact on family functioning.
- b. Culture neither supports nor causes conflict. The caregiver may access cultural traditions and customs; however, these are not consistently used for the well-being of the family and neither enrich nor cause conflict.
- c. Culture causes conflict. The caregiver perceives his/her cultural support system as unavailable or inaccessible, and/or the caregiver perceives his/her current cultural connection as conflictual and it has a negative impact on the family. The family may be facing challenges due to cultural conflict (identity, values, beliefs, or lifestyles are in conflict with community, family, or support system norms).

SN8. Health and Wellness

Health and wellness encompasses a holistic view of health, including physical, mental, emotional, and spiritual health. If a medical/mental health diagnosis is present, there should be consideration of how the diagnosis is managed and the resulting effect on the family, not just the diagnosis itself.

- a. Strong health and wellness practices. Preventive health care and wellness are consistently practised for all family members. The caregiver proactively accesses

available resources (formal and informal) to meet physical, mental/emotional, and spiritual health and wellness needs such as, but not limited to:

- Well baby clinics, prenatal care, and regular check-ups;
- Counselling, discussion with elders, recreational activities, or on-the-land initiatives; or
- Meditation, religious activities, and spiritual ceremonies.

b. Adequate health and wellness practices. The family may experience minor health/wellness concerns, but these do not significantly impact family functioning and/or the child's health and well-being. The caregiver is willing to access available resources (formal and informal) for the family as needed.

c. Inadequate health and wellness practices. Health and wellness concerns are present, and the caregiver is not willing to address or acknowledge them, resulting in a significant impact on family functioning and/or the child's health and well-being.

SN9. Other Identified Family Strength/Need (not addressed in SN1 – SN8)

a. A family member has a significant strength not addressed in SN1 – SN8. The family has an exceptional strength and/or skill that has a positive impact on the caregiver's ability to care for him/herself, the child(ren), and/or the family. This strength is something the family can build on to achieve progress in identified need areas. Provide a description.

b. Not applicable—no additional strength/need other than identified in SN1 – SN8. The family has no other area of strength or need relevant for prevention service planning that impacts the caregiver's ability to care for him/herself, the child(ren), and/or the family that is not already addressed in SN1 – SN8.

c. A family member has a need not addressed in SN1 – SN8. The family has a need that impacts the caregiver's ability to care for him/herself, the child(ren), and/or the family. The family would benefit from services and support to address the need. Provide a description.

C. CHILD CHARACTERISTICS

Select all that apply to *any* child in the household. Indicate whether the characteristic is confirmed, suspected, does not exist, or the answer is unknown. Select "Confirmed" if the characteristic has been diagnosed, observed by you or another CPW, or disclosed by the caregiver or child. Suspected means that, in your clinical opinion, there is reason to suspect that

the condition may be present, but it has not been diagnosed, observed, or disclosed. Select "No/Unknown" if you do not believe a characteristic is present or if you are unsure or have not attempted to determine if there was such a child functioning issue. Where appropriate, use the past six months as a reference point. Not all children in the household need to have the condition in order for it to be selected.

- **ADD/ADHD.** ADD/ADHD is a persistent pattern of inattention and/or hyperactivity/impulsivity that occurs more frequently and more severely than is typically seen in children of comparable levels of development. The child's symptoms are frequent and severe enough to have a negative impact on his/her life at home, at school, or in the community.
- **Alcohol abuse.** Problematic consumption of alcohol is present. Consider the child's age, as well as frequency and severity of use.
- **Criminal behaviour.** The child engages in unlawful behaviour that has resulted in or may result in consequences such as arrests, incarcerations, or probation.
- **Depression/anxiety.** The child has feelings of depression or anxiety that persist for most of every day for two weeks or longer and interfere with the child's ability to manage at home and at school.
- **Developmental delay.** Characterized by delayed intellectual development, a developmental delay is typically diagnosed when a child does not reach his/her developmental milestones at expected times. This includes speech and language, fine/gross motor skills, and/or personal and social skills, e.g. Down syndrome, autism, and Asperger's syndrome
- **Drug/solvent abuse.** Include prescription drugs, illegal drugs, and solvents. Consider the child's age, as well as frequency and severity of use.
- **Frequently unresponsive to caregiver discipline and direction.** The child is often unresponsive to the caregiver's efforts to manage or redirect behaviour.
- **Inappropriate sexual behaviour.** The child displays inappropriate sexual behaviour, including age-inappropriate play with toys, him/herself, or others; displaying explicit sexual acts; age-inappropriate sexually explicit drawing and/or descriptions; sophisticated or unusual sexual knowledge; or prostitution or seductive behaviour.
- **Irregular school attendance/suspension.** The child is not attending school even though it is required, his/her school attendance is sporadic, or he/she has been suspended from school.

- **Learning disability.** The child has normal or above-normal intelligence but displays deficits in one or more areas of mental functioning (e.g. language usage, numbers, reading, work comprehension).
- **Negative peer involvement.** The child has poor or inconsistent social skills; the child has limited or no positive interactions with peers. Conflicts may be frequent and serious, and the child may be unable to resolve them.
- **Physical disability.** Physical disability is the existence of a long-lasting condition that substantially limits one or more basic physical activities, e.g. walking, climbing stairs, reaching, lifting, or carrying. This includes sensory disability conditions such as blindness, deafness, or a severe vision or hearing impairment that noticeably affects activities of daily living.
- **Positive toxicology at birth.** A newborn's toxicology screen was positive for the presence of drugs or alcohol.
- **Psychiatric disorder.** The child has a serious, chronic, or acute psychiatric condition that impairs functioning and/or requires care beyond regular maintenance.
- **Running (one or more incidents).** The child has run away from home (or other residence) for at least one overnight period.
- **Self-harming behaviour.** Includes high-risk or life-threatening behaviour, suicide attempts, and physical mutilation or cutting.
- **Special education services.** Include any special education programming in use to address the child's special needs or behavioural issues.
- **Substance abuse-related birth defect.** The child has a birth defect, ranging from mild intellectual and behavioural difficulties to more profound issues in these areas related to in-utero exposure to substance abuse by the biological mother.
- **Violence toward others.** Behaviour directed at other children or adults that includes hitting, kicking, biting, fighting, bullying others, or violence to property. This may occur at home, at school, or in the community.
- **Other.** Specify any other conditions related to child functioning.



Section 7 – Placement Services

Tool 6.12.1

Case Plan Evaluation and Assessment

Case Plans acknowledge the need for support and provide the direction, timelines and plans for that support. Revisiting each Case Plan regularly provides the opportunity to evaluate goals in relation to achievements, determining changes in the family's situation and requirements for Case Plan updates.

Evaluation

Evaluating Case Plans helps to determine the child/youth's safety and whether activities and timelines are being met. Through the evaluation process, the Child Protection Worker/Designate (including Authorized Persons, or Supervisor/Manager) can assess the effectiveness of the Case Plan concerning the family achieving the desired goals and reducing any potential risks towards the child/youth.

The evaluation must be done throughout the process of providing services. This evaluation process is an ongoing process that assists the Child Protection Worker/Designate in providing relevant and needed services to the family. Consider questions such as:

- Is the concern still apparent?
- How does the family feel about things that have happened as a result of the Case Plan?
- Are they hopeful about whether change is possible?
- How do they feel about the Case Plan as it stands, and what do they think should change, if anything?
- What results or changes have occurred because of the Case Plan?
- What updates do you believe are required for the Case Plan?
- Are there significant changes in the situation, such as changing the level of risk to child/youth to require a review?

When Progress is Hindered

From time to time, individual goals will be difficult to accomplish. When progress is hindered, it is useful to apply these rules:

1. If what you are doing doesn't work, don't do it again; do something different.
2. Once you know what works, do more of it.
3. Consider another perspective, consult with the Supervisor/Manager and peers.

Further, if the responses lead to a lack of progress, in collaboration with the family (extended family, Aboriginal Organizations, Indigenous Governing Bodies and other cultural organizations (if applicable)) determine:

- If the assessment of the family is accurate.
 - *Ask yourself: What works for safety? What works against safety? How does the family's support system (formal and informal) support the Case Plan?*



Section 7 – Placement Services

Tool 6.12.1

- If the timelines and expectations are realistic.
- If everyone understands what is written in the Case Plan and assess whether the tasks are appropriate and useful in achieving the outcome.
- What changes are required in the Case Plan for the family to reach the goal(s)?
 - *Ask yourself: Who is the agent of change? Who is able to change? Who wants to change? What is the benefit of changing?*
- If the participants are completing the tasks outlined in the Case Plan and if not, what are the barriers to completing them and the consequences of not completing them?
- If everyone believes the required changes can be made.
- If new concerns and/or challenges have surfaced that increase risk to the child/youth and determine what needs to be added to the Case Plan to address the concerns.

You must assess whether you believe the family can make changes considering the child/youth's safety and best interests. What has changed in the situation and its impact on the family's ability to make the required changes (e.g., employment, finances, interest in making change, physical or intellectual abilities)?

Your reassessment of the situation and Case Plan should consider:

- Any noted new concerns and/or challenges.
- Whether the current safety plan works for the family, and if not, what needs to happen to ensure the child/youth's safety?
- Other service needs that have arisen since the previous evaluation and assessment.
- The family's lack of progress on addressing the issues despite the intensive support/services put in place and long-term planning for the child/youth.
- Whether all other case management standards are being met.

Following your evaluation of the current Case Plan, you need to decide the next steps:

- Change and update the Case Plan or close the file.
- If an out-of-home placement is required, identify the best place for the child/youth and their long-term plan.



CHILD AND FAMILY SERVICES

Section 1

- Child and Family Services Face Sheet(s) (most up to date version)
- Case Note(s) (Foster Care Worker, Family Preservation, Case Aid, etc.)
- On Call Report(s) (Documentation Related to an After-Hours Report of Child Abuse and/or Neglect)
- Case Review(s)
- Foster Care Report(s)
- Case Transfer Summaries
- Closing Summaries
- Access Plan(s)
- Supervision Record Form(s) (Related to Case Management)
- Email(s) (Related to Case Management)
- Other Correspondence (Related to Case Management)



CHILD AND FAMILY SERVICES

Section 2

- Screening and Response Priority Assessment Form(s)
- Safety Assessment Forms & Safety Plans Form(s)
- Risk Assessment Form(s)
- Investigation Reports Form(s)
- Investigation Case Note(s)
- Household Strengths and Needs Assessment
- Serious Occurrence Report(s) (Territorial, Interprovincial, Specialized Services)
- Child Protection Alert(s) (Territorial, Interprovincial, Specialized Services)



CHILD AND FAMILY SERVICES

Section 3

- Medical Report(s) (Dental, Psychological, Psychiatric, Speech Therapy, Occupational Therapy, Optometrist, Specialized Services Reports, FASD Assessment Reports, etc.)
- Travel Authorization Form(s)
- Parent(s)' Consent to Travel
- Immunization Record(s)
- Educational Record(s), (Report Card(s), Dismissal Letter(s), Individual Education Plan(s))
- Consent to Services for a Child/Youth Form(s)
- Release of Information Form(s)



CHILD AND FAMILY SERVICES

Section 4

- In Territory Specialized Services Document(s)
- Out of Territory Specialized Services Document(s)
- Social Histories
- Child Assessment for Adoption Placement
- Photograph(s)
- Life Book(s)
- Genogram(s)
- Transition Plan(s)
- Permanency Plan(s)
- Cultural Support Plan(s)
- Child/Youth Placement Information Form(s)



CHILD AND FAMILY SERVICES

Section 5

- Financial Approval(s)
- Specialized Needs Assessment Form(s)
- Vacation Expense(s)
- Children's Special Allowance Applications and Cancellation(s)
- Day Care Expense(s)
- Summer Programming Expense(s)
- Afterschool Expense(s)
- Any other expense(s)



CHILD AND FAMILY SERVICES

Section 6

- Voluntary Services Agreement(s) and Case Plan(s)
- Support Services Agreement(s) and Case Plan(s)
- Plan of Care Agreement(s) and Case Plan(s)
- Case Plan Report(s)
- Notification of the Right to Elect to Go to Court Form(s)
- Modification of a Plan of Care Agreement Form(s)
- Oath of Confidentiality Form(s)
- Notice of First Meeting of a Plan of Care Committee Form(s)
- Extension of Plan of Care Agreement Form(s)
- Notice of Request for Review of a Plan of Care Agreement Form(s)
- Written Notice of Termination of Plan of Care Agreement Forms Election to Proceed to Court Form(s)
- Notification of the Right to Access Legal Services Form(s)
- Originating Notice(s)
- Notice of Motion(s)
- Notice of Significant Measures Form(s)
- Affidavit(s)
- Supplementary Affidavit(s)
- Consent(s) (Related to Court)
- Revocation of Consent(s) (Related to Court)
- Affidavit of Execution(s)
- Waiver of Notice(s)
- Adjournment Order(s)
- Removal Order(s)
- Notice of Witness to Attend
- Any other legal document(s)
- Passport
- Health Care Card
- Social Insurance Number Card
- Registration of Live Birth
- Birth Certificate
- Indigenous Organization Membership Document(s)
- General Identification Card
- Driver's Licence



EXTENDED SUPPORT SERVICES AGREEMENT

Section 1

- Extended Support Services Agreement Face Sheets Case Note(s) (most up to date version)
- Email(s) (Related to Case Management)
- Case Review(s)
- Closing Summaries
- Case Transfer Summaries
- Supervision Record Form(s) (Related to Case Management)
- Other Correspondence (Related to Case Management)



EXTENDED SUPPORT SERVICES AGREEMENT

Section 2

- Serious Occurrence Report(s) (Territorial, Interprovincial, Specialized Services)



EXTENDED SUPPORT SERVICES AGREEMENT

Section 3

- Budget Information
- Financial Approval(s)
- Reimbursable Information
- Public Trustee Information



EXTENDED SUPPORT SERVICES AGREEMENT

Section 4

- Extended Support Services Agreement(s) and Case Plan(s)
- Transition Plan(s)
- Permanency Custody Order
- Public Guardianship Information
- Notification of the Right to Access Legal Services Form(s)
- Registration of Live Birth
- Birth Certificate
- Indigenous Organization Membership Document(s)
- General Identification Card
- Driver's Licence
- Passport
- Health Care Card
- Social Insurance Number Card
- Release of Information Form(s)
- Notice of Significant Measures Form(s)
- Any other legal document(s)



FOSTER CARE RESOURCE

Section 1

- Foster Care Resource Face Sheet(s) (most up to date version)
- Email(s) (Related to the Foster Resource)
- Case Note(s) (Related to the Foster Resource)
- Letter(s)
- Other Correspondence



FOSTER CARE RESOURCE

Section 2

- Foster Home Application Form(s)
- Foster Home Agreement Form(s)
- Foster Parent Oath of Confidentiality Form(s)
- Caregiver Discipline Agreement Form(s)
- Letters of Reference(s)



FOSTER CARE RESOURCE

Section 3

- Regular Foster Home Study
- Extended Family and/or Provisional Foster Home Study
- Foster Approval Letter(s)
- Closure Letter(s)
- Placement Closure Report(s)
- Letter(s) of Appreciation



FOSTER CARE RESOURCE

Section 4

- Foster Home Annual Review(s)
- Foster Parent(s) Interview Form(s)
- Other Household Member(s) Interview Form(s)
- Quality of Care Review(s) (supporting documentation)
- Foster Home Investigation(s)
- Serious Occurrence Report(s) (Related to Foster Resource)



FOSTER CARE RESOURCE

Section 5

- Medical Examination Report(s)
- Record(s) of Training
- Foster Resource Expense(s)



FOSTER CARE RESOURCE

Section 6

- Northwest Territories Child Protection Records Check(s)
- Interprovincial Child Protection Records Check(s), if applicable
- Criminal Records Check(s)
- Fingerprinting Result(s)
- Declaration of a Criminal Record Form(s)
- Release of Information Form(s)
- Identification(s)
- Notice of Significant Measures Form(s)



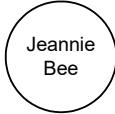
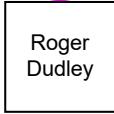
Genogram Code Key



Male Applicant – should be indicated by a double square and is placed on the left



Female Applicant – should be indicated by a double circle and is placed on the right



Other males and females should be indicated by a single square or circle – males are placed to the left and females to the right. Siblings are placed in order of birth.



Solid line connects individuals and also represents marriage – date of marriage is placed above the line



Dotted line connecting individuals horizontally is indicative of a common law relationship - date of the relationship started can be placed above the line



Solid line with two slashes through it represents a divorce – date of divorce is placed above the line



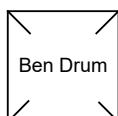
Solid line with one slash through it represents a separation – date of separation is placed above the line



Dotted line with solid line vertically indicates an adoption – date of adoption is placed beside the lines



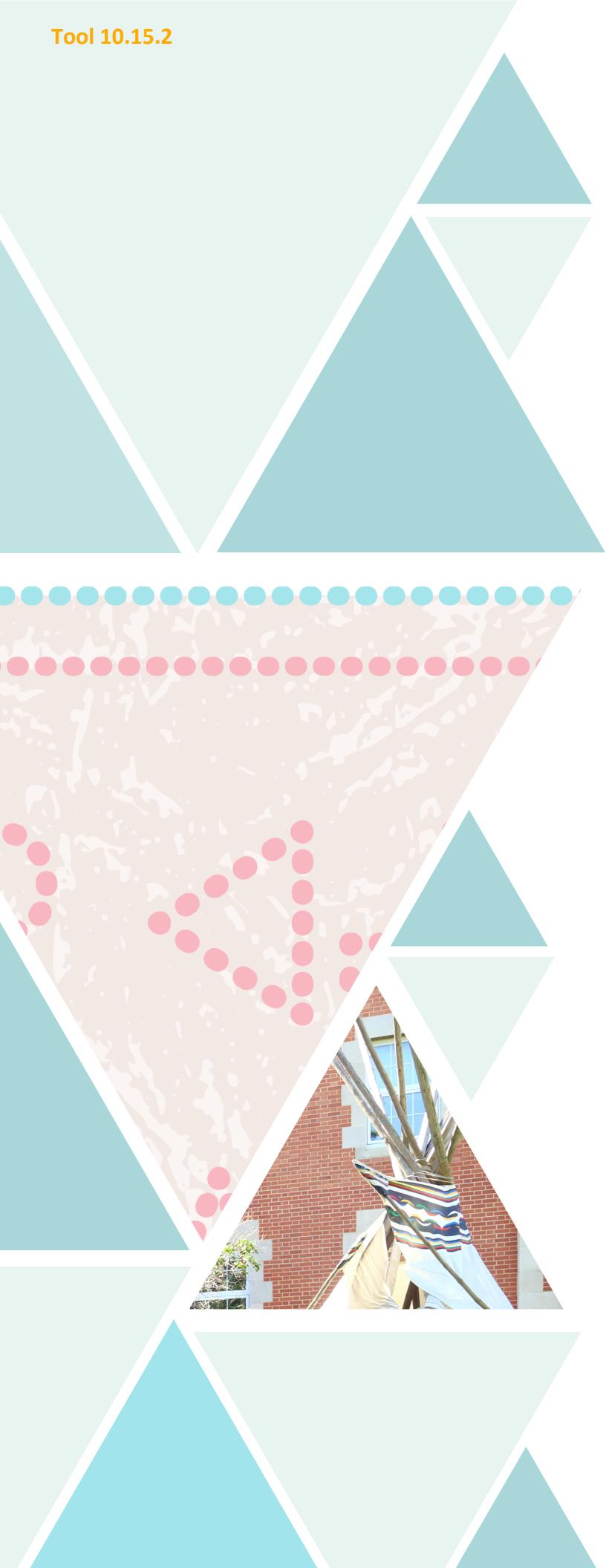
Vertical single dotted line indicates a foster child



Either box is acceptable to indicate a death – the date of death should be placed above the box



A triangle is used to represent a miscarriage



Bill C-92 Compliance Guide for Social Workers and Service Providers

WAHKONTOWIN



LAW & GOVERNANCE LODGE

Background

Bill C-92: An Act respecting First Nations, Inuit and Métis children, youth and families is the first federal legislation on the subject of Indigenous Child and Family Services [CFS].

The Act is the first statute to recognize inherent Indigenous jurisdiction over CFS as an Aboriginal (S. 35) right in Canada. As called for in the TRC Final Report, the statute establishes national minimum standards for CFS delivery for all Indigenous children and families. This includes First Nation, 'non-status,' Métis, and Inuit children, living on or off reserve.

The Act is in force on January 1, 2020, and the National Standards apply in all provinces as of that date. Note that Quebec's reference question about its constitutionality does not change this. Unless a court finds it is invalid, the law applies. Where there is conflict or inconsistency with provincial CFS Acts, the National Standards prevail.



Key Purposes of Bill C-92

Jurisdiction s. 8(a):

What: This law recognizes that Indigenous peoples have the inherent right to jurisdiction (authority) over their own child and family services.

So What?: Within one year, January 1, 2021, some Indigenous groups may have their own legislation, that, where different, will prevail over provincial CFS legislation.

National Standards: s. 8(b):

What: This law puts into place national standards for providing child and family services relating to Indigenous children and families.

So What?: On January 1, 2020, this law came into force, and the national standards apply in all provinces. Where different, these standards will prevail over provincial legislation. The new national standards are minimum standards – you can do more.

Assess your current practice standards and ensure they meet the National Standards

The National Standards map on to Indigenous led and evidence-based best practices already in the child protection field. *The best interests of the child* is still the primary consideration for decision-making but requires a different approach. It includes the importance of ongoing relationships for Indigenous children and should be considered in light of the *cultural continuity* and *substantive equality* principles.

The **National Standards** focus on:

- Prioritizing prevention and early intervention over apprehension;
- Maintaining and promoting Indigenous children’s relationships with family, community and territory;
- Valuing and promoting culture, including community, language and territory; and
- Reunifying Indigenous children, families and communities.

Bill C-92 Compliance Checklist for Social Workers and Service Providers



Is the child Indigenous?

First Nations, Inuit or Métis.

First Nations can include Status or Non Status.

The parents or child can live on or off reserve, inside or outside their community.

If so where are they from?

Do they have ties to more than two Nations?

Helpful Hints



- **Identify the child's Indigenous Governing Body or Bodies [IGB]:** All files should include an Indigenous child's Indigenous governing body or bodies and their preferred contact information. In addition, check for social media and other ways the IGB may reach out to members or advertise community events.
- **Family-mapping/Genogram:** In addition to identifying an Indigenous child's IGB(s), a family map or genogram should be completed as soon as possible to identify family members and community members.

Have you notified everyone that the National Standards require?

You *must* give notice to child's parents and the care provider as well as the Indigenous governing body *before* any "significant measure in relation to the child": ss 12 & 13.

a. Have you notified the child's Indigenous Governing Body? How? Results?

Indigenous Governing Body means a council, government or other entity that is authorized to act on behalf of an Indigenous group, community or people that holds rights recognized and affirmed by section 35 of the Constitution Act, 1982.

b. Have you notified the child's parents? How? Results?

c. Have you notified the child's care providers? How? Results?

Helpful Hints

These are **mandatory** provisions. To be compliant, you MUST demonstrate HOW and WHEN you provided notice to the child's IGB, parent(s) and/or care providers as applicable or document with evidence WHY it was not safe or possible to do so. In addition, to make the most of this process for the child:

- **Take a Team Approach:** Approach decisions from a collaborative perspective and communicate with the IGB, parents and/or care providers the way you would with colleagues.
- **Conference:** Plan a conference call, case conference or family group conference with the Indigenous Governing Body representative and the child's parents and/or caregivers to give notice of and discuss any significant measure beforehand.
- **Err on the side of Communication:** "Significant measures" should be interpreted in a broad inclusive way – not just legal changes but changes in placements, service provider awareness or responses to issues such as suicidal ideation or behaviour, sexual identity, etc. – anything that could significantly change the day to day life of the child, parent and/or care provider, or can impact the likelihood or timeline of apprehension, permanency or reunification.

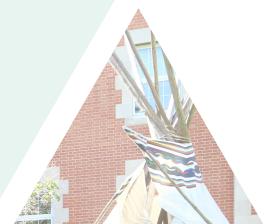
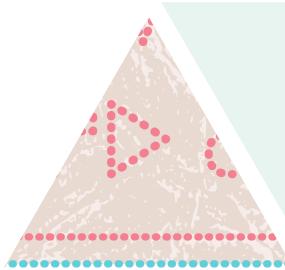
Is the Child a member of an Indigenous Nation that has its own Child Welfare legislation enacted under Bill C-92?

- Check on the Government of Canada website, the Indigenous Governing Body's website and/or with the Indigenous community representative.
- If so, abide by the Indigenous Nation's Law where and to the extent it applies.
- If there is not, or the Indigenous Nation's Law does not fully address the situation, continue using the National Standards.

Helpful Hints



- **Seek out Experts:** Indigenous Governing Bodies are the experts on their own laws. Relationship-building and asking clarifying questions to Indigenous experts can help you understand and apply Indigenous child and family laws properly.
- **Appreciative Inquiry:** Change is part of life and all systems. Approaching Indigenous legislation with curiosity and approaching required changes from a strengths based and problem-solving approach can benefit everyone involved.
- **Cultural Humility:** Self-reflexive practice is wise practice. Humbly acknowledging yourself as a learner, working to understand personal and systemic biases and building and maintaining respectful processes and relationships based on mutual trust can help overcome fear-based reactions to Indigenous laws you may not understand or be familiar with at first.





Have you prioritized and made reasonable efforts for prevention?

The Act mandates priority be given to Preventative Care generally and Prenatal Care promoting preventative care (when likely to be in best interests of child after birth) in order to prevent apprehension after birth: s. 14(1) & (2): *Before apprehending* a child who resides with a parent or family member, the service provider *must demonstrate* that he or she made reasonable efforts to have the child continue to reside with that person: s. 15.1. Finally, A child *must not* be apprehended based on his or her socioeconomic conditions, including poverty, lack of adequate housing or infrastructure or the state of health of the child's parents or the care provider: s. 15.

- a. Preventative Care:** What preventative care have you offered or provided the family?
- b. Pre-natal Care:** Is there a pregnancy? What prenatal care have you offered or provided the parents? What planning for prevention or placement has taken place where there are safety concerns?
- c. Reasonable Efforts:** What reasonable efforts can you take to keep the child living with parent(s)?
- d. Socio-economic Circumstances:** Have you ensured the sole reason for apprehension is not poverty or health related? How have you addressed poverty-related risks?
- e. Substantive Equality:** S. 9(3) of the Act states Indigenous children, families and governing bodies must be able to exercise their rights under this Act without discrimination: ss. 9(3)(b)-(d). Indigenous children with disabilities' distinct needs must be considered: s. 9(3)(a). Finally, s. 9(3)(e) of the Act states a jurisdictional dispute must not result in a gap in CFS services for Indigenous children and families.

In providing preventative services and assessing if reasonable efforts have been made, have you assessed for any substantive equality issues? This requires paying attention to the effect, not just the intent of services being provided.

Helpful Hints



- **Define “Reasonable Efforts”:** Create a policy on what reasonable efforts mean to your organization or agency and ensure it is adhered to by all.
- **Get Creative:** An ounce of prevention is worth a pound of cure – What kind of family supports make sense for this particular parent, family, or in this community? What risks or stressors can be relieved through support, resources and referrals? How can preventative services build on family's strengths and reduce safety risks (i.e. Signs of Safety planning)?
- **Jordan's Principle:** Familiarize yourself with Jordan's Principle and processes for accessing resources where applicable. *Jordan's Principle is a child-first principle*, ensuring First Nations children get the services they need when they need them. Jordan's Principle ensures that the First Nations children can access all public services when they need them. Services need to be cultural based and take into full account the historical disadvantage that many First Nations children live with. The government of first contact pays for the service and resolves jurisdiction/payment disputes later. For more information, see: www.jordansprinciple.ca
- **Show your Work:** It is important to document *how* you prioritized preventative care, what you offered and supplied to the child's parent(s) or care givers, and if there are individual or systemic barriers to prevention (e.g. Is a treatment program or family support workers available in the area/region the family lives in?) to determine if Indigenous children's, family's and governing body's right to substantive equality are being upheld. This can be done with affidavits. Your agency should create a template for each file. It is important to provide documentation.



If an out-of-home, out-of-family placement is unavoidable, how have you followed the placement priority provisions?

Placement Priorities: Placement is to occur in order of priority:

- (a) parents,
- (b) family member,
- (c) community member,
- (d) other Indigenous,
- (e) other

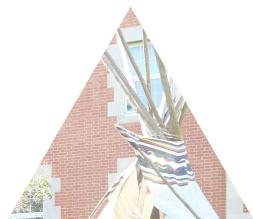
- + Must consider possibility of placement “with or near” siblings or relatives
- + Must take into account customs and traditions, such as custom adoptions:
s. 16 (1) & (2)

Helpful Hints



These are mandatory provisions. To be compliant, you MUST demonstrate HOW you have followed the placement priorities. Ways to show this include:

- **Adequate Knowledge of Child's Family:** Knowledge of a child's family tree and identification of as many family members or relatives as possible (i.e. genograms, family finding processes);
- **Consultation with Child's Community:** Consultation has occurred with Indigenous governing body or relevant community organizations or agencies for possible community placements;
- **Placement Priorities applied in EVERY placement move:** If a break down or planned move in out of home placements, how have you reassessed for the possibility for family unity (see below, s. 16(3)) and followed these placement priorities for the new placement.



When a child is not placed with parents or family members, what is the plan and resources provided for promoting:

a. Attachment and Emotional Ties to the child's Indigenous parents and family members?

- When a child is not placed with parent or family members, "attachment and emotional ties to each such member of his or her family are to be promoted": s. 17

b. Respect for and continuity with the child's culture?

Cultural continuity: s. 9(2)

- Cultural continuity is essential to wellbeing of children, families & communities s. 9(2) (a),
- CFS must not contribute to assimilation or cultural destruction: s. 9(2)(d).

Helpful Hints



These are **mandatory** provisions. To be compliant, you MUST demonstrate HOW you have promoted the child's attachments and emotional ties to family members and maintained the child's cultural continuity. Ways to show this include:

- **Plan of Care:** The child's plan of care includes support for promoting safe and sustainable attachment and emotional ties to their parents and family members.
- **Access Agreement or Orders:** Whenever possible, an access order should be included with or made in addition to any CFS order, along with appropriate resources allocated to facilitating regular and meaningful access when necessary.
- **Community/Cultural Connection Plan:** A community/cultural connection plan, developed collaboratively with all available and interested family members, supports and the child's IGB, must be completed for every Indigenous child placed outside their own family or community.

Where a child is not placed with parents or family members, what is the plan for ongoing reassessment for family unity?

The Act requires ongoing reassessment for family unity. This means there **MUST** be a reassessment, conducted on an ongoing basis, of whether it would be appropriate to place the child with parents or family members: s. 16(3)

- Bill C-92 allows for reassessment of current files. This can include temporary, private or permanent guardianship, or adoption orders.
- Youth, parents, care providers or family members/relatives may ask for reassessment.



Helpful Hints



This is a **mandatory** provision. To be compliant, you **MUST** demonstrate **HOW** you are planning or actually re-assessing the possibility of family unity on an ongoing basis. Ways to show this include:

- **Plan for Regular Reassessments:** You must include provisions for ongoing reassessment for family unity provisions in new and current cases.
- **Reassessments may lead to new plans to promoting relationships:** If placement with parents or family members is still not possible upon reassessment, you should also reassess plan for re-building or promoting attachments and emotional ties to parents and family members: s. 17.

For all of the above, are you aware of and applying the Act's new “Best Interests of an Indigenous Child” analysis when making decisions or taking action?

Bill C-92 is to be interpreted and implemented according to the principles of Best Interests of an Indigenous Child: ss. 9 (1) & ss. 10 (1)-(3), which requires decision-makers to go beyond principles in most provincial statutes. This requires a different approach:

- **Best Interests of the Child** [*Best Interests*] remains the paramount consideration: s. 10(1). However, while most provincial statutes simply give a list of factors, there are now primary considerations for determining these best interests.



Primary Consideration Clause: s. 10(2)

When considering best interests factors to make decisions or take action in relation to providing services in relation to, or apprehensions of Indigenous children, the primary considerations must be the child's *physical, emotional and psychological safety, security and well-being*, the importance of the child *having an ongoing relationship with their family and with Indigenous group, community and people, and preserving the child's connection to his or her culture*.



Put simply, the new starting point for deciding best interests is that Indigenous children's *need for continuing relationships* with their parents, family members, community and culture is at least equally important as other indicators of emotional and psychological safety, security and wellbeing.

- **Best Interests** should be determined by considering all factors related to the circumstances of the child, including those listed in s.10(3) (a)-(h). These include many factors similar to those found in provincial CFS and family law statutes but also include *the importance of relationships*, such as:

- the nature and strength of the child's relationships with parents, care providers and any family members (c),
- ongoing relationships with family, community, language and territory (d).

As well as *the importance of finding out*:

- the child's views, considering the child's age (e); and
- the Indigenous community's plans for the child's care, including care in accordance with their customs and traditions (f).

- Where an Indigenous Governing Body has their own legislation, **Best Interests** should be read in a manner as consistent as possible with the Indigenous law: s. 10(4)

Helpful Hints

- **Ask:** Find out what the child, the child's parents, family members and IGB think are wise ways of meeting the child's needs for safety, security and well-being.
- **Learn:** Seek out resources to deepen your understanding of Indigenous children's experiences in out-of-home care, Indigenous family structures, and the role of relationships and cultural continuity as protective factors for positive adult outcomes.
- **Follow:** The National Standards set out a framework for addressing the primary considerations for best interests in a range of circumstances.



WAHKOHTOWIN



LAW & GOVERNANCE LODGE

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It is not legal advice or a legal opinion.



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Access Guidelines

Adapted from *Accessing Visiting for Children in Care. An Opportunity for Engagement and Collaboration*, (2005). Darlene Neimi, OACAS Collaboration Project.

Guidelines for Developing Clinical Access Plans

Regular access between children and their parent(s)s and/or guardian(s)s can help to minimize problems associated with attachment and separation and increase the chances for reunification. Therefore, clinically managed and carefully planned visits for children in foster care are essential.

The following guidelines are highlighted in order to assist Child Protection Workers in developing appropriate access plans for children in foster care. An organized plan is critical and must be carefully developed and executed. It is essential that access plans are created with consideration of the parent(s) and/or guardian(s) needs and resources and do not create barriers. At the onset, it is necessary to determine whether clinical visits will be exclusively for the purpose of **maintaining the attachment relationship** between children and parents and/or guardians or whether additional objectives such as a **preliminary/follow up access summary, guidance and education plan, therapeutic visit or supervision/monitoring** will be required. Details of these plans are as follows:

Primary Purpose

ATTACHMENT RELATED ISSUES

Goals:

- To support a child or youth's attachment to his or her parent(s) and/or guardian(s).
- To minimize a child or youth's trauma of separation from his or her parent(s), guardian(s) and/or other family members.
- To reassure a child or youth about their parent(s) and/or guardian(s)' well-being and to help them cope with being in care.
- To help facilitate the transition of a child or youth to a new foster placement and/or adoptive placement.
- To engage foster parent(s) in access planning, while encouraging their support and cooperation during the process.

An access plan should be developed as soon as possible after a child or youth comes into care, in consultation and collaboration with the parent(s) and/or guardian(s) as well

as the supervisor, foster parent(s)/group home staff, and family preservation worker, if available. The written access plan must be shared with the parent(s) and/or guardian(s) to ensure they understand its purpose, objectives and details. All access plans must be reflective of the current level of risks that the parent(s) and/or guardian(s) present to the child or youth and must be modified periodically as overall risk decreases or increases.

Additional Objectives

SUMMARY AND EVALUATION OF VISITS

GOALS:

- As soon as a child or youth enter care, it's important to evaluate and gather the necessary information about the parent(s) and/or guardian(s)' potential for change. This process is completed by documenting the observations and assessments of parenting capacity such as parental reliability, parenting skills, parent-child behaviour, parent-child interactions, children's responses, and children behaviour, etc.
- In order to assess the future risk of harm to the child or youth, the Worker must evaluate the child or youth's attachment relationship to his or her parent(s) and/or guardian(s).
- To determine whether the **Guidance and Education Plan**, for e.g., parent training is appropriate.

The focus of the preliminary **Summary and Evaluation** is to gather information through observation of the visits, not to provide clinical intervention through guidance and/or education. Depending on the case, the Worker may need to focus on parenting behaviour such as parental reliability, parenting skills, parent-child behaviour, parent-child interactions, children's responses, and children behaviour, etc. when developing their access plans. During this process, it is recommended that visits be supervised and carefully controlled in terms of location, length and participants.

This Plan should be completed within **two (2) weeks** of a child or youth's admission to foster care and then every **two (2) to four (4) months** or as **necessary**. During this time, it is essential for the Worker to determine how further visits should proceed and to consider the themes and patterns observed and whether further observations are required.

GUIDANCE AND EDUCATION PLAN DURING VISITS

GOALS:

- To help improve parent-child relationships and parenting skills while the child or youth remain in care as well as providing the parent(s) and/or guardian(s) with the

opportunity to practice these new skills/behaviours in an environment that is non-threatening.

- When specific parenting behaviours are problematic as per the preliminary **Summary and Evaluation Plan**, the Worker must further assess parenting skills through a **Guidance and Education Plan**.
- When it would be in the child or youth's best interests to support their parent(s) and/or guardian(s) efforts to make visits enjoyable, even when there are plans for the child or youth to be placed in the permanent care of the Director.

In some cases, the parent(s) and/or guardian(s) might not know how to interact with their child or youth in a positive way, so it may be necessary for the Worker to "teach" them how to play with and enjoy their children during their visits. Furthermore, in order to give reunification a chance, it's important for the Worker to provide the parent(s) and/or guardian(s) with effective intervention strategies to nurture the parent-child relationship.

When a **Guidance and Education Plan** is necessary, it is essential that the Plan be developed in consultation with the parent(s) and/or guardian(s), child over 12 years of age, and the Child Protection Worker. During this process, it is important to keep in mind that the plan must be realistic to the parent(s) and/or guardian(s) needs. The Plan should not require "perfection" from the parent(s) and/or guardian(s), rather than focus on "good enough" caregiving behaviour. The types of behavioural techniques that might be included in a Plan are modeling, and teaching and reinforcing of positive caregiving behaviour.

The **Guidance and Education Plan** should be written for the parent(s) and guardian(s) with small, measurable goals that are manageable for the family. The goals should be reviewed weekly or monthly depending on the family's situation at which time comments regarding their progress and compliance should be discussed and documented on the Plan. This will also be very useful in terms of court.

Overall, the **Guidance and Education Plan** will help the Worker to define what specific parenting behaviours are problematic as well as to help determine whether reunification is possible.

THERAPEUTIC VISITS

GOALS:

- If a child or youth have been apprehended from his or her parent(s) and/or guardian(s) due to concerns of abuse and/or neglect, it's essential to provide a supportive and safe environment for that child or youth.

- After a period of no access, e.g., investigation and/or apprehension, it is important to assist the child or youth in re-establishing his or her relationship with his or her offending parent and/or guardian.

Emotional abuse is often associated with other forms of maltreatment, the child or youth may require some time to feel protected from the perpetrating parent, to process the person(s) responsible for the maltreatment as well as to develop skills to protect themselves prior to visiting with the perpetrating parent. In situations where maltreatment has been confirmed, it is important for the Worker to prepare the child or youth as outlined above as well as discontinue all contact until the child or youth has been adequately prepared.

During these visits, the Worker must actively assist the perpetrating parent(s) and child or youth to reengage in a relationship. During this process, it is extremely important that the Worker discusses the allegations, the adult responsibility and any secrets, threats and pressures felt by the child or youth. It is also necessary for the Worker to establish emotional, physical and sexual boundaries and rules regarding open communication as well as to help with the conversations between the parent, child and/or youth.

Overall, this type of contact should not be used to verify that the maltreatment has occurred but to provide support to the child or youth in re-establishing his or her relationship with the perpetrating parent(s). Furthermore, this type of visit will provide an understanding of the parent-child relationship, while reviewing the reasons for closely monitored visits.

Once there are no further concerns about the safety and well-being of the child or youth, the visits can gradually be changed to basic **Supervised Visits**.

SUPERVISED VISITS

GOALS

- If there are serious safety concerns, the Worker must provide a safe environment for the parent-child interactions.
- To monitor the parent(s) and guardian(s) progress in addressing the child protection concerns, while developing recommendations regarding their parenting abilities.
- When a child or youth are going to be reunified with his or her parent(s) and guardian(s), it is essential that the Worker assists with the transition, gradually allowing the parent(s) and/or guardian(s) to assume greater responsibility. The child or youth should not be returned to the parent(s) and/or guardian(s) care until there has been a sufficient period of successful unsupervised visits.

Since some parent(s) and/or guardian(s) present serious risks to their child well-being, it is vital that all access be supervised in order to protect the child for further

harm. The level of supervision must be based on the parent(s) and/or guardian(s) ability to manage interactions with their child and are not emotionally, verbally, physically or sexually abusive and neglectful or stressful for their child. For situations involving infants, toddlers and pre-school children, it may be necessary supervise these visits if there are any questions about the parent(s) and/or guardian(s) ability to ensure their child's safety.

When deciding whether the level of supervision is to be decreased or terminated, it is important for the Worker to assess the child or youth's ability to recognize and manage potentially dangerous situations. The Worker would do this by assessing the child's age, vulnerability, capacity for self-care and ability to protect him or herself.

In general, it is recommended that when a child or youth are placed in care, all visits should be supervised for several days or weeks to further access the protection concerns and to gather information about the family's access needs. Once reunification has been determined and there are no further concerns, the level of supervision should be gradually withdrawn, while the parent(s) and/or guardian(s) gradually assume maximum parenting responsibility.

It is important to consider a number of factors when determining the appropriate level of visits for each child or youth. These factors include:

- the safety and well-being of the child or youth;
- the quality of the parent-child/youth attachment relationship;
- the child or youth's current developmental stage;
- the age at which the child or youth were placed in foster care/treatment facility;
- the family functioning and history; and
- the availability of resources to meet the child or youth's need for consistency, e.g., people to supervise the visits, people to transport to and from the visits, location of the visits, parent(s) and/or guardian(s) schedule and availability, etc.

Suggested Access Guidelines:

Infant (0 to 18 months old)

SUPERVISED:

- frequent contact: **3 – 5 times per week, 1 - 3 hours** in duration in the **same environment**
- minimum of **6 hours per week**

Toddler (18 months – 3 ½ years old)

SUPERVISED:

- frequent contact: **2 - 3 times per week, 2 - 4 hours** in duration
- minimum of **6 hours per week**

UNSUPERVISED OR MONITORED:

- may increase to **4 – 8 hours** in duration
- **overnight visits** occur only when the child is at least **3 years old** or when the child has an established **attachment relationship** with the parent(s) and/or guardian(s) and is **familiar** with the parent(s) and/or guardian(s) home and the environment is deemed to be **safe**
- minimum of **6 hours per week**

Pre-Schooler/Early School Age (3 ½ - 6 years old)

SUPERVISED:

- **1 – 2 times per week**
- Minimum of **6 hours per week**

UNSUPERVISED OR MONITORED:

- may increase to include **2 weekends per month**
- where an extended visit is deemed appropriate in special circumstances; **up to 2 week duration** with contact with the foster parent(s), group home staff and/or treatment facility staff

Latency Age (6 – 12 years old)

SUPERVISED:

- 1 – 2 times per week
- Minimum of 6 hours per week

UNSUPERVISED OR MONITORED

- may increase to include 2 weekends per month
- where an extended visit is deemed appropriate in special circumstances, up to 4-6 week duration

Additional Guidelines:**Adolescents (12 years old and over)**

- Weekly, or biweekly visits (visits may occur more sporadically if the particular youth has a strongly established attachment with a parent(s) and/or guardian(s) prior to entering care; however, for a youth who does not have a strong attachment, more frequent access is recommended in order to enhance the parent-child/youth relationship.

Additional Contact

- It is important to include other forms of contact besides direct physical contact that may help to maintain the family connections such as telephone calls, writing, photographs, gifts, videotapes, audiotapes and participation in celebrations of special occasions. These additional forms of contact are very important in situations when visits are less frequent.

Location and Environment

- The location and environment of a visit must be carefully considered when developing an access plan. Consider:
 - Is the location/environment comfortable?
 - Is it child proof?
 - Does it provide adequate privacy as well as allow for opportunities to engage in age appropriate activities?

Authority

- Visits should be conducted at the Authority when there is a risk of flight or abduction by a parent(s) and/or guardian(s) or other safety concerns. Furthermore, visits should occur at the Authority immediately following a child or youth's placement into care as means to evaluate risk as well as

to assist the alleged perpetrating parent(s) and/or guardian(s) and the child or youth to reengage in a relationship.

Family Home

- When deciding whether or not visits should occur in the family home, the Worker must assess the parent(s) and/or guardian(s) progress in addressing the child protection issues and the overall level of risk to the child or youth. If the concern is low and the parent(s) and/or guardian(s) are making progress, then it is recommended, whenever possible, that visits occur in the family home. This allows the child or youth to maintain their connections to their family and to visit in a familiar environment.

Community/Extended Family Home

- These visits may occur in a community/extended family home environment when visiting at the Authority and/or family home is not appropriate. They may occur within the context of special occasions or outings such as visits with extended family, restaurants, movies, swimming pool, park, dental/medical appointments, clothes shopping, attending school functions, etc.

Foster Home/Group Home

- In some situations, visits may occur in a foster home/group home, but the worker must keep in mind that this may place an extra burden on the foster parents or group home staff because they will be required to provide structure, role modeling and supervision during the visits. However, having visits in provisional and/or extended family foster homes may be more appropriate because foster parents(s) may be more receptive to interacting with the parent(s) and/or guardian(s).

Treatment Facility

- A treatment facility may also be an appropriate setting for visits because there are trained staff members to help with supervising as well as providing structure and role modeling during the visits.

Correctional Facility

- Regular visits should continue to occur when a parent(s) and/or guardian(s) is incarcerated, provided that the incarceration is not related to the maltreatment of their children, especially if reunification is likely to occur. In these situations, it's important that the Worker obtain the details about holding a visit in a correctional facility such as procedures/rules of the institution, duration of visit, direct contact vs. access through a window, etc. If access is not permitted or is infrequent, it's important to encourage supplementary communication between the child or youth and parent(s) and/or guardian(s) through telephone calls, letters, tape recordings or messages/stories and exchange of photos. In situations where the sentence is long-term and/or the child is an infant; the purpose

of the visits should be carefully assessed whether they are in the best interests of the child.

Supervised and/or Monitored Visits

- Some parent(s) and guardian(s) present serious risk to their child or youth's emotional and/or physical well-being which warrants the supervision of any parent-child or youth interaction in order to protect the child or youth. The level of supervision must be based on the parent(s) and/or guardian(s) ability to manage interactions with the child or youth that are not abusive, neglectful, verbally/emotionally inappropriate or stressful to the child or youth.
- Supervised and/or monitored visits also provide the Worker with the ability to monitor parent(s) and/or guardian(s) progress, while formulating recommendations regarding parenting abilities. Furthermore, they help with transitioning the child or youth back into the parent(s) and/guardian(s) care when reunification has been determined, gradually allowing the parent and/or guardian to assume greater responsibility.

Overnight Visits

- When reunification is likely to occur, visits should occur in a gradual manner with fewer restrictions and more caregiving responsibilities placed on the parent(s) and/or guardian(s). During this process, it is crucial that the Worker assesses the parent(s) and/or guardian(s) parenting skills as well as safety/risk factors. Furthermore, it is important for the Worker to assess the child or youth's ability to protect him or herself in case of a serious incident.

Scheduled and Transportation Details

- The time of day and transportation details must be considered when developing a visit schedule. If the parent(s) and/or guardian(s) do not have the resources for transportation, it's important for the Worker to assist the parent(s) and guardian(s) with transportation, e.g., bus passes, taxi vouchers, etc. Also, it may be unrealistic to schedule the visit during normal working hours for some parent(s) and/or guardian(s); therefore, the Worker must be flexible in terms of the time of day of these visits.

Siblings, Extended Family or Significant Others

- Sibling access should be considered independently of parent-child/youth access, particularly for children aged three (3) years and older. Generally, where there are positive sibling relationships, all efforts should be made to arrange for regular

visits between them. However, when the relationships are not positive and/or abusive, sibling access may not be desirable and may actually be detrimental. Access with extended family or significant others should be encouraged, even for those children who are in permanent care as they allow the child or youth to maintain their sense of connection to their biological families as well as help them cope with them becoming permanent.

- Where appropriate, foster parent(s), should also be encouraged to facilitate sibling visits, which may occur on shared vacations, joint counselling sessions, sleepovers and special occasions. These types of arrangements may help to establish a sense of predictability and support for siblings while they are in foster care as well as provide a smoother transition period and more successful transition after the family has been reunified.

Conditions

- Depending on the situation, it may be necessary to impose specific conditions before a visit occurs. For example, a parent and/or guardian may need to confirm an visit 30 minutes in advance, refrain from using alcohol and/drugs, physical discipline or disparaging remarks, and discussing adult issues or making unrealistic promises to the child or youth. They may also be required to attend appointments such as school, medical and/or dental appointments.

Structure of Visits

- It's important that visits allow for interaction between a parent(s) and/or guardian(s) and their children within a variety of situations, e.g., feeding, playing, hygiene routines, comforting/soothing or putting to bed, etc.

Parent(s) and/or Guardian(s) Perspectives

- It is very important to understand that visits may be extremely difficult and traumatizing for a parent(s) and/or guardian(s) as they may continually trigger memories of their grief, trauma, rage, hopelessness, failures and inadequacies. Additionally, some parent(s) and/or guardian(s) may attempt to disrupt their child or youth's foster placement when it is evident that their child is developing an attachment to their foster parents. In these situations, it is important for the worker to convey to the parent(s) and/or guardian(s) that they still play an important role in their child or youth's lives as well as acknowledge the courage that it takes for the parent(s) and/or guardian(s) to work with the Authority.
- In order to encourage healthy attachment, it's important for the Worker to include the parent(s) and/or guardian(s) in the day-to-day activities of their children, if

appropriate. Attendance at school meetings, accompanying the child or youth to the doctor or dentist, haircuts and shopping.

Collaborative Approach

- When arranging and carrying out visits, it's important that the worker, foster parent(s), parent(s) and/or guardian(s) work together and are committed to maintaining these visits. Visits are extremely important for maintaining the family bond but are also pivotal in terms of making a decision about the likelihood of successful reunification.

Roles of the Worker/Person Supervising the Visit

- The roles of the Worker/person supervising the visit are critical to the overall access plan because the worker will be responsible to make/confirm arrangements with the parent(s) and/or guardian(s) and foster parents, transport the child or youth to and from the visit as well as provide supervision.
- During the visits, the Worker must have the skills necessary to balance the various needs, requests and expectations of the children, parent(s) and/or guardians and foster parent(s). Furthermore, the Worker must be able to manage strong emotions that the family may have about the visit. It is crucial that the Worker is flexible while having the ability to establish and enforce the limits on the family members' behaviour during the visits.
- Most importantly, the worker must carefully observe and evaluate children's reactions and interactions with their parent(s) and/or guardian(s) during visits. An accurate interpretation of the child(ren)'s reactions is necessary and should be conveyed to both the foster parent(s) and Child Protection Worker, if they are not supervising the visit.

Documentation of Observations

- Careful documentation of the parent-child or youth relationship and parenting skills/capacity is essential information that needs to be documented and shared with the Child Protection Worker. Information about the events that occur before, and after the visit is also important such as discussions with the children during the transportation to and from the visits or discussions with foster parent(s) or teachers surrounding access.

- Verbal and nonverbal communications among family members are also relevant to document. Overall, it is important that documentation be based on observations with details. Personal opinions and judgement about observations are not recommended.
- Lastly, it is important to maintain a record of a parent(s) and/or guardian(s) attendance at scheduled visits or other forms of communication as there is a correlation between the length of time children remain in care and the frequency of parental visiting. For example, best practices indicate that the longer children remain in foster care, the less frequent parental visiting may become. Overall, efficient documentation is vital and contributes valuable information about the success of access plans and helps to determine when modifications in the access plan may be necessary.

Permanent Wards

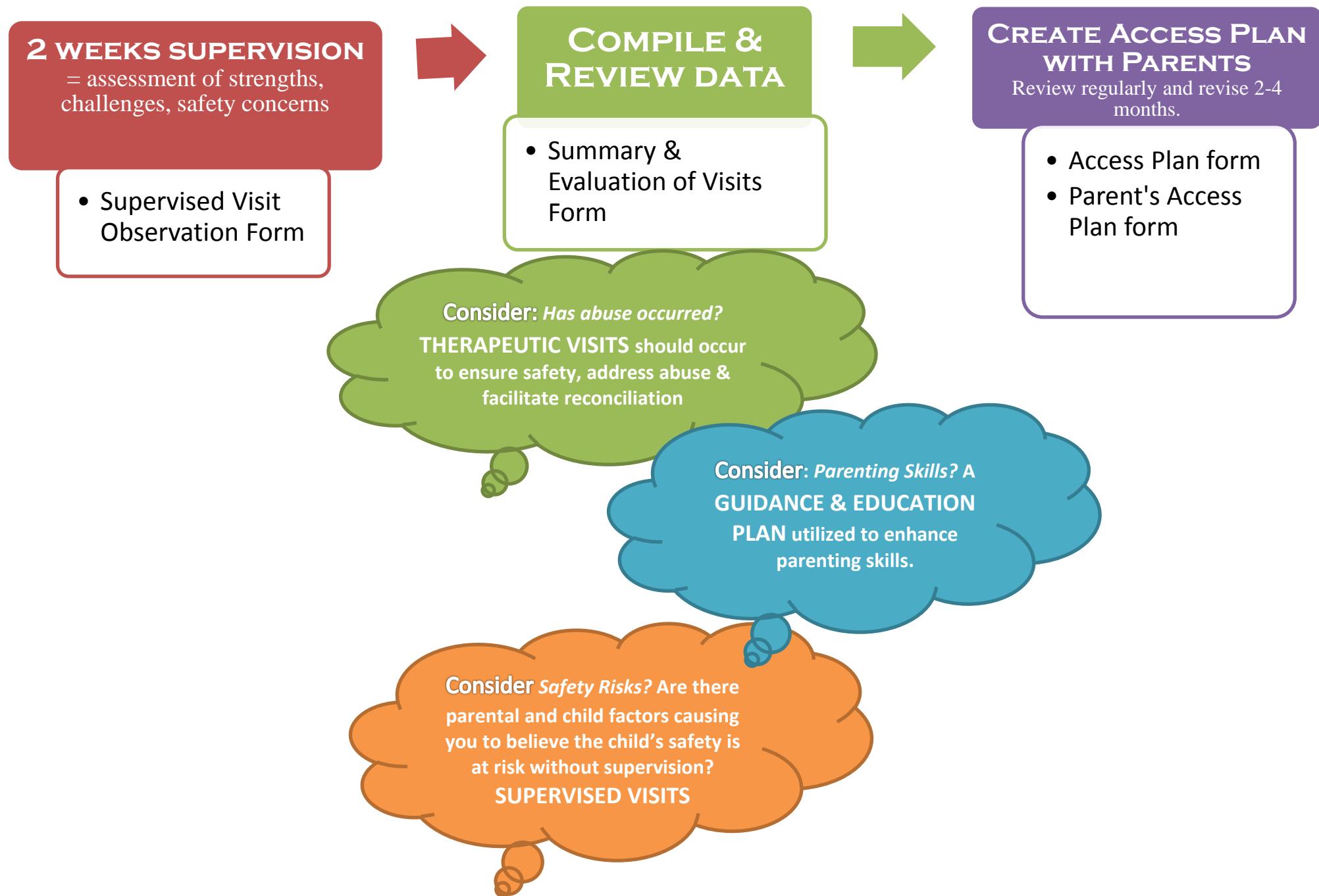
- Visits for children in permanent care may be therapeutic and meaningful, even if contact is minimal. For example, children or youth who are unable to repress memories of their parent(s) and/or guardian(s) or have an obvious attachment to them, visits may be in their best interests. Essentially, visits will either reinforce an existing parent-child or youth relationship or help children to deal with their permanency plan outside of their parent(s) and/or guardian(s) care. Children in long-term foster care function better overall when they have positive feelings about their parent(s) and/or guardian(s). For those situations where access is not appropriate, it is important that the child or youth have some tangible ties to his or her family history in the form of pictures, family memorabilia or life books as this will make an easier transition to a new permanent living situation.

When Access Should be Modified

- There will be some situations where access should be modified or not occur if it interferes with the best interests of the child or youth, if it is not meaningful or beneficial and/or would interfere in the child or youth's permanent placement. For example, access should be discontinued temporarily when a child exhibits extreme distress, resistance or tension as a result of access with his or her parent(s) and/or guardian(s) or other family members/significant others. It's important for the Worker to determine the source of the child's behaviour in order to understand its basis, which may not be reflective of the access at all, rather indicative of disturbance in the child, the parent(s) and/or guardian(s), the foster family or any combination of these.

- Visits should never be used as an incentive, reward or punishment for parent(s) or child(ren); therefore, it is very important that any significant changes in access be directly related to changes within the family functioning and/or risk assessment. Parent(s) and/or guardian(s) must understand that compliance to the access plan is not as important as behavioural changes that may greatly impact the child or youth's protection.
- In some cases, children will directly or indirectly request for a decreased or termination of visits. If this occurs, it's important for the Worker to explore the requests before changing any visits in order to accurately determine the reason for it. For example, a child has overheard his or her foster parent complain about the frequency of the visits and in an attempt to please the foster parent, the child makes a request to terminate the visits.
- Older children may also request to terminate visits because of the emotional distress associated with being separated from their parent(s) and/or guardian(s). In these situations, it might be in their best interests to discontinue with the visits until the child can work through his or her pain. Once this has been achieved, the decision to re-establish access should be left up to the older child. However, if child is unable to decide to re-establish access, the Worker will need to explore the issue periodically with these children as well as allowing them the freedom to change their mind when they are ready to resume contact.
- All in all, consistent observation and careful examination of children's reactions to visits are necessary in order to formulate accurate assessments. Access plans should only be altered once all of the following questions can be answered:
 - Is the child or youth's reaction normal given the situation? If so, the Worker should provide frequent and longer visits as well as letters, telephone calls as this may ease the stress of separation.
 - Is the child or youth's reaction a result of loyalty to his or her parent(s) and/or guardian(s) and foster parent(s)?
 - Is the child or youth's reaction reflective of the particular access situation, for example, the child or youth might not like the location, time of visit, activities, food, etc.?
 - Is the child or youth's reaction indicative of problems in the parent-child or youth relationship or parenting behaviour?

Access Plan: Flowchart



Case Closure Guidelines

Adapted from *the Yukon CFSA Policy Manual (2012)*.

The casework process with the family and child over 12 years should illustrate what steps are in place to address the child protection concerns, mitigate risks as well as to provide support services.

Decision to Close a Case

The decision to close a case is based on a thorough examination of the family circumstances.

When deciding to close a case, you must:

- Consult with your Supervisor about the progress of the case.
- Review the case plan progress with the family and child over 12 of age.
- Determine that the child is no longer in need of protection as per section 7 (3) of the *Child and Family Services Act*.
- Determine that the child and/or the youth over 16 years of age are no longer in need of voluntary support services as per sections 5 (1) and 6 (1) of the *Child and Family Services Act*.
- Ask yourself the following SAFETY questions:
 - Have the safety concerns been addressed by the parent(s) and/or guardian(s)?
 - Has there been a significant change in the family to address safety?
 - Has the parent(s) and/or guardian(s) been able to show the capacity to maintain the safety of their child?
 - Has the youth over 16 years of age been able to show the capacity to care for him or herself?
 - Has the parent(s), guardian(s) and/or youth over 16 years of age, shown that they are capable of making decisions and solving their problems?
 - Can the parent(s), guardian(s) and/or youth over 16 years of age, predict future challenges to safety and well-being as well as have the skills to address these challenges?

The following criteria can be used to justify case closure:

- The family and child over 12 years of age, successfully completed the goals/tasks of their case plan.
- The family and child over 16 years of age can demonstrate that they can function at a minimally acceptable level based on family and community standards.

- The parent(s) and/or guardian(s) refuse to accept support services and there is not enough evidence for court intervention or the court has dismissed your application.
- The parent(s), guardian(s) and/or youth over 16 years of age are not fulfilling their responsibilities in the Voluntary Support Agreement and/or Support Services Agreement.
- The parent(s), guardian(s) and/or youth over 16 years of age cancel the Voluntary Support Agreement and/or Support Services Agreement.
- The family is not making any further progress, and the current risk factors are low.
- The family has moved out of the territory. In this situation, please consult with your Supervisor to determine if the Department of the Health and Social Services, Interprovincial Coordinator needs to submit an interprovincial alert to the receiving province.

Case Plan Development

Strength-Based and Solution-Focused Approach to Child Protection

INTRODUCTION

The Department of Health and Social Services - Child and Family Services recognizes the family as the primary social institution; therefore, all policies and practices must:

- Protect children;
- Strengthen and empower families;
- Prevent placement as much as possible;
- Promote healthy development of children; and
- Assure permanence for children.

With these goals in mind, the Department of Health and Social Services - Child and Family Services has adopted a strengths-based, solution-focused, family-centred approach as its required practice philosophy and methodology.

The Family-Centred Approach

The family-centred approach acknowledges that the best way to protect children on a long-term basis is to strengthen and support their families, including extended family caregivers, rather than one family member. To achieve this, the first and greatest investment of time and resources should be to the care and support of children in their own families.

Having said that, it is not always possible to protect children while keeping families together. When children cannot remain with their family, the Department of Health and Social Services – Child and Family Services will help preserve, as much as possible, children's connections to their family, culture, and community.

Family-centred philosophy and outcomes are based on several important premises:



Each family has the right to participate in a program that addresses its unique service needs, focusing and building on family strengths and potentials. Assessment and planning with the family conveys respect and empowerment, and facilitates family participation in the change process. **Power for change resides in the family with support from the community.**

- Assessment and planning focus on the family, rather than any individual within the family. In this context, the Child Protection Worker recognizes that no one person in the family is the problem, but **also** recognizes the responsibility of the perpetrator. The problem is the capacity of the family **to ensure safety, permanence and well-being of their children.**
- The practice of social work should empower the family and encourage self-sufficiency. Parents are to remain responsible for their families to the greatest extent possible and become the family educators, nurturers, and primary caregivers. By learning more effective coping skills and using community support resources, the family can provide a healthier and safer environment in which children can grow.

Family-centred practice builds on the following core values:¹

- The child's need for safety, nurturance, and family continuity is primary.
- Families have strengths and can change with the right services, education and supports.
- Families are the experts on themselves.
- Families deserve to be treated with dignity and respect.
- Empowering families will lead to families controlling their lives.
- When supported, families can make well-informed decisions about keeping their children safe.
- Outcomes can improve when families are viewed as partners and involved in decision-making.
- Families tend to maintain solutions they create.
- A team is often more capable of creative and high-quality decision-making than an individual.
- The family's culture is a source of strength, and culturally responsive practices honour the family's customs, values, and preferences.

¹ Adapted from *Building Solutions in Child Protective Services* (2000). Insoo Kim Berg and Susan Kelly.

Applying these principles results in a shift in how services are delivered:

From Professionally-Centred ²

1. Experts determine the need
2. Families viewed as operating from a deficit
3. Service aimed at correcting family and child's deficits
4. Fit family to professional service
5. Low level of family decision-making
6. Focus on identifying and removing problems
7. Fixed roles and service provision

To Family-Centred

1. Families identify a need
2. Families viewed as operating from capability
3. Services aimed at identifying and strengthening capabilities
4. Tailor service to unique family need
5. High level of family decision-making
6. Focus on enhancing competencies
7. Flexible roles and service provision

The following guidelines help enhance a Child Protection Worker's relationships with families:

- Strengths based
- Family centred
- Relationship focused
- Culturally competent

The Strengths-Based Approach

The following information is adapted from the Pennsylvania Child Welfare Training Program - *Charting the Course Towards Permanency for Children in Pennsylvania: An Administrators Overview (Handout #8)*

The strengths-based approach identifies strengths and resources within the family system that could be used to assure safety and well-being of the children. The family strengths to be explored during the assessment process relate to parent/guardian's past and current efforts in protecting their children from harm, maintaining a loving parent-child relationship, accessing extended family and other support systems, and making efforts to address past and current stress conditions (i.e., alcohol and drug abuse, family violence, mental health issues, unemployment, etc.). This approach also involves the Child Protection Worker's use of the family's strengths and resources in developing a **solution-focused** case plan to prevent future abuse and neglect and to increase the well-being of the children. This lens allows the Child Protection Worker to examine;

- What the family members know and have learned about themselves, others, and their world;
- Personal qualities, talents, traits and virtues they possess;

2 Chart: (Adapted from: Best Practice Guidelines for Assessing Families and Children in Child Welfare Services. California DSS 1998)

- Personal stories and lore from their cultural orientation; and
- The resources of the community in which they live.

The principles that form the foundation of the strengths perspective are the belief that:

- Every individual, group, family and community have strengths;
- Trauma and abuse, and illness may be injurious but they may also be sources of challenge and opportunity;
- You do not know people's capacity to grow and change;
- We best serve clients by collaborating with them;
- Every environment is full of resources; and
- The context of caring and caregiving best supports strengths and solution-finding.

~Adapted from Dennis Saleebey

Strengths-based interviewing includes a set of questions that help to discover a family's strengths.

1. *Survival questions:*

- How have you managed so far?
- How have you risen to the challenges?
- What insight or learning have you gained from your experiences?

2. *Support questions:*

- What people have given you help/support/understanding?
- Who did you turn to? Where are they now? What did they do that was helpful?
- What organizations, associations, families, etc. helped you? Where are they now?

3. *Exception questions:*

- When things were going better for you, what was different?
- How did you feel when things went well? What was happening?
- When do you parent (best to be more specific) well? What was different then?

4. *Possibility questions:*

- What do you want out of life?
- What are your hopes and dreams?
- What is your vision for your family?
- How far along are you in achieving your goals?
- How far along are you in achieving your dream?
- What abilities/talents will help you in achieving your dreams?

- How can I help you achieve your goals?

5. ***Esteem questions:***

- When people say good things about you what is it that they say?
- What do you like about yourself?
- What would you like others to say about you?
- What beliefs and values have meaning for you?
- What sense and values bring comfort to you? How have your values helped you face difficulty in the past?

6. ***Perspective questions:***

- What is your view of the problem?
- What is your theory of what is happening?
- How do you see it? Where did these ideas come from?
- Have you tested them out? If so, did they make a difference?

7. ***Change questions:***

- How do you think your situation can change?
- What do you have to do?
- What do others have to do?
- Has it changed before? If so, what happened?
- What did you do to make your life experiences better? What did others do to help make your experiences better?
- What would you like me to do?

Adapted from *the Yukon CFSA Policy Manual (2012)*

The Solution-Focused Approach

The solution-focused approach looks at collaborating with the parent(s) and/or guardian(s) to identify their ideas of solutions that will work to assure safety, permanence, and well-being of their children. This approach emphasizes engaging families in the decision-making process, with attention to strengths and resources available to the family, and recognition of the client's hopes of taking care of their children's needs.

Solution-focused interviewing includes a set of questions based on underlying philosophical beliefs about people. These questions focus on positive directions.

1. ***Past successes:***

- What discipline methods have worked with your child(ren)?

- What goals have you achieved so far in your life?

2. *Exception questions:*

- When have you been able to express your anger without hurting someone?
- When have you been able to manage your son's behaviour without hitting him?

3. *Scaling questions:*

- On a scale of 1 to 10, with 1 being not very much at all and 10 being as much as you can imagine, how confident are you about being able to do the tasks we listed in your Case Plan?
- What would help to move you one number higher on that scale?

4. *The Miracle question:*

- If a miracle were to happen tonight while you were sleeping and when you woke up in the morning, your life had changed, but you didn't know that it had changed, you had to discover the change, what would you first notice would be different?
- What else?... anything else?... who else would notice the change?... what would they see?

~Developed by Insoo Kim Berg, Peter deShazer

Protective Partnership (Child Protection Partnership Approach)

Developing a helping relationship with families is crucial in assessing family strengths and developing solutions to assure safety, permanency, and well-being of children. It is done in part by:

1. Respecting clients as people worth doing business with;
2. Cooperating with the person, not the abuse;
3. Recognizing that cooperation is possible even where coercion is required;
4. Recognizing that all families have signs of safety;
5. Maintaining the focus on safety;
6. Learning what the clients want;
7. Always searching for detail;
8. Focusing on creating small change;
9. Not confusing case details with judgments;
10. Offering choices;
11. Treating the interview as a forum for change; and
12. Treating these practice principles as aspirations, not assumptions.

~Andrew Turnell & Steve Edwards

Practice Guidelines Integral to the Protective Partnership Approach

1. Understand the position of each family member;
2. Find exceptions to the maltreatment;
3. Discover family strengths and resources;
4. Focus on goals;
5. Scale safety and progress; and
6. Assess willingness, confidence and capacity (to carry out case plans before trying to implement them).

~Andrew Turnell & Steve Edwards

This is a comparison of the strength-based, solution-focused approach to child welfare and the traditional approach.

Strengths-Based Solution Focused

1. Identify what the client wants
2. Allow the client to tell you who he or she is
3. The client is the “expert” about his or her life
4. Identify client strengths that can be used to promote client goals
5. The professional collaborates with the client to help the client identify ways to accomplish goals
6. The unfolding of the plan may not be step-by-step but may emerge in ways best suited to the family's needs and style

Traditional Approach

1. Diagnose the problem
2. Gather all available information in order to classify the client
3. The professional is the expert
4. Identify the web of causality that is supporting the client problem
5. The professional develops a service plan that the client is expected to follow in order to achieve the case goals
6. The plan is expected to be implemented in a logical step-by-step way

FAMILY CENTRED TOOLS

There are several tools and techniques that help engage and create awareness with families, as well as help to discover the underlying family dynamics. The genogram may be used in the assessment and case planning process.

The genogram delivers a family diagram that gives you a "snapshot" of membership, boundary, and process issues.

- A visual of family roles and rules: these give us our identity, ways of communicating, and guidelines for functioning in relationships and the community.
- Boundaries: as with roles/rules, our understanding of boundaries helps us function in the larger society.

The genogram is basically a family tree diagram that includes social data.

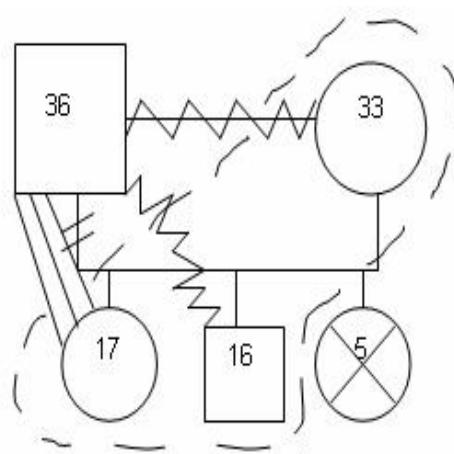
In the 1970s, Dr. Anne Hartman of University of Michigan faculty, the Ann Arbor Center for the Family and the National Child Welfare Training Center applied the concept of an ecosystem to human communities to "focus on the complex ecological system that includes the family and the total environment." In order to help caregivers "capture and organize this complexity," she developed a diagramming technique called the ecomap.

It can include as much information as the Child Protection Worker thinks is needed in order to make a thorough assessment of the family. Names, ages, significant family events, marriage dates, etc., are examples of information to include on the genogram.

Hartman (1978) points out that the use of a genogram provides a picture of the family system through time. It enables an individual to step out of the system, examine it, and gain insight into complex family dynamics that have developed over time and how they affect the current situation.

FIGURE 1 - BRIEF GENOGRAM

3 persons in household;
Father and mother divorced;
Ages included on figures;
2 teenagers in custody of mother;
1 female child died at age 5;
Father has close ties to daughter,
conflictual ties to mother and son.



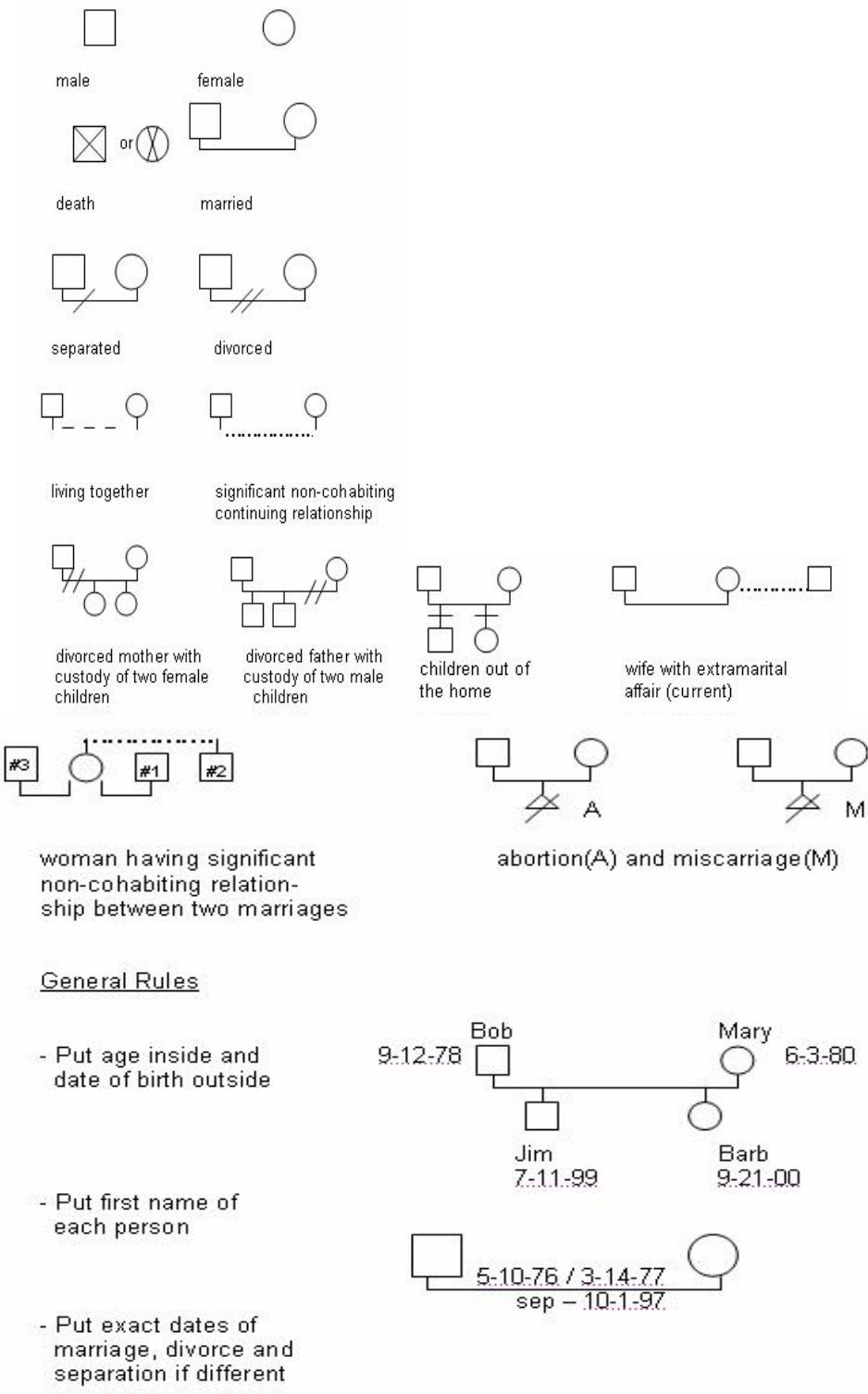
A genogram is most useful in assessment when it covers at least three (3) generations. This can provide an intergenerational history that can assist in identifying extended family support systems.

Instructions for Completing a Genogram

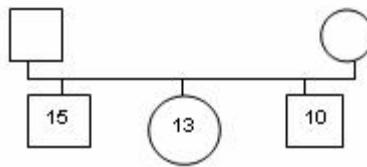
1. Begin by diagramming the members of household. Symbols describe the gender of the individual. A male is indicated by a square; a female is indicated by a circle.
 - A triangle is used to indicate if the gender of the person is unknown (i.e. the sibling of a great-grandparent or a still-born child whose gender is unknown).
 - An "X" through a figure indicated the person is no longer living.
2. Draw connecting lines between these symbols to describe the composition of the family system. (See Figure 2. on the next pages).
 - Marital separation is indicated by a single slash along the connecting line; a divorce is indicated by two slashes.
 - Location of the slashes on the connecting line denotes which parent has custody of the children. See the genogram in Figure 1. The slashes on the marital line indicate the couple is divorced. The location of the slashes set the father off from the children and indicates the mother has custody of the children.
 - Additional lines are drawn between the symbols to describe the emotional quality of the relationships. (See Figure 3.)
3. Children born to the couple are drawn below the parents, and the child's symbol is connected to the line between the parents, starting with the oldest to the left.
 - Twins are connected to one another and a single line connects their line to their parent's line.
 - Again, additional lines are drawn to describe the type of relationship that exists between the children and the parents or between the siblings.
4. A dotted line drawn around the group of individuals denotes the household composition.
5. Repeat the process vertically and horizontally to include persons in the extended family.
 - Grandparents are connected and diagrammed above the parents (vertically). Connecting lines extend from the grandparent's line to the parent.
 - Repeat the process horizontally, as needed, to include the aunts, uncles, and cousins of the children.

6. Upon obtaining the skeletal structure of the family, it is important to fill in the diagram with identifying and historical information, such as:
 - Names, birth dates, and death dates that are written next to the person figures;
 - The age of the individual can be written inside the person figure for quick reference;
 - Marriage dates and dates of separation and divorce are written next to the connecting lines between the individuals.
 - Occupations, interests, and descriptive characterizations, health condition, etc., can be written next to the individual.
 - Information that further describes the family unit, such as race, income, religion, ethnic or cultural influence's family can be written in the border.

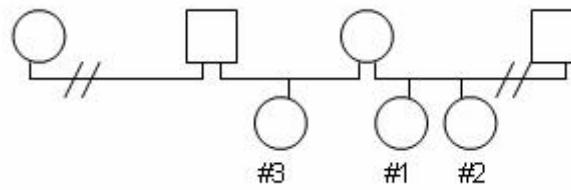
FIGURE 2. Conventions of Diagramming Family Structure



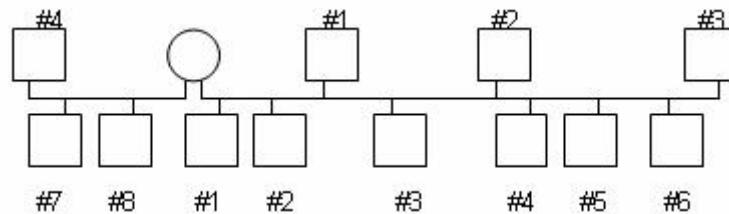
- Put children in birth order, oldest at left, except in case of multiple marriages (see examples, next page)



Examples:



Two spouses each previously married; wife had two children, husband had none; current couple has one in-common child.



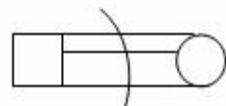
Wife's four marriages: 2 children in first; 1 child in second; 3 children in third; 2 children in fourth.

FIGURE 3. Diagramming Emotional Relationships

intense relationship



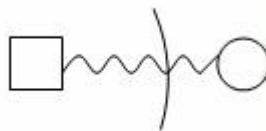
intense relationship cut-off



conflictual relationship



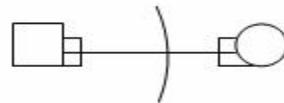
conflictual relationship cut-off



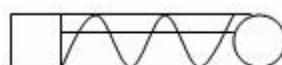
distanced relationship



distanced relationship cut-off



intense conflictual relationship



Family Participation is Crucial

The use of this assessment method recognizes the family as the most knowledgeable source of information about itself. As the kind of data requested is concrete and not extremely personal, their use encourages an interviewing style that tends to be non-threatening. Most people will more readily discuss themselves and their backgrounds under these circumstances and share more personal information as rapport is established.

This method offers the Child Protection Worker an opportunity to observe and engage the family in their own environment. Having the family members sit **beside** the Worker and assist in a diagram's completion (rather than across the table in an adversarial position) is a good example of how this method fits in with the family-centered approach to providing social services. It leads the family to open communication and insight into their past and present. Through these methods, the Worker and family can learn about:

- ➡ Who the family is - What are their names, ages, relationships, occupations, and religion?
- ➡ The roles in the family - Who performs them, for e.g., are grandparents, older children or others involved in the parenting? Do members identify

any unfulfilled tasks? Who is perceived as having the most power in this family?

- ➡ The family rules - What are the family rules regarding decision making, for e.g., child care, discipline, intimacy/distance, expressions of love and anger? What are the rules with respect to relationships between generations?
- ➡ The family communication- Are there identifiable channels of communication? Who communicates to whom and how?
- ➡ The relationship system(s) - How do members of this family feel about the other members? Who is close to whom in this family? Are there identifiable alliances? What are the major conflicts within the family from the point of view of each member?
- ➡ The family through time - What is the significant history about the development of the family (marriage, children, etc.)? What are the significant themes, patterns, events in the family history, major losses, changes, and how has the family handled them?
- ➡ The family network - What persons or systems are important to the family? Outside the immediate family, where does the family turn for support?
- ➡ How does the family "fit" in relation to larger society? Are there problems with other organizations, schools, work, church, etc.?

For example, while charting the mother's family of origin on a genogram, the Child Protection Worker can explore how the mother perceived her parents and siblings. This can lead to how, why, and when she left home and married. In turn, this information can lead the Worker into exploring the initial attractions and expectations the mother had about her marriage and lead her to discuss her current perceptions and frustrations. The same process can be duplicated to obtain information from other family members.

Sources

Parts of this document were adapted from Saskatchewan's *Family-Centred Services Policy and Procedures Manual*, Chapter 2 Approach to Delivery of Family-Centred Service and from Yukon's *CFSA Policy Manual, Chapter 2 Delivery of Family Centered Services*.

Parts of this document were adapted from Understanding Families, written by Jo Ann Allen, with contributions by Eloise Cornelius and Consuelo Lopez, and edited by Kittsu Swanson. It was developed under Contract #105-79-1107 for the Children's Bureau, Administration for Children, Youth and Families, Office of Human Development Services, United States Department of Health and Human Services.

The instructions for completing genograms were adapted from "Diagrammatic Assessment of Family Relationships," Social Casework (October 1978), and "An Ecological Framework for Assessment," from the book Finding Families, 1979, both authored by Ann Hartman.

Figures No. 2 and 3 are used with the permission of the National Resource Center on Family Based Services, The University of Iowa School of Social Work, Oakdale, Iowa.

CHILD PROTECTION WORKER'S ROLE

In strengths-based practice, social work consists principally of enabling people to function independently. This is achieved by working with individuals to identify what resources are available to them to make the changes they want.

When families' capacities are supported, families are more likely to act on their strengths. A belief in an individual's potential for growth and well-being requires an increased attention to that person's resources. This can include their talents, experiences and aspirations. When you have such a positive focus, the probability of growth is significantly enhanced.

In strengths-based practice, the Worker engages with and assists the family in "family-led" identification of needs and solutions. It presumes that families are the principal resource for change.

It is important to distinguish between strengths-*focused* practice (identifying the family's existing strengths) over strengths-*based* practice (collaborating with the family to identify the resources they have to work with to create *change*).³

Strengths-based practice does not simply focus on the positives while ignoring the concerns. It creates a comfortable environment that allows both the family and the Worker to discuss concerns or challenges. The Worker does not tell the family what to do or give advice. Strengths-based practice helps the family recognize and identify what is important to them and supports them in making changes based on their own values. It motivates them to make choices that will support them in being the family they want to be. Strengths are discovered through listening, noticing and paying attention to people.

The Importance of the Child Protection Worker's Attitude⁴

The Child Protection Worker's attitude has a significant impact on the family and is an important factor in the family's successful outcome of a case. Family engagement and the perception the family has of the Worker's desire to hear their thoughts and ideas correlate directly to the family's success in carrying out the plan.

To maximize a Worker's effectiveness, their contact with families must convey respect and consideration. The more the family verbalizes and prioritizes their needs, the greater the likelihood that they will commit to change.

3 Neil Barber Risking Optimism: *Practitioner adaptations of strengths-based practice in statutory child protection work*. Australian Institute of Family Studies. 2004

4 Principles: (Adapted from: Best Practice Guidelines for Assessing Families and Children in Child Welfare Services. California DSS 1998)

Sometimes parents expect the Worker to be the expert and want to turn over all decision-making to them; who allow this will in the end fail to reach their goal. Plans that are crafted in the office and brought to the family are less successful in achieving outcomes than plans crafted with the family from start to finish.

The following principles are useful in cultivating and maintaining a therapeutic attitude:

- No parent deliberately sets out to fail, whatever the outcome. There is probably no greater sense of failure than when one fails as a parent.
- Within family systems framework, family problems are symptoms of a stressed family system and send legitimate messages on how family members attempt to cope.
- The Worker should approach the family situations from a positive perspective, recognizing the strengths of the family. Don't ask, "*What is your problem?*" but rather "*What do you hope for?*"
- It is important to be satisfied with small gains and to be persistent in the pursuit of those gains.
- Enhancing family communication is important. What family members have to say to each other is probably more important than what we have to say to them.
- Trust and respect go hand-in-hand. There is little room for either without clear and honest communication.
- The Worker respects the rights of the clients during the casework process. One of these rights is the right to access a complaint process.

Ask yourself: "*How can I as a Child Protection Worker build a partnership with a family and community where there is suspected and substantiated child abuse or neglect?*"

Relationship with Children and Families Served

Trust results from the sense of being seen and recognized, and the sense that the other person values what we have to say. Family participants become engaged in the process when:

- They trust that the process will be in their best interest.
- Problem definition is something that they can agree with.
- Solutions feel familiar and realistic.

In an evaluation of Strengths/Needs-Based Services,⁵ the use of collaborative practices, a strengths perspective, and the Worker's ability to defuse anger at the initial contact predicted families' engagement. By requesting feedback from the family in the planning process, the Worker engaged the family in the process from the beginning. The professional literature⁶ supports this "no surprises," respectful approach, together with offering control to clients whenever possible.

Family members use **resistant strategies** to protect themselves from the perceived threat of Child Protective Services. Motivation for change comes when:



- Participants can see that outcomes will improve their situation.
- They believe that they have some power and control over the process and outcome.
- Steps of change will be measured and evaluated fairly.
- Participants do not fear punishment (from family, friends) for making changes.

A solution-focused approach starts when the Child Protection Worker and family use a strengths-based rather than a deficits-based perspective. The Child Protection Worker's role is to find the resources a family has and assist in developing and using them to solve problems. Solution-focused approach recognizes that change occurs by focusing all energy on what the client is doing right and making more of that happen. While holding families *accountable for problems* is not a very productive activity, holding families *accountable for change* is. Talking about problems or past mistakes is not as effective as talking about future plans for solutions.

By implementing a strengths-based, solution-focused perspective, we enhance self-determination of families and Workers when we:



- Notice a job well done;
- Celebrate our successes and those of our families and Workers; and
- Are solution-focused and remove obstacles, rather than create them.

THE SYSTEMS FRAMEWORK⁷

It is more effective to assess and plan for safety, well-being and permanence for children within the context of their family, including extended family. The family-centred

5 Regional Research Institute on Human Services (1998). *Strengths/Needs Based Services Evaluation*. Portland, OR: Portland State University, Graduate School of Social Work.

6 Rooney, R.H. (1992). *Strategies for working with involuntary clients*. New York: Columbia University Press.

7 The Philosophical Base of Family-Centred Services and The Systems Framework were adapted from *Placement Prevention and Family Reunification: A Handbook for the Family-centred Service Practitioner*, authored by June C. Lloyd and Marvin E. Bryce with assistance from LaVonne Schulze, published by The National Resource Centre on Family Based Services. Revised 1984. Chapter 1.

Other parts of this section were adapted from: *Field Guides to Child Welfare*. Rycus/Hughes Vol. 2, P. 265 &266 and *Definition of Families: Massachusetts Department of Social Services – A Family Centred Approach to Case Management*

services concept takes an “ecological” approach: it sees the family as a system constantly interacting with other systems in its environment. Viewing the family in this context expands our assessment and planning options. Viewing the family as part of an ecological system gives us special advantages and insights. These include:

-  A way of thinking about a family and how its social environment affects the way the family operates and structures itself. It also takes into account the complex interdependence of the child, family, school, peers, neighbourhood and other systemic components; and
-  An operational style for assessment and service. A systems approach changes our vantage point during the information-gathering process. Instead of looking at individuals only, we look at the total set of systems surrounding the individual (see tool Investigation Guide). This vantage point lets us see causes of problems that we might otherwise overlook or misunderstand. Assessment, case planning, and intervention techniques are rooted in the concrete realities of a particular family and the systems surrounding the family. Given an environment that is not too destructive, most people possess enough intelligence, strengths, and willpower to overcome their problems.

The composition and structure of families may differ considerably between cultures and over time, and even within a particular family as new members are born, added, die, separate, or emancipate. Families often include grandparents, aunts, uncles, and cousins, as well as close family friends, godparents, or honorary aunts and uncles who are incorporated into the family system.

The extended family may be the primary support network, particularly for Aboriginal people. Cultural, interpersonal, and geographic factors all contribute to the degree and nature of any family's involvement with extended family members.

We must also differentiate the biological family from the psychological family. Both are important. While the biological family is determined by heredity, the psychological family is determined by attachment, and includes persons that perceive themselves as belonging together in an intimate social group. This may include people unrelated by heredity.

Workers must seek information about family members who are not currently involved with a child. This includes absent or “unnamed” fathers or mothers, and their extended families. These persons may be very important resources for children in our care.

There are limits to this approach. For **some** families at **some** points, it may be necessary to use a more authoritative approach when the child is at high risk of harm or when parents lack the capacity or willingness to participate in the collaborative decision-making process.

Safe Participation: Awareness of “Re-victimizing” in Violent Relationships

Throughout this resource, we use the term “family” in referring to the individuals identified by the family as their “family”. In cases of victimization, the abusive individual may not be able to safely and mutually join in such a group process. In these situations, it is important to work with the other members of the family separately and confidentially. While we still understand the family as a whole and see the impact and importance of their relationships on each other, we can only include in joined work the members of the family who can safely and mutually take part. **Full family interviews may be inappropriate and potentially very dangerous in situations involving victimization and violence.**

Having a “*family focus*” must **NOT** be misinterpreted as meaning you must work with all family members together at all times. A misunderstanding of the meaning of “*family focus*” in this context can potentially put family members at further risk.

It is important to address the needs of abusive men or women who abuse their children or are violent. The Child Protection Worker needs to attempt to engage them in a helping process. That process, however, needs to build on their acceptance of responsibility and accountability, and on a lack of tolerance of abusive behaviour. Thus when we use “*family*” in the manual, as in “*the goal is to involve the family in a mutual planning process*,” it needs to be interpreted within the context of those members of the family who can safely be a part of a joined process.

By adopting a systems orientation we attempt to avoid blaming any one person in the family. However, we also must be cautious when applying some of the systems concepts to abusive situations. As an example, in looking at circular thinking and sequences of behaviour, we must be certain not to imply cause and effect, which can easily lead to “*blaming the victim*.”

In cases of victimization and violence, it is crucial that the perpetrator of the violence be held solely responsible and accountable for that violence and that the victims be helped to see they are not responsible. While systems concepts are helpful in assessing how behaviour in family situations is being maintained and in developing a “family-centred” view of problems in families, it must not be used as a model for understanding victimization and violence. When we focus on the forces and situations that cause or maintain a specific problem, the entire social matrix in which the family lives becomes the area of intervention.

Family Systems Principles

The following basic principles are important in any discussion of working with families:



The members of a family make up a complex whole, which cannot be adequately understood by understanding its members individually;

- ➡ A change in one member of the system encourages all others in emotional contact with that person to make compensatory changes;
- ➡ A problem manifested through one family member is viewed as an aspect of a problem in the family system; and
- ➡ Each family has certain rules, which are self-regulating and peculiar to that family. As they develop and operate over time, these rules constitute the family history. All systems exhibit an innate tendency toward homeostasis (a relatively stable state of equilibrium). Systems seek a balanced state. No matter how dysfunctional that state, its equilibrium will resist intervention and change.

ESTABLISHING GOALS

“Goals are the aims toward which the social worker and client direct their cognitive, emotional, behavioural and situation's actions.”

~*Social Work Workbook, Barry Cornyea*

“If you don't know where you're going, you'll end up somewhere else”

~*David Campbell, 1974*

SMART Goals

- S. Specific** (i.e. “securing employment” vs. “within six (6) months of today, to secure employment as a short-order cook in a restaurant”)
- M. Measureable** (i.e. “to deal with her addiction issues” vs. “to deal with her addiction issues by always having a sober caregiver when she is drinking, filling out the residential treatment application by Dec 15, 2012, and by attending 2 AA meetings per week”).
 - The goal is adequate to the degree that its accomplishment would significantly improve the situation, for e.g., address and remediate the child protection concern.
- A. Achievable** (i.e. “attend a behavioural and cognitive therapy men's group twice a week in order to address the way Freddie uses violence in intimate relationships” vs. “Freddie will learn how to stop using violence in intimate relationships by meeting with the mental health counsellor once a week, attending Terrence's sweat lodge ceremony on December 1, 2012, and review the case plan with his social worker and/or Plan of Care Committee members after four weeks”)
 - The goal should fit with the values and culture of your client.
- R. Realistic** (i.e. for teen parents in full-time school, with no child care: “to participate in parenting programming, including visiting with the pediatrician, psychiatric, and

healthy family worker as well as attending individual counselling as per the professional's recommendations" vs. "after childcare with neighbour Lisa has been established, Mary will attend her monthly psychiatric medical appointments; whereas Jimmy will attend his monthly income support meetings. Both parents will meet with their healthy family worker every three (3) weeks in their home and review their Plan of Care Agreement and Case Plan with their Child Protection Worker every four (4) weeks")

T. **Timely** (i.e. "Betty-Ann will work with her counsellor to deal with her parenting issues to facilitate reunification" vs. "Betty-Ann will attend weekly parenting classes at the Centre for Northern Families and will have bi-weekly visits with her children at the Social Services office that are free from shouting, threats and empty promises".

Well-formed goals should also be:

Goals are important to the family. Goals are well formed when they belong to the parent(s) and family and are expressed in the family's language; they are not well formed when, first of all, they are thought appropriate by the Worker and are expressed in the Worker's categories. This characteristic constitutes a practice principle that rests on the belief that clients whose goals are respected are more motivated than those whose goals are overlooked. The principle is not compromised except in cases where the Worker after exploring for client strengths and coping capacities, is convinced that the client is overwhelmed or a danger to self or others.

The goals are small. Small goals are easier to achieve than large ones. For example, it is easier to "fill out a job application" than to "get a job".

The goals are concrete, specific, and behavioural. Goals that are concrete, specific and behavioural help parent(s), family and Worker know when progress is occurring. Accordingly, "going out to lunch with a friend twice a week" is preferable to "getting more involved with others."

The goals seek the presence of something rather than absence. When parent(s) and/or families are asked about their goals, they often tell their Workers what they want to eliminate from their lives, for example, "feeling discouraged". Practice outcomes are improved when clients are helped to express their goals as the presence of something – for example, "taking walks" – rather than the absence of something.

The goals have beginnings rather than endings. Parent and/or families also tend initially to conceptualize their goals as end points, for example, "having a happy marriage." Workers, aware that achieving goals is a process, can help by encouraging clients to conceptualize the first steps to their desired ends, such as "asking my husband to pick a place for next summer's vacation."

The goals are realistic within the context of the parent(s) and/or family's life. This characteristic speaks for itself and is usually achieved automatically in the course of

developing goals with the preceding characteristics. However, when uncertain, the Worker can explore with the parent(s) and/or family what it is in the parent(s) and/or family's life that tells the client that this particular goal makes sense for him or her.

The goals are perceived by the client as involving "hard work". Encouraging parent(s) and/or families to think about their goals in this way is both realistic and useful for protecting the parent/family's dignity. It is realistic, because goals call for changes in the client, and change is difficult. It protects the parent(s) and/or family's dignity because first, if the parent(s) and/or family achieves the goal, the achievement is noteworthy, and, second, if the client does not, it means only that there is still more hard work to be done.

Incorporating Client Participation

Techniques and questions that may help facilitate goal formation:

1. Reflective listening/Reflecting a Goal:

- "I hear you say that you don't feel safe when...."
- "I hear you saying that you feel badly about the violence that you have been using. Is it also true that it's a goal of yours to learn other ways of being in your family in order to have access to your children again?"
- "I hear you say that you feel like your drinking is causing problems for you and your children..."
- "How will you know when this issue has been resolved?"
- "What would that look like for you?"
- "What would be happening in your life?"
- "What supports would you have?"
- "What would be a reasonable timeframe for that to be done by for that to happen?"
- "I'm wondering if that will be realistic, how about...?"

2. Proposing a Goal

- "You said that you find it really helpful when ____, what if we established that as a regular support in your week that you knew you could rely on?"

3. Establishing a Goal

- "So to review, you are agreeing to go to the positive discipline classes twice a week, for six weeks, in order to learn how to discipline without hitting?"

4. Other

- What has been successful for you to engage your clients?



Child and Family Services Minimum Contacts Guidelines

The Child Protection Worker or designate must maintain regular contact with each child/youth and parent(s)/guardian(s) who are receiving protection and prevention services as well as their foster care resource, as outlined in **Standard 6.6 - Child and Family Services Minimum Contacts**. This contact can be non-private or private, face-to-face, telephone, videoconference, electronic communication¹. The contact has a specific purpose as noted in the Standard and is with a child/youth, parent(s)/guardians(s), and foster care resource. A face-to-face contact includes direct observation of the child/youth, parent(s)/guardians(s) and foster care resource interacting with each other (e.g. where an infant or toddler is present but sleeping in another room, the Child Protection Worker or designate must directly observe the child). A private face-to-face contact refers to visiting with the individual(s) where confidentiality could not be breached, and the individual(s) are comfortable with an open conversation. Moreover, announced vs. unannounced visits to the family home are recommended unless the child/youth's safety is compromised. Unannounced visits to the family home may be required when: it is necessary to assess the safety and risk without the family having the opportunity to modify any of its usual conditions (e.g. it is suspected that a person who presents an immediate safety threat to the child is present in the home); it is not possible to contact the family to arrange an appointment, or when the family is avoiding contact with the Child Protection Worker or designate. Overall, all contacts must be consistent with the child/youth's Case Plan and/or Permanency Plan.

Although the Standard sets minimum contact guidelines, more frequent contact may be required during the child/youth's initial placement period and in situations where the child/youth has been in unstable placements and/or during a period of crisis or placement change. Where the child/youth has the developmental ability to understand, this contact will take place both inside and outside the home or placement. This will allow the Child Protection Worker or designate to observe the child/youth in the home or placement and enable them to have private meetings with the Child Protection Worker or designate to discuss any sensitive issues or concerns. For children/youth who do not have verbal or cognitive capacities or who cannot access other communication technology, or who refuse contact, the Child Protection Worker or designate can gather information about the well-being of the child/youth from the parent(s)/guardian(s) and/or foster care resource. In the absence of an alternate resource to gather information from, the Child Protection Worker or designate is expected to see the child. For older adolescents living in independent living situations, the young person may also require more frequent contact to ensure their goals for independence are being met. It is important to note that there are **no maximum contact requirements** within this Standard. Some cases will require more contact than others, depending on the needs and circumstances of the child/youth, family and/or foster care resource.

¹ Electronic interaction/communication is only permitted on GNWT approved devices.



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Where contact is not possible, the Child Protection Worker or designate must consult with the Supervisor/Manager to devise an alternative contact schedule and document the rationale and approval of the planned or revised contact schedule in MatrixNT as a **Case Note**. Also, where the child/youth or family is avoiding contact with the Child Protection Worker or designate, attempted contacts should be made, including unannounced visits to the home, attempted telephone or electronic communication and/or letter. The Child Protection Worker or designate must consult with the Supervisor/Manager to discuss proposed interventions and clearly document their attempts for contact with the child/youth or family in MatrixNT as a **Case Note**.

Contacts with the child/youth:

When a Child Protection Worker is placing a child/youth in a foster care resource, it is important to ensure the child/youth receives a **Foster Family Coalition Comfort Kit** (if available). The CPW must also ensure the child/youth's belongings accompany them in their placement. If, in exceptional circumstances, a child/youth's personal belongings such as clothing, books, stuffed animals and mementos cannot accompany the child/youth during their placement (e.g. there is an immediate risk to the child/youth or the item is large and cannot be transported immediately), the child/youth's belongings must be transported as soon as possible by the assigned Child Protection Worker and no later than **seven (7) days** following the placement. If unable to transport the child/youth's personal belongings within the prescribed timeframe, the Child Protection Worker must purchase some clothing and items important to the child/youth. Furthermore, the Child Protection Worker must complete the **Child Placement Information form** as outlined **in Standard 7.15 – Child and Youth Placement Information** at the time of placement and provide the Form to the foster care resource.

The Child Protection Worker must also ensure a child/youth in care has access to a telephone and a contact number for their Child Protection Worker and be informed how to reach on-call Child Protection or the Supervisor/Manager in an emergency.

During private contacts, the Child Protection Worker or designate should ask:

- the child/youth-specific questions about their home or placement including their relationship with the parent(s)/guardian(s) and foster care resource, other members of the family, other children placed in the home or placement, friends, school and community;
- the child/youth about their feelings of being safe, their Permanency Plan, as well as educational, cultural physical, and mental health needs; and
- whether the child/youth's needs are being met through existing services or whether services and supports need to be added or modified.

Contacts with the parent(s)/guardian(s):

The Child Protection Worker or designate must also have regular and meaningful contact with the child/youth's parent(s)/guardian(s). When available, contact should happen with caregivers together unless it is not possible due to one being away and/or in instances of relationship breakdown. The purpose of this contact is to:

- build a trusting relationship;



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- assess the family's needs and evaluate the parent(s)/guardian(s) progress in addressing their Case Plan as well as to develop permanency for their child;
- assess the safety and risk of the child/youth as well as the safety of the home; and
- allow the Child Protection Worker or designate to assess the parent(s)/guardian(s)' relationship with their child and the adequacy of services and supports provided to them.

Contacts with the foster care resource (foster caregiver(s), specialized services and group homes):

By having regular and ongoing contact with the child/youth and their foster caregiver(s), the Child Protection Worker or designate can:

- assess the initial adjustment period for the child/youth in the foster caregiver(s)' home;
- assess the safety of the child/youth;
- assess the child/youth's and foster caregiver(s)' relationship;
- assess the ability of the foster caregiver(s) to meet the child/youth's needs and develop a plan with them to address the needs;
- assess the safety of the physical home environment;
- assess the case plan including the permanency goal identified, behavioural changes; and progress towards the permanency goal;
- assess the developmental progress of the child/youth;
- assess the child/youth's educational, physical, mental and behavioural health and needs;
- assess the suitability of services and supports provided to and for the child/youth;
- assess the suitability of services and care including cultural supports provided to and for the foster caregiver(s) to maintain their ability to care for the child/youth;
- provide information to the foster caregiver(s) on the status of the family situation, and court date;
- review access arrangements, noting the foster caregiver(s)' observations of the child/youth's reactions before and following visits;
- ensure the foster caregiver(s) are following through with medical and dental appointments, maintaining life books, and all of their responsibilities as outlined in the child/youth comprehensive Case Plan and Permanency Plan; and
- assess and discuss on-site with the foster caregiver(s) any changes in the home, such as additional children or adults living in the home, change in sleeping arrangements, and etc.

The success of any placement depends in large part on the casework support that is provided to the foster care resource. Continuous and ongoing contact between the Child Protection Worker or designate and the foster care resource is essential in maintaining and supporting the foster care resource in addition to providing continuity of care to the child/youth.

The purpose of the meetings with specialized services and group homes are to:

- monitor the ongoing progress and review supports and services in place for the child/youth residing in the specialized services resource;



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- meet with the staff to identify and address any outstanding issues impacting the child/youth or the placement itself;
- monitor the quality of care being provided to the child/youth;
- assess if continued placement in a specialized service or group home resource best addresses the child/youths' placement and permanency needs; and
- to ensure lines of communication are clear and that comprehensive Case Plans and Permanency Plans are developed with input from the significant people in the child/youth's life.

Children Moving Between Provinces and Territories

Department of Health and Social Services

Required Documentation:

When a Child Protection Worker is notified that a child with child protection status is moving to another province or territory, the Child Protection Worker will forward the following documentation to the Department of Health and Social Services as soon as possible.

- The birth registration
- An original or certified copy of any orders or agreements with respect to the child's current legal status
- The written consent of the parent or guardian of the child for the placement, in the case of a child under a voluntary agreement
- Any information relevant to the child's cultural, racial, religious and linguistic heritage;
- The child's life book, if available, or a copy of it
- The details with respect to the child's status under the *Indian Act* and community of origin, if Aboriginal
- The confirmation that the originating province/territory has involved the appropriate Aboriginal organization/Band as required under the originating province/territory's legislation/policy
- A family social history including a summary of all services and assessments
- Any relevant medical, psychological or educational assessments completed within the past two years
- All up-to-date medical reports if the child is receiving treatment
- A current care plan developed in consultation with the receiving province/territory
- A statement clarifying the type of decisions and consents, including those related to medical treatment, that may be authorized by the receiving province/territory

In addition to the above documentation, when a foster family from the originating province/territory is moving to another jurisdiction, the originating province/territory agrees to forward the foster home study and recent reviews to the receiving jurisdiction.

Escorting Children in the Custody of the Director

When children are escorted for reasons such as: holidays, travelling from one community to another or traveling south to attend a treatment facility it is the responsibility of the Child Protection Worker in charge of the child's case to determine:

- the degree of security necessary to prevent the child from running away; and
- the capacity and abilities of the child, whether it is appropriate for the child to be left alone for a period of time and be relied upon to return at an appointed time.

These points can only be assessed through knowledge of the child and his/her history. The Child Protection Worker and when appropriate, foster parent(s)/caregiver(s), should brief the escort fully on the child and inform the escort of how situations are to be handled in accordance with Authority policies.

When choosing an escort for a child, the Child Protection Worker will ensure that the identified escort is a responsible adult **who knows and understands the child and with whom the child feels comfortable**. The following may act as escorts:

- Parents, relatives, foster parents or guardians such as group home parents; or
- Non-government persons, as long as they are not hired to be the escort. It must be clearly understood that the non-government person is being an escort on a voluntary basis. Payments are restricted only to those expenses which are directly related to the trip.

Escorts are responsible at all times for children in their care. When a child under escort is living in an approved placement resource (e.g. foster home), the escort must provide his/her in-transit contact information, travel itinerary and obtain the applicable Travel Letter from the Child Protection Worker. This is to ensure that the child or the escort can be contacted in an emergency or if plans change.

A Child Protection Worker will ensure that an adolescent is not escorted by a member of the opposite sex for extended periods of time **unless the escort is a close family relative, or unless there are other people present during the period of the escort**.

When a child who is being escorted runs away, the following procedure applies:

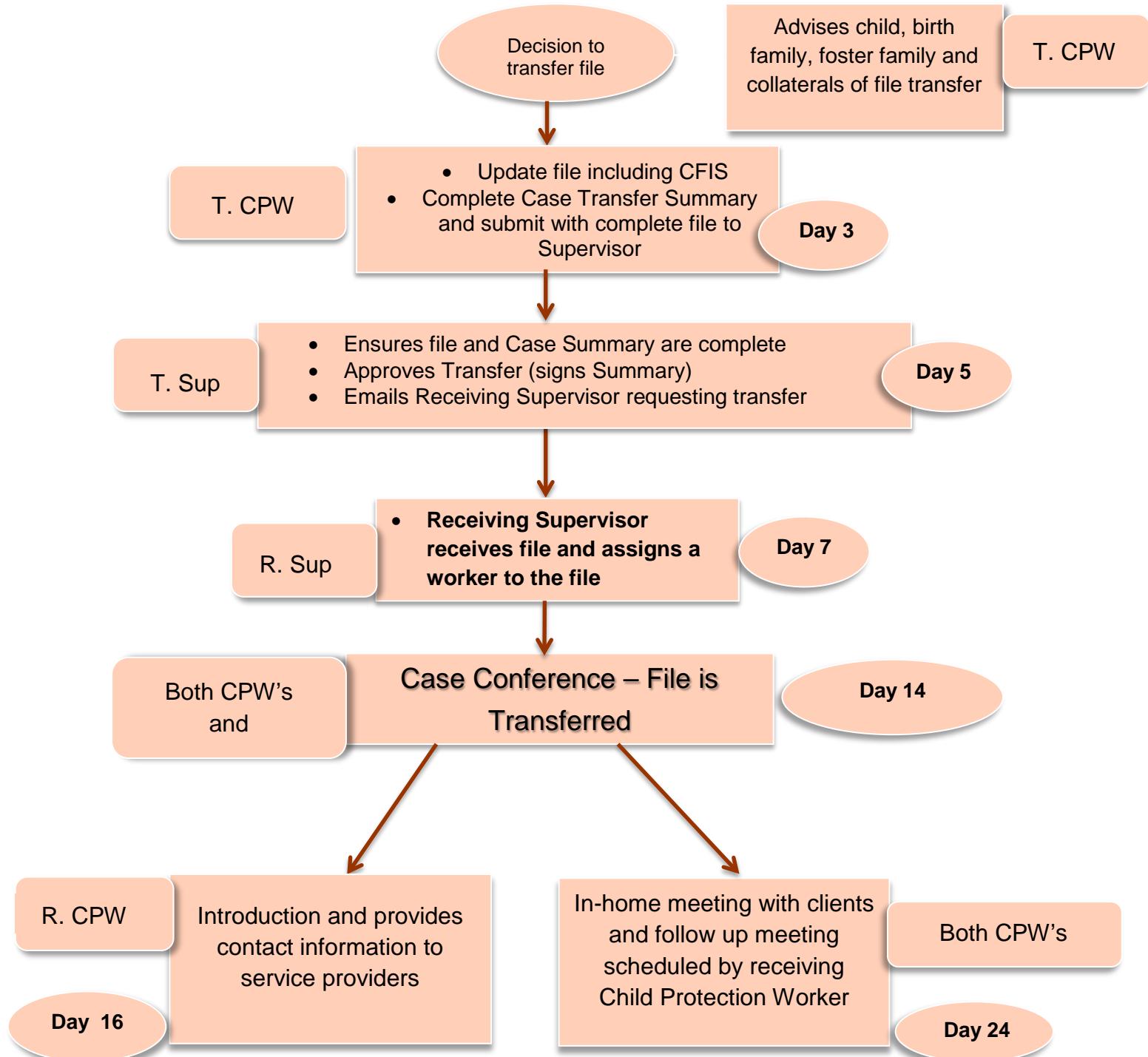
- The escort must immediately contact the child's Child Protection Worker and the Worker's Supervisor for direction on how to proceed.
- The escort **must** notify the appropriate authorities (e.g. RCMP) giving a description of the child, time and place the child went missing, the name of the person to contact

when the child is found, and any information about the child's medical condition or use of medications.

- The escort, in cooperation with the local police and authorities, should assist in searching for the child.

The escort is to be reminded that they represent the Authority during the entire period of the escort, even when the child is not with them for any length of time.

Transfer of File



File Transfer Within the NWT

INTRODUCTION

When a client with an open file moves between communities or when individual family members reside in separate communities (i.e., extended family caring for a child living in one community while the birth parent(s) and/or guardian(s) reside in another community), it is important to be clear about which Child Protection Worker is responsible to follow up on concerns, provide support and/or take the lead in case management.

Moving between communities:

When a client with an active file moves between communities, their case file is transferred to the new community if and when the client has been a resident in the community for 30 days, therefore establishing residency. After the file is transferred the receiving Authority is financially responsible for the case.

When a client with an active file moves between communities, it is the responsibility of the transferring and the receiving Child Protection Workers to work together in the best interests of the child. Collaboration will continue as long as necessary to ensure and maintain appropriate case management, and may continue after the file is transferred or the client returns to the original community.

When a Child Protection Worker becomes aware of the fact that a family with child protection concerns is moving to another community, or a high risk family is visiting another community, the Child Protection Worker shall ensure an alert is sent to the receiving or visited community.

Reports and service provision for a family from another community:

When child protection concerns are reported regarding a child or family who have moved between communities, the Child Protection Worker in the community where the child or family are at the time of the report will respond and make any decisions regarding immediate action.

When a child or family accessing voluntary support services move between communities, the transferring and receiving Child Protection Workers will participate in joint case planning and delivery of services. However, the transferring Child Protection Worker is responsible for case management.

Children cared for in a community separate from their parents/guardians:

When children are being cared for in a separate community from their parents, the Child

Protection Worker in the parents' home community and the Child Protection Worker in the extended child's community will participate in joint case planning and delivery of services. However, the Child Protection Worker in the parents' home community is responsible for case management.

Any Child Protection Worker having involvement with a child, regardless of whether the child resides in the Child Protection Worker's community, must complete all administrative tasks related to that involvement, including documenting decisions on the Child and Family Information System. If the child already has an assigned Case Manager any documentation made by another Child Protection Worker must be forwarded to the Case Manager.

Life Book Guide

A Life Book is intended to provide a permanent history for a child or youth by recording as many significant events in the child or youth's life as possible in order to prevent gaps in a child or youth's life due to removal from home or placement changes.

The primary purpose of a Life Book is to provide information about:

- the child or youth's family;
- birth and development;
- sequential history of placements, relationships and reasons for moves; and
- other events significant to the child or youth.

The Life Book may be used to:

- help a child or youth resolve questions about their past and separation issues;
- provide an opportunity for the child or youth to discuss their feelings about the recorded information;
- provide the child or youth with something that is their own; and
- prepare the child for a move to a foster or adoptive home.

When an infant is in a foster home prior to adoption placement, the foster parent(s) should record information such as: birth and medication information, pictures, milestones, and daily routine in a "Baby Book". Written history information provided to the adoptive parent(s) will be used to interpret the past to their child; therefore, identifying information should not be included.

If pictures or mementos are not readily available, catalogue and magazine pictures or pictures that the child may draw may be used.

The child or youth's feelings and observations should be recorded in the Life Book, e.g., feeling statements made by the child or youth; an un-mailed letter written to the birth parent(s) and/or guardian(s) by the child or youth.

Medical/Dental Authorization for Children and Youth

Children With No Status Under the *Child and Family Services Act*

If a child not in the care of the Director of Child and Family Services needs intervention for a medical condition that is ***not life-threatening*** and the parent(s) and/or guardian(s) are unavailable, unwilling or unable to consent to the treatment, the Director **cannot** authorize an apprehension or treatment of this child under section 7(3) (n) of the *Child and Family Services Act*.

If the condition ***is life threatening***, the medical practitioner has the authority to proceed with the intervention without the consent of a parent and/or guardian. If the medical practitioner is unwilling to perform a lifesaving procedure without a signed consent and the parent(s) and/or guardian(s) are unavailable, unwilling or unable to consent, the Director may apprehend the child under section 7(3) (n) of the *Child and Family Services Act*.

Further, through section 31 of the *Child and Family Services Act*, when a parent and/or guardian is unavailable or unwilling to authorize medical intervention; the Director can authorize an apprehension and make an application to the Court requesting an order authorizing the Director to consent to medical treatment to cure, prevent or alleviate physical harm or serious physical suffering of a child (even if it is not life threatening).

Children Under Voluntary Support Agreements

When a child or youth are receiving services through Voluntary Services Agreements, the Director of Child and Family Services does not have legal custody of the child or youth. In these cases, any decisions for medical or dental treatment ***must be provided by the parent(s) and/or guardian(s)*** (unless the medical practitioner believes that the child/youth himself/herself has the capacity to consent). When it is likely that the child will need medical treatment and/or the parent(s) and/or guardian(s) are likely to be unavailable to consent, the Child Protection Worker must encourage the parent(s) and/or guardian(s) to sign a *Consent to Services for a Child* form as well as the consent forms sent by the clinic/physician for the procedure.

If the parent(s) and/or guardian(s) are unavailable or unable to consent and have not signed the *Consent to Services for a Child* form requiring minor medical intervention (e.g., antibiotics for an ear infection) the Child Protection Worker will consult with his/her Supervisor regarding the need for the Director to be approached to obtain the authority to apprehend and authorize the medical intervention. Typically, it is only in situations where there would be more immediate and detrimental consequences to the child in the

absence of treatment when the Director would authorize medical intervention.

Apprehension Status

Under Apprehension Status, section 35(2) of the *Child and Family Services Act*, provides the Child Protection Worker with the authority to have the child examined, and provide any necessary treatment as long as the child was not apprehended under section 7 (3)(n) of the Act. It is preferred that parent(s) and/or guardian(s) provide the authority for the child to be examined and treated unless the examination is for suspected physical or sexual abuse by the current caregiver(s).

Temporary Custody status

Under Temporary Custody Status, section 47(2) (b) of the *Child and Family Services Act*, allows the Child Protection Worker to authorize minor treatment for the child, unless the court order specifically states otherwise. In those cases, it is recommended that the Child Protection Worker encourages the parent(s) and/or guardian(s) to complete and sign a *Consent to Services for a Child* form. The Child Protection Worker **must not** authorize any anaesthetics, surgical intervention, or the use of psychotropic drugs without the consent of the parent(s) and/or guardian(s) or the Director of Child and Family Services.

Permanent Custody Status

The *Child and Family Services Act* provides the Child Protection Worker with the authority to authorize treatment for the child under Permanent Custody Status. The Child Protection Worker **must not** authorize any anaesthetics, surgical intervention, or the use of psychotropic drugs without the consent of the Director of Child and Family Services (unless the medical practitioner feels comfortable in having the child sign for him/herself). If the child has a long term chronic medical condition, the Director may provide the foster parent(s) with written authority to consent to routine medical intervention (i.e. the ability to consent to x-rays or lab tests) for certain illnesses.

Psychotropic Drug Approval Process:

In order for a child in temporary or permanent custody of the Director to receive psychotropic medications, the following information is required:

- Legal name of child;
- Date of birth;
- Legal custody status;
- Name of Child Protection Worker;
- Copy of the prescription; and
- Letter/consult note signed by medical practitioner stating the following:
 - Recommended psychotropic medication;
 - Dosage of medication;

- Frequency and time medication is to be administered per day;
- Goal/Purpose of the medication (how will the medication help the child);
- Number of times the medication can be renewed; and
- Date of the next appointment with medical practitioner.

General principles about consent for medical treatment as it relates to child and youth by age:

1. Infants and young children (to about age six (6)):
 - Parents generally have the right to consent to beneficial and therapeutic treatment
2. Immature minors (approximately six (6) to twelve (12)):
 - Parents can generally give consent for their child
 - The child may be able to oppose the parent's wishes if they can prove that they have the capacity to consent or not to a particular treatment
3. Emancipated minors (a minor freed from the control of their parents):
 - Presumed to be able to consent
4. Mature minors (12 to adult):
 - Generally have the capacity to consent

Title: Clinical Supervision Policy and Procedure	Domain Name: Child and Family Services
Current Effective Date: Date: 10/10/2018	Next Review Date: Date: 10/10/2020
Issuing Authority: NTHSSA CEO	Date Approved: Date:

POLICY AND GUIDING PRINCIPLE:

The profession of social work regards clinical supervision as central to the maintenance of best practice, professional growth and development, and necessary in achieving the best outcomes for clients.

The aim of the *Clinical Supervision Policy and Procedure* is to:

- Articulate the NTHSSA interpretation of the purpose, functions, and value base of supervision for social workers;
- Provide a practice guide for professional supervision, relevant to social workers working within Child and Family Services;
- Specify the requirements and responsibilities of participants in supervision.

PURPOSE/RATIONALE:

The intent of this policy and procedure is to provide supervisors and managers with support for: consistency; standardization of supervised practice and service delivery; standardization of supervision; and a process that is system, and not person-dependent.

Active participation in supervision is a core practice standard for social workers in most jurisdictions, and ensures:

- Enhancing the professional skills, competence, and capacities of social work practitioners to achieve positive outcomes for those they work with;
- Engaging social workers in ongoing professional learning that enhances their ability to respond effectively to complex and changing practice environments;
- Retaining social workers in organizations by supporting them to provide quality, ethical, and accountable services in line with the organization's

vision, goals, policies, directives, standards and legislation. (Australian Association of Social Workers, 2014).

SCOPE/APPLICABILITY:

This Policy and Procedure applies to all staff receiving or providing clinical supervision within Child and Family Services of the NTHSSA.

This Policy and Procedure may be used as a guideline for Hay River Health and Social Services Authority and/or Tłı̨chǫ Community Services Agency.

DEFINITIONS:

- **Clinical supervision** is defined as an:

...“ongoing professional commitment to reflection, analysis and critique by professional practitioners who take individual responsibility to use supervision to renew and refresh their practice and ensure that they continue to work within the mandate for their work with other people” (Davys & Beddoe, 2010: 19).

- **Consultation** is defined as:

A discussion with a supervisor for the purpose of seeking direction or approval on an urgent, unscheduled, or as-needed basis during important decision making processes, as a necessary aspect of case management.

- **Supervisor** is defined as:

Any person providing supervision or fulfilling the function of supervision, regardless of their formal role or title.

PROCEDURE:

1. FUNCTIONS OF SOCIAL WORK SUPERVISION

As a framework for understanding the work that is done in supervision, the three broad functions of social work supervision are *Educational, Supportive, and Administrative* (Kadushin & Harkness, 2014). The model below has been adopted from the Australian Association of Social Workers, 2014.

EDUCATIONAL

SUPPORTIVE

ADMINISTRATIVE

Educational:

- To improve the competence and professional satisfaction of social workers, attention in supervision is focused on developing practice-based knowledge, understanding, and skills;
- Education in supervision involves a facilitated process of exploration and critical reflection on practice aimed at social workers better understanding the people they work with, themselves as practitioners, the impact they have, and the knowledge, theories, values, and perspectives that can be applied to enhance the quality and outcomes of their practice;
- It entails both self-reflection and critical analysis to understand dynamics and interactions at the interpersonal level, as well as the broader impact of policy and social structures;
- This developing knowledge and understanding has implications for direct practice, which can be monitored and enhanced over time through the supervisory relationship.

Supportive:

- Acknowledging the personal impact that social work practice can have on practitioners, supervision is a space where social workers can become more aware of how their work is affecting them and, in turn, how their personal reactions and emotional state are impacting their practice;
- Supervision is a place where strategies to deal with such reactions and for self-care are identified, where encouragement and validation can be received, and where working through personal-professional boundaries and recognition of circumstances where external personal assistance may be needed.

Administrative:

- Administrative activities focus on administrative tasks related to supporting families and clients. This may include case management, the planning and assignment of work related to supporting clients, the review and assessment

of work and its impact on client outcomes, managing workload for effective outcomes, and attending to record keeping practice;

- Attention is focused on the standards for practice within the organizations and the social work profession; supervision is a forum for reviewing practice alongside the policies and procedures of the employing organization, and the ethical practice standards of social work;
- The supervisor/manager is accountable for the oversight of a case, and will be required to ensure the supervisee understands the roles and responsibilities within the practice context. Each case carried by a supervisee must be reviewed in supervision minimally once every three months, or more frequently as per the status and complexity of the case. This case management function must demonstrate critical thinking, a vision for the case, along with the ability to adapt to ensure the best interests of the client and family, while ensuring compliance with standards for practice. Compliance with reviewing cases in supervision will be monitored through the process of File Reviews (see Section 4. Accountability to Adherence to the Policy and Procedure).
- Administrative tasks related to additional Human Resources responsibilities (e.g. performance reviews, or disciplinary actions) should NOT occur within supervision.

To Note:

These three functions of supervision often overlap, and will need to be reviewed and incorporated within each supervision session. At times, there may also be tensions or ambiguities between these functions, and supervision is an opportunity for the supervisee and supervisor to explore these, and to come up with an appropriate solution. If any of the three functions are consistently unable to be addressed within supervision (e.g. missed for more than two consecutive sessions), a supervision session will be set-up to discuss the neglected function. To ensure that all three functions are routinely and adequately addressed within supervision, supervision files will be reviewed regularly (see Section 4: Accountability to Adherence to the Policy).

It is important to note that although consultation is an important aspect of case management, it does NOT constitute supervision. Consultation differs from supervision in that it has a more specific goal, is situation focused, and usually takes place on an as-needed basis; however, it still requires documentation. Consultation should still be sought during important decision-making processes or case transitions, including upon receipt of a new child protection report, prior or immediately following an apprehension, developing an investigation plan, case

transfer or closure, or during legal proceedings. High risk/complex cases should have frequent consultation, and all cases carried by a supervisee must be reviewed and discussed on an ongoing basis in either supervision or consultation.

2. SUPERVISION STANDARDS & PROCEDURES

Effective supervision has the following characteristics:

- 1) Focused
- 2) Is regularly scheduled
- 3) Is a structured process
- 4) Provides an opportunity for feedback and evaluation
- 5) Evidence of best practice in actions and decision making
- 6) Provides an environment where views can be safely discussed and challenged
- 7) Enhances critical thinking skills
- 8) Addresses the emotional impact of work and assists in the debrief of complex/distressing cases
- 9) Engages supervisee's in self-reflection in order to consider ways to enhance their practice

Supervisors and supervisees can expect the following in the supervision meeting:

- Meeting in a private, agreed upon space
- A safe learning environment
- Confidentiality
- Respect for what is being discussed
- Non-judgmental
- Active Listening
- Being open and honest to constructive comments/feedback
- There will be minimal to no distractions and disruptions during supervision
- Arrive and leave on time

Supervisee Roles & Competencies

When a supervisee accesses supervision as a part of their primary professional obligation to ensure accountability and effectiveness in their practice, they must ensure they are adhering to the following supervision competencies:

Competency	Indicator
Quality	<ul style="list-style-type: none"> • Prepares and provides an agenda 24 hours in advance of the supervision meeting, to the supervisor. See Supervision Forms (Case Management and Clinical) for template. • Ensuring adequate preparation and reflection on different areas of practice, to be discussed in supervision. Please see Supervision Form: Clinical for areas of discussion to consider.
Compliance	<ul style="list-style-type: none"> • Arrives prepared for each supervision meeting by reviewing notes from the previous meeting, and to review if all agreed upon actions were completed. • To ensure accountability in practice, the supervisee will attend supervision regularly and on time. Please see "Frequency of Supervision" to ensure you are meeting the requirements for how often supervision should be accessed. • In supervision, supervisees will explore and ensure that their social work practice is consistent with legislation, mandated policies, best practices, procedures and standards, social work values and ethics. • Record keeping: supervisees are responsible to sign the completed supervision form at the end of the supervision session, and retain a copy for their own records.
Learning	<ul style="list-style-type: none"> • Supervisees take an active role in establishing supervisory processes that meet their needs; are active in the pursuit of one's own professional development and learning through supervision. • Is open and shares information relevant to the supervision session. • Is ready to plan and undertake training and other developmental activities, as agreed upon in supervision.
Accountability	<ul style="list-style-type: none"> • Accepts recommendations, accepts supervision, and incorporates feedback from supervision into their direct

	<p>practice.</p> <ul style="list-style-type: none"> • Addresses any topics in supervision where there is a difference of opinion, and works with the supervisor to identify appropriate actions or next-steps to resolve this. • Cancellations: in the event that a scheduled supervision session has to be cancelled by the supervisee due to sickness or another unforeseeable reason (e.g. not including workload), the supervisee is responsible to re-schedule the session to take place within 5 working days.
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Supervisory Roles & Competencies

When a supervisor provides supervision, the supervision must be competent, ethical, and consistent with standards of practice. Because the quality of supervision is dependent on the supervisory capacity of the supervisor, supervisors must ensure they are incorporating the following competencies into their supervision:

Competency	Indicator
Quality	<ul style="list-style-type: none"> • Ongoing training: as supervision requires specialized skills that do not evolve automatically from direct practice, supervisors are required to access ongoing training and education to further develop the quality of their supervision. • This may include workshops, online modules, reviewing articles, research or other literature, peer review and support, and consultation. • Supervisors will discuss and problem-solve in their own supervision how they have worked to implement new approaches and strategies. • Supervisors must demonstrate in their own supervision that they have accessed resources or further education and support at a minimum of once per month. • Ongoing supervision: supervisors may receive ongoing supervision and oversight from managers, trainers, or peers, to ensure their direct application of supervision is developing and consistent with supervision goals and standards.

	<ul style="list-style-type: none"> Supervisors prepare for each supervision session by reviewing the proposed agenda, preparing for topics to be discussed, and adding any additional discussion items.
Compliance	<ul style="list-style-type: none"> Legislation and policies: supervisors will ensure that their supervision, and the work of their supervisee, is consistent with legislation, mandated policies, best practices, procedures and standards, and social work values and ethics. Supervisors ensure that supervisees fully understand their roles, responsibilities, and scope of professional discretion and authority. Scheduling: the supervisor is responsible for preventing interruptions during supervision, and to ensure the supervision time is protected. Time management: to ensure the minimum supervision standards are met, the time required for the supervision (including preparation and evaluation) of each supervisee should be calculated, and the other responsibilities of the supervisor should be adjusted accordingly. Unless the necessary resources, accountability, and authority are provided, adequate supervision is unlikely to occur, as supervision will become a low priority under conditions of resource scarcity. Recording: the supervisor will retain a file for each supervisee with all documentation related to each supervision session. A Supervision Form (Case Management and Clinical) will be completed to document the files/topics covered, discussion points, agreed action plans, timelines, and state whom is responsible for the action to be undertaken. All Supervision Forms are signed by both parties and a copy is retained in the supervision file (copies may also be provided to the Supervisee and Supervisor). The original copy of the Case Management Form will be filed on the client record. An Attendance and Tracking Form will be maintained for each supervisee's file, and will document when supervision was provided (See Attendance and Tracking Form).

	<ul style="list-style-type: none"> • All files will be maintained and can be accessed by the Supervisor's Manager or any other person with a reason to access the supervision record as deemed necessary by the GNWT Code of Conduct. These files will also be submitted on a quarterly basis for File Reviews (See Section 4. Accountability to Adherence to the Policy). • If supervision must be provided by another supervisor, or if a supervisee changes supervisors, all documentation related to the supervisee will be kept in their file, and the supervision file will follow the supervisee.
Training, Mentorship, and Facilitation	<ul style="list-style-type: none"> • Utilizes case review, direct observation, review of case notes, and other methods to assess the supervisees' skills and progress. • Mentors, models, and teaches best practices grounded in social work values and ethics, to supervisees. • Ensures adequate knowledge and application of best practices, in addition to adequate knowledge and application of practice and supervisory frameworks related to family centered, anti-oppressive, strength-based, and culturally safe approaches. These frameworks are not exclusive. • The supervisor identifies individual competencies and strengths in the supervisee, as well as opportunities for growth, and collaboratively plans how to build on their strengths and needs.
Accountability	<ul style="list-style-type: none"> • Cancellations: in the event that a scheduled supervision session has to be cancelled by the supervisor due to sickness or another unforeseeable reason (e.g. not including workload), the supervisor is responsible to re-schedule the session to take place within 5 working days. • In the event that the Supervisor is absent from work for more than two weeks, they must make alternative supervision arrangements for their staff.

Frequency of Supervision

The following includes the minimum frequency and duration of supervision for social work practitioners, depending upon their level of work experience. More frequent supervision may be provided at the discretion of the supervisor, in consultation with the supervisee.

Level of Experience	Minimum Frequency	Duration
Within the first six months of employment (all levels of experience).	Weekly	60 – 90 minutes
Social work practitioners with 2+ years' experience, and 6+ months experience within the agency.	Bi-weekly	60 – 90 minutes

Due to regional constraints, supervision may be conducted by face-to-face meetings, telephone, or through Telehealth. As a minimum standard, supervisors overseeing supervisees within a different community must have direct face-to-face supervision **once per quarter / once every three months.**

3. SUPERVISORY PROCESS

Formal supervision is a structured process that requires planning, preparation, and thoughtful implementation. Please consider the following points when considering how to engage in a process of formal supervision.

Supervisory Relationship

The supervisor-supervisee relationship is the vehicle through which the supervisee is enabled to receive education, support, administrative guidance, and access to organizational resources. It is an interpersonal relationship between professionals and is characterized by the basic qualities of trust, genuineness, openness, respect and empathy, which create a safe space where the challenges of critical self-reflection and professional growth can occur. Approaching the supervisory relationship from a place of collaboration, support, encouragement, and non-judgement can facilitate the development of a trusting and respectful relationship.

Relationship Breakdown

Both supervisor and supervisee share the responsibility of making supervision effective, and if concerns arise which hamper the working relationship, they should be dealt with as an issue for joint acknowledgement and exploration. Therefore it is important to have clear expectations of the process when dealing with interpersonal issues that arise. The process includes:

- The supervisee and their immediate supervisor meet to voice concerns and needs.
- If problems are unresolved the supervisee is to advise their supervisor they will discuss the issue with whoever is the next level of authority. If the supervisee feels unable to speak with their immediate supervisor, they can approach the next level of authority directly.
- The manager, in consultation with the supervisee, would either meet with the supervisee and the immediate supervisor together or individually.

Supervision Agenda

The following agenda provides a framework to help supervisors and supervisees structure their discussions. These items may be adjusted to meet the needs of the supervisor and supervisee. Please see the Supervision Training Manual for further details on how to structure a supervision session.

- Review the previous supervision notes, tasks and actions. Confirm what actions tasks were completed, and update previous supervision record, as required.
- Agree on the agenda items at the beginning of the meeting or prior to the meeting.
- Ask the supervisee with which agenda item they want to begin.
- A supervision session will include all functions inherent in supervision: educational, supportive, and administrative. Examples of what may be discussed for each function include:
- Educational:
 - The supervisory process should facilitate critical reflection on practice that encourages analysis of values and ethics, power dynamics, interpersonal dynamics including the use of self, structural factors, theoretical understanding, alternative perspectives, professional knowledge and current research findings, in developing a more sophisticated understanding of practice issues and more informed practice choices.

- Supervision should include, and be based upon family-centered, anti-oppressive, strengths-based, and culturally safe practice frameworks. Supervision should be sensitive to issues of race, gender, sexuality, disability, impairment, age, and religion.
- Supportive:
 - Promotes an open culture of learning and development where good practice is celebrated and mistakes are used to learn and develop; acknowledges supervisee strengths and successes, and provides constructive feedback when necessary.
 - Explores and provides debriefing to emotionally difficult work experiences; explores current work stressors and assist the supervisee in developing a plan to manage these stressors.
 - Exploring with the supervisee their ability to engage the family and the quality of the relationship; how their emotional experiences may be impacting their practice; supporting them to make healthy choices that support their wellbeing and positive client outcomes.
 - Identifying and reviewing supervisee work goals
- Administrative:
 - Case planning: problem solves with the supervisee to develop meaningful case plans; guides, supports, and facilitates supervisees in their case practice to ensure quality services are being provided; reviews the appropriateness of services and interventions in addressing the needs of children and families; reviews the progress and outcomes being achieved; and supports the effective use of other agencies and community supports in case planning.
 - All cases carried by a supervisee must be reviewed minimally once every three months in supervision, or more frequently based upon the case status (i.e. Protection files should be reviewed more frequently than Prevention files) and complexity of the case and will be documented in the Supervision Form: Case Management. Compliance with reviewing cases in supervision will be monitored in the process of File Reviews (see Section 4. Accountability to Adherence to the Policy).
 - Work Load: assist supervisees in managing competing priorities and prioritizing work load solutions; assess the impact of the work on the supervisee and debrief case work; and setting goals and timelines for the completion of work, including documentation. Other: discuss any budgetary or financial issues relevant to service delivery; explore any occupational health and safety (OHS) issues and concerns; finalizing Annual Leave or other time off; or discussion regarding project or task groups.

- Please see the Supervision Forms (Case Management and Clinical) for the template to facilitate these functional areas of supervision.
- If one of the supervisory functions is consistently not included in the session, the supervisor and supervisee will agree to prioritize that function for the following session, or will set aside another supervision session to only discuss that function.
- During supervision, the supervisor is responsible for recording all areas of discussion onto the Supervision Forms. At the end of the session, the Supervisor and Supervisee both sign the forms; which are then placed in the Supervisee file. (the Supervisor and Supervisee may retain copies) The original copy of the Case Management form will be kept on the client file.
- The Supervisor will record the supervision session in the Attendance and Tracking Form.
- At the conclusion of the supervision session, both parties determine the date of the next session.

4. ACCOUNTABILITY TO ADHERENCE TO THE POLICY:

To ensure that supervision is consistent with standards of frequency and quality, accountability measures will be implemented to identify needed areas of support and improvement.

Documentation

Upon completion of a supervision session, the supervisor and supervisee will sign-off on the Supervision Forms (Case Management and Clinical) and place the documents in the Supervision file. The original copy of the Supervision Form: Case Management will be kept on the client file. The Supervisor will also complete an Attendance and Tracking Form, and at the end of a quarter will have the Supervisee and the Assistant Director sign-off. Lastly, to ensure accountability with all cases, an updated case list of all cases carried by the supervisee will be kept in the supervision file. These forms will all be maintained in the Supervisee's supervision file, and will be submitted to the CFS Territorial Manager on a quarterly basis for review (See File Review Process).

File Review

File Reviews of all supervision will be conducted by the Territorial CFS Division to assess both the frequency and the quality of supervision provided. Reviews will assess whether all three functions of supervision are adequately and routinely



addressed, how often supervision was accessed by the supervisee and supervisor, and the quality of supervision provided. Reviews will also assess whether client files have been adequately reviewed within supervision at minimum once every three months, and will require that an ongoing monthly list of the supervisee's caseload be included in the supervision file. Lastly, reviews will assess whether supervisors are accessing and implementing ongoing training to improve their supervisory capacity, and must demonstrate that they are accessing training, support, or resources once per month. The information gathered from the File Review will be used to determine what further supports are required to continually improve the quality and frequency of supervision provided.

File Reviews will be conducted once per quarter, and supervisors will submit each supervision file to the CFS Territorial Manager (Quarter 1 – April 1 to June 30; Quarter 2 - July 1 to Sept 30; Quarter 3 – Oct 1 to Dec 31; Quarter 4 – Jan 1 to March 31). Each supervision file will include all Supervision Forms (Case Management and Clinical) for that quarter, the Attendance and Tracking Form, and the Supervision Learning Plan and Feedback Form.

Feedback

Supervision feedback is the best way for supervisors to learn if supervision is beneficial to the supervisee, and if roles and expectations of both the supervisee and supervisor are being met. It is also a good way to establish a collaborative process, and to ensure that supervision being offered is aligned with the supervisee's learning goals and needs. To facilitate this, the Supervision Learning Plan and Feedback Form will be used at the first supervision session at the start of every quarter, whereby a supervisor can engage the supervisee in establishing collaborative learning goals, identifying what they need in supervision, and to provide ongoing feedback about how supervision is meeting their needs. The Learning and Feedback form can then be reviewed throughout ongoing supervision, to ensure supervision is meeting the needs and goals of the supervisee.

Performance Measures

Quarterly File Review results will help to establish a minimum benchmark for supervision standards, which will then be used to determine requirements to be in compliance of this policy and procedure. Quality improvement initiatives will then be identified and tailored according to the needs of supervisors and supervisees to ensure ongoing improvements related to supervision.

CROSS-REFERENCES:

Child and Family Services Standards 6.8 Supervision of Case Work

ATTACHMENTS:

Annex 1 – Supervision Form: Case Management

Annex 2 – Supervision Form: Clinical

Annex 3 – Supervision Attendance and Tracking Form

Annex 4 – Supervision Learning Plan and Feedback Form

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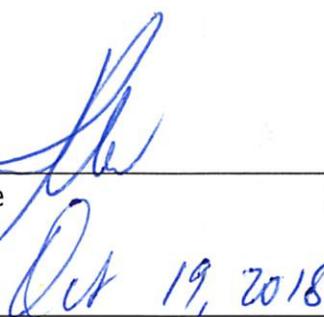
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APPROVAL:

Reviewed and approved by:


Signature


Date

ATTACHMENTS: Annex 1 – Supervision Form: Case Management

SUPERVISION FORM: Case Management *Use one form per family/client

Date: _____

Name of Employee: _____ **Supervisor's Name:** _____

Name of File: _____ **CFS Status of File:** _____

Name of Children in Family or in Care: _____

Case Updates/ Issues/ Improvements since last supervision:	New Areas to Discuss/Questions Worker Has:	Decisions Made, and Who Will Do What and When:	Action Completed?

Worker Signature: _____ **Supervisor Signature:** _____

ATTACHMENTS: Annex 2 – Supervision Form: Clinical

SUPERVISION FORM: Clinical

Name of Employee: _____ **Supervisor's Name:** _____ **Date:** _____

Topic	Follow Up From Previous Supervision?	Questions / Discussion	Actions / Further Support Required?
Educational:			
Supportive:			
Administrative:			

Date of Next Supervision: _____

Worker Signature _____ **Supervisor Signature:** _____

Educational: What are my values and beliefs in relation to the client or situation? How are my values, beliefs, and social location impacting my interactions with a client, or interpretation of the situation; Are there other ways of interpreting the client or situation that might be more helpful to the working relationship, or situation; How might my own experiences limit my viewpoint and practice; How am I working across difference and culture with my client? How does my own cultural perspective impact this relationship; How am I practicing cultural safety and sensitivity; What power imbalances do I see with this client or situation; How am I working to shift these power imbalances between my client and I? Where do I need support to do this; what social work practice frameworks am I applying to my direct practice or with my client (e.g. Family Centered, Anti-Oppressive, Cultural Safety, Strength Based, etc.)? How am I applying those; What practice frameworks would I like to adapt, and what support do I need to do that; What best practice approaches am I using in this situation, or with this client? What support do I need to implement a best practice approach; what are my training needs, or how am I currently implementing a new training with clients?

Supportive: What are the current stressors on my caseload? How am I managing these stressors, and where do I require support; how am I being affected by my work, and how is my current wellbeing impacting my direct practice and engagement with clients? Where do I require support in that; Are there any work experiences I would like to debrief; Have I had any work successes this period, and what do I feel is going well; What strategies have I used to deal with difficult situations, or stressors? What would I like to try differently; Do I have any upcoming leave; Do I have any personal or related work goals that I would like support with?

Administrative: this includes case management, which will be captured on the Case Management Supervision Form. Other administrative matters include: Managing competing priorities in workload; Setting goals and timelines for completion of work; Future case planning; Reviewing practice standards, legislation, policies, directives, and social work practice standards, to ensure work is in accordance with these; discussing progress for projects or task groups; Finalizing Leave or other time off.

ATTACHMENTS: Annex 3 – Supervision Attendance and Tracking Form

SUPERVISION FORM: Attendance and Tracking

Quarterly Period: from _____ to _____

Name of Supervisee: _____ Name of Supervisor: _____

Based on the Supervisee's experience, they will be receiving weekly or bi-weekly supervision for this quarter

Week #	Date of Supervision (d/m/y)	Length of Supervision (in minutes)	Please check all functions that were attended to in each session			Face-to-face or distance?	Other Activities to be completed in supervision	For supervision of Supervisors: what monthly training or skill development did the supervisor access?
			Educational	Supportive	Administrative			
1							Use Supervision Learning Plan & Feedback Form to identify goals for the upcoming quarter.	
2								
3								
4								
5								
6							If receiving bi-weekly supervision: submit quarterly supervision file for Quality Review.	
7								
8								
9								
10								
11								
12							If receiving weekly supervision: submit quarterly supervision file for Quality Review.	

Supervisee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Assistant Director Signature: _____ Date: _____

* Quarterly File Review submissions should include the Supervision Form used for every supervision session within the quarter (Case Management and Clinical), the Attendance and Tracking Form, the Learning Plan and Feedback Form, and updated case list for each supervisee.



NORTHWEST TERRITORIES

Health and Social
Services Authority**NTHSSA POLICY & PROCEDURE****ATTACHMENTS: Annex 4 – Supervision Learning Plan and Feedback Form****Supervision: Learning Plan & Feedback Form**

Quarterly Period from _____ to _____

Supervisor: _____ Supervisee: _____

The purpose of the Learning Plan & Feedback Form is to assist the Supervisor and Supervisee to collaboratively develop learning goals, identify areas of strength and needed support, and provide ongoing feedback about supervision. This should be reviewed on an ongoing basis to ensure supervision is meeting the needs of the supervisee. This tool should be completed during the first supervision session of every quarter (3 months).

The Learning Plan & Feedback Form is a self-assessment that is used to identify the supervisee's own understanding of their practice, and to encourage the supervisee to think about areas of their professional strength and areas for ongoing support. It is also an opportunity to provide feedback on how supervision is meeting their needs. This is not an evaluative tool, and will not be used to assess the supervisee's performance in any way.

Worker Self-Assessment

Have the worker rate themselves from a scale of 1 (completely disagree) to 5 (completely agree) for each of the categories below. As the descriptions are very broad, the Supervisor can explore the different areas of practice related to each statement, to better understand the worker's strengths and needs related to each category.

Education

Question	Completely Disagree 1	Disagree 2	Neutral 3	Agree 4	Completely Agree 5
In my current practice, I reflect on how my values and beliefs positively and negatively impact my interactions and decisions with clients.					
In my current practice, I apply important practice frameworks directly with my client, in all situations (E.g. including family-centered, anti-oppressive, strength-based, and cultural safety frameworks, among others).					
In my current practice, I am always able to incorporate different cultural perspectives into my understanding of families' experiences and choices. I am able to reflect upon other differences and perspectives, and respectfully integrate them into					

how I work with a family.					
In my current practice, I effectively understand and recognize power imbalances, and find opportunities to mitigate those when working with families.					

Support

Question	Completely Disagree 1	Disagree 2	Neutral 3	Agree 4	Completely Agree 5
When I experience work specific stress, I have strategies to manage that stress.					
I am always aware of how my overall wellbeing impacts my work with clients, and I have strategies to effectively manage this.					
I am always confident in my strategies to deal with difficult situations with clients.					

Administration

Question	Completely Disagree 1	Disagree 2	Neutral 3	Agree 4	Completely Agree 5
I have the skills and knowledge required to be an effective case manager.					
My direct practice always aligns with relevant legislation, standards, policies, procedures, organizational directives, and established best practice.					

Learning Goals

Based on the reflection and answers provided above, what are the specific skills or knowledge related to your practice that you would like to further develop in this next quarter of supervision? Please include any previously identified learning goals that require further support, or are still in progress.

Goal	Actions/Activities to Meet Goal	When Will This be Completed?

Supervision Feedback

Regarding supervision, what do you think is helpful or working well in supervision?

Is there any area that you would like to receive more support in supervision?

Is there anything that your supervisor could do to better meet your learning and working needs?

Is there anything your supervisor could do differently to improve the quality of the supervisory relationship?

Supervisee Signature

Date

Supervisor Signature

Date

Provincial/Territorial Protocol

On Children, Youth and Families Moving
Between Provinces and Territories

April 1, 2016

*includes the addition of section 10.7 and Appendix B, which are effective April 19, 2019 with Québec opting into the Protocol

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Provincial/Territorial Protocol on Children, Youth and Families Moving between Provinces and Territories

1. Introduction

The purpose of the *Provincial/Territorial Protocol on Children and Families Moving between Provinces and Territories* (Protocol) is to outline the roles and responsibilities of statutory child welfare organizations (including government ministries, agencies, boards and societies and may include First Nations, Inuit and Métis child welfare organizations) when working together to provide child welfare services to children and families moving between provinces and territories (PTs). In this document these entities will be referred to as “the child welfare organizations”.

The Protocol applies to a wide variety of legislation, policies, governance structures, and service delivery models throughout Canada. To accommodate these variations, it is necessary for this document to be written using generic terminology and should be interpreted in a way that

is consistent with the principles described in Section 1.1, Protocol Principles. The Protocol is mandatory for all PTs that are signatories; however, if there is a conflict between the Protocol and the legislation or policies within a PT, the latter shall prevail.

The Protocol covers child protection, children and youth in care, children and youth in out of care placements, and, adoption services. Within these service areas the Protocol addresses:

- coordinating services, including information sharing and case management;
- financial responsibilities; and
- dispute resolution.

Sections 1-6 are general sections that apply to all services and will assist PTs in understanding the terms used and their respective roles and responsibilities when cases are shared. The nature and scope of the services to which the Protocol applies are specifically outlined in Sections

7-10. Section 11 addresses Protocol administration and forms are appended which will assist to operationalize the Protocol.

The Protocol reflects the commitment of the signatory provinces and territories to:

- promote and support all PTs in meeting their statutory responsibilities under their child welfare legislation;
- support the ongoing operation of the Protocol, including where required, developing PT specific procedures or other materials to assist in interpreting the Protocol;
- provide PTs with an updated list of its interprovincial coordinators/contacts and Directors of Child Welfare;
- monitor the placement of children and youth in care placed outside their PT;
- ensure child welfare organizations providing statutory services to children, youth and families who move between PTs understand their roles and responsibilities under the Protocol;
- facilitate dispute resolution;
- address any systemic issues between the PTs related to the Protocol; and
- consider changes to its legislation and policy that will enhance the provision of services under the Protocol.

1.1 Protocol Principles

- the safety, best interests and well-being of children and youth is the paramount consideration in all decisions;
- this Protocol shall be administered so that the rights of children and youth as defined in the United Nations Convention on the Rights of the Child (1990) are respected;
- the originating PT always maintains the legal responsibility for children and youth in their care, custody or guardianship and this legal responsibility ends in accordance with the originating PT's legislation; however, both PTs have responsibilities for delivering required services to children, youth and families;
- in unique situations, exceptions to the Protocol can be made where necessary to promote the best interests of a child or youth;
- in unforeseen circumstances where the Protocol does not provide sufficient direction, the PTs will work collaboratively to promote the child or youth's best interests consistent with both PTs' legislation; and
- services are not delayed due to budgetary, administrative or jurisdictional issues or disputes and, where these do arise, a timely and effective resolution is promoted.

2. Definitions

aboriginal – includes all First Nations, Inuit and Métis children, youth and families.

adoptive applicant – a person or persons who have applied to adopt a child or youth in care, but who have not received a child or youth for purposes of adoption.

adoptive parent – a person or persons who have received a child in care for purposes of adoption or who have been granted an order of adoption of a child or youth.

case plan – a planning process used by case workers in the receiving and originating PTs when providing services to a child and/or family. The format will depend on the case circumstances, should be mutually agreed and meet the policy requirements of the originating PT. The minimum case plan requirements must address the goals of the child protection services and/or placement, itemization of the services to be provided, and detail on the roles and responsibilities of the various parties.

child in care – a child or youth who is in the care, custody or guardianship of a child welfare organization by court order, agreement or adoption consent. This includes a child or youth under apprehension status.

child in out of care placement – a child or youth who is not in care but whose placement is financially supported and/or supervised by a PT.

child protection alert – a communication issued to another PT when a person or family cannot be located or there is knowledge that a person or family has moved to another PT and a child or youth is or may be in need of protection.

child protection alert form – a standardized document used when a child protection alert is issued to another PT.

child welfare – statutory services relating to support services, child protection services, services to children or youth in care and in out of care placements, adoption and post-adoption services.

child welfare organizations – organizations with the statutory authority to deliver child welfare services, including government ministries, agencies, boards and societies.

children and youth – persons who are under 16, 18 or 19 years of age pursuant to child welfare legislation in an originating PT.

custom adoption – an adoption that has occurred by way of aboriginal customary law and has been recognized by the PT in which the adoption took place.

days – all references to “days” in the Protocol refers to calendar days.

foster parent – an individual, other than a parent or guardian of a child or youth, approved by a child welfare organization or foster care licensee to provide care for a child or youth in care. This individual may or may not be related to the child or youth (e.g. kinship).

home study – the assessment of caregivers being considered to provide care and supervision for a child or youth.

interprovincial placement agreement (IPPA) – a standardized agreement negotiated between two PTs that describes their respective roles and responsibilities in serving a child or youth.

interprovincial coordinator/contact – the person(s) designated by each PT with responsibility for facilitating the coordination of interprovincial/territorial services and for resolving issues and disputes between the PTs.

maintenance and service expenditures – financial assistance, subsidies and other services (refer to 4.2 and 4.3).

originating PT - the child welfare organization in the province or territory that requests services from a receiving PT or agrees to the repatriation of a child or youth from a receiving PT.

PT – means province and territory and refers to the government ministries, agencies, boards or societies and First Nations, Inuit and Métis agencies (child welfare organizations) within each province or territory with statutory authority for the delivery of child welfare services.

receiving PT - the child welfare organization in the province or territory that agrees to provide child welfare services at the request of an originating PT or repatriates a child or youth to an originating PT.

residential facility – a PT approved or licensed residential placement, other than a foster parent placement, that provides care and supervision of a child or youth in the care of a PT.

serious occurrence/incident – reportable incidents for children and youth in both in care and out of care placements, including but not limited to: the death or serious injury of a child or youth; alleged abuse or mistreatment of a child or youth by family members, foster parent, staff, volunteers or others associated with providing the service; serious complaints made by or about a child or youth, or any other serious occurrence involving a child or youth that is considered to be of a serious nature in a receiving PT.

service delivery costs – salaries and operating costs (refer to 4.1)

temporary placement – an approved temporary and transitional placement or place of safety that may be used prior to a planned placement.

temporary residential treatment facility – an approved facility used for the care and treatment of a child or youth. These are typically short term (up to six months) treatment facilities (e.g. medical, mental health or addictions treatment).

3. Co-ordination of Services

3.1 Information Sharing

Each PT agrees to share information with respect to persons needing or receiving services to the extent permitted by its legislation and policy. Personal information is shared with the consent of the persons who are the subject of the information where possible. However, legislation in all PTs authorizes the sharing of confidential information without the person's consent where necessary to ensure the safety and well-being of a child or youth. This may include, conducting child protection investigations, obtaining child welfare record prior contact checks, carrying out guardianship duties for a child in care and assessing the suitability of potential caregivers.

3.2 Case Management Roles and Responsibilities

Case management begins after an Interprovincial Placement Agreement has been completed in consultation with the receiving PT. Ensuring that the appropriate services are provided to meet the child's or youth's needs is a shared responsibility of each PT. Files must be opened in both PTs and each must comply with its respective file and records management policies.

The child welfare organization in the originating PT maintains the legal responsibility, guardianship or statutory authority and case management role through collaboration and regular or as needed conferencing with the child welfare organization in the receiving PT.

The child welfare organization in the receiving PT is responsible for the day to day monitoring and supervision of the case through collaboration and regular or as needed conferencing with the child welfare organization in the originating PT.

4. Financial Responsibilities

4.1 Service Delivery Costs – Receiving Province/Territory

In providing services under the Protocol, a receiving PT is responsible for salaries and operating costs normally incurred in the delivery of child welfare services including:

- child protection investigations;
- arranging for the signing or renewal of voluntary service or placement agreements;
- serving child welfare court documents;
- preparing safety assessments and home studies;
- participating in case planning;
- monitoring and supervising placements; and
- adoption and post-adoption services.

4.2 Maintenance and Service Expenditures – Originating Province/Territory

In requesting services from a receiving PT, an originating PT agrees to directly pay for:

- in care maintenance and service costs at the receiving PT's rates;
- out of care maintenance and service costs at the originating PT's rates;
- youth receiving post-care services – maintenance and service costs at the originating PT's rates, and in accordance with the originating PT's legislation and policies;
- residential facilities at the receiving PT's rates;
- temporary residential treatment facilities (where not covered by health insurance or other publicly funded sources in a receiving PT);
- dental, optical and prescription drugs not covered by the receiving PT publicly funded sources;
- psychological and psychiatric services not paid for by health insurance or other publicly funded sources in a receiving PT;
- adoption subsidy payments;

- where required by the receiving PT's legislation and policy, adoption court completion costs; and
- other expenditures as negotiated on a case by case basis between the originating and receiving PTs.

4.3 Maintenance and Service Expenditures – Receiving Province/Territory

In providing services requested by an originating PT, a receiving PT agrees to pay for:

- expenses related to repatriating children or youth pursuant to Section 7.5; and
- other expenditures as negotiated on a case by case basis between the originating and receiving PTs.

4.4 Document Translation Services

When receiving requests for services from Quebec, Quebec will ensure required documentation is translated to English. When requesting services from Quebec, the requesting PT will be responsible for the translation of required documents to French.

5. First Nations, Inuit or Métis Child Welfare Organizations

- 5.1.1 In some PTs, First Nations, Inuit or Métis child welfare organizations have varying levels of authority for the delivery of child welfare services depending on the legislation of the PT. In those circumstances where services from an First Nations, Inuit or Métis child welfare organization is required, the interprovincial coordinator in the receiving PT must be contacted by the originating PT to confirm that the level of statutory authority, capacity, resources and funding models available to the First Nations, Inuit or Métis child welfare organization is consistent with the case plan for a particular child and/or family.
- 5.1.2 When providing services to aboriginal children, youth and families under this Protocol, the receiving PT agrees to follow legislative requirements and existing protocols of the originating PT with respect to aboriginal children, youth and families to the extent possible under the receiving PT's legislation and policy.
- 5.1.3 As part of negotiations to develop the Interprovincial Placement Agreement to move a child or youth in care who is First Nation or Inuit to another PT, the originating PT shall advise the receiving PT whether any service or maintenance expenditures for the child or youth are currently being funded by the federal government.
- 5.1.4 When applicable, the originating PT shall determine whether the federal government will continue to pay for maintenance and service expenditures for the child or youth in care moving to the receiving PT and advise the receiving PT of financial arrangements for the child or youth.
- 5.1.5 If the federal government is unable to continue to pay maintenance and service expenditures for children and youth in care after the move then the originating PT is responsible for these costs.

6. Dispute Resolution

6.1 Dispute Resolution at the Local Level

It is expected that most issues arising between PTs will be resolved between caseworkers and/ or supervisors/managers directly involved in the matter.

6.2 Involvement of Interprovincial Coordinators

In the event that a dispute or other issue cannot be resolved in a timely fashion at the local level, the matter shall be referred to the interprovincial coordinator for each PT with a view to negotiating a mutually satisfactory resolution of the matter **within 14 calendar days of receiving the matter.**

6.3 Involvement of Provincial and Territorial Directors of Child Welfare

In the event that the dispute or issue cannot be resolved between the interprovincial coordinators for each PT as described in 6.2, the matter shall be referred to the PT Director of Child Welfare in each PT. A mutually satisfactory resolution of the matter will be determined and communicated **within 14 calendar days** of the PT Directors receiving the matter or longer time period agreed to by both PT Directors.

7. Child Protection Services

7.1 Introduction

Section 7 applies to:

- a. child protection alerts issued to one or more receiving PTs;
- b. child protection requests for services from another PT;
- c. child protection referrals to another PT; and
- d. repatriation of children and youth from a receiving PT to an originating PT.

7.2 Interprovincial Child Protection Alerts

7.2.1 Criteria for Issuing Child Protection Alerts

An originating PT may issue a child protection alert when a child, youth, adult or family is missing or there is knowledge that a person or family has moved to another PT and a child or youth is or may be in need of protection. Circumstances that may lead to the issuing of a child protection alert include, but are not limited to the following:

- a. a family, family member or guardian leaves the PT prior to the conclusion of a child protection investigation;
- b. a family, family member or guardian receiving child protection services leaves the PT prior to closing the case;
- c. a family under court-ordered supervision leaves the PT without approval from the PT or court;
- d. a parent or guardian takes a child or youth in care to another PT without prior approval from the originating PT or court;
- e. a child or youth in care is missing from his or her placement and is believed to have left the PT;
- f. a high-risk pregnant person has or is suspected to have left the PT; and
- g. a child or youth is taken or has fled to another PT for a variety of reasons, including child trafficking, sexual exploitation, so called 'honour based' violence or illegal adoption.

7.2.2 Issuing and Receiving Child Protection Alerts

Each PT agrees to implement a process for ensuring that child protection alerts are issued and received in a secure and timely manner. At a minimum, each PT shall designate one or more provincial contacts responsible for issuing and receiving child protection alerts.

7.2.3 Content of Child Protection Alerts

When issuing an alert, the originating PT shall use the Interprovincial Child Protection Alert Form appended to the Protocol. The content of the Interprovincial Child Protection Alert may include, but is not limited to the following information:

- a. the name and birth date of each subject of the alert;
- b. the name, address, email address, telephone number and facsimile of the child welfare organization that issued the alert and the date sent;
- c. if applicable, the name of the interprovincial contact, worker and supervisor, who issued the alert and how to contact them or their alternates;
- d. the reason(s) for issuing the alert including sufficient details of the child protection concerns and risk factors related to the child or youth;
- e. possible destinations and other information that may assist a receiving PT in locating the person or family;
- f. specific actions requested of the PT and, if required collateral agencies/hospitals in the receiving PTs;
- g. known history or risk of violence; and
- h. expiry date if less than nine months.

7.2.4 Responding to Child Protection Alerts

Upon receiving an alert, the receiving PTs shall:

- a. request additional information from the originating PT if needed, including sufficient information about the child protection concerns and risk factors;
- b. distribute the alert in accordance with the legislation/policy of the receiving PT;
- c. inform designated contacts in the originating PT when the missing person or family is located;
- d. develop a plan of action in consultation with contacts in the originating PT; and
- e. close the alert when it expires or extend it for a further period if requested by the originating PT.

7.3 Interprovincial Requests for Services

7.3.1 An originating PT may request a receiving PT to provide services in a child protection case including:

- a. child welfare record checks;
- b. interviews with alleged perpetrators or victims of abuse;
- c. service of court documents;
- d. supervision of visits or contacts between children or youth and family members; and
- e. other services agreed to by the receiving PT.

7.3.1.1 When requesting services, the originating PT shall use the Interprovincial Request for Services Form appended to the Protocol. Upon receiving the request, the receiving PT agrees to provide services based on the originating PT's case plan if in accordance with the receiving PT's legislation and policy.

7.4 Interprovincial Child Protection Referrals

7.4.1 Criteria for Child Protection Referrals

An originating PT shall refer an individual or family moving to a receiving PT for services when:

- a. the individual or family has requested the referral;
- b. the originating PT is in the process of conducting a child protection investigation;
- c. there is an open child protection case;
- d. child protection court proceedings are pending or in process;
- e. there is an order of supervision; or
- f. there is a need for ongoing services to prepare the family for the return of children or youth.

7.4.2 Issuing and Receiving Child Protection Referrals

7.4.2.1 When making a child protection referral, the originating PT shall:

- a. if appropriate, inform the individual or family of the decision to refer and, if appropriate, obtain consents to share information with the receiving PT;

- b. prior to or as soon as it is known the family is moving, consult with the receiving PT with the goal of reaching an agreement on the services to be provided by the receiving PT; and
- c. send a summary of the case, including investigation reports and findings, risk assessments, case plans, and all relevant court documents to the receiving PT.

7422 Upon receiving a child protection referral, the receiving PT shall:

- a. accept the referral as an intake using the same intake process as normally provided;
- b. if necessary, advise the originating PT which child welfare organization will be responsible for accepting the referral;
- c. if the referral involves an open child protection case, the receiving PT opens a child protection case, according to its own legislation and policy; and
- d. if required by the originating PT, send copies of documents and correspondence to the interprovincial coordinator in that PT.

75 Repatriation Services

75.1 Eligibility

7511 Repatriation services may be considered for a child or youth who has fled or been abducted to a receiving PT and who:

- a. is in care of an originating PT;
- b. is placed in an out of care placement by an originating PT; or
- c. is or may be in need of protection in a receiving PT.

7512 On learning of a child or youth who may need to be repatriated, a receiving PT agrees to accommodate the concerns of an originating PT and the parents or guardians who reside in the originating PT to the extent possible under its legislation.

7513 When considering repatriation of a child or youth under Section 7.5.1.1 to an originating PT, a receiving PT shall:

- a. check with police or justice/probation officials in the receiving PT to determine if there is a missing person report filed or if the child or youth is under investigation, charged with or found guilty of an offence, on probation or otherwise involved with the *Youth Criminal Justice Act*; and

- b. collaborate with the originating PT and where required, police and justice officials to arrange appropriate escort services.

752 Exclusions

This Section does not apply to the return of children or youth who have been abducted and who are the subjects of a custody or access dispute between parents when there are no child protection concerns. These matters should be referred to the appropriate Family Court with jurisdiction by the parent, guardian or police.

753 Children or Youth in Care or in Out of Care Placement

753.1 With respect to the repatriation of a child who is in the care of or in an out of care placement of an originating PT, the receiving PT shall:

- a. gather information on the child or youth and his or her present situation;
- b. notify the originating PT as soon as possible to advise of the child or youth's location;
- c. consult regarding a plan to repatriate the child or youth;
- d. provide necessary services pending repatriation of the child or youth;
- e. arrange for the most expedient form of travel appropriate to the needs of the child or youth and for any supervision required by the child or youth while travelling;
- f. contact the originating PT as required to advise of the repatriation arrangements in a timely manner and to provide any follow-up that is indicated or recommended; and
- g. provide the originating PT a written summary of the services provided and any relevant comments, reports or recommendations.

753.2 To assist in repatriating a child or youth under paragraph 7.5.3.1, the originating PT shall:

- a. provide any relevant information about the child or youth to assist the receiving PT in making appropriate repatriation arrangements;
- b. when necessary, advise the receiving PT which child welfare organization will be responsible for providing services; and
- c. immediately notify the receiving PT when the child or youth arrives as planned or if a child or youth does not arrive as planned.

7533 Subject to paragraph 7.5.3.4, the receiving PT assumes all expenses related to the child or youth's care and repatriation, including travel costs for the child or youth (and escort if required) unless otherwise negotiated with the originating PT.

7534 Notwithstanding paragraph 7.5.3.3, the originating PT assumes responsibility for all costs directly related to repatriating a child or youth that the originating PT has placed in a temporary residential treatment facility or residential facility in a receiving PT. These costs do not include salaries and operating costs of the receiving PT normally incurred by a child welfare organization in delivering child welfare services.

754 Other Eligible Children

754.1 With respect to the repatriation of a child or youth who is not in care or in an out of care placement in an originating PT, but who is or may be in need of protection in a receiving PT, the receiving PT shall:

- a. gather information on the child or youth and his or her present situation;
- b. contact the originating PT to make arrangements for the child or youth's return;
- c. provide necessary services pending repatriation;
- d. arrange for the most expedient form of travel appropriate to the child or youth's needs and for any supervision required for the child or youth while travelling;
- e. contact the originating PT as required to advise of the repatriation arrangements and of any follow-up that is indicated or recommended; and
- f. provide a written summary of the services provided and any relevant comments, reports or recommendations if requested by the originating PT.

754.2 When contacted to assist in repatriating a child or youth under paragraph 7.5.4.1, the originating PT shall:

- a. provide any relevant information about the child or youth to assist the receiving PT in making appropriate repatriation arrangements;
- b. advise the receiving PT which child welfare organization will be responsible for providing services; and
- c. immediately notify the receiving PT when the child or youth arrives as planned or if a child or youth does not arrive as planned.

7543 The originating PT is responsible for contacting the parent and determining the parent or guardian's willingness and ability to pay for the costs of repatriation.

If the parent or guardian cannot or will not cover the cost of the repatriation, the receiving PT assumes the full or remaining cost.

8. Children and Youth in Care

8.1 Introduction

Section 8 applies to a child or youth who is in the care, custody or guardianship of a child welfare organization by court order, agreement or adoption consent. This also includes a child or youth under apprehension status.

8.2 Notification and Negotiation

8.2.1 Child or Youth Moving with Foster Family to Another Province/Territory

8.2.1.1 When planning for a child or youth to move with a foster family to a receiving PT, the originating PT shall:

a. **60 days prior to the move** (or such shorter period of time as negotiated between the originating and receiving PT's, in accordance with the particular circumstances of the planned move) contact the receiving PT to:

- confirm the move details;
- discuss the case plan;
- provide documentation related to the approval or licensing of the foster family;
- provide all assessments or reviews of the foster home completed within the past 24 months; and
- negotiate the Interprovincial Placement Agreement utilizing the form appended to the Protocol.

b. prior to the move, give the foster family contact information in the receiving PT for the office that will be providing supervision and monitoring services.

8.2.1.2 Approval by Receiving Province/Territory of Foster Family that has Moved with a Child or Youth

Within 30 days of the foster family's move, the receiving PT will complete an assessment of the foster family in accordance with its legislation and policy to ensure that the family meets the receiving PT's requirements to provide foster care services in the receiving PT. The receiving PT arranges any further training required by the foster family.

8.2.1.3 Monitoring and Support of a Foster Family that has Moved with a Child or Youth to a Receiving Province/Territory

A foster family approved as a resource in the receiving PT, shall be monitored and supported by the receiving PT in accordance with the legislation and policies of the receiving PT.

8.2.2 Child or Youth Moving to Family (not currently approved to provide care) in Receiving Province/Territory

- 8.2.2.1** When planning for a child or youth to reside with a relative or significant person in a receiving PT, the originating PT shall consult with the receiving PT and shall provide the receiving PT with **60 days prior** written notice of the plan or such shorter period of time as negotiated between the originating and receiving PTs. The request for a home study will be in writing utilizing the Interprovincial Request for Services Form appended to the Protocol.
- 8.2.2.2** The receiving PT shall complete a home study in accordance with the receiving PT's legislation, policy and format on the home of the relative or significant person **within 60 days** of receiving notice in writing or such period of time as negotiated between the receiving and originating PTs.
- 8.2.2.3** The home study must also meet the standards of the originating PT; it is the responsibility of the originating PT to determine what is required to meet those standards. Where the originating PT is not satisfied that the home study conducted by the receiving PT meets the originating PT's standards, and the PTs are unable to negotiate a solution, the originating PT is responsible for making alternative arrangements. Alternative arrangements include, but are not limited to, contracting with a third party approved by the receiving PT to complete the study in accordance with the originating PT's legislation and policy; or, sending an approved delegate from the originating PT to complete the study.
- 8.2.2.4** If the receiving PT, on completing a home study, recommends that a child or youth not reside with a relative or other significant person in the receiving PT, the originating PT shall not place the child or youth unless the matter is resolved either through the receiving PT's review/appeal process or the dispute resolution process.

8.2.2.5 Decisions must be based on the best interests of the child including any evidence of child protection concerns pertaining to the prospective caregivers as documented by the receiving PT.

8.2.3 Placement in a Residential Facility

8.2.3.1 It is recognized that originating PTs may place children or youth in approved or licensed residential facilities in other PTs. The originating PT will notify the receiving PT in all cases and inform the receiving PT if monitoring and supervision services are requested of the receiving PT. In either circumstance the originating PT retains financial and case management responsibility for the ongoing care of the child or youth.

8.2.3.2 Prior to placing a child or youth in a residential facility when supervision and monitoring have been requested the originating PT shall consult with the receiving PT to:

- a. determine whether the facility is licensed in the receiving PT and the status of the license;
- b. identify any concerns the receiving PT has about the use of the facility by another PT;
- c. determine whether the facility is likely to meet the needs of the child in question;
- d. identify available and appropriate community services and resources in the receiving PT;
- e. negotiate the level of day to day case management services the receiving PT will provide; and
- f. complete an Interprovincial Placement Agreement in consultation with the receiving PT.

8.2.3.3 An originating PT shall not place a child or youth in a residential facility in a receiving PT if the receiving PT confirms that:

- a. a facility must be licensed and the facility under consideration is not licensed or the license has been suspended or revoked; or
- b. it is of the opinion that the residential facility is inappropriate for the child or youth.

8.2.3.4 When a child or youth is placed in a residential facility in a receiving PT and there are supervision and monitoring services being requested of the receiving PT, advance notification and planning must take place verbally and in writing prior to the placement.

8.2.3.5 On agreeing to assist the originating PT in supervision and monitoring the placement, the receiving PT shall complete and provide progress reports to the originating PT according to the legislation and policy of the originating PT.

8.2.4 Placement in a Temporary Residential Treatment Facility (medical, mental health or addictions treatment)

8.2.4.1 It is recognized that children or youth may attend temporary residential treatment facilities in other PTs. The originating PT must notify the receiving PT only if monitoring and supervision services are requested of the receiving PT. Whether or not supervision and monitoring is requested, the originating PT retains financial and case management responsibility for the ongoing care of the child or youth.

8.2.4.2 When a child or youth is placed in a temporary residential treatment facility in a receiving PT and there are supervision and monitoring services being requested by the receiving PT, advance notification and planning must take place verbally and in writing prior to the placement. The originating PT shall consult with the receiving PT to complete an Interprovincial Placement Agreement. The originating PT retains financial and case management responsibility for the ongoing care of the child or youth.

8.3 Case Planning and Management

8.3.1 Developing a Case Plan

8.3.1.1 The originating PT shall:

- a. develop a thorough, detailed and long-term plan according to the legislation and policy standards of the originating PT for all children and youth moving to a receiving PT;
- b. consult with the receiving PT regarding the plan, revision of the plan if necessary and implementing the proposed case plan;
- c. in circumstances where the youth is close to aging out of care in the receiving PT, the case plan will include, where required, any transition to adult services including services to young adults or extended care services;¹
- d. enter into an Interprovincial Placement Agreement prior to the child or youth moving to the receiving PT;

¹ It is the responsibility of the originating PT to address any gaps in services, including gaps created when a youth ages out of care and the receiving PT's age of majority. This may include the originating PT offering post-care services to the youth in the receiving PT.

- e. where a child or youth has been or is involved with the youth justice system and subject to Part 6 of the *Youth Criminal Justice Act* and policies in the PTs, the originating PT shall:
 - i) share information necessary to ensure the receiving PT is able to meet the child or youth's specific needs; and
 - ii) where required in the originating or receiving PTs, obtain youth justice system involvement and/or approvals.

8.3.2 Implementing the Case Plan

- 8.3.2.1 The case plan should identify the goals of the placement, identify the services to be provided, and the roles and responsibilities of the case workers and any other providers involved.
- 8.3.2.2 In agreeing to a case plan, the receiving PT shall provide supervision and monitoring. The originating PT maintains ongoing contact with the family of the child or youth unless otherwise negotiated with the receiving PT.
- 8.3.2.3 The originating and receiving PT shall review the case plan for a child or youth according to the legislation and policy of the originating PT unless the parties agree more frequent reviews are required.
- 8.3.2.4 The receiving PT will report any significant events such as, serious occurrences, hospitalizations, injuries or other events (e.g. child or youth is missing from their placement, caregiver investigation) to the originating PT immediately or as soon as reasonably possible.
- 8.3.2.5 If a parent or guardian is moving or has moved to the receiving PT, the originating and receiving PTs may agree to terminate a voluntary agreement or allow a voluntary agreement or temporary order to expire. Such decisions should normally be made with the appropriate involvement of the parent or guardian and the child or youth. The receiving PT may subsequently enter into a voluntary agreement with the parent or guardian or proceed to court for a new order if required.

8.4 Documentation

8.4.1 Information on Child or Youth in Care

8.4.1.1 When a child or youth moves to a placement to be supervised and monitored by a receiving PT, the originating PT shall provide, at a minimum, the following to the receiving PT prior to the move if possible or at the latest **within 30 days** of the move:

- a. a certified copy of the child or youth's birth registration;
- b. an original or certified copy of any orders or agreements with respect to the child or youth's current legal status;
- c. in the case of a voluntary agreement, the written consent of the parent or guardian of the child or youth to the placement;
- d. information relevant to the child or youth's cultural, racial, religious and linguistic heritage;
- e. the child or youth's life book, if available, or a copy of it;
- f. in the case of an aboriginal child or youth, details with respect to their status under the *Indian Act (Canada)* and community of origin;
- g. confirmation that the originating PT has involved the appropriate Indian band or First Nations, Inuit or Métis organization as required under the originating PT's legislation and policy;
- h. a social history including documentation of all services and assessments;
- i. any relevant medical, psychological or educational assessments completed within the past two years or longer if they continue to be relevant;
- j. subject to Part 6 of the *Youth Criminal Justice Act* and policies of the PTs, any relevant youth justice system reports;
- k. up-to-date medical reports if the child is receiving treatment;
- l. a current case plan developed in consultation with the receiving PT if available;
- m. a statement clarifying the type of decisions and consents, including those related to medical treatment, that may be authorized by the receiving PT; and
- n. any additional documentation required by the receiving PT.

8.4.1.2 When monitoring or supervising the placement of a child or youth in a temporary residential treatment or residential facility, the receiving PT may require some or all of the documentation required under paragraph 8.4.1.1.

8.4.2 Progress Reports

8.4.2.1 Unless otherwise agreed to between the receiving and originating PTs, the receiving PT shall complete and provide to the originating PT all progress reports relating to the child/youth (including a copy of all assessments and follow-up reports) according to the legislation and policy of the originating PT or as agreed to in the Interprovincial Placement Agreement.

8.5 Placement Disruptions

8.5.1 Temporary or Transitional Placement

8.5.1.1 When the placement of a child or youth is disrupted, a temporary placement may be used. The PTs agree to renegotiate a case plan that is in the best interests of the child or youth.

8.5.2 Placement Decisions

8.5.2.1 The receiving and originating PTs agree to consider the following factors in determining whether a child should remain in the receiving PT or be returned to the originating PT:

- a. best interests of the child or youth;
- b. needs of the child or youth and the ability of each PT to meet them;
- c. appropriate placement options in both the receiving and originating PTs that would meet the needs of the child or youth;
- d. where parents, guardians or other significant persons reside;
- e. preferences of the child or youth;
- f. length of time the child or youth has resided in the receiving PT;
- g. for an aboriginal child or youth, access to his or her cultural heritage;
- h. confirmation that the originating PT has involved the appropriate Indian band or aboriginal organization as required under the originating PT's legislation and policy; and
- i. any applicable legislative requirements regarding placements that apply.

8.5.2.2 The receiving PT agrees to make all non-emergency placement changes in consultation with the originating PT where possible and to notify the originating PT of an emergency placement as soon as possible or **within seven (7) days**.

- 8.5.2.3 At the request of the receiving PT, the originating PT shall facilitate the return of a child or youth to the originating PT. Such requests must be based on a review of the factors in paragraph 8.5.2.1.
- 8.5.2.4 The final decision as to where a child or youth is placed is the responsibility of the originating PT.

8.6 Visitation

8.6.1 Temporary Visits to a Receiving Province/Territory

When a child or youth receiving services will be visiting a receiving PT and the receiving PT is being asked to provide supervision and monitoring services during the visit, the originating PT shall request the required services **at least 30 days prior** to the visit or such shorter period of time as negotiated between the originating and receiving PT. When requesting services, the originating PT shall use the Interprovincial Request for Services form appended to the Protocol. The originating PT shall provide, at a minimum, the following information:

- a. the name, address, birth date, health card information and legal status of the child or youth;
- b. the name, address and phone number of the caseworker in the originating PT;
- c. the name, address and phone number of the person the child or youth will be visiting;
- d. the timeframe for the visit;
- e. an outline of the expectations of the receiving PT for supervision and monitoring; and
- f. any other circumstances that the receiving PT should be made aware.

8.6.2 Temporary Return to Originating Province/Territory

- 8.6.2.1 Arrangements for the temporary return of a child or youth to an originating PT shall be planned in advance as part of the case plan. If circumstances do not permit advance planning as part of the case plan, as much prior notice as possible should be provided to the other PT.

8.7 Services to Young Persons who were formerly in care or in out of care placement

- 8.7.1 This section applies to persons formerly in care or in an out of care placement and due to their age are not eligible to be admitted to care but are eligible for and may have entered into an agreement for post care or extended services.

- 8.7.2** The originating PT remains responsible for establishing and maintaining the agreement with the young person, including all payments and supports covered in the agreement.
- 8.7.3** Notification to the receiving PT is not required in situations where supervision and monitoring are not requested of the receiving PT. If an originating PT is requesting supervision and monitoring then an Interprovincial Placement Agreement must be negotiated.

9. Children or Youth in Out of Care Placements

9.1 Scope of Legislative Authority

- 9.1.1 Children or youth in out of care placements are not in the care of a PT, but whose placement is financially supported and/or supervised by the PT.
- 9.1.2 Some PTs do not have the legislative authority to provide services to children or youth in out of care placements from other PTs. Prior to a move to another PT, the originating PT must contact the receiving PT to determine whether they will be able to assist with case planning, monitoring and supervision.
- 9.1.3 If the originating PT is unable to negotiate an appropriate plan for the child or youth through negotiating an exception in the receiving PT or by the originating PT providing or contracting for the service, the child or youth should not be moved to the PT.
- 9.1.4 In circumstances where a child or youth does move to another PT, the originating PT maintains responsibility for meeting the originating PT's policies and standards for children or youth in out of care placements.
- 9.1.5 Although the legal status of the child or youth is different than a child in care, in those circumstances where supervision and monitoring is being provided by a receiving PT, an Interprovincial Placement Agreement is still required along with the case planning and documentation requirements in Section 8, Children and Youth in Care.

10. Adoption and Post-Adoption Services

10.1 Introduction

Section 10 applies to:

- a. adoption inquiry and application services;
- b. adoption placement services;
- c. subsidized adoptions; and
- d. post-adoption services.

10.1.1 Administration

When providing services under this Section to persons planning to move to a receiving PT, the originating PT shall:

- a. obtain general information from the receiving PT regarding its policies and services;
- b. inform the person of the information received from the receiving PT regarding its policies and services, noting apparent differences to those in the originating PT; and
- c. provide the person information regarding who to contact in the receiving PT for more information on its policies and services and, the name, address and phone number of the office that will be providing services.

10.2 Adoption Inquiry and Application Services

10.2.1 Originating and Receiving PTs

The originating PT is the PT where the person who is inquiring about adoption services or an adoptive applicant resides. The receiving PT is the PT to where an adoption inquiry is directed or an adoptive applicant is moving.

10.2.2 Adoption Inquiries

Section 10.2.2 applies to persons who are inquiring about adoption services and requirements in PTs other than the originating PT and pertains to inquiries about all types of adoptions. The remainder of Section 10 applies to the adoption of children or youth in care of a PT.

10.2.2.1 In response to an inquiry about interprovincial adoption services in another PT, the originating PT shall:

- a. provide information to the person about its legislative and policy requirements; and
- b. refer the person to the appropriate child welfare organization in the receiving PT for information about that PT's legislative and policy requirements.

10.2.3 Adoptive Applicant Referrals

Section 10.2.3 applies to persons who have applied to adopt a child in care and who are moving from an originating PT to a receiving PT.

10.2.3.1 With the written authorization of an adoptive applicant who has applied to adopt a child in care in an originating PT and who is moving to a receiving PT, the originating PT shall provide the following to the receiving PT **within 30 days** from the date the authorization is received:

- a. an original or copy of the applicant's adoption application;
- b. original or certified copies of all documents on file relating to an adoptive applicant's marital status or relationship to a partner including, but not limited to, a marriage certificate, declaration of commitment to a partner, divorce certificate or death certificate;
- c. any preliminary information or assessments on file with respect to the suitability of the adoptive applicant;
- d. if completed, a copy of the most recent home study and any home study updates conducted with respect to the adoptive applicant;
- e. supporting documentation on file including police and other applicable checks, medical reports and personal references; and
- f. other relevant information and documentation on the adoptive applicant's file.

10.2.3.2 Upon receiving a referral from the originating PT, the receiving PT shall:

- a. accept the adoption application as if it were made in the receiving PT and place the adoptive applicant on its waiting list, if applicable, as of the date of the application in the originating PT;
- b. open an adoption file as may be required under its legislation and policy; and
- c. accept the home study subject to any updates or further adoption preparation and assessments, if the originating PT has completed a home study on the adoptive applicant, required under the receiving PT's legislation, regulations and policy.

10.3 Adoption Placement Services

The originating PT is the PT that has the child or youth in care. The receiving PT is where a prospective adoptive applicant resides or to where a child or youth in care and adoptive applicant are moving.

10.3.1 Adopting a Specific Child or Youth in Care

10.3.1.1 When a prospective adoptive applicant in a receiving PT inquires about adopting a specific child or youth in care in an originating PT, the originating PT shall contact the receiving PT **within 30 days** of receiving an inquiry to:

- a. advise if the child or youth is legally available for adoption and may be considered for adoption placement with the prospective adoptive applicant;
- b. advise if the prospective adoptive applicant may be eligible for an adoption subsidy with respect to the child or youth; and
- c. request a preliminary assessment to estimate the capacity of the prospective adoptive applicant to meet the needs of the child or youth.

10.3.1.2 When an originating PT inquires about the possibility of placing a specific child or youth in care with a prospective adoptive applicant who resides in a receiving PT, the receiving PT shall **within 30 days** of receiving an inquiry or such period of time as negotiated between the originating and receiving PTs:

- a. carry out a preliminary assessment to determine the interest and estimate the capacity of the prospective adoptive applicant to meet the needs of the child or youth in care;
- b. advise the originating PT in writing if placement seems viable and if the receiving PT will conduct a home study of the prospective adoptive applicant; and
- c. the originating PT will keep copies on file of all documents sent to the receiving PT.

10.3.1.3 The receiving PT shall complete a home study on the adoptive applicant and provide a copy to the originating PT **within six (6) months** from the date the PTs agree to a tentative plan to place the child in care for adoption, or such period of time as negotiated between the originating and receiving PTs.

10.3.1.4 The originating PT shall develop a written adoption placement plan in collaboration with the receiving PT upon:

- a. concluding that it is in the best interests of the child or youth to be placed for adoption with the adoptive applicant in the receiving PT; and
- b. receiving confirmation that the adoptive applicant has been approved or will likely be approved for adoption by the receiving PT.

10.3.1.5 A written adoption placement plan shall include:

- a. arrangements for pre-placement visits;
- b. provision for the receiving PT to supervise the placement;
- c. if applicable, provision for an openness agreement or agreements;
- d. if applicable, information about the availability of an adoption subsidy pursuant to paragraph 10.4.2; and
- e. a time frame for applying to court for an order of adoption and confirmation as to the PT where the application will be made.

10.3.1.6 Prior to the child in care being placed for adoption with the adoptive applicant who is residing in the receiving PT:

- a. the originating PT shall request in writing that the receiving PT provide supervision of the child as outlined in the adoption placement plan; and
- b. the receiving PT shall confirm in writing that it will provide the requested supervision as outlined in the adoption placement plan.

10.3.1.7 Subject to Part 6 of the *Youth Criminal Justice Act* and the policies of the PTs, the originating PT shall advise the receiving PT of any relevant youth justice system involvement.

10.3.2 Child or Youth in Care Moving with Adoptive Parent

10.3.2.1 When it becomes known that a child or youth in care and his or her adoptive parent are moving to a receiving PT prior to a court granting an order of adoption, with the written consent of the adoptive parent, an originating PT shall provide **30 days prior** written notice of the move to the receiving PT if the circumstances permit.

10.3.2.2 At the request of the originating PT, the receiving PT shall as soon as reasonably possible after receiving the notice:

- a. advise the originating PT as to which office has responsibility for providing adoption services in the receiving PT; and
- b. provide the notice to the appropriate office in the receiving PT.

10.3.2.3 The originating PT shall develop a written plan for completion of the adoption in collaboration with the receiving PT. When possible, the plan shall be developed prior to the adoptive parent's move to the receiving PT. The plan shall include:

- a. provision for the receiving PT to supervise the placement;
- b. a time frame for applying to court for an order of adoption and confirmation of the province or territory where the application will be made;
- c. if applicable, information about any additional legal requirements relating to completion of the adoption identified by the receiving PT; and
- d. if applicable, information about the availability of an adoption subsidy.

10.3.2.4 Prior to the adoptive family moving to the receiving PT, if possible:

- a. the originating PT shall request in writing that the receiving PT provide supervision of the child or youth as outlined in the adoption plan; and
- b. the receiving PT shall confirm in writing that it will provide the requested supervision.

10.3.2.5 The originating PT shall provide information on the adoptive parent to the receiving PT **within 30 days** of the adoptive applicant's move to the receiving PT pursuant to paragraph 10.2.3.2.

10.3.3 Information on Child or Youth in Care

When a child or youth in care is placed for adoption in a receiving PT or moves with an adoptive parent to a receiving PT, the originating PT shall provide, at a minimum, the following to the receiving PT **within 30 days** of the placement or move:

- a. a certified copy of the child or youth's birth registration;
- b. an original or certified copy of any orders or agreements with respect to the child or youth's current legal status;

- c. information relevant to the child or youth's cultural, racial, religious and linguistic heritage;
- d. the child or youth's life book, if available, or a copy of it;
- e. in the case of an aboriginal child or youth, details with respect to the child or youth's status under the *Indian Act* (Canada) and community of origin;
- f. confirmation that the originating PT has involved the appropriate Indian band or aboriginal organization as required under the originating PT's legislation and policy;
- g. a social history including documentation of all services provided and assessments conducted with respect to the child or youth;
- h. any medical, psychological or educational assessments completed within the past two years or those that remain relevant;
- i. up-to-date medical reports if the child or youth is receiving or has received treatment;
- j. a current adoption placement plan developed in consultation with the receiving PT;
- k. a statement clarifying the type of decisions and consents, including those related to medical treatment, that may be authorized by the receiving PT; and
- l. additional documentation required by the receiving PT if available.

10.3.4 Progress Reports

With respect to a child or youth in care who has been placed for adoption, or who has moved with an adoptive parent, the receiving PT shall complete and provide to the originating PT:

- a. all reports on the progress of the adoption placement, including a copy of all assessments and follow-up reports, completed according to standards and time frames required by the originating PT;
- b. a copy of the receiving PT's final progress report with a recommendation regarding completion of the adoption; and
- c. if the application to court for an order of adoption will be made in the receiving PT, a request that the originating PT provide to the receiving PT the required written consents to the adoption.

10.3.5 Placement Disruptions

When an adoption placement of a child or youth in care is disrupted prior to the granting of an order of adoption, the originating and receiving PTs will, subject to applicable child welfare legislation in the receiving PT, renegotiate a case plan that is in the best interests of the child or youth.

10.3.6 Application for Order of Adoption

10.3.6.1 Depending on where the application to court for an order of adoption is to be made, the receiving PT or the originating PT shall:

- a. provide the required written consents to the adoption to the PT where the application to court is to be made; and
- b. provide required court documentation with respect to the application for an order of adoption.

10.3.6.2 As a general rule, the PT that assumes responsibility for completion of the adoption shall proceed to court for an order of adoption **within one (1) year** from the date the child or youth was placed for adoption or such period of time as negotiated between the originating and receiving PTs.

10.3.6.3 The PT where the order of adoption is granted shall notify the other PT in writing as soon as possible, but in all cases **within 30 days** of the order being granted; and then **within 30 days** of receiving the physical order, a copy shall be sent to the other PT.

10.3.7 Adoption of Child or Youth in Care in Originating Province/Territory

At the request of a PT that requires consent to adoption from a person who resides in another PT to complete the adoption of a child or youth in care, the PT that receives the request shall assist in obtaining the required consents to adoption from the person.

10.4 Subsidized Adoptions

10.4.1 Child or Youth in Care Placed for Adoption in Receiving Province/Territory

10.4.1.1 In planning to place a child or youth in care with an adoptive applicant who resides in a receiving PT, the originating PT shall:

- a. advise the receiving PT if the child or youth has special needs or whether there are special circumstances that fall within the originating PT's eligibility criteria for subsidized adoption;
- b. request that the receiving PT explain the child or youth's needs or circumstances to the adoptive applicant and ascertain whether the adoptive applicant intends to apply for an adoption subsidy; and
- c. at the request of the adoptive applicant, determine eligibility for an adoption subsidy and the type and amount of subsidy that will be available.

10.4.1.2 In responding to the originating PT's request for assistance, the receiving PT shall:

- a. determine whether the adoptive applicant is prepared to proceed with the adoption of the child or youth in care of the originating PT and whether the adoptive applicant will be requesting an adoption subsidy;
- b. if applicable, advise the originating PT as to the availability of needed services in the receiving PT and provide an estimate of the costs associated with the needed services; and
- c. assist as required in assessing the adoptive applicant's need and eligibility for an adoption subsidy and in negotiating a subsidy agreement on behalf of the originating PT.

10.4.2 Child or Youth in Care or Adopted Child or Youth Moving with Adoptive Parent

10.4.2.1 When it is known that a child or youth and his or her adoptive parent are moving to a receiving PT, with the written consent of the adoptive parent, the originating PT shall provide **at least 30 days prior** notice in writing to the receiving PT if:

- a. the adoptive parent is receiving or is eligible to receive, an adoption subsidy; or
- b. the originating PT requires the assistance of the receiving PT to:
 - i. secure needed services,
 - ii. assist in assessing an ongoing need and eligibility for subsidy, and
 - iii. assist as required in negotiating or renewing a subsidy agreement on behalf of the originating PT.

10.4.2.2 With the written authorization of the adoptive parent, the originating PT agrees to provide to the receiving PT **within 30 days** of the move the following information:

- a. information about available adoption subsidies from the originating PT and the adoptive parent's eligibility;
- b. copies of all documents associated with the approval of the adoption subsidy; and
- c. the most current review of the need for an ongoing subsidy.

10.4.3 Services and Subsidies

10.4.3.1 At the request of the originating PT, the receiving PT agrees to maintain contact with the adoptive parent regarding the need for an adoption subsidy and to provide reports to the originating PT as may be required by the originating PT.

10.4.3.2 The originating PT agrees to continue to pay the adoption subsidy to the adoptive parent, where eligible, following the adoptive parent's move to the receiving PT and to negotiate any changes to the subsidy in consultation with the receiving PT.

10.5 Post-Adoption Services

10.5.1 Registration

10.5.1.1 When there is no alternative but to request the assistance of a receiving PT to facilitate registering a person for a post-adoption search or reunion, an originating PT (where the adoption order was granted) may request a receiving PT to:

- a. assist in obtaining a signed registration for a post-adoption search or reunion; or
- b. provide information that will assist in the registration process.

10.5.1.2 In responding to the request, the receiving PT shall provide the requested service or information **within 60 days** of receiving the request or such period of time as negotiated between the receiving and originating PTs.

10.5.2 Searches

10.5.2.1 When all available alternatives to locate a person have been exhausted and there is information to indicate that the person may have moved to a receiving PT, an originating PT may request a receiving PT to check existing search mechanisms to assist in locating a person who is the subject of a search.

10.5.2.2 Upon receiving a request under paragraph 10.5.2.1 together with a written consent to conduct a search if required, the receiving PT shall advise the originating PT of the results of the search **within 90 days** or such period of time as negotiated between the originating and receiving PTs.

10.6 Custom Adoptions

Some PTs recognize aboriginal customary law for adoptions that take place in their PT. This Protocol does not apply to custom adoptions. Where an originating PT has legislation supporting custom adoptions (e.g. *Custom Adoption Recognition Act* in Nunavut), the unique policies and procedures shall be followed.

10.7 Adoptions involving Quebec

The objective of this section is to present the guidelines of the interprovincial adoption process when Quebec is the child's originating province or receiving province. A detailed procedure is appended to this protocol and is an integral part thereof.

10.7.1 The Minister of health and social services is Quebec's central authority with respect to intercountry adoption, including interprovincial adoptions. The Minister is represented by the Secrétariat à l'adoption internationale (SAI).

10.7.2 Private adoption is not permitted in Quebec.

10.7.3 Any person domiciled in Quebec who wishes to adopt a child domiciled outside Quebec must be represented by a certified body or obtain authorization from the Minister of health and social services. More specifically, the Minister may authorize a person to start the adoption process without going through a certified body if that person is planning to adopt a child who is domiciled in a Canadian province or territory and is under the care of a competent public authority responsible for child protection or adoption in that province or territory.

10.7.4 Any person domiciled outside Quebec who wishes to adopt a child domiciled in Quebec must apply to the SAI and provide the information required concerning the child who is the subject of this adoption.

10.7.5 An adoption that requires or did require that the child be transferred from his or her originating province or territory to another province or territory is considered an interprovincial adoption. The principles of the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (HAC) apply to such adoptions and serve as the basis for the procedure used by the Province of Quebec.

11. Protocol Administration

11.1 Working with Province/Territories that are not Signatories to this Protocol

This Protocol shall apply to those provinces and territories that have signed the Protocol. The Protocol shall not apply to a party that does not sign the Protocol or subsequently opts out.

When dealing with a PT that is not a signatory to the Protocol, planning and services should be negotiated on a case by case basis and, to the extent possible, consistent with this Protocol.

11.2 Opting Into Protocol

A province or territory that has not signed the Protocol on or before the date it comes into force may opt into the Protocol by giving 30 days' notice in writing to all parties to the Protocol together with a copy of the Protocol executed by its proper authority.

11.3 Opting Out of Protocol

A province or territory may opt out of the Protocol by giving 90 days' notice in writing to all parties to the Protocol.

11.4 Amendments to Protocol

Amendments to the Protocol may be made upon the written consent of all the parties executed by their proper authorities.

11.5 Review of the Protocol

A formal review of the provisions in the Protocol must be conducted every five years or sooner at the recommendation of the Provincial/Territorial Directors of Child Welfare Committee.

11.6 Commencing of Protocol

The Provincial/Territorial Protocol on Children and Families Moving between Provinces and Territories (2016) comes into force on April 1, 2016.

11.7 Existing Protocol

This Protocol replaces all previous versions of the Provincial/Territorial Protocol on Children and Families Moving Between Provinces and Territories.

11.8 Existing Agreements Under Former Protocols

Any existing arrangements or agreements completed under former versions of the Provincial/ Territorial Protocol on Children and Families Moving Between Provinces and Territories Protocol will be grandfathered and remain unchanged unless re-negotiated under this Protocol.

11.9 Signing by Parties

The Protocol may be executed in several counterparts, each of which, when so executed by all parties hereto, shall be deemed to be an original of the Protocol and such counterparts together shall constitute but one and the same instrument.

Protocol Signatories

The following provinces and territories endorse the 2016 Provincial/Territorial Protocol on Children and Families Moving between Provinces and Territories and adopt it for use within their province or territory:

Alberta
British Columbia
Manitoba
New Brunswick
Newfoundland and Labrador
Northwest Territories
Nova-Scotia
Nunavut
Ontario
Prince Edward Island
Quebec
Saskatchewan
Yukon

Appendices

A- Sample Forms

B- Quebec Adoptions

Interprovincial Child Protection Alert

Instructions to Sender

Completed forms are to be faxed (Insert originating jurisdiction Interprovincial Coordinator fax #) or emailed to the Interprovincial Desk (insert originating jurisdiction Interprovincial Coordinator email address). The originating Interprovincial Desk will then forward to the relevant provinces/territories or Canada wide.

Issued By (province or territory)

Child Welfare Organization

Caseworker	Telephone	Fax	Email Address
Address	Date of Alert		Alert End/ Expiry Date if less than 9 months

Subject of Alert

Full Legal Name	Date of Birth	Last Known Address
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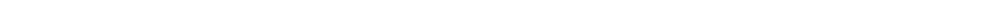
Others Involved in Alert (children, legal partners, others in home, etc.)

Name	Date of Birth (if known)	Relationship to Subject	Location/Address/Last Known Whereabouts

Reason for Alert/Cause for Concern (check all that apply)

<input type="checkbox"/> Maternity	<input type="checkbox"/> Child Sexual Exploitation/Trafficking	<input type="checkbox"/> 'Honour-Based'	<input type="checkbox"/> Illegal
<input type="checkbox"/> Child protection investigation not concluded	<input type="checkbox"/> Left jurisdiction prior to case closure	<input type="checkbox"/> Left jurisdiction without approval while under child welfare court-ordered supervision	<input type="checkbox"/> Child in Care taken from jurisdiction without
<input type="checkbox"/> Child in Care missing believed to have left jurisdiction			

Known History or Risk of Violence

A large, solid gray checkmark icon is positioned in the bottom right corner of the slide. It is a simple, sans-serif font 'V' shape.

Additional Information

For more information, visit www.ams.org.

Confidential

Possible Destinations (where the subject might be going, if known) or **Canada Wide**

Include other relevant information that may assist in locating the subject, e.g. Aboriginal Band/Community, known family/friend contact information

Action Required (e.g. alert local hospitals, investigation required, contact caseworker, etc.)

Distribute copies as follows:

- Originating Interprovincial Coordinator
- Receiving Interprovincial Coordinator
- Receiving Child Welfare Organizations, hospitals, etc.

Confidential**Interprovincial Request for Services****Originating Province/Territory**

Child Welfare Organization	Caseworker (contact person)		Date
Phone Number	Fax Number	Email Address	

Receiving Province/Territory

(Interprovincial Coordinator will complete this information prior to forwarding to the regional designate if you do not know)

Child Welfare Organization	Address	Postal Code
Phone Number	Fax Number	Email Address

Type of Request (check *all* that apply)

<input checked="" type="checkbox"/> Child Welfare Record Check	<input type="checkbox"/> Background History/Information
<input checked="" type="checkbox"/> Home Study (adoption, foster care, place of safety, etc.)	<input type="checkbox"/> Courtesy Supervision of a Visit
<input checked="" type="checkbox"/> Service of Court Documents	<input type="checkbox"/> Interview with alleged perpetrator(s) or victim(s) of abuse
<input checked="" type="checkbox"/> Other – describe:	

Child Information

Full Legal Name	Date of Birth (if known)	Location/Address

Parent/Caregiver

Full Legal Name	Date of Birth (if known)	Relationship to Child or Caregiver	Location/Address

Reason for Request or Details (briefly describe and attach a separate sheet if necessary)

--

Distribute copies as follows:

- Originating Interprovincial Coordinator
- Receiving Interprovincial Coordinator
- Receiving Child Welfare Organization

Interprovincial Placement Agreement

(IPPA Form)

The Interprovincial Placement Agreement (IPPA):

- is negotiated prior to a child/youth moving to another jurisdiction: with a foster family; to a family member or other approved care provider; to a temporary treatment or residential facility where there is supervision and monitoring role for the receiving jurisdiction; to an out of care placement; or, a supervision and monitoring role is required with a young person who was a former ward and has entered into an agreement for post care or extended services.
- must be completed after the review and consideration of each jurisdiction's obligations as outlined in the *Provincial/Territorial Protocol on Children and Family Moving Between Provinces and Territories* (the Protocol); and
- must be reviewed every 12 months or earlier at the request of either jurisdiction.

Part A - Instructions

Completion of this form involves the following steps:

1. Prior to placement the originating child welfare organization initiates contact with the appropriate receiving child welfare organization. The Interprovincial Coordinator in your jurisdiction may assist with identifying the appropriate contact.
2. The case worker/designate in the originating jurisdiction arranges a planning conference with the case worker/designate in the receiving jurisdiction to review and coordinate services and negotiate the IPPA pursuant to the Protocol.
3. Once plans are finalized between the originating and receiving case workers/designates, the originating case worker/designate completes the IPPA and sends two signed copies to the receiving case worker/designate.
4. The case worker/designate in the receiving jurisdiction has both copies of the form signed, returning one copy to the case worker/designate in the originating jurisdiction.
5. The case worker/designate in each jurisdiction sends copies of this form and related documentation to its Interprovincial Coordinator(s) and others as may be required.
6. The IPPA will be reviewed annually or earlier if circumstances change.

Part B – An Agreement Between:

Originating Jurisdiction (province/territory)

Originating Child Welfare Organization	Contact Person (who can be contacted about this Agreement)	
Address		
Telephone	Fax	Email
Alternate Contact (name)		Alternate Contact (phone number and email address)

Receiving Jurisdiction (province/territory)

Receiving Child Welfare Organization	Contact Person	
Address		
Telephone	Fax	Email
Alternate Contact (name)		Alternate Contact (phone number and email address)

Part C – Information on Child or Youth (you must complete a separate agreement for each child/youth)

Full Legal Name of Child/Youth			Alternate Name of Child/Alias		
Date of Birth	Gender	Aboriginal Status	Aboriginal Status		
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Inuit <input type="checkbox"/> Métis	<input type="checkbox"/> Status Indian <input checked="" type="checkbox"/> Status Indian <input type="checkbox"/> Non-Status Indian		
Aboriginal Community/Band (include applicable contact information and their level of involvement with the child/youth)					
Legal Status (indicate and attach a copy of order or Agreement)		Expiration Date of Legal Status			
<p>The receiving jurisdiction agrees to support/enforce/defend the status of the child while monitoring and supervising the child/youth's care in the receiving jurisdiction. Any attempt to change this status will be redirected to the originating jurisdiction.</p> <p>The originating jurisdiction agrees to not allow the order/agreement to lapse or terminate without notifying the receiving jurisdiction and the jurisdictions will review/ revise this Agreement in the event there is a significant change in circumstances or placement disruption.</p>					

Current Placement

Name(s)	Type of Resource (e.g. family, foster family, residential, out of care placement, etc.)
Address	
Telephone	Email

Receiving Placement

Name(s)	Type of Resource (e.g. family, foster family, etc.)
Address	
Telephone	Email

Part D – Summary of Responsibilities

Notification & Negotiation
<input checked="" type="checkbox"/> Child/Youth Moving with Foster Family <input type="checkbox"/> Child/Youth Moving to Family or Other Approved Provider <input checked="" type="checkbox"/> Child/Youth Moving to Residential Facility <input type="checkbox"/> Child/Youth Moving to Temporary Treatment Facility <input checked="" type="checkbox"/> Youth Formerly in Care
Case Planning & Management (detail expectations of case workers or any service providers involved and identify schedule/timeframes)
<p>In collaboration, the case plan will be developed according to the legislation and policy standards of the originating jurisdiction (e.g. case conferencing, contact standards, progress reports, case plan reviews, visitation, decisions and consents that may be authorized by the receiving jurisdiction etc.) The receiving jurisdiction agrees to immediately or as reasonably possible notify the originating jurisdiction of any serious occurrences/incidents as per the Protocol. Both jurisdictions will maintain a file record on the child/youth and will have a case worker assigned to the child/youth. Jurisdictions must notify the other of any change in the assignment of case workers.</p>

Documentation- 8.4 of the Protocol Outlines information on the child to be shared. (list attachments)

- Certified copy of birth registration Legal Order/Agreement Copy of Life Book Social History
- Medical Assessments Psychological Assessments Educational Assessments Current Case Plan
- Other

- i. The originating jurisdiction agrees to provide the required documentation to the receiving jurisdiction pursuant to the Protocol.
- ii. The receiving jurisdiction agrees to forward to the originating jurisdiction all reports on the progress of a child/youth completed according to the standards in the originating jurisdiction or as otherwise negotiated.

Placement Disruption-8.5 of the Protocol outlines placement disruptions and placement decisions in the event of a disruption.

The receiving jurisdiction agrees to make all emergency and non-emergency placement changes wherever possible in consultation with the originating jurisdiction; following placement disruptions the jurisdictions agree to renegotiate a case plan that is in the best interests of the child.

Financial Arrangements- Placement and Service Expenditures

As per the Protocol, the originating jurisdiction agrees to:

- i. make maintenance and service payments to the service provider; and
- ii. provide any costs not covered by the receiving jurisdiction's medical plan.

Any expenditure must be pre-approved by the originating jurisdiction.

- Other (indicate as negotiated):

Receiving Child/Youth Maintenance Amount	Other	Approved Exceptional Funding
<input type="checkbox"/>		

Current Source of Funding

Province/Territory Federal Government (Canada) Other (indicate):

Part E – Signatures

Local Child Welfare Organization in Originating Province

Name of Signing Authority (Print)	Signature	Date
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Central Authority in Originating Province (complete only if required)

Name of Signing Authority (Print)	Signature	Date
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Local Child Welfare Organization in Receiving Province

Name of Signing Authority (Print)	Signature	Date
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Central Authority in Receiving Province (complete only if required)

Name of Signing Authority (Print)	Signature	Date
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Distribute as follows:

- Copies of IPPA Agreement on files in both originating and receiving jurisdiction
- Copy Originating Jurisdiction Interprovincial Coordinator
- Copy Receiving Jurisdiction Interprovincial Coordinator

Appendix B- Quebec Adoptions

Adoption inquiry, adoption placement, adoption application, and post-adoption services when Quebec is the originating province or the receiving province of the child being adopted

1. Definitions

Domestic adoption: Adoption of a child domiciled in a given province or territory by an adoptive applicant or an adoptive parent domiciled in the same province or territory.

Interprovincial adoption: Adoption of a child domiciled in a given province or territory by an adoptive applicant or an adoptive parent domiciled in another province or territory. For the purposes of an adoption, a child's place of domicile is linked to the place of domicile of his or her biological parent even if the child resides elsewhere.

Originating competent authority: The competent authority with respect to interprovincial adoption in the originating province or territory of the child being adopted. If Quebec is the child's originating province, the originating competent authority is the Secrétariat à l'adoption internationale (SAI).

Receiving competent authority: The competent authority with respect to interprovincial adoption in the province or territory where the adoptive applicant is domiciled and to which the child being adopted has been or will be transferred. If Quebec is the child's receiving province, the receiving competent authority is the SAI.

Hague Adoption Convention (HAC): Convention of 29 May 1993 on Protection of Children and Co-operation in Respect of Intercountry Adoption.

Specifically designated child or designated child: Child specifically identified as the subject of a proposed adoption before the adoption process is initiated.

Non-specifically designated child: Child not specifically identified at the time the adoption process is initiated.

Adoptive applicant or applicant: A person or persons who have applied to adopt a child in care, whether or not that child has already been placed with them. These terms therefore include the term adoptive parent.

Originating province or territory: Geographically identified province or territory representing the initial domicile of the child being adopted, including a competent public authority responsible for child protection or adoption in that province or territory.

Receiving province or territory: Geographically identified province or territory representing the domicile of the adoptive applicant to which the child being adopted has been or will be transferred, including a competent public authority responsible for child protection or adoption in that province or territory.

SAI: Secrétariat à l'adoption internationale.

2. Information requests and file transfers

Section 2 applies to requests for information about domestic adoption in anticipation of a change of domicile of the person requesting the information or in anticipation of the transfer of the adoption application file of an adoptive applicant who is changing his or her domicile before a child in care is proposed for adoption by that person by his or her originating province or territory.

For the purposes of section 2, the competent authority in Quebec is the director of youth protection (DYP) of an integrated health and social services centre (CISSS) or an integrated health and social services university centre (CIUSSS). The terms “originating province or territory” refer to the domicile of origin of the person or applicant who is planning to move or is moving. The terms “receiving province or territory” refer to the domicile to which the person or applicant is planning to move or is moving.

- 2.1 Where a person is planning to move to another province or territory in order to establish domicile there and that person needs some information with a view to a possible domestic adoption, the originating province or territory shall
 - a. Obtain general information from the receiving province or territory about its policies and services and the legislative provisions applicable in that province or territory;
 - b. Provide the person with the information it has received from the receiving province or territory and identify differences from its own policies, services, and applicable provisions;
 - c. Provide the person with contact information for a resource person in the receiving province or territory for the purpose of obtaining more information about the policies and services and the applicable provisions, as well as the name, address, and telephone number of any office responsible for providing the services.
- 2.2 Where an applicant for a domestic adoption moves to another province or territory in order to establish domicile there before being matched with a child in care, the applicant's originating province or territory shall, within 30 days of receiving the adoptive applicant's consent, provide the applicant's receiving province or territory with the following documents:
 - a. An original or a certified true copy of the adoption application;
 - b. An original or a certified true copy of all documents on file concerning the identity and marital status of the adoptive applicant, including birth certificates, marriage certificate or declaration of a common-law union, divorce certificate, and death certificate;

- c. All information or preliminary assessments on file concerning the applicant's suitability to adopt;
- d. An original or a certified true copy of the most recent psychosocial assessment of the adoptive applicant, along with any updates;
- e. Original copies of the documents on file, including police checks, medical reports, and personal references;
- f. Any other relevant information and documentation in the adoptive applicant's file.

2.3 Where a receiving province or territory receives a domestic adoption application from the originating province or territory, the receiving province or the territory shall

- a. Approve the adoption application like if it was submitted in the receiving province or territory and put the adoptive applicant's name on its waiting list, if there is one, as of the date the application was submitted in the originating province or territory;
- b. Open an adoption file in accordance with the requirements of its own legislative provisions and policies;
- c. If the originating province or territory has done an assessment of the adoptive applicant, approve the said assessment, subject to any update, and any subsequent assessment or other measure required under the laws, regulations, and policies of the receiving province or territory.

3. Information requests and adoption procedures for interprovincial adoption

The SAI is the authority responsible for receiving and transmitting any requests for information about adopting a child domiciled outside Quebec by a person domiciled in Quebec and any requests concerning the adoption of a child domiciled in Quebec by a person domiciled outside Quebec. This also applies to an adoption application submitted under the same circumstances.

4. Adoption by a person domiciled in Quebec of a specifically designated child in care and domiciled outside Quebec

4.1 Where the SAI receives an application to adopt a specifically designated child (hereinafter the "designated child") in care and domiciled outside Quebec and the applicant is a person domiciled in Quebec, it shall verify the admissibility of that application. To do this, it shall contact the adoptive applicant and ask the originating competent authority to provide it with a copy of the designated child's birth certificate and a copy of any documentation showing that the designated child is under the care of a competent public authority responsible for child protection or adoption in that province or territory.

4.2 If the application is admissible, the SAI shall forward an adoption application form to the applicant. The applicant must return the duly completed form and the documents mentioned therein to the SAI.

- 4.3 After the adoption application form and the required documentation have been received, the SAI either authorizes or does not authorize the adoptive applicant to proceed with a psychosocial assessment.
- 4.4 If the adoptive applicant is not authorized to proceed with an assessment, the SAI shall so inform the applicant and the originating competent authority in writing and terminate any adoption procedures that have been initiated.
- 4.5 If the adoptive applicant is authorized to proceed with an assessment, the SAI shall so inform the applicant and the competent authority in writing.
- 4.6 After the psychosocial assessment of the adoptive applicant prepared by the DYP is received, where the SAI notes that the applicant is not eligible and suited to adopt the designated child, it shall so inform the applicant and the originating competent authority in writing and terminate any adoption procedures that have been initiated.
- 4.7 If the SAI notes that the applicant is eligible and suited to adopt the designated child, it shall transmit an original or a certified true copy of the assessment to the originating competent authority, along with the report it has prepared concerning the applicant's suitability to adopt (Article 15, HAC). The SAI shall also send a copy of this report to the central authority of the originating province or territory.
- 4.8 After the report has been received, the originating competent authority shall inform the SAI that the applicant may be eligible for an adoption subsidy, if applicable. The originating competent authority shall also send the SAI an original or a certified true copy of the following documents:
 - a. The child's birth certificate;
 - b. Documents concerning the medical and social history of the designated child, including a summary of services that have been provided for the child and any assessments concerning the child;
 - c. A statement concerning the child's adoptability;
 - d. Any order, judgment, or agreement concerning the child's current legal status;
 - e. Authorization to take steps to obtain a placement order for the child for the purposes of adoption by the applicant;
 - f. Original copies of the consents referred to in Article 4 of the HAC, along with confirmation indicating that those consents were given in accordance with the rules set out in that article, if applicable;
 - g. In the case of an Aboriginal child, details concerning the child's status under the *Indian Act* (Canada) and the originating community.
 - h. Confirmation that the originating province or territory has involved the originating band or the competent Aboriginal body if the legislative provisions or the policies of the province or territory so provide;
 - i. Any other document relevant to the placement request, as required by the SAI.
- 4.9 After those documents have been received, the SAI shall send a letter agreeing that the adoption may proceed (Article 17, HAC) to the originating competent authority, a copy of which is sent to the central authority of that province or territory. The SAI shall also forward to the DYP any necessary information and documentation such that an order placing the designated child with the adoptive applicant is issued by the competent tribunal.

- 4.10 Once the placement order has been issued, the SAI shall forward a copy of it to the originating competent authority.
- 4.11 During, and at the end of, the placement period, the SAI shall transmit the reports required by the originating competent authority concerning the child's integration into his or her adoptive family.
- 4.12 If the originating competent authority is satisfied with the child's integration into his or her adoptive family, it shall forward to the SAI an original or a certified true copy of a document authorizing the adoptive applicant to proceed with the legal steps required to obtain an adoption decision.
- 4.13 The SAI shall then send a certified true copy of the adoption judgment to the originating competent authority as soon as possible.

5. Adoption by a person domiciled in Quebec of a non-specifically designated child in care and domiciled outside Quebec

Where it is possible for an adoptive applicant domiciled in Quebec to take steps to adopt a non-specifically designated child in care and domiciled outside Quebec, the applicable procedure is based on the procedure for adopting a specifically designated child.

6. Adoption by a person domiciled outside Quebec of a specifically designated child in care and domiciled in Quebec

- 6.1 Where the SAI receives an adoption application for a specifically designated child who is in care and domiciled in Quebec from an adoptive applicant domiciled outside Quebec, it shall ask the receiving competent authority to send it a copy of the applicant's written application, if it has not already received it, along with information and documentation establishing the applicant's identity, marital status, and family or other relationship with the designated child, along with the reasons for the application.
- 6.2 The SAI shall ensure that the designated child is taken into care by the DYP and that the child is adoptable.
- 6.3 If such is the case, the SAI shall send to the receiving competent authority the following documents:
 - a. A copy of the child's birth certificate;
 - b. A certified true copy of any documents concerning the medical and social history of the designated child, including a summary of services that have been provided for the child and any assessments concerning the child;
 - c. Information about the possibility of an adoption subsidy, if applicable.
- 6.4 After the psychosocial assessment of the adoptive applicant has been completed, where the receiving competent authority concludes that the adoptive applicant is not eligible and suited to adopt the designated child, it shall confirm this in writing to the adoptive applicant and to the SAI, which shall terminate any adoption procedures that have been initiated.

- 6.5 Where the receiving competent authority concludes that the adoptive applicant is eligible and suited to adopt the designated child, it shall confirm this in writing to the applicant and to the SAI and provide it with an original or a certified true copy of the psychosocial assessment.
- 6.6 After the report has been received, if the SAI, in conjunction with the DYP, notes that the adoption being considered is in the child's interest, the SAI shall transmit to the competent authority a report in accordance with Article 16 of the HAC, a copy of which shall be sent to the central authority of the receiving province or territory.
- 6.7 The SAI shall also send to the receiving competent authority an original or a certified true copy of the following documents:
 - a. The child's birth certificate;
 - b. A statement to the effect that the adoption being considered is in the best interests of the child;
 - c. Any order, judgment, or agreement concerning the child's legal status;
 - d. A statement concerning the child's adoptability;
 - e. Original copies of the consents referred to in Article 4 of the HAC, along with confirmation indicating that those consents were given in accordance with the rules set out in that article, if applicable;
 - f. In the case of an Aboriginal child, details concerning the child's status under the *Indian Act* (Canada) and the originating community.
- 6.8 Also, the SAI shall ask the receiving competent authority to send it an original copy of a document, signed by the adoptive applicant, indicating that the applicant agrees to take the necessary steps to finalize the adoption of the designated child within three months of the child's moving to the receiving province or territory, along with an original or a certified true copy of any other document that might be required for the purpose of obtaining a transfer order for the adoption of the designated child.
- 6.9 After those documents have been received, the SAI shall send a letter agreeing that the adoption may proceed (Article 17, HAC) to the originating competent authority, a copy of which is sent to the central authority of that province or territory.
- 6.10 The SAI shall then take the necessary steps with the DYP such that an order giving the adoptive applicant parental authority and authorizing the transfer of the designated child outside Quebec with a view to the child's adoption is issued by the competent tribunal.
- 6.11 Once the order has been issued, the SAI shall forward a certified true copy to the receiving competent authority, along with any other document required to finalize the adoption.
- 6.12 After the child has moved, the receiving competent authority shall ensure that the procedures required to finalize the adoption are taken by the adoptive applicant within the three-month period referred to in section 6.8.

6.13 The receiving competent authority shall transmit to the SAI a certified true copy of the decision establishing the adoption as soon as possible.

7. **This section applies when the child in care and the adoptive applicant establish domicile in another province or territory following a placement order for a domestic adoption but before the adoption decision is made.**

For the purposes of this section, the responsible authority is the DYP of a CISSS or a CIUSSS.

7.1 When the originating province or territory learns that a child in care and the adoptive applicant will be moving to another province or territory before the adoption decision is made by the tribunal in the originating province or territory, the originating province or territory shall provide to the receiving province or territory, with the written consent of the adoptive applicant, a *written 30-day notice* informing it of the move, if circumstances permit.

7.2 At the request of the originating province or territory, the receiving province or territory shall, as soon as reasonably possible after receiving notice of the move,

- Inform the originating province or territory of the name of those responsible for providing adoption services in the receiving province or territory;
- Forward the information provided to the competent authorities in the receiving province or territory.

7.3 If possible, before the adoptive applicant and the child who is the subject of the placement order move to the receiving province or territory, the originating province or territory of origin shall

- Request in writing that the receiving province or territory ensure that the child is supervised during the placement period;
- Ask the receiving province or territory to confirm in writing that it will provide the requested supervision.

7.4 The originating province or territory shall, in cooperation with the receiving province or territory, prepare a plan finalizing the adoption. If possible, the plan shall be written before the adoptive applicant and the child who is the subject of the placement order move to the receiving province or territory. The plan shall include the following elements:

- Provisions setting out how the receiving province or territory will supervise the placement;
- A timeline for the submission of the adoption application to the tribunal in the originating province or territory;
- If applicable, information about additional requirements set forth in the legislation of the originating province or territory concerning finalization of the adoption.

7.5 The originating and receiving provinces and territories shall send each other the information and documents required to implement the agreed-upon plan for finalizing the adoption.

8. Placement disruptions

Where the placement of a child taken into care with a view to adoption is disrupted before an adoption decision is made, the originating and receiving provinces and territories shall agree, subject to the relevant legislative provisions in the receiving province or territory concerning child protection, to renegotiate an intervention plan that is in the best interests of the child. The competent authority in Quebec in this regard is the SAI.

9. Post-adoption services

- 9.1 Where a province or territory has unsuccessfully taken steps to locate a person in connection with a search or a reunion application and there is information suggesting that this person is in a specific province or territory, the province or territory conducting the search may ask that specific province or territory for help in finding the person being sought.
- 9.2 A province or territory may ask another province or territory for help in determining whether a person domiciled in that province or territory consents or does not consent to the disclosure of information concerning a search or a reunion application.

10. Aboriginal customary adoption

Certain provinces and territories recognize Aboriginal customary law with respect to adoptions that take place on their territory. This protocol does not apply to Aboriginal customary adoption. Where an originating province or territory has laws recognizing Aboriginal customary adoption (e.g., the *Aboriginal Custom Adoption Recognition Act* of Nunavut), that province's or territory's particular policies and procedures shall be respected.



Serious Occurrence Guidelines

Purpose of the Serious Occurrence Standard:

- To ensure an effective and thoughtful response to an incident which created, or had the potential to create harm to a child, youth, young adult or parent/caregiver.
- To increase learning with the potential to reduce the risk of future injuries or death.
- To ensure a comprehensive case analysis and evaluation.
- To identify internal and external systemic issues that impact client service and outcomes.
- To identify individual and system training needs that supports the continuous improvement towards best practice.
- To identify trends or themes that emerges from the review.
- To improve existing standards and procedures and inform ongoing Child and Family Services policy work.

Procedure to address a Serious Occurrence:

1. Child Protection Worker receives notification of Serious Occurrence and informs Supervisor/Manager within the required timeframe based on the severity level of the occurrence.
2. In consultation with the Supervisor/Manager, the Child Protection Worker will take the necessary actions to respond to the crisis. Actions may include, but are not limited to:
 - Establishing immediate safety of child, youth, young adult and/or parent/caregiver(s) involved in Serious Occurrence
 - Seeking RCMP assistance and/or medical attention as needed
 - Contacting the child, youth, young adult and/or parent/caregiver(s) involved in Serious Occurrence to offer support and determine current needs
 - Notifying the parent/caregiver(s) of child or youth involved in serious occurrence (when appropriate)
 - Notifying the placement resource of child or youth involved in serious occurrence (when appropriate)
 - Communicating with all relevant service providers (foster parents, specialized treatment program) to ensure child, youth, young adult and/or parent/caregiver(s) immediate and ongoing safety
 - Initiating a case conference with relevant parties, i.e. child over 12 years of age, parent/caregiver(s), foster care resource, specialized services, courtesy supervision worker and Indigenous Organization, to debrief incident, identify needs, and develop a safety plan for the child, youth, young adult and/or parent/caregiver(s) in efforts to prevent future incidents from occurring.



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3. Supervisor/Manager will verbally inform Regional Assistant Director and NTHSSA Deputy Director of Practice (or their Designate) of Serious Occurrence according to the Severity Level.
4. Child Protection Worker will complete the written Serious Occurrence Report and submit to their Supervisor/Manager within three (3) calendar days of the initial notification of the Serious Occurrence.
5. Supervisor/Manager will submit the written Serious Occurrence Report to the NTHSSA Deputy Director of Practice (or their Designate) within two (2) days of receiving the report from the Child Protection Worker.
6. NTHSSA Deputy Director of Practice will submit the written Serious Occurrence Report to the DHSS Director of Child and Family Services or Deputy Director as received by the Supervisor/Manager.

Information Required for the Initial Notification of a Serious Occurrence:

Upon the notification of a Serious Occurrence, information of the incident must be obtained by the Child Protection Worker and reported to the necessary parties in accordance with the reporting structure outlined above. This initial notification should be as comprehensive as possible and include the following information (when available and applicable):

- Name, alias, birth date and legal status of the child, youth, young adult and/or parent/caregiver(s);
- Name and home region of the child/youth's parent and/or caregiver(s);
- Name of the foster care resource or specialized service involved;
- How and when the Child Protection Worker was informed of the serious occurrence and by whom;
- Known circumstances surrounding the serious occurrence including the date, time, place and situation;
- Current whereabouts of child, youth, or young adult
- Any risk to the safety of other children in the home, foster care resource or specialized service and if applicable, action taken to decrease risk;
- Persons notified by the Child Protection Worker such as the RCMP, parent and/or caregiver(s), placement resource, medical personnel, NTHSSA Deputy Director of Practice etc.;
- Any other action taken



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Risk factors to consider when determining the safety of child, youth or young adult:

- The child, youth or young adult's age
- The child, youth or young adult's decision-making capacity (i.e. ability to consent, care for self, or understand consequences of actions, etc.)
- Acute medical or psychological conditions
- Current location
- Weather conditions
- Behaviour is uncharacteristic of child, youth, or young adult
- Child, youth, or young adult engages in other high-risk behaviours
- Child, youth, or young adult is known to associate with individuals or situations that have previously placed them at significant risk of harm
- Previous Serious Occurrences

Indications of immediate safety concerns may include, but are not limited to: missing medication, active aggressive behavior, accessibility to environmental hazards (access to open water when in an altered state of mind, etc.), intoxication, not adequately prepared/dressed for weather conditions, active suicidal ideation or statements of harm towards others.

Definitions:

Child Protection Worker Designate:

- An individual appointed to act on behalf of the Child Protection Worker (i.e. another Child Protection Worker, Courtesy Supervision Worker, Authorized Person, Supervisor, etc.).

Foster Care Resource:

- A caregiver(s) who is providing care and support to child/youth/young adults on behalf of Child and Family Services.

NTHSSA Deputy Director of Practice Designate:

- An individual appointed to act on behalf of the NTHSSA Deputy Director of Practice.

Specialized Service Provider:

- Any external service or program provider who is contracted by Child and Family Services to provide programming for children/youth/young adults receiving support from Child and family Services.

Supervisor/Manager Designate:

- An individual appointed to act on behalf of the Supervisor or Manager.

Human Trafficking:

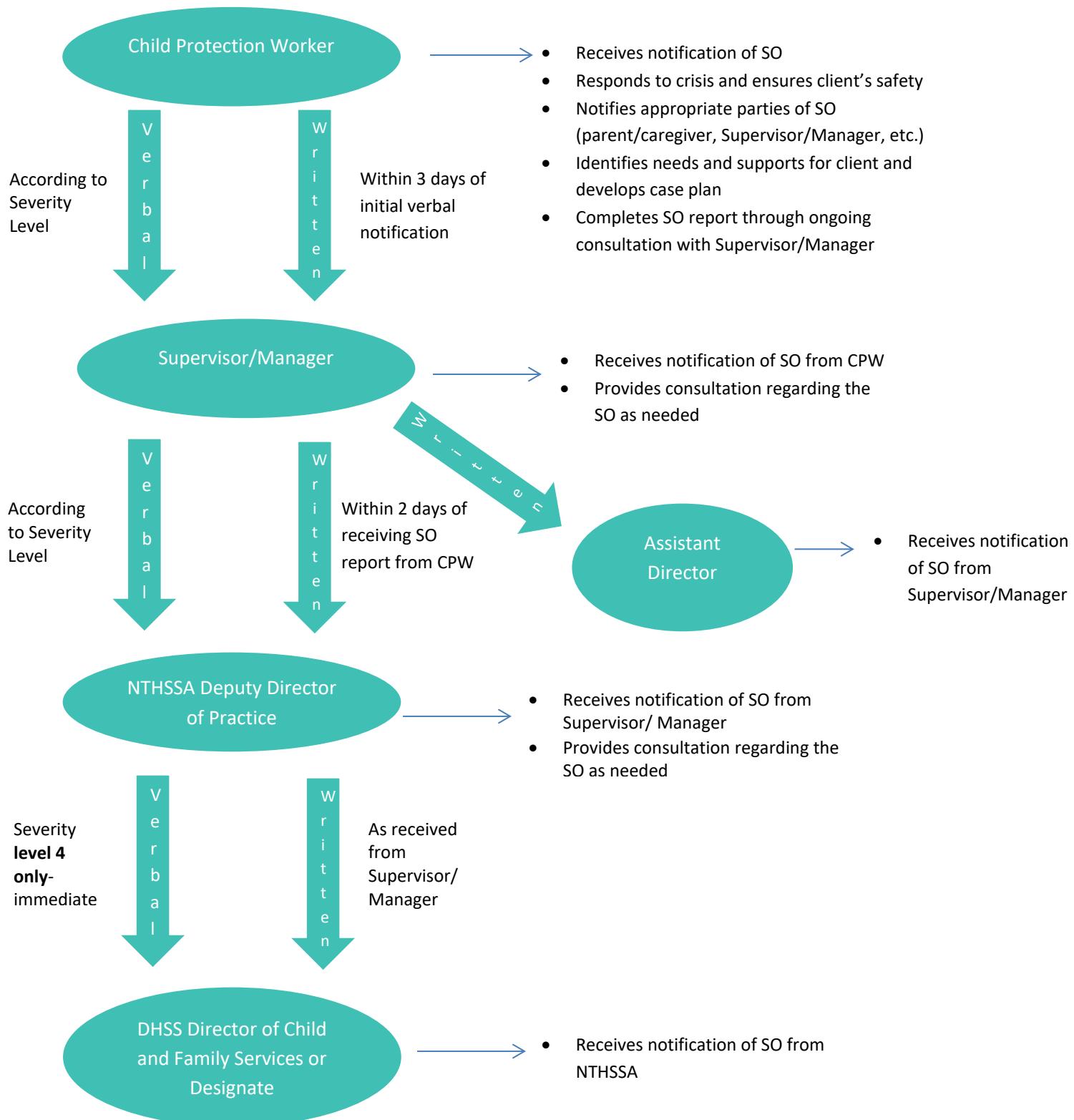
- The trade of humans for forced labour, sexual slavery, or commercial sexual exploitation for the trafficker or others. Additional definitions to terminology above (i.e. sexual abuse) can be found in the NWT Structured Decision Making Policy and Procedure Manual (2019).



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Serious Occurrence Reporting Structure



Written Notification from the Director of Child and Family Services

Document:	
1.	All requests for a person to be appointed as a Child Protection Worker
2.	All requests for revocations of Child Protection Workers
3.	All requests for a person to be given 'Authorized Person' status
4.	All requests for revocations of 'Authorized Person' status
5.	All Treaty card applications
6.	All Child Special Allowance applications and cancelations
7.	Original completed passport applications for a child in Permanent Custody
8.	All requests for a child in permanent custody to travel outside of Canada
9.	All requests for a child in permanent custody to receive anaesthetics, surgery or psychotropic medication
10.	All requests for a child to be placed in a foster home out of the NWT
11.	All requests for a child receiving services to be placed in a treatment program outside of the NWT
12.	All applications for Change of Name (NWT Vital Statistics form)
13.	All requests for Consent for Release of Information for a child in Permanent Custody

Written Notification to the Director of Child and Family Services

Child Protection Workers must document in their case notes notification of the Director of Child and Family Services of all the actions and materials listed below.

Document:	
1.	Copy of all requests sent to lawyers to represent the Director of Child and Family Services in a contested child protection case
2.	Copy of all Screening Reports
3.	Copy of all Investigation Reports
4.	All applications for Health Care Cards
5.	All applications for Birth Certificates
6.	Voluntary Support Agreements (and accompanying case plans)
7.	Support Service Agreements (and accompanying case plans)
8.	Plan of Care Agreements (and/or modifications and/or extensions)
9.	Plan of Care Reports
10.	Copy of all Interim Adjournment Orders
11.	Certified copy of all Child Protection Orders
12.	Copy of any Court Order stating a child requires legal counsel
13.	Copy of any Section 35 orders, addressing referrals from the Youth Criminal Justice Act