



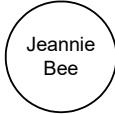
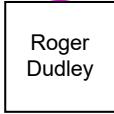
Genogram Code Key



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



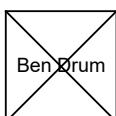
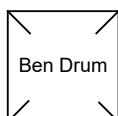
Solid line with one slash through it represents a separation – date of separation is placed above the line



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



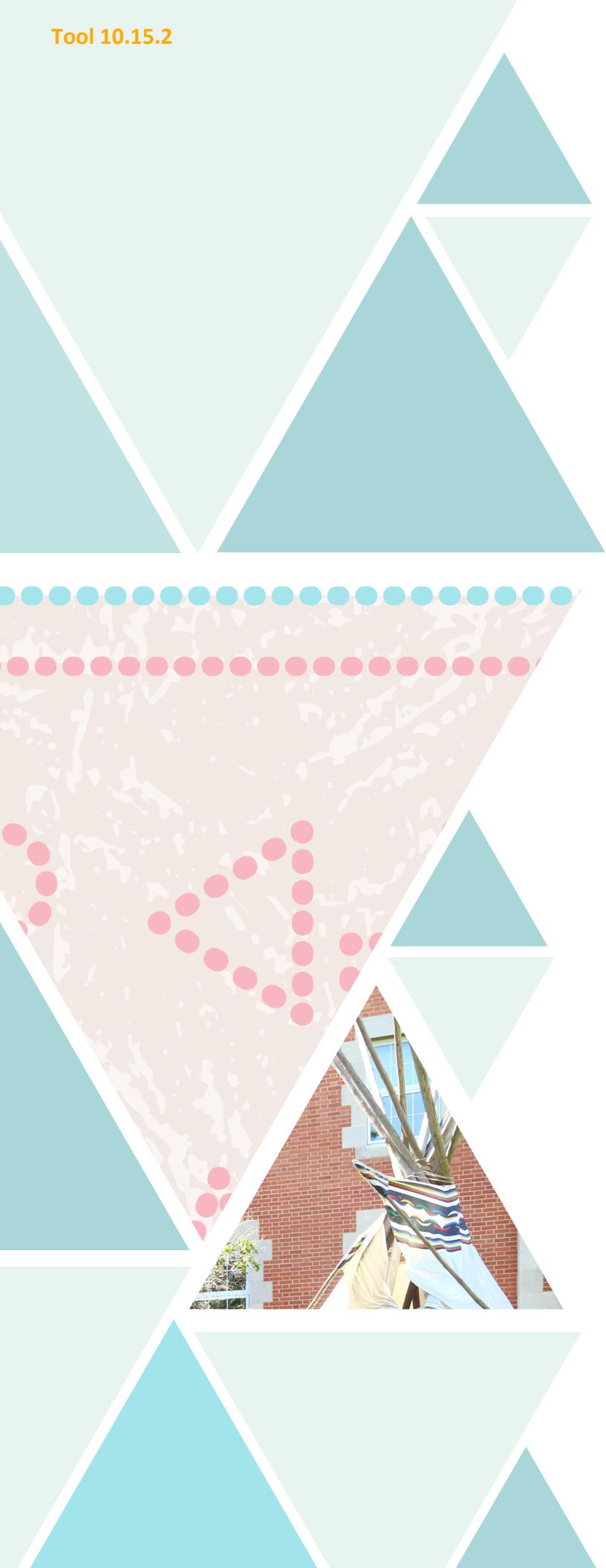
Vertical single dotted line indicates a foster child



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

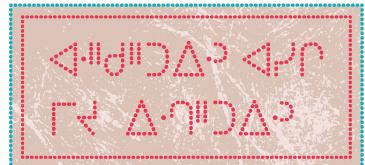


A triangle is used to represent a miscarriage



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.

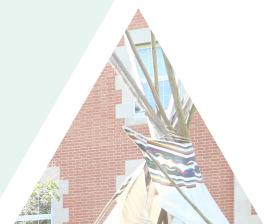
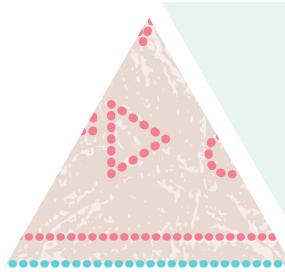
Is the Child a member of an Indigenous Nation that has its own Child Welfare legislation enacted under Bill C-92?

- 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

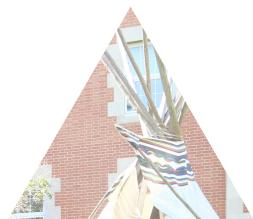
- + Must consider possibility of placement “with or near” siblings or relatives
- + Must take into account customs and traditions, such as custom adoptions:
s. 16 (1) & (2)

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.

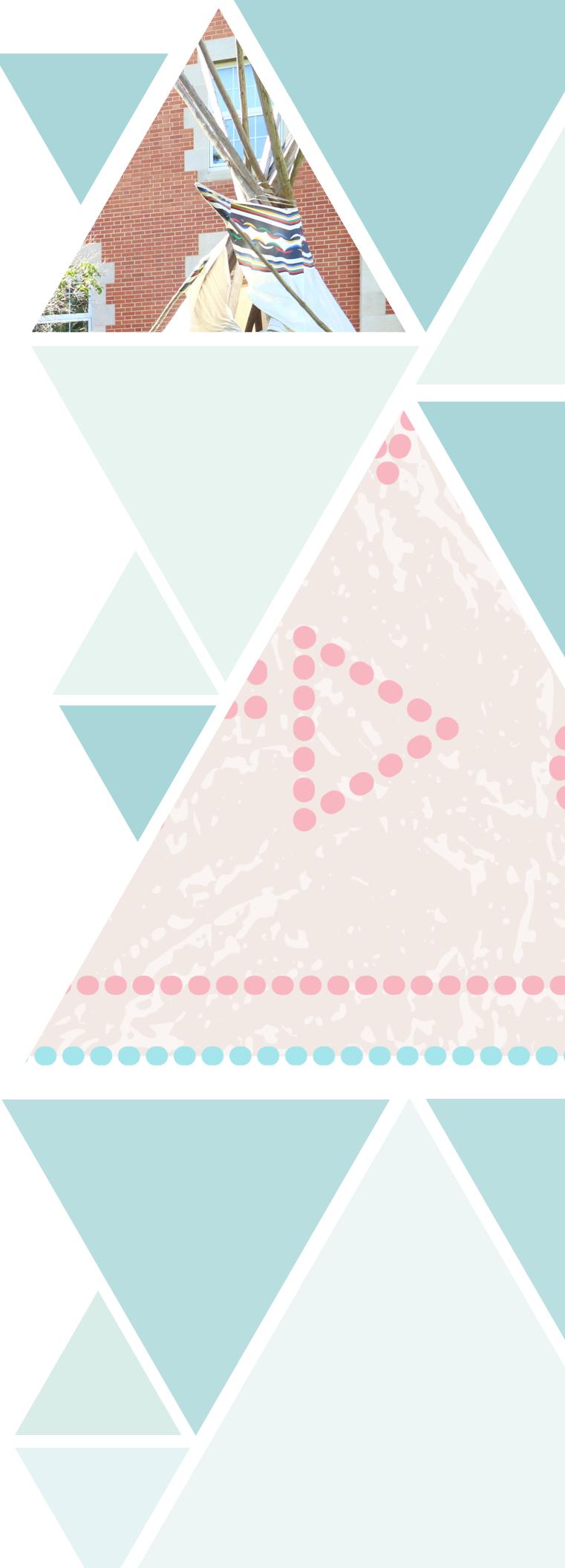


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It is not legal advice or a legal opinion.



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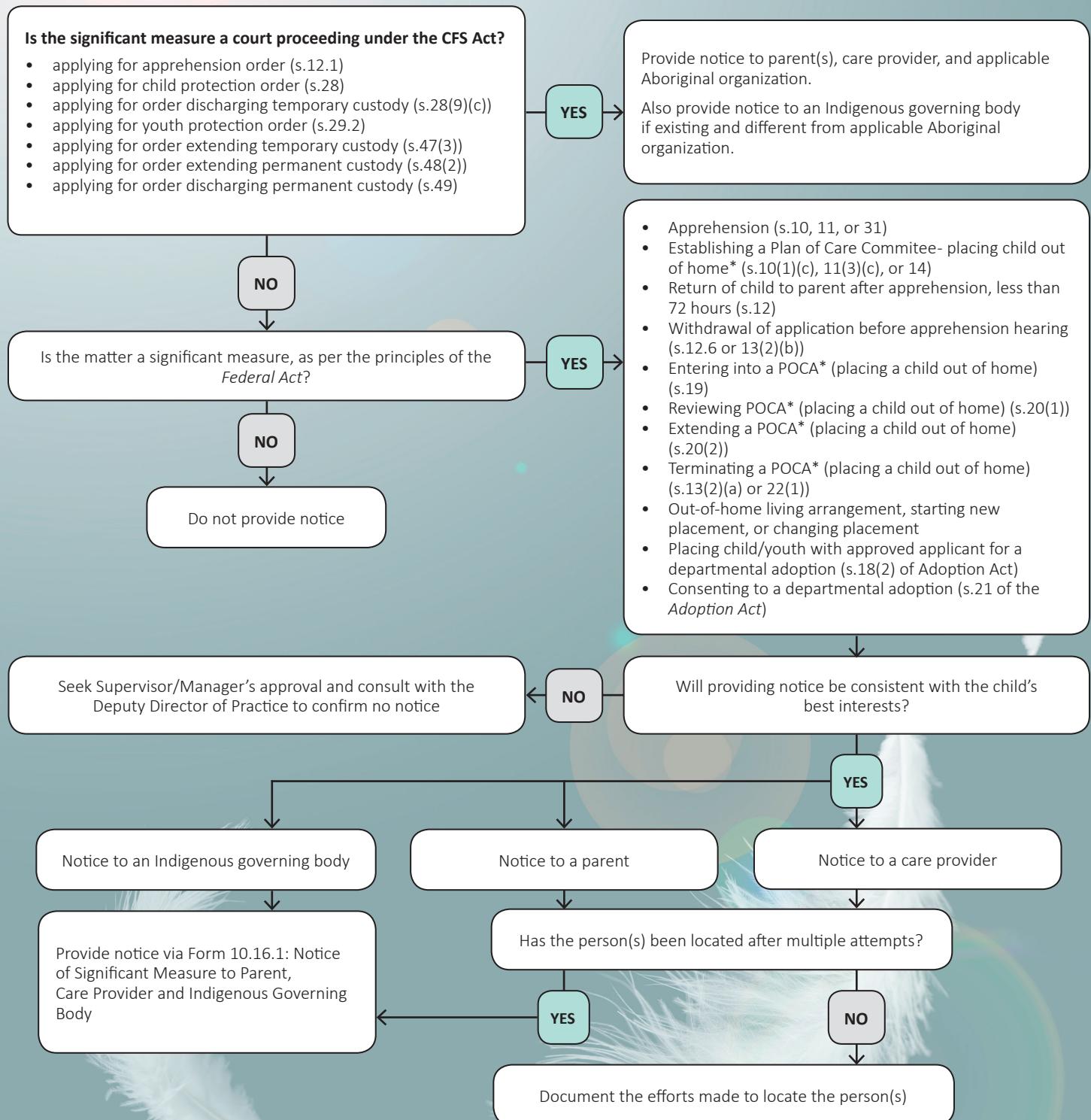
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Tool 10.16.1

Notice of Significant Measures Flowchart

Requirement to provide notice before taking a significant measure in relation to an Indigenous child or youth



*Please note: Where a Plan of Care Agreement (POCA) exists with a child placed in the home and it is determined that an out-of-home placement is needed, the parent can consent to placing the child with family. If this kind placement happens, the out-of-home placement is not considered a significant measure and there is no need to give notice of the change in placement or the subsequent POCA process (i.e. review, extended, etc.). This is contingent on an apprehension not having occurred.





Significant Measures Notice Schedule

The purpose of the notice is to provide those affected by the proposed significant measure with an opportunity to have their views considered **before** taking the measure. Notice must be provided unless it is not in the best interests of the child/youth.

How Notice is Provided

Prior to taking a significant measure, complete **Form 10.16.1: Notice of Significant Measure to Parent, Care Provider, and Indigenous Governing Body**. Use this form for both court proceedings and non-court significant measures.

Court Proceedings

Where the Indigenous governing body (IGB) and the applicable Aboriginal organization (AAO) are the same, you must serve a certified copy of the originating notice/notice of motion, as well as a copy of **Form 10.16.1**.

If the Indigenous governing body and the applicable Aboriginal organization are not the same, serve a certified copy of the originating notice/notice of motion to the applicable Aboriginal organization. The **Form 10.16.1** is not required.

Where notice is required under the **CFS Act**, a court order under **s.83** is necessary to dispense with the requirement notice.

Best Interests of Child/Youth

Instances may exist where providing notice prior to taking a significant measure is not in the child/youth's best interest. In these cases, the Supervisor/Manager and Deputy Director of Practice (DDP) must be consulted and the reason for the decision to delay notice or deviate from the approved notification process must be clearly documented.

These instances may include but are not limited to:

- Where the child/youth's safety is at imminent risk and providing notification would compromise the safety of the child/youth, i.e., upon receiving a child protection report which requires an immediate child protection intervention. In this case, the notice of the significant measure must be provided as soon as possible after the significant measure has been taken.
- The person who will be provided notice of significant measure is involved in an alleged offence against the child, youth, or family and serving this person would compromise the safety of the child, youth, or family. In this situation, alternative methods of notification must be used such as notifying an alternate person.

There may be times a child/youth or family does not want a person or Indigenous governing body to be notified. However, the Child Protection Worker/Designate must provide notice of a significant measure to the parent(s)/care provider(s) and the Indigenous governing body/bodies to fulfill legislated responsibilities under the **Federal Act**.



Section 10 Administration

Tool 10.16.2

Notice Period

A default guideline of 10 days minimum is recommended for most significant measures. In urgent circumstances, the notice period is determined in consultation with a Manager/Supervisor.

X = current notice requirements under CFS Act

0 = notice requirements under Federal Act

Significant Measure (section of CFS Act)	Notice provided to the following persons before taking significant measure				Notice period
Court proceedings	Parent(s)	Care provider	Applicable Aboriginal organization	Indigenous Governing Body (IGB)	Notice period, as required under CFS Act
Application to confirm an apprehension, otherwise known as an application for an apprehension order Section: 12.1	XO	XO	X	0	4 days
Application for a child protection order (a declaration that the child is in need of protection and a supervision, temporary custody, or permanent custody order) Section: 28	XO	XO	X	0	10 days
Application for a youth protection order (a declaration that the youth is in need of protection and a temporary custody or permanent custody order) Section: 29.2	XO	XO	X	0	10 days
Application for an extension of a child/youth temporary custody order Section: 47(3)	XO	XO	X	0	10 days
Application for an extension of a child/youth permanent custody order Section: 48(2)	XO	XO	X	0	10 days



Section 10 Administration

Tool 10.16.2

Application to discharge a child/youth temporary custody order Section: 28(9)(c)	XO	XO	X	0	10 days
Application to discharge child/youth permanent custody order Section: 49	XO	XO	X	0	10 days
Non-court proceedings	Parent(s)	Care provider (if having care of child)	Applicable Aboriginal organization	Indigenous Governing Body (IGB)	Notice period, as required under CFS Act
Establishing a Plan of Care Committee- placing child out of home Sections: 10(1)(c), 11(3)(c), or 14	XO (unless part of the Committee)	0	N/A	0	Default 10 day minimum
Entering into a Plan of Care Agreement-placing child out of home Sections: 19	0 (unless signing the POCA)	0	N/A	0	Default 10 day minimum
Reviewing a Plan of Care Agreement-placing child out of home Sections: 20(1)	0 (unless signing the POCA)	0	N/A	0	Default 10 day minimum
Extending a Plan of Care Agreement-placing child out of home Sections: 20(2)	0 (unless signing the POCA)	0	N/A	0	Default 10 day minimum
Terminating a Plan of Care Agreement-if child was placed out of home Sections: 13(2)(a)	0 (unless parent terminates POCA)	0	N/A	0	Default 10 day minimum
Apprehension Sections: 10, 11, or 31	0	0	N/A	0	Default 10 day minimum



Section 10 Administration

Tool 10.16.2

Return of child to parent after apprehension, less than 72 hours Sections: 12	0	0	N/A	0	24 hour minimum
Withdrawal of application before apprehension hearing Sections: 12.6 or 13(2)(b)	0	0	N/A	0	Default 10 day minimum
Out-of-home living arrangement, starting new placement, or changing placement	0	0	N/A	0	Default 10 day minimum
Placing child/youth with approved applicant for a departmental adoption Section: 18(2) of Adoption Act	0	0	X (consulted if consent provided by parent/child)	0	Default 10 day minimum
Consenting to a departmental adoption Section: 21 of the Adoption Act	0	0	N/A	0	Default 10 day minimum



Outil 10.16.3

Mise à jour : 6 novembre 2020

INFORMATION SUR LA *LOI CONCERNANT LES ENFANTS, LES JEUNES ET LES FAMILLES DES PREMIÈRES NATIONS, DES INUITS ET DES MÉTIS (LOI FÉDÉRALE)*

Avis au parent et au fournisseur de soins avant de prendre une mesure importante

Avant de prendre une mesure importante concernant un enfant ou un jeune placé sous vos soins, le préposé à la protection de l'enfance ou la personne désignée (y compris les personnes autorisées, les superviseurs ou les gestionnaires) doit vous en informer.

Un avis vous est transmis afin que vous ayez la possibilité de faire entendre votre point de vue avant que le préposé à la protection de l'enfance ou la personne désignée n'agisse.

Votre point de vue est important. Nous tiendrons compte de tout ce que vous direz avant de prendre une mesure importante.

Selon nous, vous devez participer à la prise de décision et à la planification concernant l'enfant ou le jeune.

Qu'est-ce qu'une mesure importante?

Une mesure importante est une intervention que le préposé à la protection de l'enfance ou la personne désignée effectue après avoir pris une décision basée sur l'information recueillie pour mettre en place un plan ou un plan d'action pour un enfant placé sous vos soins.

L'avis en question vous expliquera exactement quelle mesure est envisagée pour l'enfant ou le jeune concerné.

Voici des exemples de mesures importantes :

- une procédure judiciaire;
- une appréhension;
- le placement d'un enfant ou d'un jeune dans une famille d'accueil;
- le placement d'un enfant ou d'un jeune en adoption.

Avant que toute mesure ne soit prise, vous devez être avisé, sauf si cela va à l'encontre des intérêts fondamentaux de l'enfant ou du jeune. Il arrive qu'une mesure doive être prise immédiatement pour la sécurité de l'enfant ou du jeune. Si c'est le cas, vous recevrez un avis dès que possible. Nous vous expliquerons pourquoi nous ne pouvions pas attendre. Votre opinion demeure importante et nous voulons en discuter avec vous dès que possible étant donné que nous travaillons ensemble pour planifier l'avenir de l'enfant ou du jeune.

Comment allez-vous m'aviser?

- Vous recevrez un exemplaire d'un formulaire appelé *Avis de mesure significative au parent, au fournisseur de soins et au corps dirigeant autochtone*.
- Ce formulaire vous indique quelle est la mesure importante proposée, et comment communiquer avec le préposé à la protection de l'enfance ou la personne désignée.
- Vous recevrez ce formulaire en main propre ou par télécopieur, courrier recommandé ou courriel. Il est possible qu'on vous donne l'avis verbalement, auquel cas vous recevriez le formulaire peu de temps après.
- Ce formulaire contient l'information dont vous avez besoin pour participer à la prise de décisions et à la planification pour l'enfant ou le jeune.

Quelqu'un d'autre reçoit-il l'avis?

- Si un corps dirigeant autochtone nous informe qu'il agit au nom de la communauté autochtone dont fait partie votre enfant ou votre jeune, il sera également avisé.

Que dois-je faire lorsque je reçois l'avis?

- Communiquez avec le préposé à la protection de l'enfance ou la personne désignée si vous souhaitez donner votre point de vue. Les coordonnées sont inscrites sur le formulaire *Avis de mesure significative au parent, au fournisseur de soins et au corps dirigeant autochtone*.
- Posez des questions — c'est votre droit.
- Faites-nous part de vos inquiétudes et de vos suggestions, le cas échéant.
- Vous pouvez demander de l'aide au préposé à la protection de l'enfance ou à la personne désignée, à votre famille, à votre gouvernement autochtone, à vos amis ou aux membres de la communauté.
- Vous avez le droit d'avoir accès à un avocat et de lui parler.
- Vous pouvez demander que toute information ou procédure vous soit expliquée, ainsi que traduite dans votre langue.

Si vous voulez ces informations dans une autre langue officielle, téléphonez-nous au 1-855-846-9601.

If you would like this information in another official language, contact us at 1-855-846-9601.



INFORMATION ON AN ACT RESPECTING FIRST NATIONS, INUIT AND MÉTIS CHILDREN, YOUTH AND FAMILIES (FEDERAL ACT)

Notice to Parent and Care Provider prior to taking a Significant Measure

Before taking a significant measure in regard to a child or youth under your care, the Child Protection Worker or Designate (including Authorized Persons, Supervisors or Managers) must notify you.

The reason why notice is provided is to give you an opportunity to share your views before a Child Protection Worker or Designate takes the measure.

Your views matter. Everything you say will be considered before a significant measure is taken.

We believe you should be involved and participate in the decision and planning for the child and youth.

What is a Significant Measure?

A significant measure is an intervention the Child Protection Worker or Designate takes after making a decision based on information gathered to put in place a plan or course of action for a child under your care.

You will be told exactly what significant measure is being considered for the child or youth in your care when you receive notice.

Examples of significant measures can include:

- a court proceeding;
- an apprehension;
- placing a child or youth in an out-of-home living arrangement; or
- placing a child/youth for adoption.

Before any measure is taken, you must be notified unless it is not in the child or youth's best interest. Sometimes, a measure must be taken right away for the safety of the child or youth. If this happens, you will be given notice as soon as possible. We will tell you why we could not wait. Your views are still important, and we want to discuss them with you as soon as possible as we work together to plan for the child or youth.

How are you going to give me Notice?

- You will be given a copy of a form that is titled *Notice of Significant measure to Parent, Care Provider, and Indigenous governing body*
- This form tells you what the proposed significant measure is, , and how to get into contact with the Child Protection Worker or Designate.
- You will be given this form in person or by fax, registered mail, or email. Sometimes you might be told about the notice verbally, and the form will follow shortly after.
- This form includes information you need to participate in decisions and planning for the child or youth.

Is anyone else given Notice?

- If there is an Indigenous governing body that has informed us that they are acting on behalf of the Indigenous community to which your child or youth belongs, then they will also be given notice.

What should I do when I receive Notice?

- Contact the Child Protection Worker or Designate if you would like to provide your views. This contact information is on the *Notice of Significant measure to Parent, Care Provider, and Indigenous governing body* form.
- Ask questions—this is your right.
- Let us know what you are concerned about and if you have any suggestions.
- You can ask for help from the Child Protection Worker or Designate, your family, your Indigenous Government, friends, or community members.
- You have the right to access and speak to legal counsel.
- You can ask to have any information or processes explained to you, as well as translated into your language.

If you would like this information in another official language, contact us at 1-855-846-9601.
Si vous voulez ces informations dans une autre langue officielle, téléphonez-nous au 1-855-846-9601.

Annual Review Documentation Update Schedule

The following forms **must** be renewed as part of the annual review process according to the schedule below. An Annual Review cannot be signed off by a supervisor until all of the documentation that is required to be updated has been submitted as part of the Annual Review.

Annual Renewal

- Annual Review Form, Foster Parent Interviews and Other Household Member Interviews
- Caregiver Discipline Agreement
- Foster Home Agreement
- Oath of Confidentiality Agreement

Every Two Years

- Consent for Disclosure of Criminal Record Information (Criminal Record Check)

Every Five Years

- Applicant's Medical Examination Update

Basic Maintenance Rate				Subsidized Adoption Rate (Basic Maintenance Rate)	
Region	Community	Current Rate / day	New Rate / day	Current Rate / day (60% of Current)	New Rate / day (90% of New Basic Rate)
Beaufort Delta	Aklavik	43	49	26	44
	Ft McPherson	39	46	23	41
	Inuvik	33	46	20	41
	Paulatuk	53	54	32	49
	Sachs Harbour	47	51	28	46
	Tsiigehtchic	36	49	22	44
	Tuktoyaktuk	49	49	29	44
	Ulukhato	44	54	26	49
Sahtu	Colville Lake	47	57	28	51
	Deline	45	48	27	43
	Ft Good Hope	45	48	27	43
	Norman Wells	44	50	26	45
	Tulita	45	48	27	43
Yellowknife	Dettah	24	29	14	26
	Yellow knife	24	29	14	26
	Ft Resolution	31	42	19	38
	Ndilo	24	29	14	26
	Lutselk'e	42	48	25	43
Fort Smith	Ft Smith	30	34	18	31
Hay River	Hay River	27	35	16	32
	Enterprise	26	35	16	32
Dehcho	Ft Liard	32	41	19	37
	Ft Providence	30	39	18	35
	Ft Simpson	34	37	20	33
	Kakisa	34	39	20	35
	K'atlodeeche First	27	34	16	31
	Jean Marie River	34	37	20	33
	Nahanni Butte	40	40	24	36
	Trout Lake	39	42	23	38
	Wrigley	42	50	25	45
	Behchoko	33	42	20	38
Tlicho	Gameti	36	36	22	32
	Wekw eeti	38	42	23	38
	Whati	36	42	22	38
Age of Child Rate				Subsidized Adoption Rate (Specialized Needs Rate)	
Age Group		Current Rate / day	New Rate / day	Current Rate / day / point	New Rate / day / point
Age 0 - 5		4	5		
Age 6 - 12		3	4		
Age 13 - 18		5	6		
				0.38	0.57

Note 1:

Foster care rates vary from community to community, based on the Consumer Price Index.

Note 2:

In addition to the basic foster care rate, supplementary payments based on the age of the child exist, such as:

- Age 0-5 years - \$5.00 per day
- Age 6-12 years - \$4.00 per day
- Age 13-18 years - \$6.00 per day

And as required, a specialized needs assessment can be completed to determine if the child or youth also qualifies for additional funding due to a disability or a unique level of care need.

Criminal Record Check Relevant Charges

Local and National Criminal records check:

A Criminal Records Check (CRC) must be completed on all adults aged 19 years of age and older, residing in the applicant home to verify whether they have a criminal record and if the criminal record would potentially put a child at risk of physical or sexual abuse if placed in that home.

All adults require a Vulnerable Sector criminal records *check* as well as a search for release of information about any sexual offence for which a person may have been granted a pardon. A Vulnerable Sector criminal records check allows the RCMP to provide information on any police involvements that the applicant is named in including domestic disturbances and whether charges were laid or not.

The Child Protection Worker will discuss the process of obtaining a criminal record verification and the implications of a police record with the applicant.

Full fingerprints check:

A full fingerprints check will be required when:

- The applicant self-discloses a criminal record.
- The returned Vulnerable Sector Criminal Record Check indicates there “may or may not” be a criminal record.

Results of criminal record check

The Child Protection Worker must consult with the Supervisor in all cases when a criminal record exists to determine whether to proceed with the applicant’s application or whether the offence and circumstances indicate the applicant should be rejected from the foster home assessment process.

The consultation and the decision made with the Supervisor will be documented by the Child Protection Worker on the foster parent application file and shared by the Child Protection Worker with the applicant.

The Child Protection Worker and Supervisor must consult with the Director of Child and Family Services in all cases where the record is one listed as ‘relevant’ (see the relevant list on the next page).

- (1) Applicants who are rejected as a result of a criminal record will receive a letter by mail outlining the reasons for being rejected. The letter will be written by the Child Protection Worker, reviewed by the Supervisor and signed by the Supervisor.
- (2) If the Child Protection Worker determines that the individual who is the subject of the criminal record check has an outstanding charge relating to a 'relevant offence' or specified offence or has been convicted of a relevant offence or specified offence, the Child Protection Worker must:
 - (a) refer the matter to the Director to determine whether the conviction or outstanding charge indicates that the individual presents a risk of physical or sexual abuse to children; and
 - (b) inform the individual that he or she has an outstanding charge relating to a relevant offence or specified offence or that the individual has been convicted of a relevant offence or specified offence and the matter has been referred to the Director.
- (3) In making a determination to approve or reject a foster home for 'relevant' convictions, the Director must consider the following:
 - (a) whether the behaviour associated with the relevant or specified offence would, if repeated, pose a threat of physical or sexual abuse to children;
 - (b) the circumstances of the offence including the age of the individual at the time of the offence and the existence of any extenuating circumstances; or
 - (c) any other factors that the Director considers including, without restriction, the time elapsed since the occurrence of the offence or alleged offence, subsequent actions of the individual, the likelihood of the individual repeating a similar kind of behaviour and any attempts at rehabilitation.
- (4) The Director must promptly provide notification with written reasons for the determination of approval or rejection to the applicant, who is the subject of the determination, if requested.

Reconsideration

- (5) The individual who is the subject of a criminal record check may request a reconsideration of the determination by appealing to the Director of Child and Family Services either orally or in writing.
 - (a) Once the Director receives notice of the reconsideration, he or she may request additional information from the person requesting the reconsideration and convene a hearing.
 - (b) The Director must provide written reasons for the decision to approve or reject the application after the hearing process.

The following sections of the Criminal Code (Canada) are designated as relevant offences pertaining to this Standard:

- section 151: (Sexual Interference);
- section 152: (Invitation to Sexual Touching);
- section 153: (Sexual Exploitation);
- section 153.1: (Sexual Exploitation of Person with Disability);
- section 155: (Incest);
- section 159: (Anal Intercourse);
- section 160: (Bestiality);
- section 163.1: (Child Pornography);
- section 170: (Parent or Guardian Procuring Sexual Activity);
- section 171: (Householder Permitting Sexual Activity);
- section 172: (Corrupting Children);
- section 172.1: (Luring a Child);
- section 173 (1): (Indecent Acts);
- section 173 (2): (Exposure);
- section 212 (1): (Procuring a Person for the Purposes of Prostitution);
- section 212 (2): (Living Off Avails of Child Prostitution);
- section 212 (2.1): (Living off Avails of Child Prostitution, Aggravating Circumstances);
- section 212 (4): (Attempting to Obtain the Sexual Services of a Child);
- section 215: (Duties of Persons to Provide Necessities);
- section 218: (Abandoning Child);
- section 220: (Causing Death by Criminal Negligence);
- section 221: (Causing Bodily Harm by Criminal Negligence);
- section 229: (Murder);
- section 235: (Punishment for Murder);
- section 236: (Punishment for Manslaughter);
- section 237: (Punishment for Infanticide);
- section 238: (Killing Unborn Child in Act of Birth);
- section 239: (Attempt to Commit Murder);
- section 240: (Accessory after Fact to Murder);
- section 242: (Neglect to Obtain Assistance in Child Birth);
- section 243: (Concealing Body of Child);
- section 245: (Administering Noxious Thing);
- section 267: (Assault with a Weapon or Causing Bodily Harm);
- section 268: (Aggravated Assault);
- section 269: (Unlawfully Causing Bodily Harm);
- section 271: (Sexual Assault);
- section 272: (Sexual Assault with a Weapon, Threats to a Third Party or Causing Bodily Harm);
- section 273: (Aggravated Sexual Assault);
- section 273.3: (Removal of Child from Canada);
- section 279: (Kidnapping/Forcible Confinement);
- section 279.1: (Hostage Taking);

section 280: (Abduction of Person under Sixteen);
section 281: (Abduction of Person under Fourteen);
section 282: (Abduction in Contravention of Custody Order);
section 283: (Abduction);
section 446: (Cruelty to Animals);
section 810.1: (Where Fear of Sexual Offence) *dangerous offender designation

Investigation of a Complaint Against a Foster Home

The investigation of a foster home is conducted in an objective, supportive and timely manner.

By accepting their role as temporary caregivers for vulnerable children/youth placed in the child protection system, foster parents agree to provide a safe haven and a nurturing environment for the foster children whom they care for. However, foster children/youth may present many challenges for foster parents, because while these children/youth are experiencing the normal stresses associated with attaining developmental milestones, they may also be victims of abuse and neglect. These children/youth may be dealing with issues including but not limited to:

- Sexual victimization;
- Family violence;
- Physical abuse;
- Emotional abuse or neglect;
- Rejection and/or abandonment;
- Depression;
- Substance abuse;
- Developmental/Intellectual/Social delays; and/or
- Trauma associated with the loss of their family connections.

It is important to consider that foster children/youth often act out their feelings of loss and anger by hurting or rejecting others around them, including foster parents, siblings, parents, children at school, or friends. When investigating allegations consideration must be given not only to the complex needs of foster children/youth but the issues that the foster family may be experiencing.

Foster parents need to understand the investigation process and be prepared for the possibility of a child protection investigation.

The following principles must be reflected in situations where foster home investigations are completed:

1. The safety and wellbeing of the child/youth is the paramount consideration at all times.
2. Children/youth have a right to be protected from abuse and neglect.
3. Children/youth have a right to be heard, supported and informed.

4. Information may be shared among Child and Family Services staff, RCMP or community resources when it is necessary to ensure the safety or wellbeing of a child/youth.
5. A spirit of collaboration and teamwork, and a commitment to problem solving are recognized as essential conditions for resolving differences.
6. The working relationship between the foster parents and Child and Family Services staff should be characterized by mutual respect, trust, honesty, and fairness.
7. Foster parents are entitled to support, guidance and respect when issues or concerns arise about their home.
8. Where necessary, translation services should be obtained to assist participants who have difficulty understanding spoken or written English.
9. All parties are committed to clear communication within the bounds of confidentiality. The *Child and Family Services Act* governs the disclosure of information about an investigation by Child and Family Services Child Protection staff, so while the intention is to share information, there may be some information that cannot be shared.

The time period for an investigation (from report to completion) is normally 30 days. There are circumstances in which investigations may be extended in order to gather the necessary information or make a determination of the outcome. In those situations, foster parents will be notified of the extension.

A Child Protection Worker will assess the complaint against a foster home within 24 hours and begin the investigation as per *Section 1 – Reporting and Investigating section*. If the allegation doesn't fall within the parameters of the *Child and Family Services Act*, the Child Protection Worker will share the complaint with the foster family, taking the necessary steps to address the concern i.e.: Quality of Care Review.

Child Protection Workers will notify the RCMP in cases where the report indicates a child/youth may have been physically or sexually abused. The Child Protection Worker will then determine any action needed to ensure the immediate safety and wellbeing of all children/youth in the home.

Depending on the allegation, the Child Protection Worker will determine if the children/youth (both biological and foster) should be removed from the foster home. The foster home may be temporarily closed until the investigation is completed.

As part of the investigation, the Child Protection Worker will;

1. Interview the child(ren) /youth who are the subject of the allegation

2. Interview other children/youth residing in the foster home if deemed necessary
3. Speak to relevant collateral contacts
4. Inform the foster parents of their right to legal counsel
5. Arrange to meet with the foster parent(s). Where possible, Child Protection Worker(s) will, prior to the meeting, notify the foster parents of their right to have a support person present, provided this practice does not compromise the integrity of the investigation.
 - The support person may be any adult the foster parent wants to have with them during the investigation.

Child Protection staff will meet to review the investigation findings, and to make a determination concerning the status of the foster home. The foster parents will be notified in writing of the findings within 30 days of the completion of the investigation. This will include an action plan to remedy the situation if deemed necessary, and if there is any change to the status of the foster home.

At the conclusion of the investigation the Child Protection Worker will meet with the foster parents (in person where possible) to discuss the outcome. He/she will inform the child(ren)'s /youth's legal guardian(s) of the allegations against the foster home, the findings of the investigation, and any significant decision that must be made with respect to the child/youth.

If the foster parents are not satisfied with the outcome of the investigation, they may forward their concerns in writing to the Assistant Director of Child and Family Services.

Within 30 days of receiving this request, the Assistant Director of Child and Family Services will complete the review of the investigation, and will notify, in writing:

1. The Foster Parents of their decision/outcome of the review; and
2. Child Protection staff involved in the investigation, of the outcome and decision.

Involuntary Foster Home Closure Criterion

The following criterion should be considered in deciding whether a foster home should be closed:

- Substantiated reports of physical, sexual and emotional abuse
- Substantiated reports of domestic violence or severe family disharmony
- Substantiated reports of neglect (failure to provide adequate food, clothing, shelter, medical care or access to education; lack of supervision)
- Failure to report accidents, injuries or other critical incidents to the Child Protection Worker without delay
- Failure to address/resolve safety hazards identified in the home (i.e: replace defective smoke alarms, lock all firearms and ammunition)
- Criminal charges involving the foster parent(s) where they are found guilty or the charges have been stayed, where new charges or convictions have occurred following the approval of the foster home or where criminal activity is discovered as a result of ongoing supervision (See Criminal Records Check Relevant Charges tool)
- Repeated non-compliance or interference in following any component of the child's case plan (appointments, reunification efforts, access with family members)
- Restricting access of a Child Protection Worker to the foster home or foster child(ren) by the foster parent
- Unwillingness/refusal to participate/cooperate in foster home reviews, provide required updates to their foster family file, participate in mandatory training or child protection investigations
- Any physical or mental health condition which renders the foster parent consistently unable to care for the immediate and ongoing physical or psychological needs of the child for extended periods of time
- Failure to report changes in living arrangements or family composition (i.e.: new people living in the home since the foster home was approved)
- Utilization of methods of discipline not approved or prohibited by the Director of Child and Family Services
- Acting in the role of legal guardian when unauthorized to do so
- Severe breeches of confidentiality
- Any other circumstance where a foster parent is creating conditions that are contrary to the best interests of a child or are deemed child protection concerns

Where relevant, other factors should also be considered in the decision to close a foster home including the number of occurrences, the context of the issue, foster parent awareness of the issue, motivation to change, opportunities/resources provided to correct the issue, seriousness of the incident and harmful outcomes to the child(ren)/youth.

Needs Assessment Related Terms

Adapted from *the Adopt Ontario website (n.d.)*

The following is a list of some of the needs that may affect children/youth and some possible implications of parenting.

Attachment Issues

Child/youth does not receive consistent, attentive care and nurturing and does not bond to a primary caregiver during infancy.

Adoption Implication: The child/youth may be indiscriminately affectionate with strangers, may have challenges in forming stable, trusting relationships. Parents should learn techniques for enhancing attachment and strive to find ways to maximize interactions with their child/youth.

Sexual Abuse

Sexual contact perpetrated upon a child by a person or persons who have power and control over the child/youth.

Adoption Implication: The child/youth may present numerous psychological, cognitive, behavioural and relationship effects including sexual acting out, overt masturbation, flirtation behaviour and depression. Therapeutic interventions may be appropriate.

Physical Abuse

A non-accidental form of injury or harm inflicted on a child/youth by a caregiver. This includes but is not restricted to physically restraining, wounding, burning, poisoning and related assault causing visible or non-visible harm.

Adoption Implication: The normal attachment process for a child/youth whereby the child learns to trust and enjoy the give and take of a caring relationship may be interrupted. The child may be fearful, be slow to trust others and have attachment difficulties.

Fetal Alcohol Spectrum Disorder (FASD)

FASD is a medical diagnosis for a specific pattern of birth defects caused by prenatal exposure to alcohol.

Fetal Alcohol Syndrome (FAS) includes particular sets of facial features, growth deficiency and central nervous system deficits.

Fetal Alcohol Effect (FAE) is similar but without the physical features.

Adoption Implication: Many of these children/youth are bright and creative. They may have some learning difficulties, may require a special education program and usually do best in a structured environment. More severe situations may involve impaired social skills and problems with short-term memory, understanding of consequences or cause and effect relationships.

Attention Deficit Hyperactivity Disorder (ADHD)

This is a cluster of symptoms characterized by a short attention span, poor concentration, impulsivity and hyperactivity.

Adoption Implications: Children/youth with this disorder have difficulty listening, flowing through with instructions, are easily distracted, are always on the go, fidget constantly, are impulsive, are unable to wait their turn, interrupt others and typically have difficulty at school.

Cocaine Use during Pregnancy

The long-term effects of cocaine use during pregnancy are not fully known. Some suggest that there can be physiological and neurological damage as well as learning issues.

Adoption Implications: Adopting parents must be able to live with the uncertainty and be prepared to use and advocate for outside services, as the child's needs dictate.

REGULAR FOSTER HOME STUDY

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Introduction

The Regular Foster Care Home Study is an interactive process between the Applicant(s) and the Child Protection Worker which leads to the assessment of the Applicant(s) capacity to understand, accept and meet the needs of children in care. It should lead to the identification of their strengths and limitations and/or potential risk factors that would pose concerns surrounding the child's safety and wellbeing.

Format of the Regular Foster Care Home Study:

The Regular Foster Care Home Study Report begins with an outline for the opening page. The first page should state;

- the Applicant(s) names, including any previous names
- the Applicant(s) address and telephone number
- the dates of interviews and home visits conducted by the Child Protection Worker as part of the report

Within each area of discussion, there are four (4) headings which will assist the Child Protection Worker in collecting the information and to make further assessment:

A. Objective

The objective gives the purpose of the section and the rationale for the information to be collected.

B. Content

The content outlines the information to be included in the written report.

C. Factors to consider in the assessment

This section gives information from the research and literature on fostering.

D. Suggested questions and topics for discussion

These are intended to help Applicant(s) think about how their strengths and limitations might affect their capacity as Foster Caregiver(s).

The report concludes with a recommendation section about the placement of children with the Applicant(s) followed by the appendices.

Guidelines for the interviews are:

- If there are two Applicant(s), interview them together and individually;

- At least one interview must be conducted in the Applicant(s) home;
- Include any young children in the home in the interviews/individually;
- Children over the age of seven (7) should be interviewed separately to determine their views on fostering;
- Interview other members of the household individually; and
- Include at least one interview with all the members of the household together so you can assess how they relate to one another.

While each Child Protection Worker will develop his/her own way of completing the Regular Foster Care Home Study, the expectation is that it will be of good written quality. It is also very important for the applicants to provide examples in answering the questions as it will provide additional detail and context in order to make an assessment of the area under consideration. It is not intended that one must begin with the first topic area and work through the areas in the order they are given. As well, the suggested questions are only beginning points for the discussion between the Child Protection Worker and the Applicant(s).

Motivation for Fostering

A. OBJECTIVE

To assess how the Applicant(s) motives for fostering might affect their ability to meet the needs of the child.

B. CONTENT

Discuss with the Applicant(s) their motives for considering fostering and identify how any issues related to those reasons might strengthen or limit the ability of the Applicant(s) to care for a child not born to them. Document the interview of a second applicant separately in the same format.

If infertility is an issue, assess their readiness to foster in relation to how they have managed with the losses associated with infertility.

C. SUGGESTED QUESTIONS AND TOPICS FOR DISCUSSION

- What do the Applicant(s) give as their reasons for wanting to foster a child?
- How and when did your interest in fostering begin?
- How did the Applicant(s) reach the decision to foster?
- What does fostering mean to each member of the family?

- How have your family members, close relatives and friends reacted to your plan to foster? If you haven't shared your plans to foster with others, why have you chosen not to?
- What do you feel you have to offer to a child?
- What does a child have to offer you?
- What will be the benefits of caring for children in the care of the Director?
- If infertility is an issue, how have the Applicant(s) dealt with the associated losses? E.g. loss of self-esteem, loss of a jointly conceived child, loss of the pregnancy experience, loss of privacy?

Personal Description and Experiences of Each Applicant

A. OBJECTIVE

To identify the factors that will be helpful or limiting in the Applicant(s) ability to meet the needs of a child.

B. CONTENT

FIRST APPLICANT

i. Physical Description

Give a brief description of the Applicant(s) racial and cultural heritage, age, height, hair and eye colour.

ii. Personality

Describe the Applicant(s) personality. You may wish to use direct quotes from the Applicant(s), the Applicant(s) partner, as well as your own assessment.

- Give examples that illustrate the characteristics described. As well, give your assessment of how personal factors may be helpful or limiting in the Applicant(s) capacity to care for a child in care.
- Include in this section confirmation that a criminal records check has been completed.

- * Information about a criminal record that is not relevant to the Applicant's ability to protect, nurture and care for a child is not included.
- * Where a record exists which is relevant to the Applicant's ability to protect, nurture and care for a child, give your assessment of how the issues related to the record may have been resolved and whether they can continue to care for children.

- Include in this section comment regarding the outcome a Child Protection Record Check (Child and Family Information System check; review of hard-copy files and Interprovincial Child Protection Record Check if the applicants have lived in another Province or Territory). If the Applicant(s) has had a child in his/her care that was found to be in need of protection, give your assessment of how protection issues have been resolved.

iii. **Interests and Community Involvement**

Outline the interests and activities of the Applicant(s) and the amount of time involved. Include his/her expectations of how this might change with the addition of a child in care to the family.

iv. **Education and Employment**

Describe the Applicant(s) educational background. Identify educational or training experiences that might be relevant to caring for children.

Describe the Applicant(s) attitude towards education in general and educational expectations of a child.

- Include your assessment as to how the Applicant(s) would deal with the situation if a child did not meet his/her educational expectations.

Give a brief description of the Applicant(s) employment history, the type of work and stability of employment. Identify any work experience relevant to caring for children. Describe the current job including hours of work.

- Include the Applicant(s) work plans after placement. Describe the Applicant(s) need for childcare for younger children; will they need it, or not. As well, describe the flexibility of the job when time off is required for matters such as child's medical appointments or school events.

v. **Religion/Spiritual Values/Belief System**

State whether the Applicant(s) is affiliated with a particular religion or holds particular spiritual values or beliefs.

Describe the nature and extent of the Applicant(s) involvement and the involvement that will be expected of a child to be fostered.

- If the Applicant(s) belongs to a group where beliefs involve the exclusion of medical treatment, state whether the Applicant(s) subscribe to this belief. If the Applicant(s) does, describe how health issues/problems will be handled.
- If two persons are fostering and each is affiliated with a different religion or belief system, describe how the Applicant(s) handle this. State what beliefs the child would be exposed to and how this impacts the family. How would

they deal with a child that was of a different religion/belief system placed with them?

vi. Cultural Background

Describe the Applicant(s)' cultural heritage and the role it plays in his/her life.

Describe what role it will play in the life of the child to be fostered. Assess the Applicant(s) capacity to accept persons from cultures other than his/her own. How would the applicant expose the child to the child's culture if they come from a culture different than the Applicant(s)?

vii. Physical and Mental Health

Describe the health of the Applicant(s). Include information obtained from the Applicant(s) and from a physician who is familiar with the Applicant(s).

Give your assessment of how any identified physical or mental health problems affect the Applicant(s) capacity to meet the physical and emotional needs of a child. Describe the supports and resources available that would enable the Applicant(s) to meet the needs of a child.

Describe what childcare arrangements would be made if the Applicant(s) became ill for a short or a long period of time.

Describe the Applicant(s) use of alcohol, tobacco and drugs. If there has been a problem in the past, describe how the problem has been resolved.

viii. Family History

You may wish to use a genogram to help focus effectively and quickly on family relationships and issues.

Briefly describe the family in which the Applicant(s) was raised. Ensure that the kinds of relationship between the parent(s), the parent(s) and children, and between siblings are discussed.

Describe how the Applicant(s) thinks his/her childhood experiences might be helpful or limiting in meeting the needs of a child. We learn how to care for children from our parents and from other caregivers.

Give your assessment of how the families' experiences might strengthen or limit the Applicant(s) capacities as a Foster Parent.

Summarize the Applicant(s) current involvement with extended family members. If there is a lack of contact with family, assess what effect this will have on the Applicant(s) as a Foster Parent. Evaluate whether the extended family will be a potential source of support or stress after placement.

C. FACTORS TO CONSIDER IN THE ASSESSMENT

The literature has identified the following qualities as contributing to a successful placement;

- faith or support from religion;
- a deep concern for children;
- tolerance;
- a strong cooperative marriage in married foster families;
- a daily life that is characterized as organized and routinized but flexible in terms of responding to children's needs and external demands;
- a sense of humour;
- the ability to be resilient and maintain a sense of hope.

Characteristics that inhibit successful fostering include;

- genuine fostering motivations;
- ability to balance competing demands for parents' time and energy;
- ability to cope with difficulties in dealing with strong attachments to children who might have to leave the family; and
- personal and interpersonal flexibility.

D. SUGGESTED QUESTIONS AND TOPICS FOR DISCUSSION

- How does the Applicant(s) describe himself/herself, their partner? How does the Applicant(s) feel friends would describe him/her?
- Which characteristics does the Applicant(s) feel could be helpful in caring for children? How could they be helpful? Which characteristics does the Applicant(s) feel could be limiting in caring for children? How could they be limiting?
- How does the Applicant expect his/her interests and community involvement to change with the addition of a child to the household?
- How will the Applicant continue to maintain some personal time?
- How will it be handled if the child does not have similar interests to the Applicant(s)?
- If applicable, what were the reasons for job changes? (to assess steadiness of employment, capacity for commitment, and degree of flexibility)
- What are your job related satisfactions and job related stresses? Identify whether there is a balance between job satisfaction and job-related stress. Being a Foster

Parent is very stressful, particularly during the first 6-12 months of placement. This exploration will enable the Applicant(s) to evaluate whether the timing of the application is realistic.

- How will it be handled if the history, behaviour or needs of the child conflict with the personal belief system of the Applicant(s) (e.g. history or disclosure of incest, sexual abuse)
- What part, if any, does religion play in your life? If you attend church, which one and describe your involvement.
- How will it be handled if the child rejects the religion/spiritual values or belief system of the Applicant(s)?
- What kind of support does the Applicant(s) receive in a stressful situation? How would it be a source of support for the Applicant(s) in difficult times after a child is placed in the home?
- How does the Applicant(s) describe his/her culture?
- What are the beliefs and attitudes of the Applicant(s) culture about fostering, about child rearing, about family roles and relationships?
- How does the Applicant(s) take care of his/her physical and mental health?
- Does the Applicant(s) use medication and if so, what kind and for what conditions?
- Has the Applicant(s) ever been treated for a mental illness or emotional problem? If yes, how is it relevant to the Applicant(s) capacity to meet the needs of a child?
- How does the Applicant(s) describe his/her childhood? What were the significant events during his/her growing years?
- What has the Applicant(s) done or what could he or she do to prepare the extended family for their fostering of children?
- How would the Applicant(s) like the child in care placement with them to be the same or different than the child's home with his/her family?
- If applicable, what are the reasons for any termination in extended family relationships? What is the effect of termination on the Applicant(s)?

- Did the Applicant('s) family encourage an understanding and acceptance of differences? How will the Applicant(s) teach a child in care to understand and acceptance of differences?
- What does the Applicant(s) bring from his/her background, which will help him/her care for a child?
- Describe your usage of alcohol/tobacco or illegal drugs. Also describe your spouse's use.
- Does any member of your family have a history of criminal activity? Please elaborate.

Personal Description and Experiences of the Applicant(s)' Children Living in the Home

A. OBJECTIVE

- To assess the compatibility between the children in the home and the child to be fostered.
- To assess how the child understands fostering and what it will mean to have another child become part of the family.

B. CONTENT

Complete the following information for each child living in the home. If there are children not living in the home, whether they are of this relationship or a previous relationship, give the reasons why the child is living apart from the parent, the child's degree of involvement with the family and the parent's financial responsibilities for the child.

1. CHILD(REN):

i. Personality and Behaviour

Briefly describe the child's personality.

Assess whether the child's behaviour is age appropriate and/or requires additional attention. If the child has any special needs describe how the family is meeting them. Assess what effect this might have on the family's capacity to meet the needs of another child.

ii. Interests

Briefly outline the child's interests and activities.

iii. Health

Describe any health problems the child may have and how the family is managing them. Assess this issue on the family's capacity to meet the needs of another child.

iv. School Experiences

Briefly describe the child's academic and social progress. If there have been learning or other difficulties in school describe how the family has handled the difficulties. Assess what effect this might have on the family's capacity to meet the needs of another child.

v. Relationship with Parent(s), Siblings and Friends

Describe the quality of the relationship the child has with parent(s), siblings and friends. If the children are of a previous relationship, describe the child's current involvement with the parent who is not part of this household.

If the child has difficulties with relationships, describe how the Applicant(s) are handling this. Assess what effect this might have on the Applicant(s) capacity to meet the needs of another child.

vi. Views About the Proposed Fostering

Describe the child's views about the proposed fostering plan and the steps taken by the Applicant(s) to prepare the child for the changes involved. Assess the child's readiness to accept the child requested by the Applicant(s).

2. OTHER CHILD(REN).

Provide the same information for all children in the home.

C. FACTORS TO CONSIDER IN THE ASSESSMENT

The impact on the children already in the home when a child enters the family must not be underestimated. This is particularly true when the child joining the family has some special needs and may only be staying with them for a short time.

Children already in the home may experience increased levels of stress due to;

- loss of parental attention;
- changes in family roles, structures and activities;
- feelings of guilt and shame regarding their reaction to a special needs child;
- the negative reaction of others outside the family;
- Witnessing concerning behaviors of foster children in the home due to a disability, past trauma and loss and grief

D. SUGGESTED QUESTIONS AND TOPICS FOR DISCUSSION

- How will the time the Applicant(s) now spend with their children be affected by the addition of other children?
- How involved have the children been in the plan to become a foster family? How might fostering affect the children living in the home and any children who are not living in the home?
- How will the Applicant(s) help the children in the home adjust to other children joining the family for periods of time? How will they adjust to the other children leaving?
- How do the Applicant(s) handle anger, affection, possessiveness or rejection in parent/child interventions?
- How do the Applicant(s) describe each child, including the child's adjustment and needs?
- What is the child's understanding of why the Applicant(s) wish to foster?
- How does the child feel about other children living with their family?
- How does the child feel about his/her position and role in the family?
- Describe the child's view of his/her relationship his/her parent(s).
- Describe the child's view of his/her relationship with his/her siblings.

Other Members of the Household

A. OBJECTIVE

- To describe their role in the family following a foster care placement.
- To ensure the safety and well-being of the child(ren).

B. CONTENT

“Other members of the household” refers to those persons who share living space with the Applicant(s). This could potentially include anyone renting a room in the home or extended family members (including children), friends or acquaintances that have established residency within the home or spend a significant amount of time in the home where they could have unsupervised access to foster children.

Briefly describe each person's relationship to the Applicant(s), attitude towards the plan to foster and anticipated role in the family following the placement of a child in care.

Include in this section confirmation that a criminal record check has been completed. Information about a criminal record that is not relevant to the health and safety of a

child is not included. Where a record exists that is relevant to the health and safety of a child, give your assessment of how the protection issues have been resolved.

Include in this section confirmation that the elements of a Child Protection Record Check have been completed. If the person has had a child in his/her care that was found to be in need of protection, give your assessment of how the protection issues have been resolved.

Relationships

A. OBJECTIVE

- To assess the Applicant(s)' ability to provide stable care for a child in care.
- To assess the way in which the Applicant(s) relate emotionally with others may demonstrate their capacity to meet the emotional needs of a child.
- To assess how the Applicant(s)' problem-solving abilities may strengthen or limit their capacity to meet the challenges of caring for a child while they cannot live with their own family.
- To assess how the Applicant(s)' communication skills, both within and outside the family might affect their capacity to meet the challenges of caring for a child in care.

B. CONTENT

- If applicable, describe the couple's courtship and relationship before marriage or becoming common-law. Describe the quality of relationships with their in-laws. Provide a general statement pertaining to the stability of the relationship.
- Assess the Applicant(s) capacity to have stable, committed and mutually satisfying relationships. If there has been a previous marriage or partnership, describe what the Applicant(s) brings from that experience to the current relationship. Describe the current relationship with the previous partner, particularly if there are children from that relationship.
- Provide information on how/when/why the relationship ended. If there are other children involved, provide information pertaining to the custody, maintenance and on-going relationships.
- Describe how responsibilities and functions are allocated and carried out within the family. Assess whether the Applicant(s) show flexibility, accountability and satisfaction about this allocation. Assess how the Applicant(s)' functions and responsibilities may affect their adjustment to being a Foster Parent.

- Describe how family finances are managed. Assess how the addition of a child in care may affect the Applicant(s) financially. Though there are per diems, the money given to support a child in care generally only covers the basic needs. Are per diems viewed as a “pay check”? Provide information surrounding what financial compensation is available for caring for a foster child.
- Describe what resources are available to them in a financial crisis (such as illness, disability or death of a family member, unemployment).
- Describe how the Applicant(s) express the range of emotions (e.g. love, tenderness, happiness, joy, fear, sadness, anger, disappointment and depression).
- Describe how the Applicant(s) respond to the range of emotions expressed by others.
- Describe the Applicant(s) ways of handling problems. Give examples of how the Applicant(s) have handled some of the difficult experiences in their life.
- Describe how the Applicant(s) resolve their conflicts with others. Assess how the Applicant(s)’ problem solving strengths and limitations may affect their capacity as a Foster Caregiver.
- Describe the support network of the Applicant(s). Assess whether the child will have role models of both sexes and within the circle of family and friends.
- If the applicant is single/one parent family, in a same sex relationship, or is of non-aboriginal ancestry, describe how the Applicant(s) will help the child address any barriers associated with these types of families.

C. FACTORS TO CONSIDER IN THE ASSESSMENT

The Child Welfare League of America Standards states the following;

“Adults who are emotionally mature will generally have the capacity to grow into parenthood as they experience a relationship with a child, and are likely to be able to provide the care they need. Some of the characteristics to be considered in evaluating emotional maturity are: the capacity to give and receive love; the ability to assume responsibility for the care, guidance and protection of another person; reasonable emotional stability; flexibility and ability to change in relation to the needs of others; a capacity for relationships; self-respect; an ability to cope with problems, disappointments and frustrations; an ability to accept normal hazards and risks; the capacity to take responsibility for one’s own actions and the capacity to accept and handle loss.

In two-parent families, the relationship should be one that could continue successfully without a child. The emotional climate should be satisfying for the parent(s) as well as the child. Each partner should have respect for the other."

The relationship of the Applicant(s) needs to be strong as fostering brings strains into the relationship that can challenge its stability. The addition of foster children in the home should not be seen as a solution to unresolved conflict or interpersonal issues within a relationship.

D. SUGGESTED QUESTIONS AND TOPICS FOR DISCUSSION

- How do the Applicant(s) feel that caring for a child in care will affect their relationship with the people who are important to them?
- What do the Applicant(s) feel are the factors, which contribute to a committed, stable relationship? What are the factors which contribute to the breakdown of relationships?
- How have the Applicant(s) coped with the loss of former relationships that were important to them?
- What do the Applicant(s) describe as the strengths of their current relationships with the people who are important to them? In what areas are they working toward change?
- How are the decisions made when there is a difference of opinion? If there are two Applicant(s), what do they identify as sources of conflict between them?
- How is time spent with the individuals who are most important to the Applicant(s)? How do the Applicant(s) plan to balance this time and their intimacy needs after a child in care joins the family?
- How do the Applicant(s) meet their emotional needs?
- How do the Applicant(s) plan to manage the stresses that the addition of a child in care to the family will bring?
- How would the Applicant(s) know if the people closest to them were upset? How do the Applicant(s) let others know when they are upset?
- How would the Applicant(s) know if the people closest to them were angry? How do the Applicant(s) let others know they are angry? Has there been family violence?

Home and Community Environment

A. OBJECTIVE

To assess the Applicant(s)' ability to meet the physical requirements of the home and community to provide for the needs of children in care.

B. CONTENT

i. Home Environment:

Complete the following Environmental scan checklist regarding the physical requirements of the home. Attach this assessment with the narrative of the Regular Home Study.

I. Physical Standards	YES	NO
Contains specifically designated spaces for informal living, dining, food preparation storage and separate rooms for sleeping and bathing.	<input type="checkbox"/>	<input type="checkbox"/>
Is equipped with a means for providing and maintaining adequate heat and habitable rooms.	<input type="checkbox"/>	<input type="checkbox"/>
It is in a condition free of hazards to physical safety and garbage, refuse and other wastes are disposed of in such a way as not to constitute a health hazard.	<input type="checkbox"/>	<input type="checkbox"/>
All bedrooms have windows.	<input type="checkbox"/>	<input type="checkbox"/>
All foster children are sleeping in the same building as the foster family and not in an unfinished attic, unfinished basement, or a hallway.	<input type="checkbox"/>	<input type="checkbox"/>
Each foster child has a bed appropriate to their age, a clean mattress and bedding appropriate for the weather and climate.	<input type="checkbox"/>	<input type="checkbox"/>
Foster children are not sharing a bed or the sleeping room with an adult couple or adult of the opposite sex unless the needs or illness of the child requires this arrangement.	<input type="checkbox"/>	<input type="checkbox"/>
Foster children over six (6) years of age are not sharing a bedroom with a child of the opposite sex unless an established sibling group without risk factors.	<input type="checkbox"/>	<input type="checkbox"/>
Indicate whether there are pets in the home. If there are pets, indicate how the Applicant(s) will respond if a child in care has unforeseen allergies.	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Foster parent(s) must protect the safety of foster children by ensuring:

II. Foster Child Safety	YES	NO
That there is a means of communicating regularly and routinely with the Child Protection Worker through a telephone or access to a telephone.	<input type="checkbox"/>	<input type="checkbox"/>
That all weapons, including firearms, air rifles, bows and hunting slingshots, are locked up and are inoperable and inaccessible to children unless under the supervision of a responsible adult.	<input type="checkbox"/>	<input type="checkbox"/>
All ammunition is stored separately from weapons and are locked up	<input type="checkbox"/>	<input type="checkbox"/>
That a single station smoke detector with alarm device approved by Underwriters Laboratories of Canada is located between the bedroom and the remainder of the home.	<input type="checkbox"/>	<input type="checkbox"/>
A plan for emergency evacuation of the home has been devised and that foster children are advised of the exit to use and how to evacuate in case of fire	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

ii. Neighbourhood and Community

- Describe the neighbourhood and facilities available for children (i.e. accessibility to schools, community centers, playgrounds).

- Describe the neighbourhood. Include demographic and cultural information and describe the larger community by providing: approximate population, type of community (urban, rural, reserve, community), accessibility to medical and other resources such as daycare, counselling services.

C. SUGGESTED QUESTIONS AND TOPICS FOR DISCUSSION

- How would you describe your home, and neighbourhood?
- Are you buying or renting? How long have you lived in your present home?
- What will the sleeping arrangements be for a child in care?
- What type of play space do you have for children?
- Does the Applicant(s) budget reflect an ability to meet the needs of a child?
- If the child to be fostered has special needs, what expenses might be involved in caring for the child?
- Describe any pets in your home.
- Why did the spouses choose each other?
- How did your family accept your spouse?
- What was the most difficult year of your relationship?

Childcare Philosophy and Experience

A. OBJECTIVE

To assess how the Applicant(s) attitudes and philosophies about child care, and child management, may strengthen or limit their capacity to meet the needs of a child in care.

B. CONTENT

- Identify any experiences in caring for children the Applicant(s) have had and any additional education or courses they have taken.
- Describe those values, which the Applicant(s) feel are most important to instil in children. If the Applicant(s) have children;
- Describe their way of caring for their children; describe the rules for the children in the home and the methods of discipline.
- Assess whether their expectations for the children are consistent and appropriate to the ages of the children.

If the Applicant(s) do not have children, describe their attitudes and philosophy toward parenting and behaviour management.

C. FACTORS TO CONSIDER IN THE ASSESSMENT

According to the Child Welfare League of America Standards, the Applicant(s)

“should have a capacity for feeling satisfaction from contributing to the development of a child and for allowing children to develop and grow in their own way and at their own pace; the ability to deal with developmental, health and emotional problems, and a sensitivity, understanding and tolerance for children’s difficulties. They should be flexible about their specifications and expectations for a child and they should be capable of accepting a child as he or she is, or may develop.”

The Department's standards and criteria for foster parents include that the foster parent will use positive parenting methods when assisting the child to manage their behaviour. Positive methods include those that:

- are based on praise, encouragement and structuring the setting for success;
- are reasonable and related to the nature of the action/behaviour;
- teach or model ways of behaving;
- respond to the behaviour as soon as possible; and
- are motivated by a desire to assist the child-in-care to learn responsibility and self-control.

D. SUGGESTED QUESTIONS AND TOPICS FOR DISCUSSION

- What do the Applicant(s) feel are the qualities and abilities needed to care for a child?
- Who have been their childcare role models and why?
- What are the rules for children in their home? How do they, or would they, handle a situation when a child breaks the rules?
- How do you express affection to your own child? How would you do this with a child in care?
- If there are two Applicant(s), how are their ideas about caring for a child the same/different? How do they or how will they handle these differences?
- How do you, or would you encourage self-esteem in a child in your care?
- How is discipline administered in your home? Who is/will be the primary disciplinarian?
- What are your general goals or expectations for your children? Would this be the same for a child in care?
- What have you found or expect to be the most challenging, difficult or stressful in caring for children? Would this be different in fostering a child?

Attitudes and Understanding Regarding Foster Care

A. OBJECTIVE

To describe the Applicant(s) attitudes and understanding of the legal, social and emotional aspects of Foster Care.

B. CONTENT

Identify the experiences the Applicant(s) have had directly or indirectly with Foster Care.

1. Unexpected nature of children coming into/leaving care

Describe the Applicant(s) attitude regarding the possibility that a child could come into care with no notice whatsoever and need a placement. Describe their comfort level with children coming into their home for an unknown amount of time and then leaving to return to their parents.

2. Attitude towards family of a child in care

How do you envision working with the family of a child in care. Describe how they will help the child deal with his/her feelings about their family. These feelings may change and may be irrational or unexplainable.

3. Access Orders

Describe the Applicant(s) willingness to have children in their care go for visits, supervised, or overnight unsupervised, with their family. Provide information that the Order for access must be followed and the court may, in the child's best interest, continue or vary the Access Order.

4. Roles and Responsibilities of the Child Protection Worker:

Confirm that the Applicant(s) understand that;

- i. The Child Protection Workers are working to get the child back to their family or extended family if possible.
- ii. They do not have any legal rights to the children that have been in their care.
- iii. Child Protection Workers can enter the foster home at any time of day or night, without the foster parent's permission, to access a child as per *Child and Family Services Act*.
- iv. Child Protection Workers can investigate and/or can remove children in care from their home at any point.

- v. Child Protection Workers will regularly supervise children in their foster homes including face-to-face visits or other means as directed as per contact guidelines and standard.
- vi. The Child Protection Worker will review the foster home when concerns are brought forward about the quality of care provided and within the context of Quarterly and Annual Reviews.

5. Case Plan: Ensure the applicants understand that they will have identified roles and responsibilities for implementing aspects of a foster child's case plan. If there are special considerations to elaborate to determine what resources are needed.

6. Adoption

If the Applicant(s) have applied to adopt and that they are only interested in a child that they have cared for they are not guaranteed to be the adoptive family chosen for that child.

C. SUGGESTED QUESTION AND TOPICS FOR DISCUSSION

- What are the issues for the Applicant(s) regarding a placement when there is an access order? How will they handle these issues?
- Why is it important for children in care to have access to their family members?
- How will they discuss being foster parents and the background information of children in care with friends, relatives and school in a way that respects the child's right to privacy?
- How will they discuss issues that come up for a child in care with that child? Such as abuse or neglect of the child, prenatal drug and alcohol abuse, psychiatric history of parents?
- If there are other children in the family, how do the Applicant(s) believe this will affect the other children?

Child Requested

A. OBJECTIVE

- To describe the children in terms of age, sex, number of children, racial origin and special needs which the Applicant(s) and Child Protection Worker jointly feel that the Applicant(s) have the capacity to care for.
- To summarize the Applicant(s)' strengths and limitations specific to meeting any special needs of the child requested.

B. CONTENT

- Give a clear description of the child the Applicant(s) and the Child Protection Worker feel that the Applicant(s) have the capacity to care for.
- Describe the Applicant(s)' attitude and expectations regarding visits during the Regular Foster Care Home Study.
- If the Applicant(s) are willing to care for children with disabilities, describe the Applicant(s) experience and skills in relation to these needs, under each of the following headings relevant to the application. Include courses, reading, volunteer work, previous fostering or other experiences with a child who has similar needs and knowledge of friends with a child that has similar needs.
- Identify their personal support network and the community resources available to help the Applicant(s) meet the needs of the child. If there are no community resources, describe how the Applicant(s), along with their social worker, intend to obtain the resources the child and family will need.

Assess any factors that may limit the Applicant(s)' capacity to meet the special needs of a child they would consider fostering.

1. A diagnosed physical and/or mental disability

- State the specific physical and/or mental disabilities the Applicant(s) feel prepared to accept (e.g. Attention Deficit Hyperactivity Disorder, Fetal Alcohol Spectrum Disorder, developmental delays, Down Syndrome, Spina Bifida, Cerebral Palsy, Autism).

2. Emotional and/or behavioural difficulties

- State the emotional and/or behavioural challenges the Applicant(s) feel prepared to accept. (e.g. attachment difficulties).

3. A family group that should be placed together

- State the size of the sibling group the Applicant(s) are willing to consider.

4. The age of the child

- State the youngest and oldest age of child the Applicant(s) are willing to consider.

5. A racial/cultural background different from the applicant(s)

- Identify the racial/cultural backgrounds the Applicant(s) have the capacity to provide care for. Describe how the Applicant(s) intend to help the child

understand and value the child's racial/cultural heritage. Identify the connection the Applicant(s) have with support networks or community groups that will help the child maintain their cultural awareness.

- State whether the Applicant(s) have friends or family members of a racial/cultural background different from their own.

C. FACTORS TO CONSIDER IN THE ASSESSMENT

Qualities which strengthen the Applicant(s)' ability to cope with the added tasks of caring for a child with complex needs;

- a willingness to support the children in the face of prejudice from others;
- a readiness to explore their own attitudes and willingness to change them if necessary;
- a willingness to adapt their lifestyle;
- an ability to tolerate stress;
- a knowledge of community and territorial resources related to the child's special needs;
- an ability to value the child whatever the child's abilities and an ability to accept differences;
- an understanding of the life-long effect some early life experiences may have upon a child;
- an ability and willingness to work co-operatively with professionals.

D. SUGGESTED QUESTIONS AND TOPICS FOR DISCUSSION

- How do the Applicant(s) describe the child they would like to foster?
- What behaviours in children do the Applicant(s) feel comfortable with and able to manage?
- What behaviours in children do the Applicant(s) feel not able to handle?
- What will the Applicant(s) do if the child placed with them does not meet their expectations?
- How will the Applicant(s) handle it if the child initially rejects them?
- What is the Applicant(s)' understanding of the child's attachment to previous caregivers, Birth parent(s), and extended family?

- What is the Applicant(s)' understanding of the child's need to grieve separation and loss? How will they help with this process?
- If the Applicant(s) is requesting a child with complex needs how will extended family members respond to the child?
- What is the Applicant(s) understanding of the role of the Child Protection Worker after placement?
- What is the Applicant(s) understanding of the life-long affects some early life experiences may have upon a child?

Recommendation

A. OBJECTIVE

For the Child Protection Worker to recommend whether the Applicant(s) should be approved to provide foster care.

B. CONTENT

State the age, sex, number of children, racial/cultural heritage and the specific special needs for which the Applicant(s) are recommended to care for.

If the Applicant(s) are not recommended for approval within the clearly state the reasons for this.

If at any time during the *Regular Foster Care Home Study* process you are concerned about information received from personal interviews with the Applicant(s), references or other sources:

- Discuss it with the Applicant(s) at the time the concerns arise. This gives the Applicant(s) the opportunity to respond and provide you with further information to consider in your decision whether to recommend them for approval as foster caregivers.
- Consult with your Supervisor.

SIGNATURES:

(Applicant 1)

(Applicant 2)

(Child Protection Worker)

(Appointment Number)

(Supervisor)

(DD/MM/YEAR)

Required Documentation: Extended Family/Provisional Foster Home Approval

The documentation in the Provisional and/or the Extended Family Foster Home approval process is completed in two phases.

Phase One – Prior to Placement:

The Child Protection Worker ensures the applicant completes and signs the *Consent for Release/Receipt of Information form* in order to complete *Child Protection Background Check* to ensure that there are no outstanding child protection concerns with the family offering to provide services before placing the child/youth.

- **Consent for Release/Receipt of Information form**
This form allows the Child Protection Worker to conduct the Child Protection Record Check on the applicant(s) and to consult with the RCMP regarding prior history.
- **Child Protection Record Check**
Initiate the Child Protection Record Check by searching electronic Child and Family Services Records.
- **RCMP Consultation**
Consult with the local RCMP to confirm there is no criminal history with the proposed foster parents that would pose safety risks to a child(ren) /youth.

Note: Children/youth can be placed in the home once the Child Protection Record Check (electronic Child and Family Services records) and the RCMP consultation has been completed and the results from both check produces no child protection concerns or prior criminal background of concern. *See *Criminal Record Check: Relevant Charges Tool*

Phase Two – Documentation within 72 hours of child's placement:

- **Document in CFIS investigation details, a summary of the preliminary CFIS check and a summary of the information provided by the RCMP.**
- **Foster Home Agreement**
The Foster Home Agreement is a contract between the Child Protection Worker (on behalf of the Director of Child and Family Services) and the foster parents. It identifies what the Director of Child and Family Services expects of the foster parents and what the foster parents can expect from the Director of Child and Family Services. Foster parents are to be informed that they will be evaluated as required, quarterly and annually and will be provided with opportunities to provide feedback and obtain support.

Note: It is very important that the Child Protection Worker explain the roles and

responsibilities of the Foster Parent and the Director of Child and Family Services within each item of the agreement to ensure comprehension and agreement to the terms and conditions.

- **Foster Parent Oath of Confidentiality**

The Child Protection Worker will discuss the importance of confidentiality in regards to all information gained as a foster parent. The Child Protection Worker will have the foster parents sign the Oath as part of the contract between the foster parents and Director. This is to be signed at the time the Foster Home Agreement is signed.

Phase Three – within 2 weeks of placement:

The following documents are completed during phase two of the application process:

- **Foster Home Application**

- **Applicant Medical Examination Report**

The foster applicant will be asked have a physical examination by a medical professional to ensure the foster parent does not have any medical needs that would impair his/her ability to foster.

- **Child Protection Record Check**

In addition to the initial CFIS check a Child Protection Record Check (CPRC) must occur by consulting the following sources to determine if the applicants have any prior child protection history:

- Relevant Health and Social Services Authority hard-copy CFS files;
- Results of a Departmental Child and Family Services file review by the Records Coordinator at the Department of Health and Social Services;
- Results of an Inter-Provincial Child Protection Record Check (where the applicant(s) has resided in another Territory or Province) as completed by the Interprovincial Coordinator at the Department of Health and Social Services.

- **Caregiver Discipline Agreement**

The Child Protection Worker will review this form with the foster parents and ensure they understand and agree to adhere to the forms of discipline that are acceptable to Child and Family Services.

- **Extended Family/Provisional Foster Home Profile**

The Foster Parent Profile is an evaluation of the home and whether the applicants can meet the needs of the child/youth who is placed in their care.

Phase 4 - Approval Outcome Letter – Within 30 days from placement

The Child Protection Worker will draft the *Approval Outcome Letter Template* form for the Supervisor's review. Once signed, the Child Protection Worker will ensure that the letter is delivered or mailed.

Required Documentation: Regular Foster Home Approval

Approval Process for Regular Foster Homes

The following forms and reports must be completed and filed in the local office **before** a Regular Foster Home is approved by the Supervisor.

- **Consent for Release/Receipt of Information**

Applicants are asked to sign the Consent for Release/Receipt of Information so the Child Protection Worker can review the applicant's medical history with the doctor, public health nurse, etc., to complete the elements of a Child Protection Record Check and obtain prior criminal record history.

- **Foster Application**

This form must be completed by the applicant and filed in the local office. The Child Protection Worker starts the home study **after** this form is reviewed by his/her Supervisor.

- **Consent for Disclosure of Criminal Record Information**

The foster applicant will be asked to sign a consent which gives the Child Protection Worker permission to get information on any criminal convictions. Previous convictions may influence whether an applicant is approved as a foster parent.

- **Child Protection Record Check**

Children/youth can be placed in the home once all elements of this process have been completed and the check produces no child protection concerns.

- The Child Protection Worker must consult the following sources to determine if the applicants have any prior child protection history:
 - Child and Family Services Information System (CFIS);
 - Relevant Health and Social Services Authorities hard-copy CFS files; Documentation from the Records Coordinator at the Department of Health and Social Services indicating the results of a Departmental CFS file review;
 - Documentation from the Inter-Provincial Coordinator indicating the results of an Inter-Provincial Child Protection Record Check (where the applicant(s) has resided in another Territory or Province).

If no child protection issues or other risks to child safety are discovered through the above investigations the Child Protection Worker will then require the applicant to submit the documentation below:

- **Foster Parent References**

Three (3) reference letters are required. References should be non-relatives who can comment on the family's skills and abilities as parents. Personal interviews or telephone follow-up must be recorded in the file. References must have known the applicant for a minimum of three (3) years before the date of application.

- **Applicant Medical Examination Report**

The foster applicant will be asked have a physical examination by a medical professional and to submit the Applicant's Medical Exam Report to the Child Protection Worker.

- **Regular Foster Home Study**

The Regular Foster Home Study is an evaluation of the home and whether the applicants can meet the requirements of the foster care program. Schedule home visits as required or during different portions of the day to get a complete picture of the applicants' attitudes, values and skills.

- Do not begin the Foster Home Study until the Foster Parent References and Applicant Medical Exam form are received.
- The Regular Foster Home Study must be completed 60 working days from the date of application. If this is not possible, notify applicants in writing of the reason for the delay and the expected completion date.

If the Foster Parent References, Applicant Medical Examination Report and Regular Foster Home Study is favourable, proceed with the following:

- **Foster Home Agreement**

The foster home agreement is a contract between the Director of Child and Family Services and the foster parents. It identifies what the Director of Child and Family Services expects of the foster parents and what the foster parents can expect from the Director of Child and Family Services. Foster parents are to be informed that they will be evaluated quarterly and annually and will be asked to comment on the role of the Child Protection Worker and Child and Family Services foster care system during that review.

- **Foster Parent Oath of Confidentiality**

The Child Protection Worker will discuss the importance of treating information on foster children as confidential with foster parents. The Child Protection Worker will have the foster parents sign the Oath of Confidentiality as part of the contract between the foster parents and Director of Child and Family Services. The Child Protection Worker will also provide the foster family with a copy of Sections 71 to 73 (inclusive) of the *Child and Family Services Act*, and ensure the foster family understands the contents of these sections as they relate to the consequences of breaking confidentiality rules.

Territorial Social Programs

Placement Services

Documentation in Regular Foster Home Approval Process

- **Caregiver Discipline Agreement**

The Child Protection Worker will review this form with the foster parents and ensure they understand and agree to adhere to the forms of discipline that are acceptable to Child and Family Services. The Child Protection Worker will obtain the foster parent's signature on the form concurrently with the signing of the Foster Home Agreement.

- **Approval Outcome Letter**

The child Protection Worker will write the Approval Outcome Letter using the *Approval Outcome Letter Template* form and send it to the applicant within thirty (30) working days following the approval/disapproval of the foster home or immediately once all required documentation is submitted and assessed.



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.



Section 6 – Case Management

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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:

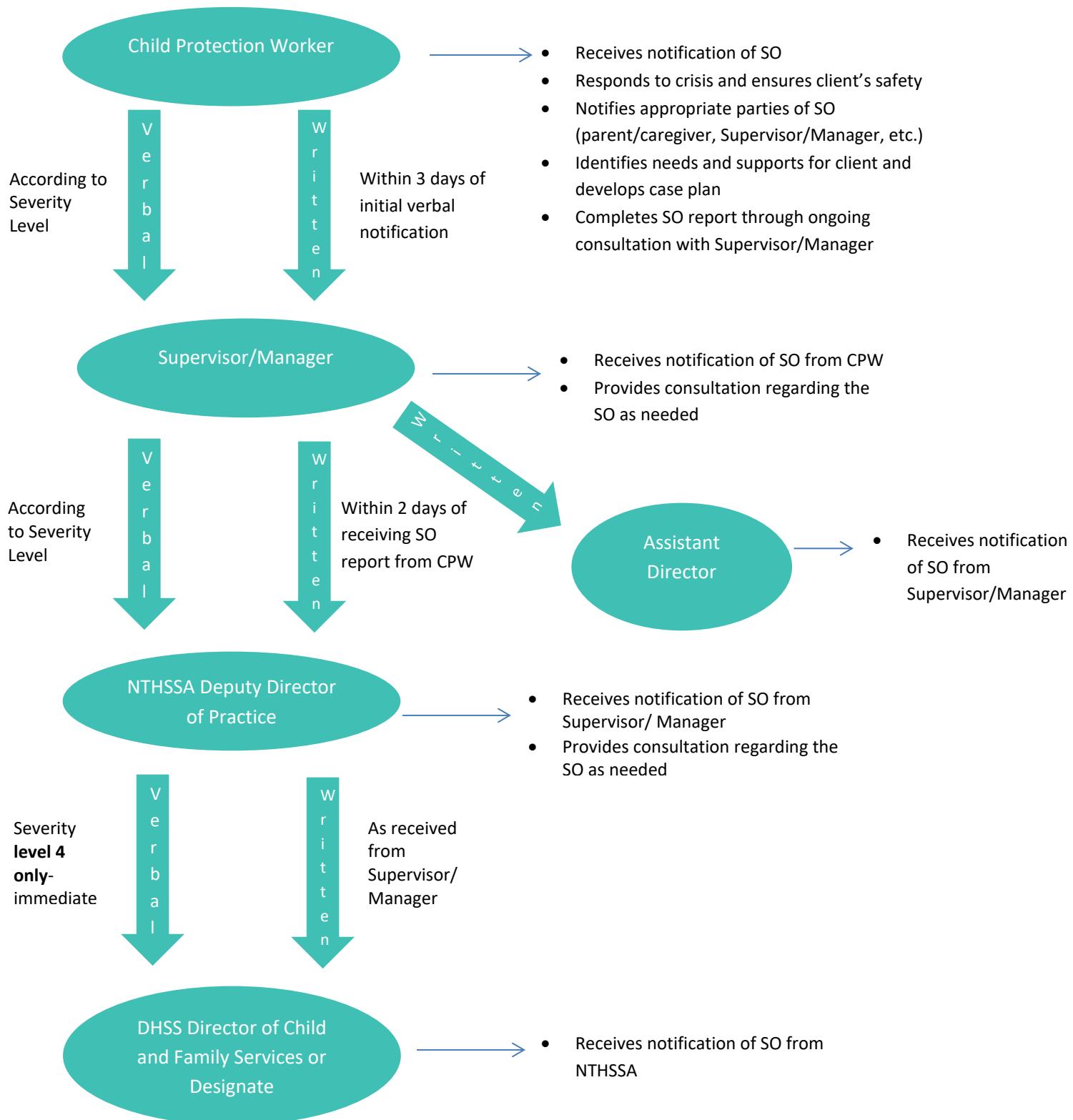
- The trade of humans for forced labour, sexual slavery, or commercial sexual exploitation for the trafficker or others. Additional definitions to terminology above (i.e. sexual abuse) can be found in the NWT Structured Decision Making Policy and Procedure Manual (2019).



Section 6 – Case Management

Tool 6.16.2

Serious Occurrence Reporting Structure



SPECIALIZED NEEDS ASSESSMENT FOR A CHILD/YOUTH RECEIVING FOSTER CARE SERVICES GUIDELINES

Name of Child/Youth: _____

Date of Birth: _____

CFIS Number: _____

1. Physical

<p>The child requires routine medical attention, monitoring and treatment of temporary, situational health needs. For example, the child may:</p> <ul style="list-style-type: none">• have lice, scabies, measles, mumps, chicken pox• have occasional minor illness (e.g. influenza, colds)• wear a hearing aid, orthopedic brace or splint• have cavities, toothaches, require orthodontic services• have started her menstrual cycle• have eczema, allergies, asthma	<p>The child requires monitoring of his/her health status and intermittent supervision throughout the day due to health problems frequently or for long periods of time, and is dependent on others to meet his/her daily health care needs. For example, the child may:</p> <ul style="list-style-type: none">• have eczema, allergies, asthma• wear hearing device, orthopedic brace or splint• be under the age of 14 and pregnant• have frequent minor illness• require frequent medical attention• require daily medication due to physical/mental disability	<p>The child requires <u>active, intermittent monitoring and supervision</u> and is dependent on some technical care. For example, the child may:</p> <ul style="list-style-type: none">• have seizures that involve involuntary movement of muscles in his/her arms and legs (petit mal)• need oxygen therapy• need respiratory therapy or breathing monitored• need positioning• have symptoms related to drug/alcohol withdrawal• be unable or unwilling to take medications due to a physical/mental disability• require pain management• require daily medication injections• have a disease where there is a risk of infection to others (ie tuberculosis, hepatitis B, HIV)	<p>The child requires <u>ongoing monitoring, supervision, care and assessment</u>, often requiring judgment at any time for possible medical intervention. A change in health status would result in an immediate life threatening situation. For example, the child may:</p> <ul style="list-style-type: none">• require suctioning• have seizures in which the child loses consciousness, temporarily stops breathing, and may be incontinent (grand mal)• have an established colostomy or continuous drainage catheter• be continually dependent on a mechanical device to replace or compensate for vital body functions or even immediate threat to life• be at risk for extended stays in hospital• have ongoing symptoms related to drug or alcohol withdrawal• have a disease where there is a risk
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			<p>of infection to others (HIV, Hepatitis)</p> <ul style="list-style-type: none"> • require ongoing pain management
1	5	8	10
COMMENTS			

2. Developmental

The child is developmentally typical but may require consistent routines or exercises in order to develop and/or maintain skills within a normal range. The child may <ul style="list-style-type: none"> • exhibit regressive behaviours or actions as a means of coping or getting attention 	The child has a developmental delay and requires <u>formal interventions</u> (<u>weekly</u>) to be implemented in order to improve development or diminish developmental delays. For example, the child may: <ul style="list-style-type: none"> • need speech, occupational or physiotherapy 	The child has a developmental delay and <u>requires formal interventions</u> (<u>several times a week</u>) to be implemented in order to improve development or diminish severe developmental delays. For example, the child may: <ul style="list-style-type: none"> • need intensive toilet training program of a long term nature • need to attend a special preschool or school program • require daily or consistent follow-through by caregiver 	The child has severe developmental delays and <u>requires constant and intense interventions</u> by a variety of sources that are provided across environments and that are potentially life sustaining, in order to enhance or maintain existing developmental skills. Such interventions involve one on one support and are very intrusive. For example, the child may: <ul style="list-style-type: none"> • have FAS
1	3	5	7

COMMENTS

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3. Eating

<p>The child's eating habit is within the normal range and age appropriate. For example, the child may:</p> <ul style="list-style-type: none">• refuse certain foods• -snack between meals• overeat at meals and hide food until secure in the knowledge that the food will be regularly available if an infant, require frequent feeding	<p><u>The child requires some assistance and/or supervision</u> beyond what is age appropriate that may be due to a physical or mental disability but attempts to assist. For example, the child may:</p> <ul style="list-style-type: none">• attempt to hold spoon• attempt to suck• occasionally eat non-food items• have symptoms of an eating disorder such as anorexia or bulimia• have a special diet or food preparation requirements	<p>The child requires <u>total physical assistance</u> due to a disability. For example the child may:</p> <ul style="list-style-type: none">• need to be spoon fed• need hand over hand assistance• have special feeding needs (cleft palate)	<p>The child requires <u>continual supervision and monitoring</u> of their eating or intake as their eating patterns have placed them at high risk and the condition cannot readily be rectified with medical intervention.</p> <ul style="list-style-type: none">• be fed through a GI tube• need intake and weight loss/gain monitoring• choke frequently• need proper positioning• vomit after each meal (physical cause)• have been diagnosed as anorexic or bulimic• eat non-food items frequently
1	3	5	7
COMMENTS			

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4. Personal Care

The child requires some prompting, suggestions, supervision and monitoring that is age appropriate in the completion of personal care tasks. For example, child may: Need reminders to bathe, brush teeth, wash hands before meals, wash hair regularly, clean room without being asked change clothes regularly	The child requires <u>partial</u> assistance, teaching, monitoring and <u>regular</u> supervision in the completion of personal care tasks beyond what is age appropriate. For example, the child may: <ul style="list-style-type: none">• experience occasional enuresis and may need bedding changed up to three times per week• be incontinent of bladder or bowel and need clothing changed up to three times per day• require attention at night on an average of once per night during the normal sleep schedule• resist or have difficulty following through on self care routines.	The child requires <u>total assistance and close supervision</u> in the completion of personal care tasks. For example, child may: <ul style="list-style-type: none">• experience ongoing enuresis and may need bedding changed four to six times a week• be incontinent of bowel and/or bladder and may need clothing changed four times per day• use assistance devices for mobility (wheelchair, walker)• require attention at night on an average of twice per night during the normal sleep schedule	The child requires <u>formal intensive intervention</u> in the completion of personal care tasks. The child may: Experience regular enuresis/encopresis and may need bedding changed more than six times a week <ul style="list-style-type: none">• be incontinent of bowel and/or bladder and may need clothing changed more than four times a day• require attention at night up to three or more times during the normal sleep schedule• be unable to perform self care tasks• need to maintain or enhance existing care skills because of paralysis or spasticity• be over the age of 12 and be incontinent of bowel or bladder
2	4	6	8
COMMENTS			

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5. Communication

The child is able to verbalize and comprehend. He/she may have a mild hearing loss or speech impairment that does not significantly interfere with communication	The child experiences some difficulty understanding instructions or expectations and may not express him/herself appropriately due to disabilities or lack of learning opportunities. Or, the child may have verbal and comprehension skills but refuses to use them. For example, the child may: <ul style="list-style-type: none"> • have a cognitive delay • have a language delay 	The child is verbal but has extreme comprehension and memory difficulties. The child may have functional impairment of hearing or sight and may require adaptive equipment/aids or modification of the environment (use of Braille, use of a hearing aid)	The child communicates only through body language, facial expressions and vocalizations due to a developmental delay, physical or emotional problem. The child may communicate with the use of augmented language (sign language, pictures).
1	3	5	8

COMMENTS

6. Socialization

The child requires <u>support and monitoring</u> in their	The child requires <u>active support, teaching and</u>	The child requires <u>active demonstration, teaching and supervision of explicit</u>	The child requires <u>continuous hands on intervention</u> so that
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<p>socialization in order to learn age appropriate skills. He/she may experience occasional difficulty interacting with peers and adults. For example, child may:</p> <ul style="list-style-type: none"> • boss or manipulate others • lie or steal • seek attention • disrupt and can be inconsiderate of others • be over the age of 14 and experiment with alcohol or drugs 	<p><u>guidance</u> to get involved or learn appropriate socialization skills as he/she experiences difficulty engaging in daily activities. For example, the child may:</p> <ul style="list-style-type: none"> • withdraw • be unable to make friends • have poor or inappropriate play skills • have poor social judgment engage in minor young offender activities such as shoplifting, mischief. 	<p>socialization skills to them while engaged with others. For example, the child may,</p> <ul style="list-style-type: none"> • be a threat to other children when interacting • engage in moderate young offender activity (e.g. repeated shoplifting) • have poor social judgment which puts the child or others at risk 	<p>he/she may be able to participate in mainstream social activities, due to a physical, mental, or emotional disability. For example, the child may:</p> <ul style="list-style-type: none"> • require someone to be in the pool and assist them in order to go swimming • require someone to accompany and remain with him/her so he/she can participate in social activities (e.g. school dance) • exhibit a pattern of involvement in young offender activity (e.g. willful destruction, thefts, B&E and assault)
2	6	10	12

COMMENTS

7. Behaviour Management

<p>The child requires structure with clear, consistent expectations and consequences in order to learn routines and reduce unacceptable behaviours. For example, the child may:</p> <ul style="list-style-type: none"> • be upset at 	<p>The child requires <u>more than age appropriate supervision</u> and assistance in order to learn routines and reduce inappropriate behavior. For example, the child may:</p> <ul style="list-style-type: none"> • have temper tantrums, excessive in 	<p>The child requires <u>ongoing supervision and a formal program</u> in the home, school and community due to demonstrated patterns of behavior that places him/her or other at risk. For example, the child may:</p> <ul style="list-style-type: none"> • AWOL for periods of time • be physically 	<p>The child requires constant supervision and a formal program as the child's behaviors/conditions places him/her or others in life threatening situations. The behaviors might be obsessive/compulsive and may cause tissue damage, infection, malnutrition or chemical</p>
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<ul style="list-style-type: none"> • bedtime have temper tantrums involving crying, screaming yelling, etc. • resist following instructions • miss curfew 	<ul style="list-style-type: none"> number, that may involve personal or property destruction • be verbally aggressive/abusive • AWOL for short periods of time(less than 24 hours) • be impulsive and may be a hazard to him/herself or others • wander away 	<ul style="list-style-type: none"> aggressive • exhibit fire setting behaviors • express suicidal ideation and attention seeking attempts • occasionally engage in behaviors that are self-injurious or self-abusive (head banging, picking at skin, slapping or hitting oneself etc.) • be under 14 and experiment with alcohol or drugs 	<p>imbalances in the body. For example, the child may:</p> <ul style="list-style-type: none"> • Constantly engage in behaviors that are self-mutilating (e.g. biting body parts, head banging or picking at skin) • have a history of physically aggressive behavior • ruminate or vomit • be actively suicidal • be violent • use alcohol, non-prescription drugs and/or solvents on a regular or heavy basis • have intentionally harmed animals • be involved in prostitution • AWOL frequently placing him/herself at risk.
4	6	10	14
COMMENTS			

8. Sexuality

<p>The child requires age appropriate guidance, protection and direction. For example, the child may:</p> <ul style="list-style-type: none"> • display normal curiosity about other's 	<p>The child requires <u>firm, consistent guidelines and teaching</u> due to a pattern of risk behavior but attempts to assist. For example, the child may:</p> <ul style="list-style-type: none"> • be sexually precocious 	<p>The child requires <u>firm, planned, consistent teaching, guidelines and increased supervision</u> because he/she displays or has experienced a pattern of sexual behavior that places him/her or others at risk. For example, the child may:</p> <ul style="list-style-type: none"> • engage in sexual 	<p>The child requires <u>constant supervision, clinical intervention and close monitoring</u> as the child engages in inappropriate sexual activities causing great risk to him/herself or others. For example, the child may:</p> <ul style="list-style-type: none"> • engage in bestiality
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<ul style="list-style-type: none"> • bodies • require information on sexuality and body changes • require birth control counselling 	<ul style="list-style-type: none"> • initiate inappropriate touching • have poor undefined boundaries • masturbate in private (and/or need to be encouraged not to masturbate in public) 	<ul style="list-style-type: none"> activity freely either as a follower or a leader • be vulnerable to be sexually exploited due to mental, physical or psychiatric problems • have sexually offended • engage in impulsive masturbation in public • have been sexually exploited. 	<ul style="list-style-type: none"> • be a sexual offender and there is a great risk that he/she will offend again.
1	4	10	14
COMMENTS			

9. Life Skills – community safety, using community services, time and money management

<p>The child requires structure, support and consistency in learning/accomplishing life skills.</p> <p>Or, the child is an infant</p> <p>For example the child:</p> <ul style="list-style-type: none"> • can learn life skills through observation and demonstration • is a preschooler and can learn picking up toys 	<p>The child requires teaching, support and monitoring beyond what is age appropriate to learn/accomplish life skills. For example the child:</p> <ul style="list-style-type: none"> • can learn life skills through demonstrations or examples • needs preparation for independent living (e.g. shopping and budgeting) 	<p>The child requires <u>active assistance</u> beyond what is age appropriate to learn/accomplish life skills. For example the child:</p> <ul style="list-style-type: none"> • can learn life skills through a structured program that involves steps and repetition. 	<p>The child requires <u>total assistance and ongoing program development</u> to enhance or maintain life skills. For example, the child may:</p> <ul style="list-style-type: none"> • have a physical or mental handicap
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and safety behaviours.			
1	3	5	8
COMMENTS			

10. School/Educational Program/Employment

<p>The child requires support in the school and at home to maximize the benefits of a school/education program. For example, the child requires a supporting person to:</p> <ul style="list-style-type: none"> • monitor school programs and homework • attend parent/teacher meetings • attend school activities <p>OR, the child requires assistance from a supporting person to find and maintain employment such as:</p> <ul style="list-style-type: none"> • teaching job 	<p>The child requires <u>extra support</u>, direct assistance and teaching several times a week to complete assignments, or to seek and maintain employment, due to identified learning problems or disabilities or developmental delays. For example the child may require a supporting person to:</p> <ul style="list-style-type: none"> • supervise homework • set job/educational goals • teach job search skills development 	<p>The child requires <u>daily</u> support to maximize the benefits of a school/education or employment program, due to learning delays, behavioral problems or truancy problems that interfere with success. For example the child may require a supporting person to:</p> <ul style="list-style-type: none"> • maintain daily communication with the school • provide special transport to and from school or place of employment • set job/educational goals • teach job search skills development 	<p>The child requires <u>one to one</u> support to attend school or an employment program due to learning delays, behavioral or physical problems or probable truancy. The child may:</p> <ul style="list-style-type: none"> • be suspended from school frequently • require direct supervision or specialized situations (e.g. Challenge)
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search skills <ul style="list-style-type: none"> • assist with job skills development 			
2	5	9	11
COMMENTS			

11. Emotional/Psychiatric/Psychological

At the time of entry into care and up to six months immediately thereafter the child requires support and attention as he/she is experiencing separation and loss trauma that could be evidenced through anger, low self-esteem, weeping, anxiety, irregular sleep patterns, etc. OR, the child has been in care for longer than six months and experiences periodic separation and loss trauma which requires support and attention	The child requires <u>additional support or attention</u> after six months in the same placement and he/she is continuing to experience prolonged separation and loss trauma that could be displayed through anger, low self-esteem, weeping, anxiety, irregular sleep patterns, etc.	The child requires <u>clinical intervention</u> due to some psychological or emotional difficulties. <ul style="list-style-type: none"> • require medication to reduce or alleviate the symptoms • require counseling (e.g. Mental Health, Addictions) 	The child requires <u>treatment</u> as he/she has been formally diagnosed with a psychiatric disorder or psychological problems. The treatment may include the use of psychotropic drugs, individual therapy or group therapy. The child's behavior/responses maybe irrational and unpredictable.
2	4	6	12

COMMENTS

12. Family Involvement – Includes birth family, adoptive family or any other significant attachment

The child requires <u>regular</u> assistance or support to maintain family relationships. The child may: -have regular or occasional contact with the family through visits, letters or telephone (may need to be supervised) have sporadic, unplanned, or no contact and will require some support	The child requires <u>regular active</u> assistance or support to strengthen family relationships. For example, the child may: <ul style="list-style-type: none">• need counseling sessions with the family• need supervised or monitored contact with the family experience upset prior to and after visits with his/her birth family	The child requires <u>frequent active</u> assistance or support to strengthen family relationships. For example, the child may: <ul style="list-style-type: none">• have contact with the family up to three times per week• have more than three visits a week with the family	The child requires <u>daily active</u> assistance or support to strengthen family relationships. <ul style="list-style-type: none">• have daily contact with teaching and instruction
1	3	5	7

COMMENTS

13. Cultural Improvement

The child requires assistance to develop an awareness of his/her culture. • The routine and culture of the placement resource is similar to the child's.	The child requires assistance to develop an awareness of his/her culture. The routine and culture of the placement resource is different from the child's. • experience acceptance or and a positive attitude toward his/her culture • observe and participate in traditions, customs and activities from the child's culture in his/her home and community • have physical reminders of his/her culture in their home (e.g. pictures posters)	
1	3	
COMMENTS		

Child Protection Worker

Date

Supervisor – Child Protection

Date